

NURSES' EXPERIENCES OF THE PRACTICE OF THE PEERSPIRIT CIRCLE  
MODEL FROM A GADAMERIAN PHILOSOPHICAL HERMENEUTIC  
PERSPECTIVE

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## DEDICATION

This research is dedicated to deepening the understanding of the profound experience of being a human being and a nurse.

## ACKNOWLEDGMENTS

This doctoral experience has brought me sublime joy, gratitude, and profound meaning, and it has brought me to my knees. I am pleased to have a place here to acknowledge my professional and personal supports who have stewarded this endeavor.

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## PREFACE

This dissertation is a phenomenological philosophical hermeneutic endeavor. In this vein, you will note the format as decidedly different and in accordance with phenomenological experts' recommendations (Spence, 2010). This format will reflect the distinctive flow of how information is gathered, interpreted, and always on the way to understanding.

## ABSTRACT

Kristen Cronk Lombard

### NURSES' EXPERIENCES OF THE PRACTICE OF THE PEERSPIRIT CIRCLE MODEL FROM A GADAMERIAN PHILOSOPHICAL HERMENEUTIC PERSPECTIVE

The PeerSpirit Circle is a non-hierarchical, intentional, and relationship-centered practice of collaboration. There is a lack of scientific knowledge about the phenomenon of the PeerSpirit Circle in nursing or its potential impact on nursing practice, education, research, and the evolution of the profession and health care. The health care milieu is often entrenched in ways of being that do not support sustained change. For vitality to prosper and creativity to abound, paradigmatic shifts and new models of practice that emphasize collaboration are being called for.

The purpose and aims of this phenomenological research study are to explore and give voice to the experiences of nurses who have participated in the PeerSpirit Circle model of practice with other nurses. The study includes interviews from five registered nurses from Canada and the United States conducted from 2009–2010 and interpreted from a Gadamerian philosophical hermeneutic perspective.

The research findings reveal three themes: (1) *experiencing the Circle container*” where participants begin to understand the value of intentional

preparation of the interpersonal space for safe human interaction and stronger collaboration—there are experiences of gathering, protecting, appreciating ritual, and sharing stories; (2) *Experiencing space* where protected space seems to be the essential element to inspire the presencing of participants with self and other, which in turn engenders genuine dialogue, a sense of sacred space, and freedom to be authentic; and (3) *Experiencing our humanity*, an unfolding theme, where participants experience reconnection with and understanding of their deeper humanity, stronger congruence with their core values, deeper experiences of caring and courage, personal and professional growth, and a profound appreciation for belonging to a lineage of nurses. The findings inspire a deeper understanding of barriers to congruence between values and action in nursing and nurses' need to acknowledge, honor, support, and protect each other's vulnerability. The implications for nursing practice, education, and research show that the PeerSpirit Circle model is a beneficial for use in all settings.

Sara Horton-Deutsch, PhD, RN, CNS Chair

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## ABBREVIATIONS

ANCC	American Nurses Credentialing Center
AONE	Association of Nurse Executives Organization
CAS	Complex adaptive systems
CEO	Chief Executive Officer
CNL	Clinical Nurse Leader
CNS	Clinical Nurse Specialist
IOM	Institute of Medicine
JCAHO	Joint Commission for the Accreditation of Hospitals
NP	Nurse Practitioner
NVC	Nonviolent Communication
RCC	Relationship-centered care
RN	Registered nurse
RPR	Reverent participatory relationship
RSM	Religious Sisters of Mercy

## CHAPTER 1. AIM OF THE STUDY

Little has been written in the scientific literature about the practice of Circle. Circle practice is an ancient collaborative model of intentional and authentic interaction that has the potential to inspire and ground the profession of nursing. This approach is coming into the awareness of many healthcare providers and is gaining international attention in professional, political, learning, home, and spiritual settings because of its effectiveness and potential for positive individual, group, and system-wide transformation (Chinn, 2004; Salomon & Nevo, 2000). Circle is a non-hierarchical, consensus-based and relationship-centered way of working together that fosters personal and professional mindfulness in individuals and communities (Thompson & Baldwin, 2005).

Complex healthcare problems require a deeper level of perception, commitment, and change. The overarching curiosity which inspires this study wonders *how* is it possible to engage individuals to make a choice to suspend habitual patterns of relating that do not serve self or the greater good, connect with the greater meaning of their work, tap into creative solutions, and understand the interconnectedness of their work with the whole.

This chapter will explicate the current context of health care, which indicates the need for a model of collaboration like Circle, followed by how the notion of Circle is supported by the knowledge foundations of caring science, mindfulness-awareness, relationship-centered care (RCC), and complexity science. There will be an exploration of the relevance of Circle process for

nursing and justification for this study. This will be followed by the purpose and aims for this proposed Gadamerian philosophical hermeneutic research study.

### Overview of the Health Care Milieu

Meaning in our lives is individually and collectively shaped by our experiences, awareness, behaviors, cultures, and systems (Gadamer, 2004; Wilber, 2006). The way of life over the last hundred years has had a profound effect on our views of business, health, illness, and how we relate to others (Miles, 1998). The Industrial Revolution and resultant advances in science have led the West to feel more control over its destiny, where cures could be developed, lives saved, problems solved, and technology make life easier. The fabric of our world views has evolved further away from rich oral traditions and face-to-face relationships and become over-shadowed by rationalism, paternalism, traditional hierarchy, and technology (Gadow, 1999). The intangible experiences of humanness, connection, and spirituality have been seen as weak and have become less compelling than that which could be proven objectively, done more quickly (Fiumara, 1990; Pranis, 2005; Watson, 1999abc) and yield more profit (Malloch, Sluyter, & Moore, 2000). These facts have affected how we individually and collectively provide health care today.

As Reilly states, “All health care work is a search for change” (D. Reilly, personal communication, October 2, 2003), be it on a health-illness continuum or changing processes or conditions. In the 21<sup>st</sup> century, entrepreneur Luhabe cites a leadership crisis where “old dominant forces [are] struggling with the emerging new force of people who want to actively change and make a difference” in the

world (as cited in Senge, Scharmer, Jaworski, & Flowers, 2004, p. 163), yet many come from a place of habitual perceptions and reactive behaviors that are hard to shift. An example of this way of being might be thinking that solutions only can be solved within the boundaries of an organization.

Scharmer (2007) suggests that what prevents learning and change are not recognizing what you see, not saying what you think, not doing what you say, and not seeing what you do. In the name of efficiency, control, and predictability such organizations work with blinders on, not speaking one's truth, continuing to work on autopilot and making short-sighted decisions, and as well not being conscious of the consequences of their personal and collective roles in perpetuating a situation (Senge et al., 2004). Often perpetuated by fear, anxiety, and avoidance, the individual resists change in order to stay in what is known and comfortable, not willing to take risks. In these places "thinking is governed by mental models, and doing is governed by established habits" (Senge et al., 2004, p. 10).

The forced practice of planning how change will unfold suggests an algorithm where effort is made to plan, decide, monitor, and control the outcome (Plsek, 2001). Western culture seems unable to tolerate uncertainty and ambiguity (Fiumara, 1990) yet change is constant and inevitable, and one cannot predict exactly how an outcome will manifest. Deviations from the norm are dealt with in a reactive rather than a responsive manner. Senge suggests that organizations often "act on the world," and "leaders are separate from what they are seeking to change" (Senge et al., 2004, p. 92).

Meetings in health care have strong structure with little or no time for reflection, and time is not given to integrate information or process issues as they come up. Time often is not given for the development of relationships. Conflict in our culture often is avoided and, because of trust issues, there is fear to speak from one's heart to the heart of the matter. Some would say that healthcare organizations serve more towards the bottom line than truly serving the people and humanity. Ironically, most healthcare organizations do not embody the health that they purport to offer. Healthcare practitioners often express feeling that the system is doing *to* them and that they have no control.

This overview reveals a healthcare milieu that often is entrenched in ways of being that do not support sustained change. For vitality to prosper and creativity to abound, new paradigmatic shifts are required (Plsek, 2001). These shifts would begin with the individual clinician and expand out to the healthcare system. Domains of knowledge, which support these paradigm shifts, involve cultivating mindfulness-awareness, living RCC, understanding complexity science, and advancing caring science. Mindfulness-awareness and RCC are practical and compelling approaches to leadership and change that are embodied in the practice of Circle and all of which incorporate the cutting edge principles underlying complexity science and caring science. The following sections are overviews of these domains to provide a foundation of understanding going forward.

## Mindfulness-awareness

The model of Circle cultivates the growth of mindfulness-awareness skills. Mindfully-aware nurses are those who are self aware, practice intentional self care, have valuable relationship and communication skills, and who are able to lead effectively and creatively in the midst of change while still maintaining presence of mind and heart. The ancient practice of mindfulness now is being correlated with healthy care environments and safe and high quality care as well as of healthier personal and collegial relationships. This section will define mindfulness and its mechanisms, how it contributes to healthy work environments, how it inhibits auto-pilot behavior, and the correlations to patient safety and empathy.

Mindfulness-awareness, rooted in Eastern contemplative traditions, has been practiced over many centuries and has had different permutations of meaning according to the culture of that day (Pilkington, 2005). The contemporary Western literature acknowledges mindfulness as a construct that is made up of many concepts (Baer et al., 2008) to include a person's level of self awareness in the moment, self esteem, and ability to relate effectively with others. Additionally, integrated into these notions is a willingness to courageously observe self, be fearless, have flexibility and openness of mind, be willing to reframe current thinking/perceptions, and work with judgmental thoughts. The practice of mindfulness is an overreaching skill that improves communication and relationships (Suchman et al., 2004).



The mechanisms underlying mindfulness-awareness have been identified as an interweaving of intentionality, attention, and attitude (Shapiro, Carlson, Astin, & Freedman, 2006). Because intentions inform our choices, such intentionality applied to nursing engenders purposeful and essential attitudes of openheartedness, loving-kindness, and acceptance, which are important components in the process of healing (Watson, 2005).

The mindfully-aware leader nurtures environments that inspire individual and organizational growth, which in turn create positive change in societies (Senge et al., 2004). This inspiration comes from an individual who has clarity of purpose and congruently lives his/her core values with strength, unconditional positive regard, courage, and unflagging commitment. These skills are important in counteracting the current concerns in nursing regarding healthy work environments, job dissatisfaction, destructive communication, recruitment and retention issues, struggles for empowerment, clarity about what a nurse does (Laschinger, Almost, & Tuer-Hodes, 2003), and patient safety issues.

The connection between mindfulness-awareness and patient safety has little empirical evidence currently. Epstein, Siegel, and Silberman (2008) suggest that practitioners who have not developed skills in focus, concentration, and self-monitoring are more likely to improve the quality of their care. The ability of a practitioner to regulate one's state of awareness, to pay attention purposively, and to reflect are essential to being able to practice safely and effectively within the complexity of patient care and beyond (Epstein et al., 2008). The authors liken this self-regulation to reflection-in-action (Schön, 1987), a skill of

moment-to-moment internal and external awareness and choosing differently from automatic, habitual thoughts and behaviors. These competencies are desirable for nurses to have. Mindfulness now has the evidence base of cognitive neuroscience to show how it can positively affect safe clinical practice (Epstein et al., 2008) and enhance understanding and problem-solving.

Mindfulness-awareness is the opposite of auto-pilot behavior—a way of being that might be stated as going through the motions—or doing tasks but not really *being there*. When mindfulness-awareness is practiced, there is an intention to pay attention, to be present, focused, and aware, or to do one task at a time. Mindfulness-awareness is the opposite of multi-tasking, a skill commonly learned in nursing.

Mindfulness skills have been shown to improve patient care through a deepening of empathy in nursing students, learning of self-care practices, and improving therapeutic patient care by psychotherapy students (Grepmaier et al., 2007; Newsome, Christopher, Dahlen, & Christopher, 2006). In addition to a reduction in stress symptoms, mindfulness training yields greater adaptive changes in overall sense of control and sense of self as source of control, greater capacity to accept or yield control in uncontrollable situations, and satisfaction with level of control (Astin, 1997).

Hence, a nurse with stronger mindfulness-awareness skills engages in healthier relationships with self and others, has the potential to transform negativity, and heal wounded associations. Circle is a medium by which one can practice mindfulness-awareness skills. By working with one's own self talk,

limiting thoughts and judgment, the nursing culture can change to support improved self esteem, empowerment, centeredness, realization of hopes and dreams, and enhanced sense of community within the profession (Boyatzis, McKee, & Goleman, 2004; Freshwater & Stickley, 2004) and beyond.

## RCC

The practice of mindfulness-awareness is fundamental to strong RCC. This section will explore the definition, the core principles of RCC (also known as relationship-based care) and provide a brief overview of RCC research.

The current corporate healthcare models have moved away from valuing one of the very aspects that nursing and the process of healing are founded upon—caring relationships. Yet it has been shown that caring relationships among patients, colleagues, and communities are consistent with a high quality of health care (Beach & Inui, 2006) and financial success (Malloch et al., 2000). In fact, consumers are demanding more meaningful healthcare experiences, which require relationship competencies by their providers, but the higher valued technology skills often do not get delivered with relationship proficiencies (Malloch et al., 2000).

The literature points out that communication failure among healthcare team members is attributed to a significant portion of adverse events in patient care (Sutcliffe, Lewton, & Rosenthal, 2004). The Institute of Medicine (2004) indicates the need to transform work environments in order to maintain a high quality of care, job satisfaction, and patient safety. Successful U.S. Magnet-approved hospitals manifest an embodiment of actions that nurture

mission and values-based care, innovation, autonomy, healthy interdisciplinary relationships as well as participatory and decentralized decision-making (McClure, 2005).

The practice of Circle provides an opportunity to work on relationship skills, which support the Magnet journey towards excellence in nursing. The term RCC is used to describe the intentional cultivation of relationships between the patient and practitioner, the practitioner and colleagues, the practitioner and the surrounding community, and the practitioner's relationship with self (Tresolini, 1997). There is a growing RCC network across the country that brings together multidisciplinary practitioners who, even though resistant to the concept, acknowledge the need for improved relationships in health care and the need to focus on relationship values and competencies (Frankel & Inui, 2006; Malloch et al., 2000). The following paragraphs describe the four core principles of RCC and the latest research findings.

There are four core principles upon which RCC is based (Beach & Inui, 2006). These principles help the professional to integrate the personal part of the self, thereby strengthening wholeness as a practitioner. The first core principle is to work with each other as whole human beings where all personal, intuitive, and spiritual experiences are honored. The second core principle is to honor personal affect and emotions as important aspects of relationships. In this way, self-disclosure creates more opportunity for meaningful connections (Suchman, 2001). The third principle is the notion of reciprocity in all healthcare relationships between individuals and their communities (Matthews, Suchman, & Branch,

1993) where there is a mutual acknowledgement of needing connection and meaning. The fourth is the nurturance of genuine relationships in health care as “morally valuable” (Beach & Inui, 2006, p. 53). Personal risks are taken to strengthen authenticity and the ability to trust each other by understanding what another is experiencing. Applied to nursing, these core principles and types of relationships can provide a compelling way to develop trust, healthy communication, and ultimately, heal the healthcare system. The Circle model intentionally incorporates these core values.

Published research demonstrates that the science of RCC yields positive personal, patient, collaborative, and organizational outcomes in a healthcare setting (Leape & Berwick, 2005; Leonard, Graham, & Bonacum, 2004; Sutcliffe et al., 2004). Safran, Miller, and Beckman (2006) note the growing body of literature that shows how well-functioning teams improve patient safety and patient satisfaction, reduce mortality, reduce length of stay, and decrease malpractice risks (Leiter & Laschinger, 2006; Meterko, Mohr, & Young, 2004; Plsek, 2001).

In sum, holding and living the values of RCC in nursing are sustainable means by which to change the negative aspects of the healthcare culture and improve collaboration, communication, job satisfaction, and patient care.

### Complexity Science

The PeerSpirit Circle, mindfulness-awareness, and RCC are living examples of the principles of complexity science. This section will explore the definition of complexity science, its function of understanding how to work with

human beings, its hallmarks of ethical integrity, the importance of developing learning communities, the redefining of wealth and prosperity, and the creating of new reference points for how to think about problems and relationship-building.

Circle practice embodies the principles of complexity science. Complexity science is the study of complex adaptive systems (CAS) and seeks to demonstrate that in order to thrive as living systems, the tools and processes need to be very different, and the emphasis needs to be on human beings and their networks, not the structure (Allee, 2003). It is an inquiry into the “patterns of relationships within them, how they are sustained, how they self-organize and how outcomes emerge” (Zimmerman, Lindberg, & Plesk, 2001, p. 5). This new view of the world was developed in reaction to the reductionistic aspects of the traditional scientific and organizational models and sought to raise consciousness that human processes actually *cannot* be controlled, predicted, separated from the whole picture, stabilized, or made solid in a fixed way. This uncomfortable fact reinforces that change is continuous and inevitable.

Complexity science notes that innovations happen from the outer boundaries, diversity is strongly encouraged, and decentralization of decision making is essential. Also, social responsibility, ethical compartment, interdependence, and building relationships while developing communities of learning (Allee, 2003) are the most effective ways to negotiate complexity.

The concept of knowledge management is strongly founded on the theory of complexity. Humans are CAS who come together in learning communities to engage in and synthesize knowledge. The notion of learning communities is

important in that CAS are constantly evolving with every conversation. Within each conversation, there is new knowledge to assimilate and adapt, to thereby sustain success. Successful communities of learning use skillful dialogue about unconscious processes, emotion, and power dynamics, which is central to real organizational learning (Scharmer, 2007; Vince, 2001). Hence, the context of Circle supports the enhancement of creating and using knowledge by gathering in community and sharing knowledge through skillful dialogue, reflection, and application of that knowledge for the benefit of a greater good.

Furthermore, within the domain of complexity science there is a call to reevaluate and redefine what wealth and prosperity are. So, instead of the bottom line being how decisions are ultimately made, organizations are encouraged to develop a common currency of wealth and prosperity that values a strong social infrastructure, relationship-building, social well-being, and family. Vibrant networks openly address the shadow of emotional discontent and work intentionally with changing mindsets from a scarcity mentality to abundance and monetary success (Allee, 2003).

As an example of how changing mindsets and cultures under intractable conditions can bring organizational and patient health, the positive deviance model has been used to reduce *methicillin-resistant staphylococcus aureus* (MRSA) infections in U.S. hospitals (Lindberg, Lloyd, & Buscell, 2008). By strengthening the informal and formal social networks, infusing diversity, and changing how the conversations occur about infection control, the outcomes support the saving of lives and increased MRSA prevention.

Hence, because of the increasing complexity of health care in 2010, the conventional processes to manage knowledge transfer can no longer be used. Those who use contemporary efforts to effect organizational transformation must remember that the work is being done with human beings and that change is normal and cannot be controlled. In addition, it is essential to create new structures for developing communities of learning that expect change and have the skillful means to negotiate it. The context of Circle supports the redefining of what wealth and prosperity are by gathering in community, sharing knowledge through skillful dialogue and reflection, and using that knowledge for the benefit of a greater good.

### Caring Science

The principles of mindfulness-awareness, RCC, and complexity science are foundational to the advancement of caring science. This section will define caring science and consider the examples of Circle, Quinn's (J. Quinn, personal communication, May 15, 2007) notion of the nurse him/herself as a healing environment and Watson's framework of transpersonal caring (1999).

Caring science is a model proposed by the nurse theorist Jean Watson (2005), which seeks to explore health and sacredness in the caring-healing work of nurses and other healthcare workers. This is done by inquiring, reflecting, honoring, and explicating "our deepest human experiences and moral longings...uncovering what we already know at some deep level" (Watson, 2005, p. ix) and by inviting awareness of the spiritual dimensions of our work. Watson asks



Can we have a science model that is built upon a moral and metaphysical foundation that is made explicit in relation to our humanity and all our relations, obligations, one to another. If so, then how are we to Be? Become? Belong in this universe? (p. xiii)

In response to the current state of healthcare knowledge, the science of caring is an evolving transdisciplinary model of humanistic inquiry grounded in the art and science of nursing. It seeks to make head- and “heart-centered [connections] between science, art, spirituality, and restoring ethics and new relationships between and among heart sciences and humanities and the arts for healing purposes” (Watson, 2005, p. xii). The practice of Circle itself and the phenomenological genre of this study’s design are examples of processes of humanistic inquiry through dialogue and which support a paradigm shift in nursing and health care.

Caring science aims to explore systematically the domain of caring through relational ethics, being in relation with self and others, developing all ways of knowing and new methods of inquiry, applying this knowledge, and utilizing new pedagogical paradigms (Watson, 2005). Caring science has expansive notions of relationships, complexity, holism, meta-cognition, presence and authenticity, empowerment, love, and the importance of healthy internal and external healing environments (Boykin, Schoenhofer et al., 2003; Neuman, 1995; Newman, 1999; Parse, 1992; Rogers, 1990; Watson, 1996). Of interest is that caring science focuses not only on patient care but also on the clinicians themselves and their own states of personal and professional health.

To that end, J. Quinn (personal communication, May 16, 2007) proposed the powerful notion of the nurse cultivating the “self as a healing environment.”

This way of viewing the nurse encourages each nurse to look within and explore what personal work is necessary to clear space for an internal healing environment of unconditional love, safety, trust, and belonging that can then be offered to others. Aspects of this notion can be and have been studied. The context of circle can provide a place to cultivate this deepening self-awareness and further develop oneself as a reflective and caring nurse. This study will seek to explicate such understandings.

Watson's theory of transpersonal caring (1996) is a best practice example of expansiveness in the caring-healing realm. Her framework is being systematically studied. Watson (2008) teaches nurses about *caritas*, the Greek word for cherishing and appreciating, and *communitas*, the word for belonging and connection. These notions of loving kindness-beyond-ego create an environment that allows for authentic connections to be nurtured and healing to occur. Watson weaves in Rogers' unitary paradigm, which mirrors complexity science, and includes being authentically present, noticing patterns and relationships, intentionality, allowing for dynamic flow, co-creating health, and connecting with the infinite field of love (Rogers, 1990). By practicing in these ways, the nurse becomes an instrument for healing and service. This is a kind of holistic nursing practiced in contemporary times that acknowledges caring as a deeper spiritual practice. This way of being in nursing is open to using the integrative healing arts and bravely attends to maintaining congruence between values and actions. Circle is a context in which to practice ways of being that are holistic, healing, and congruent.

In summary, this study adds to the advancement of caring science. It seeks to understand experiences of PeerSpirit Circling and subsequent contributions to nursing care, self-awareness and humanity.

#### Relevance of Circle for Nursing and Justification for this Study

Within the duality of wondrous technological progress and the depths of anguish from the healthcare crisis, nurses are calling for ways to re-connect with the meaning of their work. Within the context of nursing, the Circle has the potential to be an effective way to revitalize nursing in many areas of practice. This research explored how Circle practice develops nurses personally and professionally, supports culture change, and embodies a healing environment that positively affects patient care. This project suggests Circle also has the potential to improve translation of nursing research into practice.

Circle is an innovative approach that provides nurses with a way to revitalize their practice by teaching/learning new ways to learn self awareness, trust, leadership skills, critical thinking, comfort with having a voice, conflict resolution along with compassion, and support for each other. Circle inherently incorporates reflective and interpretive practices and supports compassionate communication and, therefore, can yield stronger professional relationships. As individuals *practice* interacting in new ways, their ability to resolve conflict improves as does job satisfaction, recruitment and retention, and patient care. If one considers burnout as the final manifestation of personal and professional disconnection, Circle serves to facilitate re-connection.

Frankel suggests that when we change the nature of our conversations, we in turn change the culture (R. Frankel, personal communication, June 9, 2007). The very nature of Circle, a different culture in and of itself, provides a new context in which to change the process of how conversations are held. By changing the nature of our internal and external conversations and relationships through mindfulness, nursing can change the culture to support optimal patient care outcomes, improve job satisfaction, enhance the sense of community within the profession, and improve the recruitment and retention dilemma. Changing such conversations requires attention, intention, courage, trust, and a sense of community, which qualities may be seen as challenges in health care today.

There is much dialogue about the importance of healing environments in nursing. Watson (personal communication, May 10, 2007) states that nursing has had a key role across time in sustaining humanity and that to become a nurse means to become engaged in a sacred, moral, and ethical covenant towards that preservation. Watson (personal communication, May 10, 2007) sees nursing as the matrix that mediates heart, facts, and meaning in health care. She encourages each nurse to fearlessly seek opportunities to heal the relationship with self so that the individual can be more present to the suffering of others without taking it on oneself. In this way Circle can serve nursing well, by creating an inner and outer healing environment where nurses can learn to deepen their humanity and relatedness skills with self and others.

In summary, Circle practice has relevance for the profession of nursing through facilitation of a direct experience of mindfulness and RCC. This

experience can cultivate a deeper sense of self, develop relationship skills, shift culture, and bring more meaning and purpose within clinical, educational, and research domains. From the inner work initiated, a future emerges that is congruent with one's values and serves the greater good of humanity. The source of transformation really happens within one's own heart and mind, "to see, to deeply attend to the reality that they face and enact...to discover the power of seeing together" (Scharmer, 2007, p. 136). Circle practice works to access optimal creativity and power within a community of practitioners.

#### Purpose and Aims

The purpose of this Gadamerian hermeneutic study is to interview experienced nurses who have been trained in and participated in the practice of PeerSpirit Circling, in order to give voice to and gather further meaning into its personal and professional significance. There is a lack of an evidence base about the practice of PeerSpirit Circling in nursing and its potential impact on the quality of growth within the individual nurse, subsequent patient care, collegiality, leadership, and the positive evolution of the profession and health care.

This phenomenological research has been initiated to develop the beginning of an evidence base for the use of Circle process in nursing by working toward understanding the unique experiences of nurses who have sat in PeerSpirit Circles and to offer these understandings to the healthcare profession. The very nature of phenomenological research represents mindfulness-awareness, the exploration of relationships, complexity, and caring.

It continually explores the tensions between the particular and the whole, the relative and the transcendent, and the polarities of existence (van Manen, 1997).

Specific aims of this study included:

- To use Gadamerian philosophical hermeneutics to guide an interpretation of the experiences and meaning of the practice of the PeerSpirit Circle in a nurse participant's horizon.
- To understand how a participant's context (meaningful sets of relationships, practices, concerns, and values) might construct meanings of Circle.

#### Summary

In conclusion, what makes the Circle model intriguing and meaningful is how it creates an environment for holism, the discovery of mindfulness-awareness and RCC, where nurses can support each other within a safe environment strong enough to witness and support individual, organizational, and collective growth. It is a time-honored, dependable, and versatile form of group collaboration that demonstrates complexity science principles and could prove to be a valuable foundation for our professional evolution and would support what Malloch calls a new context for hope in nursing (personal communication, June 18, 2004).

## CHAPTER 2. PRE-UNDERSTANDINGS

The following chapter will describe my personal horizon of how Circle came to me, how I have used it, and why I am curious about the model and called to research it. Following that, I will share my personal biases and assumptions about this project. Next will be my pre-understandings about the horizons of nursing practice, education, and research in the new millennium and how those relate to Circle process.

### My Personal Horizon

Fourteen years ago I was a burning-out clinical nurse specialist (CNS) in a community hospital with experiences in the healthcare system that led me to disillusionment and a readiness to leave the profession. It was my experience with PeerSpirit Circling that reconnected me with my passion for nursing. Over the years, I had performed many roles as a caregiver from a teenage volunteer candy striper to a certified nursing assistant. I then worked as a licensed practical nurse, a registered nurse (RN), and then as a CNS. My thirty-plus year non-traditional career spanned inpatient and outpatient clinical practice, nursing education, and administration with experience in medical-surgical, psychiatric-mental health, gerontology, and holistic nursing. I had not found my niche until PeerSpirit Circling found me.

I was one of three nurses to call a multidisciplinary group of practitioners together to explore bringing complementary therapies into the hospital. We knew it would be hard to challenge the status quo, and we wanted to form an alliance that would be strong enough to weather the difficult road ahead. We wanted to

participate in health care in a healthier way. We wanted to learn how to walk the talk. Though I knew these were skills that I needed to learn, nevertheless, I experienced great challenges to learn presence with myself and others and not want to *run for the hills*. I remember my discomfort over the years as I was expected to check-in with myself and then share with the group. How irritating when I often realized I didn't know what I was feeling or what was happening in my life. It was very scary to speak my truth when I had minimal experience doing so throughout my life and have it be listened to and appreciated. Over time and much practice through Circle process, I got better with it and now my self-reflective capacity and courage factors are strong.

Two of the group members had read Christina Baldwin's *Calling the Circle: The First and Future Culture* (1998) and suggested we use her guidelines of Circle to do our work. The rationale was to level the playing field of power differentials, to create space to hear from all voices, and to commit to working together with mindfulness-awareness and what we called *reverent participatory relationship* (RPR), a term coined by Sister Mary Consuela White, RN, a Sister of Mercy (RSM), who was one of our beloved mentors. We also were inspired by the published works of Paula Underwood and the Fetzer Institute (Tresolini & the Pew-Fetzer Task Force, 1994).

At that time, we had no idea how such a model would make such a difference in our lives. Not only did we succeed in becoming a fully recognized and respected task group in the hospital, we also manifested a Division of Integrative Care and later an outpatient integrative medical practice, both of



which used the Circle model for governance, staff meetings, work Circles, necessary discussions, patient care, and case consultations. In addition, in the midst of a powerful hierarchy we used consensus decision-making; we created space for relationship-building, silence, and accessing our intuition; we intentionally connected with the sacredness of our work; and we directly addressed sometimes raging conflicts that arose and became stronger for having done so. The conflicts were related to the co-opting of discussions, actions performed differently than consensus agreement, or negotiating power differentials between physicians and nurses within the Circle. We all agreed that such manifestations could never have happened without the mindfulness, congruence between values and action, love, trust, and courage that we gleaned by following this model of collaboration.

Whereas those were results against all odds, the real story is about how our sitting in Circle weekly, in relationship, transformed us personally, and inevitably touched our professional lives in profound ways. Most of us were not taught many of these skills in our personal or professional upbringing. We came to understand that the term RCC seemed to capture the nature of our work. We learned how critical the context of relationship was in healing—relationship with ourselves, spirit, each other, our patients, and our healthcare system. We also understood that our work was not merely to provide grounded opportunities to fold integrative modalities into patient care but also to apply these relationship principles with all those we encountered. We continually asked how we could be in *right relationship* with each person or department. Right relationship is a term

we have used to expand our Circle through reverence, honesty, integrity, gentle directness, reflection, and positive intention. We let go of the mindset of *us* and *them* and learned how to become *we*.

Inspired by our experience, I went into the healthcare and business community to teach Circle process and mindfulness-awareness. There was rejection at many turns. When I was able to teach it, people were incredulous that such a way of being was possible in the world of business. Time after time, people came away with a reverence for the process, though not always being able to articulate what was different; just that it was, and it gave them hope. The chief executive officer of our hospital was moved to tears by the authenticity of the process. I even taught this process to a state nurses' association which was involved in an adversarial collective bargaining relationship with hospitals in that state. It became clear to me that Circle process was unified with mindfulness-awareness and relationship-building.

The garden I was creating was sowing seeds from which I will never know the extent of proliferation. For example, there has been a ripple effect from each member of the Circle. The ripples have expanded into many diverse directions: another hospital's integrative care center, a nursing unit's model of governance, a pediatric outpatient practice, a nursing school faculty, nursery school teachers in Indiana, an investment firm in Texas, the Integrative Medicine Alliance's Board of Directors, many community education classes, a Buddhist sangha, my wedding, and a physician's Sunday evening family circle! Our individual

experience in Circle begins a ripple effect and illustrates how one person's transformation affects others.

Then I came face to face with a health crisis. One cannot go through such a wake-up call and not explore existential questions and seek to change the aspects of one's internal and external environments that contributed to the illness. What was I going to do with the rest of my life that brought me joy, a sense of purpose, made a difference in health care, was service oriented, worked with nurses, and could earn me a living? What did I really believe in? What would really, as van Manen (1990) suggests, *commit* me to *this* world? Unequivocally it was the Circle process.

Circle is a hard sell in this day and time. Time and energy is not afforded to the development of relationships on company time and prevention is thrown aside for quick and dirty results. Our nursing culture is often on autopilot in an effort to just get through the day, so paying attention to self and others is often more than people have reserves for. I knew that to get my foot in the door of a healthcare venue I needed to have the right credentials and to be able to speak to the evidence base, effectiveness, and obstacles of this model. So, I set out to find the right place to earn a PhD that would provide an environment for progressive thinking and the right mentors to nurture this project. Those criteria were mightily met. I know Indiana University–Purdue University Indianapolis (IUPUI) has been the correct place to do this work, and I am grateful.

Over the last four years, my research and the connection with my mentors have helped me strengthen my expertise as a researcher on this topic. In

addition, my expertise in Circle participation suggests a strong personal understanding of the phenomenon and my PhD coursework focused on Circle using multiple lenses through which to understand my phenomenon of interest. With the continued support of my mentors, I have deepened my interpretive research skills and appreciated the power of qualitative research.

Personal that have contributed to my horizon are an ongoing meditation and mindfulness-awareness practice, a comfort with silence and emotional responses, a fascination with process, and a circumspect perspective of life.

My vision for nursing is to create opportunities for and to cultivate a culture of mindfulness-awareness and caring relationships within a healing environment. My aim in this research proposal was to provide grounding for my program of holistic research. I believe my research questions will inspire a sharing of information that will contribute to the knowledge base of Circle and assess its value within the profession of nursing.

My personal experience as a Circle member over fourteen years has strengthened my intention to bring Circle into mainstream nursing. It will take a larger critical mass of mindfully aware and relationship-centered practitioners to shift the current scientific paradigm that rules nursing and health care today. Because of my participation in different Circles, I continue to observe and experience personal and professional growth in my own care of patients, within myself, my students, collegiality, and systems of care.

I also have worked personally under emotionally painful circumstances in health care and have made a personal commitment to transform nurses'

experiences of nursing. With that said, I recognize my prejudices toward the utility of this model. My overarching prejudice is that there is a need in nursing for new ways to strengthen our nurses' abilities to be congruent with expressed nursing values. This means congruence within ourselves and toward our colleagues, patients, families, friends, and the communities and systems in which we practice.

My personal biases include a belief that all human beings are in a search for connection, acceptance, a sense of belonging, and community; for each to have her/his voice be heard and to experience a sense of peace. I also believe that, given a conducive environment, all persons can discover their innate fundamental brilliance and their capacity to be authentic, to demonstrate bravery, connect with their wholeness, and realize new connections that enhance new healthier ways of being.

My assumptions are that all healthcare providers, organizations, and communities desire optimal patient care, collegiality, and healthy work environments. There is a Buddhist saying: There is nothing more difficult than changing oneself. I assume that for profound change to emerge in health care, the initial effort needs to begin with each individual and thereby "shift the inner place from which a system operates" (Scharmer, 2007, p. 377). I also assume that this shift will require intention and exertion on the part of individuals and that it will ultimately ripple out to a larger and deeper collective capacity of intelligence.

## My Pre-understandings of the Current Nursing Horizon

The practice, education, and research contexts in nursing appear to be poised for the introduction of innovative approaches that strengthen the personal and professional integrity of the nurse and lead to optimal patient care.

### Nursing Practice

In the practice realm there has been a call for new leadership models, improved collaboration, and the creation of healthy work environments, along with a need to restructure how decisions are made. In addition, there is a movement toward developing successful communities of learning. There is a precedence of the PeerSpirit Circle being used in nursing and health care. Examples will be offered to illustrate its versatility.

The state of nursing leadership is in flux. In today's organizations there is confusion about who the leaders are and what leadership is. Often organizations look to the top of the hierarchy for answers when the actual leaders are at all levels (Senge, 1990). Senge (2002) acknowledges there is an agreement that leadership is necessary for optimal outcomes, critical for strategy, and involves developing a learning culture. Traditional leadership models are disappointingly shallow and neglect to identify the crux competency of inner growth and relationship skills with self and others.

Contemporary leadership models see leadership and change as inseparable, where "leadership is the ability of people in an organization to initiate and sustain significant change and to work effectively with the forces that shape change" (Senge, 2002, p. 54). In this way, leadership becomes a journey

“to shift the inner capacity from which a system operates” (Scharmer, 2007, p. 377), specifically by developing individual leaders with mindfulness and relationship competencies with the awareness that the ripple effect will begin with an individual and ultimately affect the collective.

The literature on multidisciplinary collaboration and leadership indicates that communication breakdown troubles many organizations (Isaacs, 1999). In addition, the collaborative culture within nursing also has broken down, which is significantly affecting the nursing work force and recruitment and retention.

Barriers to successful multidisciplinary collaboration include poor communication, trust issues, disparities in educational preparation, pay, and status, territorial challenges, generational differences, and clinical accountability. To further understand the complexity of communication issues, one might superimpose adversarial relationships, individual life-worlds, the complex nature of care, and relationship dynamics (O’Daniel & Rosenstein, 2008; Sutcliffe et al., 2004). In addition, nurses are reported to have difficulties with direct conflict resolution (Freshwater, Horton-Deutsch, Sherwood, & Taylor, 2005), which makes relationships uncomfortable and outcomes not always settled. The fallout from poor communication includes patient safety concerns such as patient mortality, medication errors and misdiagnosis (O’Daniel & Rosenstein, 2008; Sutcliffe et al., 2004).

Dedicated efforts of many from the American Nurses Association to the unit level have rallied to improve the work environments of nurses, where there has been nursing-wide horizontal violence, poor communication, divisiveness,

and other oppressive behaviors (Duffy, 1995; Dunn, 2003; Freire, 1999; Hamlin, 2000; Quick, 1999; Skillings, 1991). Nurses' perceptions of their work environments suggest that their work demands are excessive, they are concerned about their personal health and well-being, they experience a lack of fairness all of which contribute to their individual decisions to leave the profession (Geiger-Brown et al., 2004).

Significant restructuring within health care is being called for today (Plsek, 2001) by healthcare leaders who no longer trust the current process (Zimmerman, 1999) and work hard to allay the frustration and oppression it engenders (Gadow, 1999). As mostly women and the largest population in the healthcare work force (Weiss, 1999), nurses are demanding an equal voice in decision making and improvements in work environments that address client safety, quality of care, burnout, and job dissatisfaction issues (Aiken et al., 2002; Halm et al., 2005; Kilborn, 1999; Leiter & Laschinger, 2006; McGilton & Pringle, 1999).

The presence of collective bargaining conflicts are indicative of an internal struggle within the profession about how to dialogue and share power within the healthcare system (Catalano, 2003). Inherent in the union model is an "us-them" mind set, which is indicative of challenged collegiality, as well as the imbalance of power and influence within health care. The emotions have been strong about whether collective bargaining is professional, ethical, or divisive (Catalano, 2003).



In addition, there are restructuring tensions about entry level into practice, educational levels for advanced practice nurses, and the terminal educational degree. These tensions have been challenging to negotiate at the state and national levels.

Within the practice realm, complexity science literature and models are being integrated into health care and indicate the importance of cultivating communities of learning as fundamental to quality improvement (Wenger, 1998; Zimmerman et al., 2001) and RCC. New models of individual and, hence organizational, learning incorporate social learning theory to nurture a thriving system. Examples that incorporate these frameworks include RCC, Theory U (Scharmer, 2007), emotional intelligence (Goleman, 2000), and Appreciative Inquiry (Cooperrider & Srivastva, 1999). These models add to a growing evidence base demonstrating that successful communities of learning use skillful dialogue about unconscious processes, emotion, and power dynamics, which are central to real organizational learning (Vince, 2001). These models of community building use many aspects of Circle process, though not the same guidelines.

The American Nurses Credentialing Center Magnet Recognition Program<sup>®</sup> was created to enhance work environments for nurses, improve patient safety and quality of care, and recruit and retain nurses as well as augment leadership and successful organizational processes. Research shows strong correlations between nurse empowerment, job satisfaction, and Magnet characteristics (Smith, Tallman, & Kelly, 2006; Tigert & Laschinger, 2004). One study, however,

indicated these characteristics did not correlate with nurse-physician working relationships (Smith et al., 2006).

There are a variety of venues in American health care that have begun to use the Circle model to facilitate dialogue in such activities as staff meetings, committee-type gatherings, shift-to-shift report, supportive care of each other, and for teaching/learning. Thompson, the former CEO of the Association of Nurse Executives (AONE), and Baldwin (Thompson & Baldwin, 2005) have collaborated to bring the PeerSpirit Circle Process model to nursing leaders and their colleagues for dissemination in nursing education, hospital, and outpatient settings. Baldwin notes that the Center for Nursing Leadership has had PeerSpirit Circle Process training and that Creative Healthcare Management in Minneapolis teaches their successful *Re-igniting the Spirit of Caring* renewal programs using PeerSpirit Circle guidelines (C. Baldwin, personal communication, August 9, 2007). Studies are forthcoming in these areas.

The Centering Pregnancy and Parenting Association, Inc., a Yale University School of Nursing project, has a very successful program for group care of pregnant families using Circle and RCC principles (Ickovics et al., 2007). Their randomized controlled trial of group care effects on peri-natal outcomes demonstrated positive peri-natal outcomes and greater satisfaction from the women within the group care model (Ickovics et al., 2007).

True North, Maine's Center for Functional Medicine and the Healing Arts, is a successful outpatient integrative healthcare practice that uses the PeerSpirit Circle Process as their model for governance. Circle provides structure for work

Circles, peer review, group care models, case consultations, and many of their offered classes.

In summary, the context in nursing practice demonstrates continued efforts to improve leadership skills, enhance multidisciplinary collaboration and work environments, restructure health care, and grow cohesive and healthy communities of learning. Several examples were given of innovative nursing and healthcare organizations that use the PeerSpirit Circle Process model. There is precedence in nursing for using this form of engagement successfully and innovatively through face-to-face dialogue.

#### Nursing Education

In the education realm, in response to the ever increasing complexity of care and diversity of nurses, students, and teachers, there is an exciting evolution of new pedagogies that impart critical nursing knowledge and develop the individual student on many levels (Adams, Murdock, Valiga, McGinnis, & Wolfertz, 2004). Nursing faculty have identified the need for students to improve their critical thinking skills, engage the many ways of knowing, deepen their reflective capability, and increase their empathy and relationship skills as well as deepen their understanding of humanity (Forneris & Peden-McAlpine, 2006; Keddy, 1995; Wake, Coleman, & Kneeland, 1992; Watson, 1999abc).

In addition, faculty in recent years has been overwhelmed with a content-driven approach and has the challenge of catching up with the explosion of knowledge in health care then somehow conveying it to students. Ironside (2004) described the curriculum requirements as often being rigid and the

coverage of content more important than “thinking about the meaning of the content being learned and its significance to the students’ emerging practice” (p. 7). She describes the current issues of our nursing shortage and attrition of nursing faculty have become a grave concern. The diverse nature of nursing students, faculty, their respective levels of education and ages have stimulated nursing educators to become creative in supporting their personal and professional development (Diekelmann, 2001; Ironside, 2006).

Research on nursing students indicates that the traditional form of teaching does not feel effective to them. Hierarchical and teacher/content-centered approaches have engendered a bored, fearful, competitive, anxious, and isolated experience by students (Redmond & Sorrell, 1996). Diekelmann (1993) noted passive-aggressive behaviors by students in rebellion to traditional teaching methods, including silence, tardiness or absence, and non-performance or, in contrast, direct confrontation. Such information indicates a need for innovative approaches in pedagogy that are engaging and empowering.

The National League for Nursing acknowledges the need to think *out of the box* when considering how to educate tomorrow’s nurses (Adams et al., 2004). The Institute of Medicine (2004) proposes that health professionals be able to deliver evidence-based patient care safely and effectively within a complex and interdisciplinary collaborative model.

The presence of new teaching/learning methods holds exciting possibilities for advancing nursing practice and education. Nursing education has

begun to embrace new pedagogies developed to strengthen reflective nursing practice, critical thinking, and relationship skills (Forneris & Peden-McAlpine, 2006; Keddy, 1995; Wake et al., 1992) with approaches to learning that are relationship-centered, egalitarian, reciprocal, and caring and have an evidence base to support them (Diekelmann, 2001; Freshwater et al., 2005; Ironside, 2003b; Ironside, 2006; Randall, Tate, & Lougheed, 2007).

Circles have been initiated as successful contexts for learning. Within the context of narrative pedagogy and reflective practice, nursing education researchers have found that the use of learning Circles and student self-governance models improved patient care, improved critical thinking, increased reflexivity, developed personal growth, created a better understanding of power, decision making, negotiation within a group, and increased accountability (Forneris & Peden-McAlpine, 2006; Hiebert, 1996; Keddy, 1995; Wake et al., 1992). Reflective learning environments also can yield nursing students with emotional competence, qualities desirable in nurse leaders (Horton-Deutsch & Sherwood, 2008). Forneris (2004) stresses the importance of allowing for time in reflection within these approaches. In addition, caring Circle studies showed that the caring environment of Circle positively influenced students' clinical practice by nurturing a sense of trust, acceptance, and community while also strengthening caring behaviors with each other (Grams, Kosowski, & Wilson, 1997; Kosowski, Wilson, & Grams, 2004; Wilson, Grams, & Kosowski, 1997).

Examples of teaching mindfulness within nursing curriculums has been seen in frameworks such as reflective practice (Freshwater et al., 2005), narrative pedagogy (Ironsides, 2003b), philosophies of RCC (Watson, 2005), and phenomenological inquiry (Sloan & Swenson, 1998). Some medical schools incorporate mindfulness skills as competencies for successful practice believing they allow “for the early recognition of cognitive biases, technical errors, and emotional reactions and may facilitate self-correction and development of therapeutic relationships” (Epstein et al., 2008, p. 5).

Humanistic nurse theorists such as Newman (1999), Parse (1999), Paterson and Zderad (2007), Rogers (1990), and Watson (2005), indicate mindfulness as foundational in their frameworks for nursing practice. These approaches suggest that the strengthening of mindfulness, reflective nursing practice, critical thinking, intentionality, and development of communication and relationship skills (Forneris & Peden-McAlpine, 2006; Keddy, 1995; Wake et al., 1992) in nursing are critical for the advancement of the profession.

In summary, nursing education already has begun to address the challenge of new ways of teaching and learning through new evidence-based approaches that have taken into account the complexity of information to convey, the diversity in students and faculty, student learning behaviors, and teaching styles. In addition, the uses of innovative and humanistic models of teaching/learning and theoretical frameworks provide a foundation for understanding about the depth of nursing practice. The Circle model seems to have potential as a teaching/learning methodology.

## Nursing Research

A literature review of Circle demonstrates that there have been studies on *aspects* of the Circle experience but not any actual defined models. Such aspects studied have included participative management models, mindfulness-awareness, empowerment, learning communities of practice, educational pedagogies, transformation, presence, and caring behaviors. This section will describe how the state of qualitative nursing research is influenced by the societal context and funding agencies, what kinds of studies are being called for, and the challenge of translating nursing research into practice.

In the research realm, nursing research has a long history since Florence Nightingale in the late 1800s. Flaskerud et al. (2002) cited the influence of the socio-political-economic context in deciding which health disparities and vulnerable research has been done over the last fifty years. As an example, they described a significant increase in research studies, papers, briefs, and reports in the *Nursing Research* journal starting in the 1990s Flaskerud et al. (2002). Mirroring medicine, most of the studies have been quantitative. The socio-political-economic milieu and funding organizations have been noted to contribute to which research is chosen.

The National Institute for Nursing Research (NINR) has strategically planned for the development of the next generation of nurse scientists with ever increasing funding to ensure expertise and attention to the health needs of our nation (NINR, 2010). A look at the studies and requests for proposals in September 2010 shows that funding by NINR and many other national funding

agencies offers proportionally more grants for quantitative research than qualitative.

Qualitative research imparts a deeper understanding of a phenomenon of interest and the meaning it has for human beings. Furthermore, it adds to and complements the growing body of quantitative research. Because of the complexity of human experience, nursing must continue to develop new qualitative methodologies and designs (O'Malley, 2005). Specifically, Jones (2005) suggested the need for more qualitative research as well as research which explored stress reduction interventions that enhanced a healthy work force, for understanding the impact of complexity on health care, and for increased appreciation of the effect of open communication and team collaboration. In addition, he suggested a need for pairing qualitative and quantitative designs to add depth to the interpretation of data.

In addition, there are gaps in knowledge within quality outcomes research (Mick & Mark, 2005). In particular, they cited the need for more meta-analyses and qualitative, longitudinal, and theory-based research that focused on out-patient venues. Additionally, they cited a need for understanding the influence of socio-political-economic influences on adaptation of patient care models, the effect of organizational structure on patient and nursing care and the effect of nursing informatics on issues such as like depersonalization, de-professionalization and standardization.

Translation of nursing research into practice has been a challenge. Implementation research has demonstrated that translation of research into



nursing practice depends on, among other things, an environment that has positive relationship capacity, an engaged leadership, and coping ability of the work culture (Cummings, Estabrooks, Midodzi, Wallin, & Hayduk, 2007). These qualities are consistent with complexity principles. In that vein, diffusion theory says that increased knowledge about attitudes and values, channels of communication, degrees of interrelatedness, knowledge about the process of change, and social norms strongly affects translation of research into practice (Rogers, 2003). Diffusion is also a two-way communication process relying on verbal and reflective skillfulness, which strengthens the argument for nurses to develop dialogue skills.

Thus, it would stand to reason that more research on Circle process may yield important outcomes to positively support healthy work environments, develop relationship and leadership capacity, strengthen social networking, and optimize the translation of research to practice.

### Summary

This chapter has examined pre-understandings about Circle process from the standpoint of my personal horizon and the current nursing horizons of practice, education, and research.

## CHAPTER 3. PHENOMENON OF INTEREST—THE PEERSPIRIT CIRCLE

*“Returning to our roots helps us build foundations for the future.”*

–Watson, 1999

The context of Circle has a long, global history that extends back centuries and has laid the ground work for its reintegration into contemporary society. This chapter will offer a historical context through which to understand the origin of Circle practice and to provide contemporary examples and common characteristics Circle models. The chapter will conclude with a review of the PeerSpirit Circle Process guidelines for practice.

### Historical Context of Circle

Historically, the circle has been a symbol representing universal truths of interconnection and community. The circle has existed in indigenous cultures as a way to gather and connect and has been a way to orally pass on traditions.

The symbol of the circle has been noted throughout history and across traditions. Circles have been part of the spiritual lore, as noted by the presence of Celtic stone circles, circular petroglyphs, and the legend of King Arthur and the Knights of the Round Table (Zebrowski, 2000). Indigenous cultures used the Medicine Wheel as a circular symbol of the cyclical nature of life, where each quadrant of east, south, west, and north holds wisdom, balance, harmony, and transformation, respectively. The circle symbolizes no beginning or endings and is seen as a *zero* where there is a balance of positive and negative energies (Ywahoo, 1987), or polarities. It has been used as a representation of indigenous tribal values of relationships with people, earth, and spirit (Harner, 1990). The

word *mandala* is Sanskrit for circle, meaning connection and community, and its image is an art form drawn in geometric designs that ultimately symbolize the universe (Oxford English Dictionary, 2007), wholeness, and eternity. Finally, the *enso*, from the Zen Buddhist tradition, is a Zen circle that represents enlightenment, or a fundamental awakesness to the luminous thusness of the relative and absolute universe (Seo, 2007).

Indigenous cultures have held Community Circles for centuries in countries such as in Canada, the United States, South America, Australia, New Zealand, Japan, and Africa (MacDougall, 2005). The Circle was traditionally called “Council” and was the way for communities to meet for problem solving, decision making, reflecting, storytelling, spiritual teaching, healing, celebrating with rituals and ceremonies to honor different stages of life, staying warm and safe, surviving, and strengthening the sense of community (Baldwin, 1998).

The oral tradition and use of council within the North American Aboriginal and American Indian First Nations dates back over 500 years and served to educate their people, face-to-face, about history, culture, and holistic values (Cruikshank, 1994; Report of the Royal Commission, 1996). The use of narrative has been a context in which to teach and learn, based on principles of relationship, namely mutual recognition, mutual respect, sharing, and mutual responsibility (Report of the Royal Commission, 1996). All these principles have served as a foundation of connectedness to maintain survival of the group.

## Contemporary Examples of Circle

The contemporary use of Circle has various permutations. It has been used as a way to examine and shift cultural power differentials, new collaborative models for quality assurance, learning, values clarification, and explorations of spirituality. It also has been used in innovative ways in the justice system.

The ultimate intention for integrating the Circle approach into modern culture is rooted in a desire for effecting social change through empowerment of the group, community building (Baldwin, 1998; Bolen, 1999; Chinn, 2004; Garfield, Spring, & Cahill, 1998; Pranis, 2005; Schirch, 2004), and the survival of humanity (Levinas, 1969). In the new millennium, society is revisiting the need to balance the masculine/paternalistic archetype of hierarchy, influence, and power with the feminine archetype of authenticity, peace, relationship, and nurturing (Duerk, 1999; Gamson, 1968).

All kinds of Circles have clear goals towards continuous quality improvement, such as the work-related Kaizen or Quality Circles (Beyer et al., 2003; Gerlach, Beyer, & Romer, 1998; Imai, 1986; Weisser, Harter, & Tausch, 2000). The Study Circle was an innovation from Sweden formed to integrate social classes, cultivate self-determination, and engender cooperative learning and dialogue (Leighninger, 1996; Oliver, 1987). The Wisdom Circle functions with the purpose of facilitating values knowledge (Garfield et al., 1998). Peace Circles have intentions of transforming relationships by learning non-violent communication, mediation, or conflict resolution skills (Schirch, 2004). Other foci of Circles have been healing from numerous spiritual traditions: sentencing and

reintegration Circles in the justice system (Pranis, 2005); ceremonies; and Circles for celebration and support (Bolen, 1999; Garfield et al., 1998; Pranis, 2005).

In sum, these illustrations from history allow us to note the important role Circle played in relationships, balance, stronger community, and survival.

### Characteristics of Circles

Contemporary leaders (Baldwin & Linnea, 2010; Chinn, 2004; Pranis, 2005) define the use of Circle as *a model of community building* where people meet to dialogue in a respectful way and to be allowed to talk and listened to without interruption. As previously referenced in the historical context, there are a variety of Circle models of which several basic characteristics are honored across the board. These include relationship building, the use of ritual, the honoring of a spirituality component, an absence of power differentials, volunteerism, and intentional conflict resolution. Special mention is warranted to distinguish Circles from group therapy.

The intention of strengthening relationship skills is a hallmark of Circle. In Circle, participants are given special guidelines to follow for engagement, communication, decision-making, problem-solving, or conflict resolution. Whether the Circles are large or small, there is *time* and space given for stories to emerge or for spiritual and emotional awareness to unfold. Within the council tradition and other spiritual traditions, such as Quakerism, listening and silence are as important as well-considered and deliberate speech (Bolen, 1999). The intention

of working on interpersonal skills is grounded in a common desire for social change within and without a system.

The use of ritual in Circles is common (Powley, 2004). The purpose of this is for centering oneself within the group energy and recommitting to the intent of the gathering. Examples include taking breaths together, reading a reflection, silence, saying a prayer, or having a focal center in the middle of the Circle. Another ritual is that of check-in, where participants share what each is bringing to the Circle that day. The ritual of check-out allows time at the end for closure. The use of a talking stick is a tradition used for centuries and can be helpful in eliminating cross-talk and interruptions or the co-opting of a discussion. Though not used in all Circles, when a participant is holding the talking stick or other symbolic object, that person *has the floor* to speak uninterrupted. This allows space and time for reflecting and sharing an honest response to an issue while others practice listening.

Another customary feature of Circle is the honoring of spirituality, where value is put on the presence of a greater good and accessing a sense of meaning to the work that is being done. Circle is a form which is pan-spiritual, where all traditions are honored. At times of concern or conflict, the Circle can fall into silence and listen for guidance from within or beyond.

Other common characteristics of Circle include the absence of power differentials among participants and decisions made by consensus. Bolen (1999), well known for her Circle work with women, adds that it is a vehicle for “changing the world and bringing humanity back into the post-patriarchal era” (p. 3). Chinn

(2004) uses the term *gathering* in Circle for the process of doing work together by sharing leadership and value-based decision-making as well as respecting all points of view. Among the participants there is no hierarchy, and an equal power base ensures each participant feels empowered.

Volunteerism appears to be a critical piece for success, where participation is invited, not mandated. The willingness of Circle participants to be open to intentional interaction, to share responsibility, and to be mindful has been noted to foster an environment of growing safety and trust as they engage in this process. Such engagement strengthens solidarity of common values and aspirations (Chinn, 2004). Baldwin (1998) suggests that it is important to allow a synergy of participation to occur and to trust the process. Such volunteerism also is extended to the rotating roles of Circle facilitator and guardian (when a guardian role is used).

Circles have an organized and intentional approach to problem solving and conflict resolution. In Circle, conflict, though scary, is expected, welcomed, and dealt with directly as an opportunity for new energy, information, and direction. Addressing conflict within a shared leadership model encourages each Circle participant to speak honestly about what is noticed or about struggles.

*I am not interested in passing the talking stick and going to group therapy!* is a cry that has been heard when talking about Circle work. Because of the nature of deliberate and authentic communication, there is a misunderstanding that Circle is group therapy. Group therapy is a gathering of individuals with the

purpose of ameliorating personal existential issues within an interpersonal context (Yalom & Leszcz, 2005).

Commonalities of Circle and group therapy are that there is a common goal for meeting; there is confidentiality and an intentional focus on authentic interpersonal connection. In both approaches, effort is made to maintain a safe container for sharing of thoughts and feelings. Both models espouse an intention for altruism, instilling of hope, developing compassion and communication skills, improving social skills, modeling and mentoring, learning how to resolve conflicts, and providing education.

In contrast, group therapy differs from Circle by being facilitated by a trained psychotherapist who has carefully selected the group of participants with mental health issues. Ultimately, it seems important to caution that basic, human, respectful communication, while *therapeutic* is not reserved for individuals in a patient role.

### PeerSpirit Circle Guidelines

This section will review the purpose of PeerSpirit Circling, the guidelines, and the components of the Circle gathering.

PeerSpirit Circling is the form of Circle used in this study and was re-introduced by Christina Baldwin and Ann Linnea (2010) toward the end of the 20<sup>th</sup> century. It is a model with simple guidelines and rotating roles that serve to hold a safe space for authentic sharing. Their intention in re-introducing a council model from indigenous cultures was to create an environment for authentic dialogue among diverse individuals and cultures with the ultimate intention of



building community, social justice, compassion, and integrity. Baldwin and Linnea (2010) call it “relational...inclusive and adaptable...a synthesis of our human journey” (pp. 183-184).

Baldwin and Linnea (2010) point out there are various infrastructures of Circle for different kinds of conversations in our culture. The model of the PeerSpirit Circle (Baldwin & Linnea, 2010) gently supports a shift from casual socialization, opinionated discussion (Baldwin, 1998) or unbalanced participation by using a new “pattern of engagement,” (Baldwin & Linnea, 2010, p. 16) into what they call council space (Baldwin, 1998). The new pattern of council space is designed to connect one with enhanced mindfulness-awareness, practicing unconditional positive regard, speaking with intention, and listening with care (Baldwin & Linnea, 2010). It is a model that espouses the nurturing of “presence beyond methodology” (Baldwin & Linnea, 2010, p. 105) and holds the potential to “have community witness the emerging self and bring it into existence” (Baldwin & Linnea, 2010, p. 105).

In order to call a Circle, whether it is the first one or an ongoing gathering, there are several components that provide a foundation for the conversation. There are those components that hold the rim of the Circle container and also those components that guide the format of the meeting.

### The Circle Rim

The rim of the Circle holds the foundation of hosting, invitation, and personal preparation. This section will discuss the role of the host and how invitations are presented as well as the personal preparation of all involved.

There is a leadership role called the *host* who carries the responsibility of logistics, communicates details, sets up the room, reflects on what the Circle will address together, opens the Circle, and states the intentions. A request is made for volunteers to claim the role of guardian, and, if appropriate, scribe. Unlike a traditional facilitator, the host has responsibility in preparing the agenda and keeping the group focused while at the same time participating. There is a sense of that person *holding the space* and attending to the needs of the group. Other preparation for the host is to embody a spirit of hosting, which holds elements of welcoming, generosity, and graciousness.

When an invitation to a Circle is extended, the designated host needs to personally reflect on the motivation and purpose of the gathering and to determine who needs to be present. An invitation is then sent with clear communication stating the purpose, the individuals who need to be there, the intent of the gathering, and the participation that will be involved from those present.

The host reflects on what kind of Circle is necessary, be it a talking piece council where whomever is holding an object is allowed to speak uninterrupted, a conversation council where there is more of a free flow of dialogue, or a reflection council where the group is encouraged to reflect on a particular situation and allows space and silence for this to occur (Baldwin & Linnea, 2010).

There is intentional preparation for all individuals invited into a Circle. Typically this can be slowing down before entering a room, turning off the cellphone, breathing, checking-in with oneself, feeling one sit down in the chair,

and coming into a personal space of inviting what is next. If the purpose of the gathering is to reflect on a particular issue, prior reflection would be expected for a spirited exchange. All who are present agree to be prepared to practice compassionate self-monitoring, spaciousness, and heart-centered and respectful communication.

### Components of the Circle

There are linear and non-linear components that make up a Circle. This section will first give an overview then a definition what happens and the meaning associated with various aspects.

Once a Circle is called and people arrive, there is a typical linear format of the gathering. With the physical space set with seating in a Circle, the center of the circle is established. The starting point is a welcoming and reflection read to facilitate a transition into council space (as previously indicated described). The intention for the Circle also is reiterated. If appropriate, Circle agreements are negotiated. Time constraints can be reviewed along with the agenda so that time is made for check-in, agenda items, and a check-out. If not done already, volunteers are requested for the guardian and scribe roles. There is a check-in with each person around the rim. The middle of the gathering is the dialogue and the Circle ends with a check-out.

The non-linear components have to do with attending to the agreements, principles, and practices (Baldwin & Linnea, 2010). These components are guidelines to assist us to engage with self and one another in a holistic, socially responsible, and intentional manner.

Thompson and Baldwin (2005) make an important point about the details of this format. They affirm that though this process may seem more complicated than other kinds of conversations, perhaps even overwhelming, it is not. These descriptions of the process merely make this process explicit.

### The Center

Establishing the center of the Circle is a crucial component of the Circle. The center is literal and figurative. Literally, it holds objects that feel meaningful to the participants as related to the purpose of the gathering. It provides a visual focal point for focusing attention and remembering the intentions of the Circle.

Figuratively, the center symbolizes the heart of the gathering. It also corresponds with the principle of “reliance on the spirit of the group” (Thompson & Baldwin, 2005, p. 14). This means engaging with others while dropping personal agendas and offering what one can or what is needed for the well-being of the group. The center of the Circle is the neutral, “transpersonal space—belonging to everyone and to no one” (Baldwin & Linnea, 2010, p. 113). The engagement then becomes a play between the part and the whole and a way of holding the group to its highest intention.

When tension, difficult conversations, or conflicts arise within the Circle, individuals are encouraged to speak to the center, the transpersonal space that is impartial and safe. It is a way of “anchoring [the] energy to the center” (Baldwin & Linnea, 2010, p. 116) and not directing the tension at certain others. This way, differences, judgments, etc., can be transcended and worked with for the greater good. The feedback given also can be more easily heard.

## The Starting Point

When individuals gather in Circle the host will traditionally welcome the group and focus them by taking breaths, meditating, reading a reflection, or facilitating another creative endeavor. This process helps to shift individuals from socializing and chatting to focused time together. It is also a time to reconnect participants with the intention of the gathering.

## Determining Agreements

In order to ensure that participants feel safe to authentically share, it is important that the group mutually agrees to hold “both self and others accountable for the quality of interaction” (Baldwin & Linnea, 2010, p. 23). These agreements help to guide time and space for connection through times of difficulty and are necessary to accomplishing the intent of the Circle gathering. Agreements can be negotiated as needed.

## Check-in

Check-in is one of the Circle rituals meant to build relationships with self and other. Each person is offered an opportunity to self-reflect and briefly share the state of their being. It is acceptable to pass when one’s turn comes around. Check-in can be spontaneous, brief, long, or guided by a question. The length is determined by the purpose of that meeting, time constraints, or the agenda. A talking piece is recommended, so as to minimize discursive interruptions by others from deep listening.

### Three Principles

The three principles of the PeerSpirit Circle are (1) rotating leadership, (2) shared responsibility and accountability, and (3) reliance on the spirit of the whole.

The rotating leadership ensures that all participants have opportunities to tend to the well-being of the group.

The principle of mutual responsibility and accountability encourages active participation from all, no matter who is designated as the host and as the guardian. It is everyone's responsibility to be active leaders on the rim of the Circle and to tend to the well-being of the group.

A reliance on the spirit of the whole helps to remind one that the well-being of the group is more important than one person's agenda. One is encouraged to appreciate the parts and the whole, the synergy that is created, and the inspiration it engenders.

### Three Practices

The three practices have to do with listening, speaking intentionally, and attending to the well-being of the group.

Attentive listening is expected from all present. It is a powerful practice of presencing to another and being in the moment. It is a way to develop curiosity and understanding.

Intentional speaking is a way of contributing to the Circle that keeps in mind the whole rather than one's individual self. It is where one speaks from the

heart to the heart of the matter. It seeks to authentically communicate in neutral language, without judgment or blame.

Attending to the well-being of the group means to work with oneself compassionately, reflecting on motivation for sharing or not sharing, noticing how much or how little is being shared, and seeking to understand how what is being shared benefits the group. See Table 1 for PeerSpirit Circle Model Guidelines.

Table 1

*PeerSpirit Circle Model Guidelines*

Key Terms	Description
Agreements	<p>Personal material shared in the Circle is confidential</p> <p>We listen to each other with curiosity and compassion</p> <p>We ask for what we need and offer what we can</p> <p>From time to time we pause to re-gather our thoughts and focus</p>
Principles	<p>Rotating Leadership</p> <p>Shared responsibility &amp; accountability, consensus decision-making</p> <p>Reliance on the spirit of the whole</p>
Practices	<p>Attentive Listening</p> <p>Intentional Speaking</p> <p>Attending to the well-being of the group</p>

Note. Adapted from Baldwin, C. & Linnea, A. (2010). *The circle way: A leader in every chair*. San Francisco, CA: Berrett-Koehler.

## Process Roles

The leadership role of the guardian is an important responsibility and is rotated among volunteers. This role also helps to hold the space by noticing the group's energy and behavior, attending to maintaining safe interpersonal space, and ensuring the group agreements are upheld. A helpful question a guardian might ask is, *what needs to happen to keep the participants connected?* This could be done through reflecting, redirecting focus, naming what is happening, intervening when conflict becomes stuck, being a time-keeper, and pausing as needed.

The role of the scribe is used, as needed, to record the essence of what is communicated as well as what decisions are made. The role can provide important historical documentation for the group or be the person who writes ideas on a whiteboard. In any case, it is important that confidentiality be considered as part of the scribe's role in maintaining the interpersonal safety of the Circle.

## Consensus Decision-making

PeerSpirit Circling also has a practice of consensus decision-making. Decisions are considered carefully, and it is desired to hear from all voices whether pro, tepid, or against a particular direction of action that may affect the group. Decision-making is done by consensus, which affords full support towards the best interest of the group. Groups can determine what their consensus vote ratios will be. Reflective time and silence is encouraged as needed.



Thumbs up, down, or sideways are the ways to vote. The tradition of thumbs up means *in support of*, thumbs down means *not in favor*, and a thumbs sideways means *I need more information*. It is very important to hear from the individuals with thumbs down or sideways, as it then becomes an opportunity for understanding a situation more deeply and negotiating among the polarities. These discussions often yield a stronger and more sustainable decision.

#### Check-out

Check-out is the closing of a Circle, which is also done with intention. There may be a need to review what was understood and what actions were agreed upon, to allow space for reflection or a reading, or to renegotiate an agreement.

#### Summary

In summary, this has been an overview of the phenomenon of Circle. The roots of its appearance in world societies, contemporary examples of the form, and common characteristics of the varieties of conversational models that seek to encourage face-to-face dialogue. There was also an overview of PeerSpirit Circle Process guidelines, which affords the development and practice of crucial ways of being in a contemporary time of need.

## CHAPTER 4. PHILOSOPHY TO METHODOLOGY TO METHOD

### Part A. From Philosophy to Methodology

With the introduction of qualitative research methodologies in health care, there has been an evolution of the process of scientific research in the West. It has become clearer that the traditional scientific method, while informative, captures a limited understanding of the expanse of information necessary to optimally care for and steward those seeking healing. Crediting the influence of ancient Greek philosophers up to the 21<sup>st</sup> century phenomenologists, their challenges to the reductionistic worldviews of idealism and realism have yielded new ways of understanding the experience of being a human in this world.

The new complement of qualitative approaches to healthcare research have generated an understanding of the intangible mysteries of health and illness in human beings by explicating the meaning of an individual's experiences in those realms (van Manen, 1990). The philosopher van Manen (1990) argued that the social sciences research was an exploration of meaning, that "to be human is to be concerned with meaning" (p. 79) and that such meaning is not simple but multi-dimensional and multi-layered. In addition, he suggested that such meaning came from lived experiences that could not be reduced into intellectual concepts.

This part will examine the emergence of Gadamer's philosophy of phenomenological hermeneutics from traditional scientific inquiry, phenomenology, and phenomenological hermeneutics. The use of phenomenological hermeneutics as a nursing and healthcare research approach will be explored. The latter part of the section will delineate Gadamerian

philosophical hermeneutics, desired outcomes and conceptual definitions, then conclude with my rationale for using this approach.

### Context of Traditional Scientific Inquiry

The context into which phenomenological hermeneutics has emerged is from traditional scientific method of knowledge development which has been founded on a rational, hypothetico-deductive method of inquiry that values objectivity and certainty in the measurement of phenomena. This scientific method originally was applied to the natural sciences and then was utilized in the social sciences and humanities. This latter application has been criticized by a long list of modern and contemporary philosophers such as Heidegger and Gadamer. Their main concern is that the epistemology of modern science does not take into account *how* we know what we know and *how* we understand the nature of our world, which is the term known as ontology. (Leonard, 1994).

The world views of idealism and realism provided the foundation of Cartesian rational thought, which has dominated the Western culture since the 17<sup>th</sup> century. Idealism, suggested by Plato, asked the question *who am I?* and valued ideas about the nature of being and the construction of explanations for those ideas (P. Ironside, personal communication, June 19, 2008). Realism, suggested by Aristotle, asked the question *what am I?* and valued things themselves and not ideas (P. Ironside, personal communication, June 19, 2008). Philosophers since the 19<sup>th</sup> century have questioned these idealistic and realistic views and even returned to the classical philosophers to understand what parts were *not* explained about the nature of being (Moran, 2000).

The goal in traditional science is to predict and obtain a sense of certainty and control, or a single version of truth (Munhall, 2007). The world views of centuries past feared supernatural, divine, and religious institutional controls. In reaction to this sense of helplessness there was a strengthening of an anthropocentric world view that promised to teach humans how to master nature and the world (Miles, 1998). Miles (1998) cited the separation of church and science, the Industrial Revolution, and the growing sophistication in technology and in the health and physical sciences as buoying an intellectual movement that valued rationality and prediction above natural processes. Miles (1998) remembered a question posed by Joseph Chilton Pierce that asked “whether we can honestly believe that the evolutionary process that generated human intellect intended for us to become its adversary and try to outsmart it” (Miles, 1998, p. 9). This is illustrated in traditional science’s attention given to controlling conditions, isolating phenomena from the context, and developing rules and laws for empirical data to be produced (Dreyfus, 1994).

#### Contexts of Phenomenology and Hermeneutics

The field of phenomenology reacted to the Cartesian foundation of knowledge and continued towards the opposite dialectic. This section will explore the aim of phenomenology and hermeneutics, the contributions of Husserl, Schleiermacher, Dilthey, and Heidegger as influences of Gadamer’s hermeneutic philosophy and the evolving assumptions.

Moran (2000) described the aim of phenomenology as allowing a phenomenon to show itself as it is. The philosopher van Manen (1990)

suggested that its purpose is to understand the essential meaning of the phenomenon. Bernasconi (2000) pointed out philosopher Merleau-Ponty's definition of phenomenology was that it could never, all at once, be complete and, indeed, the philosophers who succeeded Husserl have continued to bring forth new thoughts and meanings to expand the term.

The phenomenologists were not deluded by the illusion of certainty and reacted against the analytic thought of a mind/body split, the subject/object separation, and the use of theory as ways to be certain about what truth is or is not. They sought to expand the understanding of truth by acknowledging the many paths to knowledge and to honor the many possibilities of each person's "unique...nature, context and self-interpretation" (Benner, 1994, p. xiv) without using predictions, dualism, and development of theories, sets of procedures, or techniques.

Husserl is considered the founder of phenomenology. He proposed the notion of "the structure of the life-world," where an individual's subjective experience of being human was valued, as was the person's world of practical reasoning, human concerns, and meanings (Benner, 1994).

Schleiermacher advanced the study of phenomenology by adding the notion of skilled psychological interpretation as a means to understand others, expanding such knowledge beyond the traditional natural scientific inquiry (Gadamer, 1998) and suggesting interpretation as an art. The word used for this type of interpretation is *hermeneutics*, which stems from the mythical hero Hermes the messenger, and means the art of interpretation (Moran, 2000).

The hermeneutics of Dilthey, who wrote a biography of Schleiermacher, extended phenomenology by developing psychological interpretation as a rigorous methodological approach that could be used in the social and humanistic sciences, and specifically in literature (Gadamer, Dutt, Most, Grieder, & von Westernhagen, 2001).

Heidegger's contribution to 20<sup>th</sup> century phenomenological hermeneutics also affected Gadamer. The intention of Heidegger's phenomenology is to allow the phenomenon to show itself as it is (Moran, 2000). Heidegger criticized Cartesian thought of subject/object and initiated a shift from epistemology to ontology (Moran, 2000). His interest was in understanding the meaning of the experience of being human "based on the interpretation of historical consciousness to revealing the temporality of self understanding" (Fitzpatrick, 1998, p. 243), where one understood the present and the future by looking through the lens of the past contexts and experiences. This mode of understanding then influenced "the manner in which the structures of Being are revealed (or concealed) through the structures of human existence" (Moran, 2000, p. 197). Moran (2000) shared Heidegger's assertion that "phenomena of existence always require interpretation" (p. 197) because of a person's subjectivity, uniqueness, and dynamic sway.

Heidegger also offered the model of the hermeneutic circle to understand the ever-present interpretive process of human beings, based on personal and practical understanding of a phenomenon, our resultant point of view, and projections of what how a phenomenon might be interpreted (Benner, 1994).

Within the hermeneutic circle, the questioner pays attention to the questioning itself, so as to understand from whence the question came as well as the presence of preconceptions “because our questioning really is a kind of light which casts a certain pattern on the phenomenon, while also filling in our expectation in a way that allows us to formulate further questions” (Heidegger, as cited in Moran, 2000, p. 237).

As phenomenological hermeneutics evolved, several assumptions became clear: no knowledge is fixed, solid, or certain; people are reasonable; there are multiple pathways to knowledge; how humans engage in the world depends on what matters to them; “there is no such thing as a transparent text” (Gadamer, 1998, p. 105); “philosophical hermeneutics is more interested in the questions than the answers” (Gadamer, 1998, p. 106); human existence is a dialectic sway that is to be negotiated through dialogue and relationship; and one is always in the midst of the hermeneutic circle of understanding (Plager, 1994).

#### Phenomenology and Hermeneutics in Nursing and Healthcare Research

As a qualitative research approach, the phenomenological hermeneutic approach is described by Munhall as seeking to understand what it means to be human (Munhall, 2007) and originally was developed as a way to extend phenomenology through questioning, new understandings and consciousness and subsequent social action (Gadamer et al., 2001). The use of phenomenological hermeneutics in nursing is a compelling approach of inquiry that seeks to uncover and understand truth within one’s experience of health and

illness by considering the nature of the whole person and his/her context of existence, or horizon (Gadamer, 1996).

The science of nursing has the challenge of using diverse paths of inquiry in order to humanistically understand health, illness, caring, and humans and their internal and external environments past, present, and future (Dunlop, 1994). In producing more phenomenological hermeneutic nursing research, there is an appreciation of the uniqueness of human beings and, at the same time, universal patterns of human nature that contribute to dis-ease which can be uncovered. Phenomenological inquiry has the promise of understanding the root causes of contentment and dis-ease that arise and fall in the lives of our patients and how best we can support their life experiences. Benner (1994) suggests its value in being able to inform health prevention, clinical practice, healthcare policy, and develop communities. The philosopher van Manen (1990) states that the outcome of interpretive human science is to present an awareness or understanding of what human freedom is and to be better prepared for life.

Integrative healthcare science, which studies the integration of mind, emotions, body, and spirit, shows support of the view that there is a connection between illness, health, and an individual's beliefs, values, perceptions, practices, and context (Plager, 1994). Gadamer (2004) would call the confluence of these notions one's horizon. Dreyfus (1994) points out that it is impossible to study the human sciences context-free, as our being-in-the-world has everything to do with health or lack thereof. Dunlop (1994) suggests that caring is a way of



being-in-the-world, and the process of caring is done within a context and cannot be studied without the context.

In summary, the historical context leading to Gadamer's philosophical hermeneutics has been a painstaking and deliberate process towards accessing Truth. Gadamer's philosophical hermeneutics provide a guide for nursing to advance its understanding of health and illness in human beings.

#### Gadamerian Philosophical Hermeneutics

Hermeneutic phenomenology based on Gadamerian philosophy is used when a researcher wishes to explore the understanding of self and others through: the use of language, listening, and dialogue (Gadamer et al., 2001); the use of context to understand past and current life worlds (historical consciousness) and experience; and through the lens of socio-ethical responsibility for the greater good. Gadamer sought to strengthen social action, creativity, and awareness in the interpretive process of research. He also encouraged integrating the personal understanding of the researcher into the interpretive process. True to the interpretive process, the permutations and perspectives of understanding are never-ending.

This section will describe how Gadamer distinguished himself from others and was clear about what his philosophy was and was not. He created his own definition of hermeneutics, proposed an ontology that was inspired from the best of past philosophers (F. G. Lawrence as cited in Gadamer, 1998), and emphasized the mutuality of a researcher and participant.

What stands Gadamer apart from other hermeneutic philosophers is his emphasis on understanding; valuing the larger significance of a text over specific textual meaning; valuing prejudice as an unavoidable part of the understanding process, and lastly: eschewing a hermeneutic methodology that had been so carefully constructed by others (Palmer as cited in Gadamer et al., 2001).

Gadamer saw his hermeneutics, not as a method, but as a philosophy of understanding where it was a “theory of the real experience that thinking is” (Gadamer, 2004, p. xxxiii). Though the title of Gadamer’s seminal work is *Truth and Method* (Gadamer, 2004), Gadamer asserted the term *method* was a misnomer of his intent. Instead of creating a new methodology, he chose to define this term as a philosophy or guide (Gadamer et al., 2001). He argued a need to reestablish the humanities into science even though the nature of the humanities and social sciences could not definitively be made solid, quantifiable, or controlled by procedures and form. Therefore, he called his work philosophical hermeneutics:

The question I have asked seeks to discover and bring into consciousness something which that methodological dispute serves only to conceal and neglect, something that does not so much confine or limit modern science as precede it and make it possible. (Gadamer, 2004, p. xxvi)

Gadamer’s view was that hermeneutics was a universal process which could not be limited under certain conditions as with traditional scientific method. In fact, he was loathe to use the term *concept formation* because of the scientific search to know definitively something about the concept and place it in “the order of things” (Gadamer, 2004, p. 426). He believed one could never definitively know anything. Instead, the term often used in hermeneutics is *notion*, which is

described as “an inclination...the meaning of a term...an idea, view...held by one or more people” (Oxford English Dictionary, 2007). The word notion engenders a sense of openness to many interpretations or a leaning towards a way of understanding.

Gadamer (2004) also believed hermeneutics occurred as a precursor to all understanding. To Gadamer, the task of hermeneutics was “to clarify this miracle of understanding...and the conditions in which understanding takes place...[thus] sharing in a common meaning” (Gadamer, 2004, p. 292). He used the term *living language* to explain that language is the medium through which “our whole experience of the world...unfolds” (Gadamer, 2004, p. 453), and we seek to understand ourselves within the context of our lives. He felt that interpretation and self-understanding were inextricable, “always on the way” (Gadamer, 1998, p. 105), and never complete.

Gadamer (1998) suggested that the hermeneutic circle was an important component of the research process as a means for more holistic understanding. Within the dialectic of questioning and responding lies a continual play back and forth between the parts and the whole, ideally yielding new understanding. This *circular relationship* occurs from our incorporation of our historicity leading to traditions, prejudices, and horizons (parts of our current understanding) with an *expectation of meaning*, the offering of new information (parts), a suspension of our fore-understandings to consider the new information and what it might mean for our lifeworlds (interpreting), then, if there is a deeper self-understanding, a fusion of horizons occurs (an understanding of the larger whole).

Thus the movement of understanding is constantly from the whole to the part and back to the whole. Our task is to expand the unity of the understood meaning centrifugally. The harmony of all the details with the whole is the criterion of *correct* understanding. The failure to achieve this harmony means that understanding has failed. (Gadamer, 2004, p. 291).

Hermeneutics was a process of questioning and interpreting to search for meaning and to understand “what kind of truth it is that encounters us there” (Gadamer, 2004, p. 86). Gadamer suggested the dialectic of familiarity meeting strangeness was inherent in the hermeneutic circle of understanding, where “the true locus of hermeneutics is this in-between” (Gadamer, 2004, p. 295).

As Palmer states, Gadamer felt his contributions to phenomenology and hermeneutics to be more creative than scholastic (Gadamer et al., 2001). In fact, Gadamer was concerned that phenomenology had become too methodical and systematized. He proposed instead that phenomenology needed to be “practiced...descriptively, creatively-intuitively, and in a concretizing manner.... Concepts ought to come forward in movements of thought springing from the spirit of language and the power of intuition” (Gadamer et al., 2001, p. 113).

Another pertinent point is Gadamer’s definition of *application* in his work. The healthcare sciences value the application of knowledge to professional practice and care. Gadamer (1998) stated that knowledge gleaned was not applied *to* something but instead was a sign that one had understood something new from the knowledge comprehended.

Throughout his hermeneutic philosophy, Gadamer (2001) felt it important to include the developing consciousness of the researcher, the one engaging the interpretive process. His statement, “Everyone who understands something

understands himself or herself in it” (Gadamer et al., 2001, p. 48) indicated how the researcher’s new awareness is part of the process and guide the questioning and conversation. Each question is an indication of a need to understand a concern and is connected to a sense of uncertainty (Gadamer et al., 2001, p. 50). In fact, this uncertainty guides the research process through a continuous progression of seeking new understanding.

In summary, Gadamer felt his contributions towards discovering truth was called philosophical hermeneutics. He sought to strengthen consciousness in the interpretive process, social action, and creativity. He also attempted to de-systematize hermeneutics and integrated the personal understanding of the researcher into the interpretive process.

#### Gadamer’s Notions

Gadamer was inspired by the classical Greek root texts of Aristotle and Plato and grounded his philosophy in their contributions. As a linguist returns to the root meaning of a word, so too did Gadamer return to the root meaning of common contemporary scientific notions such as *theoria*, science, technology, and philosophy and to clarify their meanings. In addition, he also was inspired by Hegel and others. Gadamer strove to use his own terminology as he delineated the terms practice, practical philosophy, historicity, the role of language, and self-understanding (Gadamer et al., 2001). In the following sections, his own words will be used as much as possible to explain his definitions of fundamental notions.

Theoria. To Aristotle, theoria meant “pure contemplation of the universe” (Gadamer et al., 2001, p. 17). Gadamer further described it as a “genuine sharing of an event, a real being present” (Gadamer, 1998, p. 18) with Being itself, where through this presence “there is...a human heightening of awareness [that] penetrates and discovers itself” (Gadamer, 1998, p. 18). He connected this with Plato’s idea that “desire for knowledge is wonder” (Gadamer, 1998, p. 143). This is in contrast to today’s definition of theory where it has become a finite measurement of new knowledge. Gadamer suggested theoria yielded the birth of the concept of reason, which he maintained was inspired by Plato’s belief that all reason be directed toward good (Gadamer, 1998).

Science. Gadamer stated that “the understanding of our life world...cannot be fully resolved by means of the possibilities of knowledge available to science” (Gadamer, 1998, p. 11). Also, he believed that traditional scientific method was responsible for the technologizing of our world and subsequent losses of freedom because of our dependence on technology. He felt that science and philosophy were of different polarities, where science was “a way of advancing and penetrating into unexplored and unmastered realms” (Gadamer, 1998, p. 70), indicating its need to produce and control. Gadamer (1996) suggested that science was coming to an awareness of the need to figure out how to study a human being who is irreducible. In essence, he understood that rational and reductionistic study had consequences to human health and well-being.

Technology. As Gadamer examined the concept of being in the world, he identified technology as having had a “profound social effect” on the authentic beingness of humans (Gadamer, 1998, p. 73). He believed that technology removed individuals and cultures from self awareness, creativity, and freedom, therefore affecting our own human sustainability. His statement, “The progress of technology encounters an unprepared humanity” (Gadamer, 1996, p. 24) demonstrated his concern about the human ability to morally and ethically work with technological achievements because of underdeveloped life skills suppressed by dependence on technology (Gadamer, 1998).

Because of the pervasiveness of technology, there is a vast amount and *spin* of information affecting the world’s ability to know the truth. Gadamer (1998) noted our strong dependence on technology and how experts held a higher societal value and status for “adaptive power” (p. 74) rather than “creative power” (p. 74). Gadamer reminded the reader that historically the creation of goods and services were developed because they addressed a need by a community, not simply because it could be done. Hence, the relationship between the consumer and what was produced had become disconnected from our human awareness of what was needed and why.

Vital instincts. Because of the pervasiveness of technology, Gadamer (1996) believed that the human essence had been atrophying and its vital instincts and true identity subdued or lost. Gadamer named our vital instincts as autonomy/independence and an ability to know our own minds, creativity, natural instincts for survival, practice as realized in laboring for the common good, and

language and dialogue to mold a sense of identity and authentic community as well as with ongoing reflective consciousness and self understanding within the bigger picture (Gadamer, 1998).

Philosophy. Gadamer recalled Plato's idea that philosophy was "a conversation of the soul with itself" (Gadamer, 1998, p. 5). Here, he proposed the notion of an infinite and vast reflective process of "endless self understanding" (p. 5) in an effort to find truth "beyond every scientifically objectifiable realm of objects" (p. 4).

Practice and practical philosophy. Practice and practical philosophy are terms Gadamer (1998) used to describe a "reflective awareness with accountability" to a greater good (p. 92). It was his assertion that *practice* in the world was not about *applying* the knowledge gained from science, as is the contemporary definition. Instead, his meaning of the word, practice, was about an individual making decisions and acting not for one's own gain but for the realization of "genuine solidarity, authentic community...social achievement and stabilization of moral norms" (Gadamer, 1998, p. 80). He argued that "the re-awakening consciousness of solidarity of a humanity that slowly begins to know itself as humanity, for this means knowing that it belongs together for better or for worse and that it has to solve the problem of its life on this planet" was important (Gadamer, 1998, p. 86). Gadamer used the term *phronesis* to describe such ethical consciousness, wisdom, and practice (Gadamer, 2001, p. 16).



Practical philosophy explained the title of Gadamer's (1998) book, *Reason in the Age of Science*, such that the "ultimate need of reason: to be able to preserve a unity within the totality of what is" (p. 2), which contrasted the reductionism in science. Gadamer believed that the basic principle of reason had to do with an aspiration of freedom from the constraint of dogma as well as the impossibility of certainty.

Historicity. Gadamer (2004) believed all phenomena being investigated were historical phenomena. He asserted the job of hermeneutics was to understand the conditions under which understanding occurs. Gadamer wrote that our understanding is conditioned continually by our past and present history. Such history was considered to be tradition and events and came together to form *horizons*. Horizons were viewpoints and understandings shaped by our experiences from our past and present. The *fusion of horizons* occurred when we merged with the horizons of others and came to understand a phenomenon in a different way, yet never definitively. Gadamer believed that difference and otherness was a critical piece of a deeper understanding of something and valued developing "a consciousness that recognized the otherness of the past" (Palmer as cited in Gadamer et al., 2001, p. 47).

Freedom. The principle of freedom came to Gadamer through the philosopher Hegel, who believed that history and everything that happened was a progression towards freedom, as noted in his declaration, "the goal of world history, the freedom for all" (Hegel as cited in Gadamer, 1998, p. 59), and who believed freedom was realized when "one made oneself at home" (Hegel as cited

in Gadamer, 1998, p. 51). Home was where we lived authentically without condition or constraint and where there was space and safety. Gadamer expressed concern for western culture because of its pervasive loss of independent agency as a result of a dependence on things other than self, a loss of our vital instincts to know ourselves and to be able to express ourselves authentically. In that vein, Gadamer argued that “language gives shape to the space of our freedom” (Gadamer, 1998, p. 51) by using language as the medium by which to understand ourselves within the world or “to discover themselves in this common reality” (Gadamer, 1998, p. 77).

Language. The concept of language is a key component in Gadamer’s philosophy because he believed language was a fundamental “element in which we live” (Gadamer, 1998, p. 50) and through which we engaged as humans, cultivated presence, and formed common perspectives. “The use of language finds us whenever we think, pervades our whole experience of the world” (Gadamer, 1998, p. 50) he said. Within hermeneutics, language was looked at as the medium by which dialogue and understanding occur and by which “a step-by-step unveiling of being comes about” (Gadamer, 1998, p. 57). Gadamer once told Heidegger that “language is not the powerful word; rather, language is the reply” (Gadamer, 1998, p. 112), meaning there is an engagement that must occur. Gadamer (2004) used the word *play* (p. 330) to describe the necessary and ongoing back and forth flow of offering and receiving thoughts. Language was not about being heard but about a back and forth process of reflecting,

questioning, and coming to new understandings through conversation. Language was about embodying presence (Gadamer, 1998).

Conversation. Within the notion of language occurred the concept of conversation, which Gadamer felt was the essence of hermeneutics. He called humans, “the conversation that we are” (Gadamer, 1998, p. xxiii). This idea was strong within his hermeneutics and represented an enactment of reflection, interpretation, and relationships between individuals who brought together their personal horizons into communion and resulted in a new understanding. He argued that engaging in genuine dialogue with another shifted our knowledge base and created a new horizon. These horizons fused the past/present of each participant and took into account one’s historical consciousness and lived experience. He suggested that “to be in conversation means to be beyond oneself, to think with the other and to come back to oneself as if to another” (Gadamer et al., 2001, p. 13). Indeed, conversation involved the essential need to listen and reply.

Questioning. Within the process of interpretation two notions are important to consider, that of questioning and of the hermeneutic circle. Here Gadamer was inspired by Hegel in at least two ways. First, by honoring the notion that we lived in a “paradigm of living inquiry” (Gadamer, 2007c, p. 27), where our questioning was a continual search for meaning, our statements often concealed a question, and our questions were responses to a sense of tension about not knowing. Secondly, Hegel’s notion of *objective spirit* introduced a transcendent dimension where the understanding gleaned through questioning was best used for the

greater good of all (Gadamer, 2007c). Gadamer argued this personal responsibility to the collective spirit to be significant and an ethical imperative.

Gadamer emphasized how intertwined the questions and answers were, where there was a constant exchange that occurred as one sought to illuminate the everydayness of existence and its meaning. In addition, he asserted we “must understand what is behind a question....making ourselves aware of hidden suppositions and....implications involved in a question that comes up” (Gadamer, 1998, p. 108).

In *Truth and Method*, Gadamer (2004) described using the correct historical horizon of inquiry when doing hermeneutics, i.e., putting ourselves into the phenomenal situation so that we could better understand a participant’s perspective and experience.

Self-understanding. Gadamer expressed his deep desire that each person become reflective of one’s own needs and one’s life rhythm and sway and nurture an awareness of issues of loss and disequilibrium. He believed that while the process of self understanding could never be completely known, he suggested that an intentional effort to understand self was directly related to individual and collective health.

In his book, *The Enigma of Health* (1996), Gadamer explored the phenomena of health and illness in western culture as it related to self-understanding. “Health is not something that is revealed through investigation but rather something that manifests itself precisely by virtue of escaping our attention....We are not permanently aware of health” (Gadamer,

1996, p. 96). He posited that well-being was a “condition of not noticing, of being unhindered, of being ready for and open to everything” (Gadamer, 1996, p. 73).

Gadamer (1996) suggested that illness was a felt loss of something which could no longer be ignored because it disturbed one’s previous equilibrium (health) and demanded attention. He considered that illness was discovered when the absence of health was noted. Gadamer intimated that illness occurred when an individual lost the ability to be intentionally reflective within his/her life situation. Health, which easily could be taken for granted, was replaced with a struggle to sustain equilibrium. Noted also was how one’s reflective focus became redirected from self connection and awareness to fixating on goals or expectations beyond self.

As Gadamer investigated the relationship between intelligence, insight, and health, he noted intelligence was insight demonstrated in “the ability to sustain reflection as we perform a task” (Gadamer, 1996, p. 53). In health, such intelligence was demonstrated in using this knowledge to question something out of balance and any limitedness, denial, or deception and to be aware of choices made to keep insight concealed. Hence, self-understanding was defined as an authentic presence to self and others or wakefulness to being and was inherently healthy.

Gadamer maintained that not only was self-understanding a key to health for the individual, he also suggested it was important for the health of our “complex civilization” (Gadamer, 1996, p. viii) and an expression of social responsibility. He proposed that the challenge of continually trying to sustain “our

own internal balance within a larger social whole required both cooperation and participation” (Gadamer, 1996, p. 81). Therefore, the personal and social connections are interconnected and critical for sustaining humanity.

#### Rationale for Use of Gadamerian Hermeneutics in this Study

The rationale and outcome for this research project is to contribute knowledge to the nursing discipline about the Circle model of collaboration. The relationship of Gadamer’s philosophical notions with the practice of Circle appears to be well matched for this hermeneutic inquiry. Because Circle is a context for authentic conversation, the resultant dialogue and fusion of horizons support personal and collective awareness, along with feelings of safety and freedom. Within Circle process, there is an engagement of one’s vital instincts to connect with self and others, while strengthening a sense of communal solidarity and social action toward a greater good. Lastly, Gadamer’s, *The Enigma of Health* (1996), suggested interesting perspectives into the notions of health and illness and how Circle cultivates the health of the individual and community.

Gadamer (1996) discussed the view of authentic conversation as providing a space for articulation and fusion of horizons, understandings, and freedom for the self to emerge. The practice of Circle gives literal and figurative space to speak, think, and be silent. Circle guidelines were created to provide a structure that can develop a felt sense of safety and freedom and encourage the engagement of participants and insights about their situatedness. These insights are “acquired with great difficulty and by overcoming resistance” (Gadamer, 1996, p. 52).

Circle provides the freedom of authentic expression or concealment, as people work with their willingness or resistance to share. In this way, Circle actively works with the play between polarities: self and the whole, foreground and background, participation or passivity, active reflection or habitual reactivity, strengths or limitations, and growth versus stagnation, to name a few. The Circle holds the container for individuals to actively manage such polarities, thereby engaging in a continuous search for an understanding of the whole. Gadamer (2004) would call this search interpretation, since all experience is interpretation. In Circle, every moment is an opportunity to choose how to engage, which could yield further understanding of self and others, or not. Though sometimes unconscious and sometimes deliberate, concealment of awareness can play an important role in the lived experience of an individual. Inherent in the Circle model is the potential for the cultivation of a powerful personal, interpersonal, and transpersonal consciousness.

Gadamer (1996) expressed the concern that because of technology and the Cartesian paradigm of rational thought and hierarchy, humanity was losing touch with its vital instincts. The instincts of moment-to-moment presence and connection to self and others, discernment, compassion, open heartedness, patience, and valuing the greater good may be obscured by personal and collective horizons, but Gadamer believed these instincts are inherent and just need the space, safety, and freedom to surface. The gathering in Circle is a way to re-member and fortify such instincts through face-to-face interaction.

Gadamer had notions of the relationships between personal and collective awareness and health and illness. In *The Enigma of Health* (1996), Gadamer noted that health is a “rhythm of life, a permanent process in which equilibrium establishes itself” (p. 114). He described it as a general sense of well-being, openness, and selfless engagement in the world. In addition, he proposed that health held a hidden character of concealment and was not “revealed through investigation [like illness] but rather something that manifests itself precisely by virtue of escaping our attention” (Gadamer, 1996, p. 96). He suggested that humans took health for granted because “of a miraculous capacity...to forget ourselves” (p. 96). Gadamer suggested that illness occurred when disequilibrium of the person came into awareness and was noticed because of its previous absence. According to Gadamer, the German word for illness is translated as a sense of lacking.

Taking into account those insights, it has been expressed that sitting in Circle raises the awareness of the phenomena of health and of a sense of lacking. Anecdotally, some nurses’ experiences in Circle note that something special and different *is* present as nurses sit together and that it can feel *like going home*. This could be health.

It also has been said that something gathers which is felt to *not* be present in other meeting experiences. This could represent illness or disequilibrium. For each person the particular manifestation of lack is different. Gadamer would ask the question, “What does the absence of something tell us? What does it tell us about that which is missing?” (Gadamer, 1996, p. 52). What is it that is missing in



our nursing experience which highlights a sense of loss noticed when nurses sit together in Circle? These questions are important and perhaps illuminate a stark contrast with the everydayness of our experiences as nurses that are forgotten and/or accepted.

In summary, Gadamer's hermeneutic philosophy fits well with the intention of Circle practice and appropriately guides my research inquiry into the experiences of nurses who practice the PeerSpirit Circle. As Gadamer stated, hermeneutic interpretation was essentially the understanding of self and other through dialogue, the fusion of horizons, and the cultivation of awareness of self and others as a mode of finding the meaning of our place in the world. The Circle has a time-honored tradition of positive outcomes and an in-depth explication of Circle experiences within the nursing profession holds merit.

#### Part Summary

The purpose of this part has been to present my understanding of the context from which Gadamerian philosophical hermeneutics emerged and how it could be used to interpret the meaning of Circle practice within a participant's and researcher's horizons (e.g., meaningful sets of relationships, practices, skills, concerns, values). This exploration into Gadamerian philosophical hermeneutics has reviewed the contexts of traditional scientific inquiry, the evolution of phenomenology and hermeneutics, the use of such approaches in nursing and healthcare research, and an in-depth exploration into Gadamerian philosophical hermeneutics. By dwelling in the evolving horizon of hermeneutic research, it is clear that a "comprehensive science of humankind...[which seeks] to understand

the nature of the whole” (Gadamer, 1996, p. 24) is strongly needed and that past and present conditions in health research mandate the exploration into the human experience as a “non-negotiable right” (Gadamer, 1996, p. 24), making philosophical hermeneutics a valuable contribution to scientific inquiry.

#### Part B. From Methodology to Method

This part will delineate the study aims, review Gadamer’s process of questioning and analysis, describe the inclusion and exclusion criteria for the participant sample, the plan for gaining access to participants, and review the general steps in the interview process followed by the ethical human participant considerations.

Chapter 4 will conclude with my proposed criteria for evaluation of rigor and a brief introduction to each study participant including pertinent descriptions of the nursing context into which each was introduced to Circle process.

#### Aim

The specific aims of this study were:

- To use Gadamerian philosophical hermeneutics to guide an interpretation and give voice to the experiences and meaning of the practice of Circle in each nurse participant’s horizon; and
- To understand how a participant’s context (i.e., meaningful sets of relationships, practices, skills, concerns, and values) might construct meanings of Circle.

## Gadamerian Hermeneutic Process of Questioning and Analysis

The aim of this section is to present how Gadamer might guide an interpretation of the significance of Circle in a participant's life-world and how a participant's context (i.e., meaningful sets of relationships, practices, skills, concerns, and values) might construct the meaning of sitting in Circle. In addition, the process of hermeneutic analysis will be reviewed.

Though Gadamer (2004) did not create his philosophy as a methodology, it did serve as a guide for reflection, for determining universal commonalities, and for the discovery of new understandings. Within the hermeneutic process, he acknowledged the importance of the researcher's own mediation of his/her past and present horizons in connection with those of the research participant.

Within the context of this research focus, the task of the researcher is to facilitate a conversation that will reveal understandings of the meaning of Circle for the participant and researcher. The process starts with understanding the origin of the research question, engaging in questioning with the participant, then articulating, concretizing, or making tangible the themes of understanding in the participants' speech and researcher's thinking. There is a circular nature in Gadamer's hermeneutic process that is mediated in the questioning throughout a conversation—as the level of understanding of both the participant and the researcher evolve with the information shared. Hence, not only is the subject of dialogue to be understood, but also an understanding of our relationship to the subject. Such awareness was considered to be of central interest in Gadamer's hermeneutics (2004).

In the formation of the research questions Gadamer (1998) felt it critical to understand from whence the original research question came and to consider one's own unspoken suppositions that may be inherent in the inquiry. The researcher is encouraged to journal about prejudices, preconceptions, influences, traditions, concerns, skills, and feelings that make up one's personal horizon in connection with the phenomenon of interest. In addition, it is suggested to include in the reflection what transpired in the mind, heart, and experience of the researcher as she/he fuses with other horizons and texts. It was felt to be beneficial for the researcher to put oneself within the historicity of the participant's life-world in order to better understand another's experience.

With the caveat that the participant interview is a spontaneous and flexible process of dialogue and clarification, some questions to wonder about with the participants in this study might include: Tell me about your nursing practice; how did you come to sit in a Circle? If there was one story you could tell me about what Circle has meant to you, what would it be? What is it like to experience Circle?

Questions for me, the researcher, to wonder about while interpreting the text might include: How am I gathered by this story? What are obstacles to a Circle experience? What are the participant's initial and emerging horizons as they relate to a Circle experience? What language is used in description of those horizons, and is there a gradual unveiling of awareness or self consciousness? What are the levels of awareness demonstrated in the text/interviews? Does the experience provoke questions from the participants? What universal, moral, or

ethical themes are emerging? In addition, are any themes related to solidarity, authentic community, freedom, social achievement, or stabilization of moral norms? Are there any historical themes? What horizons are fusing and on what levels? What patterns are emerging? What polarities are being uncovered? What values are being explicated? What concerns are being explicated? What is the essential way in which the participants in Circle are together? And ultimately, what is the essence of the Circle experience?

Gadamer (2007a) wrote that in the hermeneutic interpretation of a text it was important to remember that “the text is not an object but a phase in the fulfillment of an event of understanding” (p. 173) or a “situation of communication” (p. 172), always on the way to incorporating new horizons of understanding. During the text interpretation, I am encouraged to set prejudices aside and to hear the information with new ears and a beginner’s curiosity (Turner, 2007).

It is helpful to compare my initial understanding and the understanding at the close of the study and to ask what pre-understandings have been challenged. Benner (1994) suggested determining if anything previously taken for granted became illuminated, for example, “examining pre-understandings, confronting otherness, silence, similarities, commonalities from one’s own particular historical, cultural and personal stance” (p. xviii). Gadamer would have found it vital to ask what intuitive information came forth about which to wonder further. He felt connecting with intuition to be a conversation with one’s soul.

The hermeneutic process works to elicit theory from what is revealed or not revealed versus using prior theory as a foundation for study (Dunlop, 1994). What is revealed or concealed helps to guide a literature search and other inquiry into the notions that emerged. To use the model of Circle as an illustration, one would search the literature for notions, themes, and new perspectives in relation to Circle practice. Was there anything implicit but not explicit in the literature?

As the researcher, I am asked to note new prejudices and expectations that arose, as well as to note relative and transcendental commonalities which became clearer with every interpretation. How might horizons have expanded or shifted within and across the participants and the researcher? What new questions or tensions may have materialized and why?

The transcripts of the interviews and interpretations are shared with the members of the researcher's hermeneutic circle. In this case, it has been my hermeneutic circle. In addition to collaboration via email, the interpretive conversations occurred via regular conference telephone calls. The back and forth play of discussion was essential for an understanding on the way to the whole.

Such are examples of my preparation, questioning and dialoguing with the participant, and interpretations that might be reflected upon during the hermeneutic process.

#### Participant Sample

Five participants were recruited. The sampling was purposive and used a snowball technique. In order to maintain consistency in training and Circle

guidelines, only nurses were chosen who had been trained in model of PeerSpirit Circling.

The *inclusion criteria* included RNs:

- From any specialty and any level of education,
- Who were using or had used PeerSpirit Circling in their practice with other nurses,
- Who were willing to be interviewed for 60–90 minutes about their experience of sitting in Circle with other nurses,
- Who were over the age of 18,
- Who spoke English fluently,
- Who had access to a telephone or computer,
- Who lived and worked in the United States or Canada, and
- Who were willing to volunteer and sign an informed consent.

There were no *exclusion criteria*.

### Gaining Access

The participants were recruited in three ways:

- Via word of mouth (snowball), connections via telephone, U.S. Postal Service, or electronic mail
- Via the electronic newsletter, “PeerSpirit Circle News,” produced by Christina Baldwin and Ann Linnea.

The recruiting message was specific about study aims, inclusion criteria, and researcher.

## General Steps in the Interview Process

Interested individuals were asked to respond directly to me via telephone, email, or postal service. My cell phone had a voice message that indicated what the study was, and instructed the caller to press #1 to leave his/her name and contact information. I created a private email account for such correspondence.

After a nurse responded positively to a call for research participants, I sent a letter of introduction that included information about the study aims and requirements, as well as my short biography. The letter also contained an informed consent form to sign and return (see Appendix A). In advance of the interview, where possible, I sent the research questions via electronic or postal mail services so the participant could be thinking about the responses. There was no compensation for participation.

Once the consent was signed, I arranged a face-to-face individual interview, telephone interview, or initiated written postal or email correspondence interviews. Individual interviews took 60-90 minutes with follow-up interviews as necessary for clarification. Telephone and in-person interviews were recorded then transcribed verbatim by a member of the research team. Pseudonyms were assigned to each participant for optimal confidentiality. De-identified transcripts were checked against the recording for accuracy. Field notes were added that included voice tone, body language, and any other pertinent data. Data were only shared with participants if there seemed to be a blind spot to understanding their intended message.



The process of interviewing initially was scary but became easier as I continued. Three interviews were done face-to-face, and two were done over the telephone. I saw myself in a conversation or dialogue with the participant where I remembered that the questioning was what accessed truth (Gadamer, 1998). Each question I asked was a move toward understanding more deeply what ideas, notions, and feelings meant to the particular individual, so that there was a continuous hermeneutic circle which yielded new understandings attained by questioning, listening, reflecting, writing, and rewriting.

Once the transcripts had been written, I immersed myself in the data, through reading and re-reading, highlighting passages, words, gestures, or tones of interest and meaning. Field notes were integrated into the narratives and I wrote several interpretations of each text and shared them with my hermeneutic circle. Together we interpreted the texts. Several interpretations were done with each interview, attempting to pull compelling ideas and themes from the data and use my evolving horizon of understanding to merge with theirs to form new understandings and perspectives.

Over time my dissertation committee engaged in further dialogue about the findings and offered their own interpretations and personal reflections. The work as a group helped to eliminate bias and ensure a more accurate interpretation. Insights and themes were noted and incorporated into the final version of the interpretation. The final interpretation was evaluated regarding the need for a literature review on themes uncovered that needed further elucidation.

## Human Participant Considerations

Human participant approval. This study proposal was submitted to and approved by the Indiana University–Purdue University Indianapolis (IUPUI) Institutional Review Board (IRB) in 2009 (Appendix B). Recruitment for the sample commenced upon approval, and the participant interviews began after each voluntarily signed a written informed consent (Appendix A).

Ethical considerations. The sample did not fall under the category of a vulnerable population. All research results will only be used for research and will remain confidential.

Benefits for the participants in completing this study included educating health professionals about this collaborative model and personal clarification about the meaning of the experience. Minimal risk included mild psychological stress related to answering the questions. If necessary, the researcher would have referred that individual to a counselor, though this was not indicated.

Each prospective participant was given a sheet of paper that described the study, the investigator and contact information, potential risks and benefits, research procedures, and participation and withdrawal choices; it also assured confidentiality. The participant was informed that he/she could choose to not respond to any question and could withdraw from the study at any time without penalty. In case of the need for additional information or clarification from the individual participant, the informed consent had a check box to indicate if the participant agreed to be reached for further interviewing. Also included was contact information for the IUPUI/Clarian Research Compliance Administration

office in the event that the participant had concerns about how the study was being conducted.

Any de-identified transcripts or recorded interviews were copied to a compact disc or digital video disc, deleted from my computer hard drive, and stored in a secure space consistent with IRB guidelines. Names were protected using participants' pseudonyms.

In summary, this section reviewed the aims and guidelines for this Gadamerian philosophical hermeneutic research project, to include ideas for questioning, reflecting, and interpreting the data. In addition, attention was given to the sample, recruitment, general steps, and ethical considerations for engaging the participants.

#### Criteria for the Evaluation of Rigor

Because of the more subjective and contemplative nature of qualitative research it stands to reason that different qualitative evaluation criteria are used to determine merit in phenomenological hermeneutic research. To that end, and after reviewing several formats for evaluation, the model that seemed to incorporate the most rigorous standards was that of Swenson and Sims (2003).

Swenson and Sims (2003) stress how essential it is to evaluate qualitative research using consistent qualitative criteria and describe how the traditional quantitative format does not fit the intention of a qualitative study. Though their criteria were developed with their narrative pedagogy study in mind, the guidelines are adaptable to other forms of qualitative research. In their evaluation

model they also seek to ensure consistency, coherence, clarity, conscious connectedness, credibility, collaboration, fairness, and usefulness.

In this study, the criteria used to ensure rigor were Swenson's and Sims' (2003) guidelines with the additional guide of Gadamer's philosophical hermeneutics. Gadamer's guidance was critical to frame how the data would be interpreted and therefore contributed to Swenson's and Sims' guidelines for consistency and coherence. In this research, care was given to choose the appropriate paradigm for this study, by fully explaining Gadamerian philosophical hermeneutics and the rationale for how it supports the exploration and conclusions regarding nurses' experiences of Circle process. In addition, the reader will find consistency and coherence in the findings chapter (Chapter 5) as the participants' words will be closely woven with supporting interpretations and underpinned with Gadamer's philosophy. This lends descriptive and interpretive validity to the work.

Swenson and Sims (2003) underscore the need for flexibility in the flow of information and response by the researcher, noting that the search for truth and meaning cannot be squelched by imposing a rigid structure and a priori theoretical foundations. The flow in the research report must be logical and be well argued. The hermeneutic circle assists with determining whether there is any resonance to the interpretations offered and whether there is consistency and coherence.

In this study the flow of the chapters are consistent with the phenomenological process of understanding and exploration, as evidenced by

pre-understandings of the professional culture, tradition, and influences; personal and professional prejudices; the phenomenon and its place in nursing; Gadamerian philosophical hermeneutics and rationale for choosing those guiding principles; the findings expressed in themes and subthemes; and the subsequent intellectual discussion of significance. The sequence of the chapters was crafted to support the developing data and the logical formation of argument.

Swenson and Sims (2003) suggested the importance of clear writing using language that is uncomplicated, can be understood easily, and is relevant for the reader. Within that writing, they require conscious attention to connecting with the study participants and the hermeneutic circle, the philosophical guidelines, and the current pertinent literature. This shall be demonstrated throughout the remainder of this work.

In Swenson's and Sims' (2003) model, a study is evaluated via disclosure of the contexts, meaning, personal and professional prejudices, traditions, and therefore, horizons, and those of the participants. In addition, they highlight the need for believable conclusions by staying close to the participant texts/transcripts and providing interpretations that resonate and feel accurate, full, and meaningful. So far, the reader has read my full disclosures. All interpretations will stay close to the interview texts and will need to resonate with the entire hermeneutic circle. When appropriate for clarification, the texts and interpretations may be shared with the participants for their feedback.

Swenson and Sims (2003) write of the vital nature of being sure that all aspects of a story are told. This means, for example, attention to exploring the

dialectic of the various data that emerge. In this study, it became apparent that a new line of questioning was needed to access and give voice to the uncomfortable aspects of Circle. This led to a fuller understanding of the breadth of the nurses' experiences and core issues that could affect one's resonance or lack of resonance with Circle process.

Swenson and Sims (2003) also suggest that the research study be of benefit to the practice, education, research realms, and essentially, to the nursing profession as a whole. The study is said to be valuable and useful when it can be practically used across settings and situations. Limitations of the study also will be explored. The participant texts will indicate whether or not PeerSpirit Circling is of benefit to the profession of nursing and the personal development of the participant.

Lastly, the rigor of the study will need to be demonstrated through my prolonged engagement with the texts and with ongoing written and verbal reflections (Swenson, 1996).

This section reviewed the criteria to be used to evaluate of rigor of the study findings.

### Meet the Participants

This section will introduce the participants and their horizons within the current healthcare environment. The participant sample was self-referred and selection was on a first-come, first-serve basis. It included five nurses: one CNS, one nurse practitioner (NP), one certified nurse midwife, one director of occupational health, and one staff nurse. They were of U.S. and Canadian

nationalities with practice specialties in pediatrics, oncology, non-profit health care administration, occupational health, and mental health. Their years of nursing experience ranged from six to thirty-five years.

Gadamer (2004) argues that it important to take into consideration the individual's context, or horizon, in order to understand past and current life-worlds and experience. According to the participants, their current horizons in nursing and health care revealed challenging work environments where nurses "pulled together...and [were at a] pretty high level of functioning," (P) yet where the nurses often felt in survival mode. These are the horizons into which these nurses were introduced to Circle.

Co, a CNS from the western United States, described her horizon of health care as having an ethic of productivity where

we're all sort of in fret mode of frantically running every day. The pace has gotten quicker, faster, lots of talk about efficiency, lots of talk about when to stay, lots of talk about their decrease and waiting times, all those sorts of things that we believe are going to improve the system.... The honored work becomes the task, becomes the number of pills I distributed and how many patients I had and how many discharges I had, because that's what gets measured.... You forget about the real essence of the work. (Co)

Co's twenty-five year clinical oncology nursing practice was always one of human-to-human connectedness. She remembered how her experiences shifted when she became an administrator and then back into clinical practice. She became "much more easily caught up in the fret" and no longer felt she had time to understand peoples' back-stories and "never translated or made those same connections about principles" of RCC to her management skill set. She had assimilated an understanding that "caring-relationship-building work was less

valued and didn't have a role in the administrative realm." She admitted that at one point she had abdicated "to the business model." Co first came to sit in Circle at her hospital's training initiative in relationship-based care.

Solas was a pediatric NP with thirty-five years of experience who was working on her doctorate. She lived in a city in New England working in private practice. She had completed a holistic nursing certificate program a few years prior to her introduction to PeerSpirit Circling. She came from a conventional experience as a staff RN; then as an NP where "this is my job and this is your job and you tell me what to do and I do it 'cause I'm a good little nurse." She had been a self-admitted naïve introvert, unsure of her skills as a practitioner. Solas described issues about not feeling heard and stated that important people in her life really did not seem to care about her experiences as a nurse. Solas also related experiences of *rote-ness* and autopilot meetings at her places of work. The words "nurse healer...didn't feel comfortable to me.... I'm a nurse.... I do a job." Solas first came to sit in Circle at a workshop given by Christina Baldwin.

P, with thirty years' experience as a certified nurse midwife and administrator, "lived in a [western] community where there weren't a lot of jobs" and described "disempowered" and contentious relationships around her, poor communication, and power differentials between disciplines, along with constant change and unpredictability. It was not unusual to hear bellicose imagery like "clash of cultures," "turf battles," "barriers," "entrenched," "territorial kinds of issues," and to feel nurses had little voice in decision-making. This oppressive environment yielded negative and aggressive behavior and a lack of trust as well



as a vast array of emotions like fear, anger, resentment, feelings of being overwhelmed, and unhappiness, in addition to behaviors such as being “conniving,” and defensive. “It was almost like doing time” for many nurses in her hospital. In her role as an administrator, she found the staff with a hunger for “real conversation.” P’s experience with PeerSpirit Circling began in 2001, when she used the model to pull together clashing cultures and personalities within a hospital environment in an urban western city.

Canada related her experiences of nursing in health care today. Her twenty-eight years of experience as a Canadian mental health CNS, educator, and most recently, as an occupational health nurse in Ontario. Her nursing experience brought her to a point of burnout and being overwhelmed. She depicted her current work situation as “*very stressful*,” where three nurses care for all the employees of a large general hospital. “We’re just not enough staff, and we’re running around.... I’m *sucked in*, literally *sucked in to that job* because it allows me...to be therapeutic.” Her use of Circle principles in her one-to-one work with employees “is just a *huge* relief to them because somebody cares.” Canada’s first experience with Circle was through reading Baldwin’s book (1998), *Calling the Circle*. She waited ten years to sit in Circle with Baldwin during their five-day Circle practicum.

Holly has her bachelor of science in nursing degree, is in her early thirties, and currently works in an urban psychiatric hospital in New England as a staff nurse. She has been a nurse for over six years and has completed a holistic nursing certification program. She says, “My nursing degree was just sort of a

means to an end. It was very *functional*, very *smart*, and again very task-oriented.” She says she was happy but “wanted something more as far as nursing was concerned.” Her first experience with Circle was at a job interview at an outpatient clinic that used Circle as a model of governance.

In summary, the historicity and horizons of the five nurse participants in this study were diverse. Chapter 5 discusses, through the participants’ experiences in PeerSpirit Circles, interpretations that contributed to unique understandings of the phenomenon.

## CHAPTER 5. FINDINGS

There will be three findings in this chapter. Each of these will reveal an in-depth exploration of one theme that emerged from the data. Each theme, a means to understand the essential meaning of the phenomenon of Circle, will offer several sub-themes that further help us to make sense of the notion being explored (van Manen, 1990). The themes and sub-themes will be closely supported by participant quotations, interwoven with my subsequent interpretations and enriched by the writing of existential philosophers.

### Overview of Themes

There were three major themes that emerged, from the concrete to the less tangible, each theme building on the next and all interrelating on many levels. The first theme, which emerged was “experiencing the Circle container,” where participants began to understand the significance of the Circle structure in order to shift automatic behaviors in their work environments. The second theme was that of “experiencing space,” where space seemed to provide an essential element to support the presencing of individuals and resultant outcomes. The third theme unfolded to reveal “experiencing our humanity,” where the foundations of the first two themes coalesced to support a deeper understanding of self and other. Of note is that all italicized words within the quotations represent verbal emphases made by the research participants.

### Theme 1: Experiencing the Circle Container

Some questions arise when considering the notion of container, such as what does the Circle hold together or not hold together? How do the Circle

guidelines lead its participants and towards what? How rigid, yet flexible, are the boundaries that seek to maintain collective order yet allow complete individual freedom? Is that possible? What is restrained and what is freed? Do the guidelines engender personal territoriality and protectionism or communion? What is the wisdom, or ignorance, that is revealed and concealed in the Circle experiences? These questions will be answered throughout this theme.

The word *container* is a term often used for group gatherings indicating a careful shepherding of the environment that in turn allows for authentic human processes to unfold (Baldwin & Linnea, 2010). This section will explore the overall theme of preparing the container and subthemes associated with the experiences of nurses who sit in a PeerSpirit Circle. The data reveal how PeerSpirit guidelines of setting deliberate conditions for human interaction seem to yield experiences of valuing the importance of preparing the container through gathering, experiencing ritual, protecting, and storycatching.

#### Preparing the Container

*“We forget that the real work is setting the container...and then the work gets done and the questions get answered...Circle was the glue that sort of held us together.”*

–Solas

My research findings reveal that the guidelines set for a PeerSpirit Circle are important for the collaborative process and the deepening of nursing practice, and which allow for the experiences of human connection and solidarity around a common purpose. This subtheme will commence with a review of the meaning of

the term, container, and follow with participant quotes that illustrate experiences associated with changing the guidelines for engagement. The analysis in this section will finish with an exploration into the notion of preparing.

Etymologically, the term *container* has meanings that convey the notions of gathering, a structure for holding, boundaries, control, and content. Coming from Latin word *contenere*, which means to hold together, or “a person or thing which contains something.” The prefix, con, means *with* (Oxford English Dictionary, 2007). Other Latin words that were cited were *conducere*, which means “to conduct, lead, guide” (Oxford English Dictionary, 2007), and *continere*, which means “to hold together, enclose” (Etymonline.com, n.d.). A container is “to have within its boundaries... [to] restrain, control, repress...control oneself or one’s emotions...restrict, limit, confine...retain in a desired state or order” (Oxford English Dictionary, 2007). Container also has origins from the Old English *cunnan*, which means “to know, have power to, be able” (Etymonline.com, n.d.).

Indeed, the Circle creates a container that holds, or guides, a tension between order and chaos, holding and letting go, or restricting and freeing. If one considers the time-honored form of Circle collaboration, the *know how* in Circle could imply a vast ancient wisdom held within the structure of Circle—a wisdom of the past, influencing the potential wisdom of the present and future.

Solas asserts that the Circle’s alternative guidelines for engagement forge a new way of collaboration that is productive, affirming to all, and that cultivates a deeper mindfulness and presence in interactions. She feels the structure to be *critical*:

We were practicing a way of being together and getting to know each other through the use of that structure.... Circle was the glue that sort of held us together.... It was really exciting to be able to make new rules and to look at a model that would help us find a way to be non-hierarchical, sort of leveling the playing field so that we were *all* healers.... It's a wide path and we're all on it.... I remember when we stopped introducing ourselves with our titles and used just our names—so we became all people on a path. (Solas)

According to Solas, the work within the Circle container is to mindfully *practice* deeper ways of being present that fosters experiences of “deep listening...leaning in...open heart...engaged intellect...paying attention...noticing...guarding...reverent participatory relationship” or of being “grounded with intention.” The mindful practice of Circle gives Solas an embodied experience in the Circle where she can “feel [her] body in the chair, [her] feet were on the ground.” Not only is Solas engaging with others, she is learning how to engage with herself.

The invitation to being mindfully-aware and engaging carries with it the notion of intending, a continual refocusing of one's being towards a desired outcome. The result does not just happen. Gadamer describes intending as “effort, ambition, and profound commitment” (Gadamer, 1994, p. 23) and finds it implicit in the existence of something. Intending seems to have a sense of determination, a willingness to effect a particular conclusion. There seems to be a motivating factor that is springing from a deeper knowing of the worthiness of a particular direction, yet there is also a tension that holds it back. From a Circle perspective, it is this intending that creates detours off the path of stasis, habit, and superficial interacting or reacting. This intending calls for exertion, reflection,

and resolve and seems to call forth a sense of daring that seeks to test new experiences of being rather than the easier abdication to the status quo.

The notion of intending to sit in Circle seems to be closely related to the notion of preparing the container. Canada stated,

It seemed so natural BUT in fact, a lot of preparation and anticipation goes into holding a Circle and it can cause some apprehension on my part in the beginning... Will people go for the format?....I think the fear in offering Circle process is rejection and non-participation.... The more confident you feel about hosting...the easier. (Canada)

What is our usual every day-ness of preparing the container for a meeting of nurses? Is there an intending to cultivate the environment for the meeting of the minds and hearts of the individuals present? Typically, care is given to preparing the agenda and gathering ideas for an agenda with lists of items to address and accomplish—mental preparing. We may or may not pay attention to the discussions. What dynamics of interaction do we take for granted? Emotional preparing often can be gathering courage to be criticized or to have to plead for a particular outcome. We may or may not care. We may look forward to or dread various aspects of a meeting. Physical preparing might involve bracing oneself or numbing oneself for what is to come. It might involve the need for caffeine or comfort foods. Spiritual preparing may be a notion that is not valued as part of a business meeting.

How are these nurses preparing themselves for Circle? Aside from the concrete aspects of preparing the container, there seems to be individual preparing and intending toward different outcomes on the emotional, mental, physical, and spiritual planes. The mental preparing seems to involve working

with keeping their minds present to what is happening in the present. It involves letting go of negative thinking, scarcity mentality, grudges, and judging patterns while cultivating spacious thoughtfulness, openness, and non-judgment. There is a preparing for respectful and articulate communication. The mental preparing involves developing an awareness of the guidelines, noticing the energy of the group dynamics, or the ease and tension within and around.

There seems to be emotional preparing to be authentic and accept the possibility of feeling vulnerable or having anxiety and fear. In contrast, there is preparing to protect themselves, or perhaps a *containing* of personal aspects that are believed to be at risk. There also is preparing to work with whatever emotions arise, for exercising patience and compassion, even if the impulses are to run. There is a preparing to be gentle and caring with self and other. As well, there is some preparing for the joy or angst of connection.

The physical preparing seems to involve the embodiment of the different Circle roles, feeling themselves present in their bodies, or noticing bodily reactions of warmth, restlessness, joy, or knowing. The participants describe experiences of embodying courage and resolve.

The spiritual preparing seems to involve openness to learning and growing, allowing for the inevitability of change, or preparing oneself to go beyond the boundaries of what is known and meeting the unknown. The spiritual preparing seems to involve a willingness or unwillingness to connect with power or freedom. This kind of preparing invites the developing of relationships, of



self- understanding and of community. There is a sense of preparing as participants muster courage and daring for trusting the process. Holly shares

From the first Circle...there was an immediate sense of connection with everyone...but having an organization where when people come together they speak with intention, mindful of what they say, how their words and actions affect everyone around them, that they take the time *to hear* everyone, all of their input, when making decisions that ultimately they'll end up with the best decision for an organization. (Holly)

P is an experienced manager who understands the importance of letting go of the traditional hierarchical relationships and developing a true team approach. "So, I kind of got that going... just because it started to give some of the power to the people on the front line." Because P facilitated a changing of the rules of engagement, staff seemed to feel a sense of empowerment, and a freedom to speak, to be curious about each other, and to form healthier relationships that were previously untenable. "Nurses I worked with changed in one Circle from excluding another nurse to embracing them [*sic*], that is the power of Circle."

Using the simple Circle guidelines, P's experience was to transform a contentious, rapidly changing and "chaotic" work situation in a unionized hospital into one that felt honoring of all. She also feels the attention to developing relationships is valuable because it can

dissolve the tension that everybody brings in, which would set the tone and then *reset* the tone.... So we just got a lot done in a way that also changed behavior, changed relationships, but strengthened it at the same time. So, morale, in a time that could have gotten much worse...because of territorial kinds of issues and what change does to people...instead it became much more strengthening... [People were] still on board and re-energized and reengaged for being charge nurses. (P)

According to the findings, part of setting the container involves intending the creation of the space for determining intentions and agreements. Co says,

Using the three principles of Circle, I believe all of that helps to create the space. It helps people to think about the aspects of a human connection that really addresses caring and healing because I believe there can't be healing without care. (Co)

She notes that gathering in Circle added a “team connectedness and common goal, common purpose.”

Heidegger writes about preparing space and calls this “preparing for dwelling” (Heidegger, 1973, p. 5), where the cleared space becomes a place, or the medium, where there is a *bringing forth* of the special character of the space, as well as possibilities, and through which relationships flow (A. Mitchell, personal communication, June 21, 2010) and where man and space coexist interdependently.

The preparing can bring the space to the proper state for readiness for some action. Circle creates a space for something to happen. Heidegger (1973) speaks of the emptying of a space as positive. To many in the western culture, the creating or emptying of space yields anxiety. This anxiety is possibly in reaction to coming face to face with the unknown, where there is a lack of certainty, a feeling of threat, and resultant vulnerability. So, preparing for dwelling in the unknown requires a sense of trust that no matter what showed up, one can feel safe and connected.

Finally, in German the word for empty is *leeren*, which also means to collect or gather in a place (Heidegger, 1973, p. 7). As Heidegger (1973) suggests, “place always opens a region in which it gathers the things in their

belonging together” (p. 6). It is that collecting and gathering which contains possibilities. Heidegger argues that to prepare the space allows for the appearance or disappearance of physical, emotional, mental, and spiritual occurrences. He proposes the notion of thinging (Heidegger, 1973), which suggests that each *thing* has its own essence or *is-ness*, which is separate from the concepts humans impose upon it. Further, the notion of a container or vessel is such that it can hold possibilities through a confluence of elements. Might it be that *emptying the space* is preparing to dwell with self and other, *preserving the space* is preparing the place so that gathering of possibility may happen? *Preparing to dwell* may mean to gather oneself and others to be deliberately present, aware, and trusting that the boundaries created will allow for optimal connection and freedom of expression.

#### Gathering

*“What gathers nurses to sit in Circle is first to know that it is an option.*

*Health care settings have tables, counters, beds—not circles. Nurses need to know the possibility of making a Circle.”*

–P

The experience of gathering is noted to be an aspect of experiencing the Circle. This section will explore the notion of *gathering* according to Heidegger (2001) and Gadamer (1994) and be further supported by the quotes of participants about their experiences of gathering in Circle. This study shows that from the mundane to the sublime, there seems to be a gathering that occurs on many levels: a coming together of nurses with their traditions, their historical

consciousness and prejudices; a gathering of conditions that allow for authentic dialogue; a gathering in time; a gathering of new consciousness and awareness; and a gathering of potential. In addition, there is an experience of un-gathering that occurs. Thus, the process of gathering and un-gathering seems to be a continuous and dynamic process that creates inherent tension.

The German word for gathering is *geste* where the prefix, *ge*, means to gather, to collect (A. Mitchell, personal communication, 2010). In Heidegger's *Zollikon Seminars* (2001), he discusses the phenomenon of a gesture. He describes a gesture as the bringing together of disparate parts, a bringing in of one's surroundings, and a unifying of the parts. In his view, the gathering is not seen as a threat but rather as a pulling in of conditions that provide a shelter, protection, and guarding. A gesture is seen as a manifestation of one's Being in relationship with the here and now or the collecting of oneself into the present. This notion of temporality, or lived time, relates closely with the notions of experiencing time, dwelling, learning to *tarry*, or to stay a while. Holly describes the synchronistic gathering of the nurses in the holistic nursing program, all of them gesturing, bringing in their surroundings, their back-stories or horizons, into this Circle and with the intentionality within Circle guidelines "we created a beautiful space together" (Holly). The gesture is a manifestation of being in relationship with the here and now.

The Old English etymology of the word *gather* suggests a meaning that is related to "fellowship...to bring together, unite" (etymonline.com, n.d.). This

definition extends Heidegger's by suggesting that gathering is the union of a community of individuals into a protected present moment.

Gadamer's (1994) writings about a gesture indicate that, like the gesture of art, a gesture "is a mystery that holds back as much as it reveals. For what the gesture reveals is the being of meaning rather than the knowledge of meaning.... The gesture always reflects a world of meaning to which it belongs" (Gadamer, 1994, p. 79). Inherent in the process of Circle is the mystery of what may be concealed or revealed. In Circle, the gathering of individuals with their horizons is a way to experience the being of meaning and is not an intellectual activity. In this study, participants revealed how meaningful it feels to be together in community in a Circle. Further, what is revealed seems to reflect the personal and professional meaning of the experiences. In this case, what participants reveal in the gathering into Circle is a meaningful way to be together in community.

Gadamer (1994) also suggests that a gesture can be symbolic and embedded on many levels. For instance, the Circle is a recognized symbol that has unique personal meaning, cultural meaning, and universal meaning. These meanings are embedded in each other and often happen simultaneously. As the Circle experience transpires, the experiences of meaning shift continuously as participants feel safe enough to progressively reveal more of or conceal themselves in relation to others.

As an example, Holly describes the gathering of the nurses in a holistic nursing education program, all of them gesturing, bringing in their surroundings

and their back-stories, or horizons, into that Circle. It was with a deliberate invitation and care using Circle guidelines that allowed space for relationships to develop. The deliberate invitation is like the gesture of an individual beckoning with one hand to come toward the Circle, inviting them to sit together. The nurses gather, unifying themselves for a particular purpose and in present time. The conditions of Circle are verbally gathered, agreed upon, and held. Participants develop new relationships with the here and now, by gathering new awareness and consciousness of being present or not. Inherent in gathering new awareness is an unfolding wisdom that some old perceptions and ways of being may need to be un-gathered, as they are not needed or do not serve the common purpose. By having insight into the need to un-gather ways of thinking or being, such as making assumptions or judgments, a space is created that allows the gathering of a potential for something different to happen. In the present moment, what is un-gathering engenders vulnerability, which is ironically welcomed and given shelter and safety. The unfolding of these events are what Holly referred to as “beautiful”.

The gathering of nurses brings Holly a continuum of experiences that are comforting and terrifying, inviting and intimidating. For her, there are conflicting emotions present at the same time:

terrifying...scary...wonderful...fascinating.... I really wanted to be part of the Circle.... There was a familial sense.... [Everyone] knew each other well, trusted each other...very inviting and intriguing...a sense of comfort...a sense of coming home....holding each other, learning about each other, learning about nursing. (Holly)

Holly expresses feeling insecure, holding herself back, closing herself off, feeling a sense of pressure to perform, and finding herself often worrying. Holly

also verbalizes feeling nurtured and proud to be a nurse. The gathering of nurses uncovers some of her vulnerabilities and growth edges, yet also highlights the experience of rightness about being a nurse.

In P's quote at the beginning of this subtheme, her experience of Circle brings the awareness that nurses need to know the option of Circle as a new way of collaboration. Her experiences acknowledge the gathering of nurses who come to Circle along with their heavy work challenges and leave with experiences of unburdening those challenges as they sit in community. When asked about her experience of gathering she responded,

Well, I think there are two things. The first thing is the weight of the work, the weight of the never-ending challenges. Everybody brings that with them. But when they come together, it's like, um, as if they are blowing up a big raft, or something that would support this. So, I think what comes together is recognition that there *is* strength in the team and a reinforcement. So I see that camaraderie or sisterhood when it happens, which doesn't happen very often [in nursing]. (P)

In this text, the gathering feels like an exodus of nurses pulling their burdens across an infinite, parched desert towards a shore, with the possibility of refreshing water then sailing off to a better life. They are weary and fearful that the sojourn will never end. The nurses are willing to sit in Circle but are dubious of its worth. Through dialogue they are encouraged to place the burdens aside so that they can be present to each other in different ways. As the dialogue becomes more real and heartfelt, the burdens are felt to disappear and a raft, perhaps even a life boat that was big enough for all, is inflated and a rescuing transpires. The gathering becomes an unburdening of pain and culminates in a stronger sense of nursing community. A new life is possible and is welcomed.

Co's experiences of gathering in Circle reveal the presence of a void in nursing, which is calling to be noticed.

I think it [the void] was always there. But it is in the *practice of the gathering* that brings it to the floor. As we were speaking earlier, *that* creates the space for it. Then just the idea of *being* in a Circle is the gathering and the creating and remaining in Circle, and it's dialoguing in Circle holds the space for *deep* conversation around the essence of caring and the *sharing* of their human-to-human connection that we experience in our life every day, *allowing* for the voice and *honoring* that. I think that's what gets lost, if you're not providing the space for it, then it doesn't feel like very honored work. (Co)

If something gathers it means that what was gathered was either not there in the first place, or present and not yet recognized. The response from Co seems to indicate that by gathering, it becomes clearer what was, is present and when that which is missing is called forth, it holds a potential for strengthening relationships, developing a sense of community, and welcoming of all kinds of energy. There is also a potential for a confluence of healing, fortifying personal strength, meaning, and purpose, and skillfulness. She sees these capacities as always being there but needing *gathering* in a space that holds unconditional positive regard and safety in order to be revealed. To Co, allowing the space for gathering feels honoring of a nurse's work, where risks are taken to engage in authentic dialogue about the nature of the nurse's work. The void is the opportunity to be together with nurses in meaningful and expansive ways.

The gathering of nurses brings surprising awareness to the foreground. Some of the participants describe that in the gathering of Circle, they become conscious of the absence of some interpersonal skills. In contrast, some participants recognize the need for gathering skillfulness in communication and



courage in order to be fully present within the Circle. Some become conscious of how rarely present they are. As the Circle dynamics unfold, some participants acknowledge a conscious or unconscious experience of avoiding being authentic, or sharing their true selves. The Circle agreement of not judging each other gathers awareness that judgment and assumptions are quite present and are obstacles to open communication. It becomes clear that judgment and making assumptions need to be un-gathered and the sister skill of discernment need to gather in its place. Gadamer et al. (2001) write, "Indeed, a person who is not ready to put his or her own prejudices in question is also someone to whom there is no point in talking" (p. 44).

The participants suggest that being in Circle brings experiences of gathering compassion, presence, respect, openness and invitation, and a willingness to connect with each other in collegial ways. Are there ways of being that require un-gathering? Gathering in Circle involves care-full shifting in their ways of being, tuning into their experiences with mindfulness-awareness. In order to be present, participants notice all those aspects of self that have *checked out* and are elsewhere making lists of chores, preparing for the next meeting, worrying about one's family, or processing a conflicted situation. In order to be present to self and to others, an un-gathering of habitual reactions needs to happen, such as letting go of thought, worry, habit, fear or judgment, and autopilot behaviors that prevent authentic connection from happening. That presence, ironically, gathers through their awareness of non-presence. Awareness of non-presence brings the possibility of choice, where participants

can decide to un-gather thoughts focused on the past or future so that the present can be experienced.

Some nurses refuse to gather together in a Circle. Solas describes a workshop she co-led at a state nurses' association, which was known to aggressively work toward unionization. As she and the other facilitator gathered nurses in a large event room that had just hosted lunch, she approached two nurses who were conspicuously knitting together on the farthest side of the room from where the Circle was convening. With unconditional positive regard and kindness, she invited the two nurses to join the Circle. They looked at her with disdain and abject disgust, and aggressively said they had no intention in participating. Taken aback by the strong reaction, Solas' colleague innocently asked them if they were being serious. Refusing to respond, they picked up their materials and together scornfully walked out of the conference room. These nurses literally were un-gathering themselves from participating in the Circle. It was clear that they were curious but unwilling to participate. It was Solas' responsibility to the Circle participants that there were no observers, only participants, and that boundaries were honored and the container was protected.

The gathering in Circle can be sobering, frightening, disgusting, or an anathema. Not all nurses are ready for a collaborative model like this. That said, there is the potential to un-gather some habitual ways of being that do not serve oneself, one's colleagues, one's patient care, or one's profession. If those hard-wired and protective emotions and closed-minded judgments can be un-gathered, the vulnerabilities revealed can be gently cradled in understanding.

A safe gathering seems to nurture the potential for *coming home* and understandings that one could never have predicted. The gathering is a way of learning where one's place is in the world, where the challenge, if met, is an important rite of passage *through the eye of the needle*. In other words, the un-gathering could be seen as a deliberate shedding of unneeded baggage to make it through a narrow opening, which is only wide enough to allow passage for one unencumbered individual at a time, standing tall and stepping forward. What waits on the other side is a more open, present, and compassionate experience of being, punctuated by sitting with the experience of vulnerability.

In summary, the gathering of nurses to sit together in a PeerSpirit Circle is experienced via a contradictory range of emotions and ways of being with self and others. The gathering of individuals brings an array of feelings and responses that can feel familiar, warm, and comfortable, or alternately un-grounding, scary, and foreign. The gathering also can strengthen a sense of community, work toward providing a space to validate and honor a nurse's work, and become a safe place with the potential to work on growth edges and reconnect with the meaning of one's nursing practice. Inherent in the process of gathering is the process of un-gathering. Circle offers the conditions for un-gathering of those expectations of previous experiences and of closely held ways of being that are unhealthy, pressured by time and the need to stay in control, have certainty, and hold it all together. Perhaps the experience of gathering can uncover a wealth of untapped emotions, unpracticed skills, and intense new awareness.

Indeed, as extrapolated from Heidegger's (2001) understanding of the gesture, the gathering is a means for nurses being present to themselves, each other and their work, where all that gathers and un-gathers can be protected in a caring space.

### Experiencing Ritual

The traditional ritual of taking collective breaths, check-in, and storytelling as well as mindful listening and voicing within Circle are described by participants as pulling their attention to the here and now and "harness[ing] the energy" (Solas). Participants reveal when ritual is done "mindfully" (Solas) and with "deep listening" (Co), it is experienced as quite "powerful" (Co). Furthermore, they voice experiences of sharing "at a much deeper level than they would have at a committee meeting" (Solas). Participants verbalize experiencing these simple customs as "sacred" (Solas).

The structure of the container enhances many ways of practicing presence. The ritual of taking breaths together shifts "the energy...and we feel different after we do that.... It feels like we got there; we are all more present.... I feel it in me.... OK, thank you, I needed that" (Solas). This ritual appears to bring individuals into the room, feeling her body, noticing more, or appreciating more.

There is a different quality of presence when the ritual is not done or is done half-heartedly. "If it's just sort of autopilot, rote...then you look around and people are distracted, people are not really listening; someone is talking on and on and on and other people are checked out" (Solas).

Participants feel strongly that attending to the traditions within Circle process are essential. The purpose of check-in is to build relationships, but it takes time. If done “mindfully, then something different happens.... The room feels different after that.... If people are really present with [that] process, then actually...the work is easier” (Solas). It seems that developing the relationships strengthens trust, and the container becomes strong enough to hold vulnerability and emotional content. The sharing of such content is felt to be sacred. Solas said,

If you don't get an opportunity to check-in...then that is a Circle where it doesn't feel like anything sacred is going to happen... We don't get to the same place.... Maybe we'll make some good decisions and maybe we'll do some work, but it doesn't have the same *sense* about it. When we *really* remember to do the process, *that's* when it gets sacred. (Solas)

How is it that ritual yields a sense of the sacred? There is something comforting about the tradition of ritual and how it seems to be on the way to sacred. It makes me think of the ritual of prayer or song in the Christian tradition in which I was brought up. At one point in the last ten years I had the occasion to be in a church service for a funeral. Even though my spirituality had shifted traditions, I noted how comfortable it felt to hear/say the Lord's Prayer and to sing favorite hymns. The priest was preparing the space, intending a tribute, educating about the meaning of death, and comforting those left behind. He was attending to the process, attending to the container through the use of ritual. The sense of predictability, of knowing what to expect, and of appreciating memories that those rituals were part of who I am now all coalesced to a feeling of the sacredness of being. Sitting in the Christian funeral with my Buddhist perspective

brought a new understanding of the universality of intentions and aspirations for peace, happiness, and life filled with meaning. I saw how we all wish for connection, respect, care, safety, and understanding, no matter our religion. That felt like a sacred awareness. Hence, ritual has the potential to yield a sense of the sacred and is an important part of the process of connection.

Solas identifies the need for a Circle at her hospital. When people come, they initially exclaim “well, you’re not *doing* anything!’ But those of us who liked exploring the structure felt like we *were* doing something; we *were* going somewhere. This was the *first step* to focus the energy” (Solas).

This notion of gathering the energy through the use of the Circle customs like breathing and check-in are grounding rituals that set the tone for presencing to each other and the task at hand as well as for remembering the larger view of the importance of relationships in the world today.

The notion of ritual engenders the image of something being passed along as a tradition. Gadamer (2004) writes about tradition from the Romantic era and contemporary views. The Romantic view saw tradition as opposite of free self-determination (Gadamer, 2004), where people were conditioned to accept traditions without question. In truth, Gadamer counters, tradition has always carried with it elements of history and freedom because free self-determination and a desire for change is always in response to tradition. The preserving of tradition has been in all historical evolution. Gadamer writes that tradition combined the old “with the new to create a new value” (2004, p. 283). Our situatedness in tradition keeps us in relationship to the past and is always a part

of who we are. Because of this, we can never “start anew” (Gadamer, 1994, p. 48). There is always a tension between the old and the new.

Tradition means transmission, rather than conservation.... It means learning how to grasp and express the past anew. It is in this sense that we can say, that transmission is equivalent to translation...the constant interaction between our aims in the present and the past to which we belong. (Gadamer, 1994, p. 49)

In today’s world, holding on to tradition can be seen as extreme, or radical. This tension between the old and the new seems stronger when there is rigidity about how the tradition can be expressed or enacted. This rigidity does not seem to allow the evolution happening around them to be incorporated into the tradition, denying self-determination, freedom, or change.

From a PeerSpirit Circle perspective, guidelines are based on the traditions from ancient council, yet updated to the needs of Western culture. The experience of Circle becomes starkly contrasted to the often rigid healthcare model of interaction, which is quick, concise, superficial, business oriented, and unprotected. It may be seen as radical and extreme in its own right, with its emphasis on time, space, and authentic communication. The notion of a guardian is very unfamiliar and may seem extreme.

In summary, the grounding rituals maintained in the PeerSpirit Circle represent a long history of tradition from other cultures that have been preserved and freely translated and transmitted into a contemporary model of collaboration to meet the needs of our North American culture today. It has been a seemingly radical intervention in today’s world! The preservation of breathing, check-in, storytelling, and mindful voicing and listening has been a part of our historical

consciousness that was felt to be valuable enough to cultivate and pass on. It brings us back to simplicity in the midst of a wild complexity.

Protecting

*“I’m always amazed by what people in a safe environment will be willing to share with others...when you practice the principles of Circle.”*

–Co

As mentioned previously, Heidegger (2001) views the gathering of individuals as forming the conditions that provide a shelter, protection, and guarding; within that protection he asserts that the truth can emerge. Protecting is felt to be important within Circle process and a role has been developed where one individual rotates the responsibility to remain aware of the group needs, its energy and dynamics, and to intervene to maintain interpersonal safety. The protecting role helps to cultivate a space, or shelter, where people can say what they really want to, be vulnerable, fail, hesitate, and offer emotion. The participants note how the experience of protecting brings about a sense of vulnerability and conflict as well as strength, daring, and harmony. Protecting implies a sense of responsibility to care for all participants and for the integrity of the container. Protecting also involves engendering a sense of trust of each other and of the process.

The etymology of protect ([www.etymonline.com](http://www.etymonline.com), n.d.) comes from the Latin *protegere* meaning to cover. It also has the meanings of shielding, safeguarding, and defending from harm (Oxford English Dictionary, 2007). The dialectic of protecting includes a long list of verbs implying aggression and



vulnerability: attacking, betraying, harming, injuring, assailing exposing, threatening. Protecting the container shields participants from sometimes thoughtless and aggressive interactions and allows for all faces of truth to be revealed.

Holly believes the guardian is there to

just to be aware of the dynamics of what was happening to maintain an even presence so that people could feel comfortable sharing...and refocusing if conversations sort of strayed, keeping with the task at hand. I think if I'd allowed myself to put more out there, then it would have been helpful. But I think I held back quite a bit in Circle.... If they could see that conversations were sort of tumbling or spiraling or we were getting off track, they were wonderful at ringing the bell, taking a breath and bringing us back to the task at hand...if someone is dominating the conversation, they so *lovingly* shifted it.... I think it's much easier to take risks when you see everyone all around you are taking them. (Holly)

Some may feel taken aback by the idea of lovingly shifting behavior in a meeting. In contrast, some may remember their own horizons of guarding being done in a punitive, scolding way or via a passionless gavel in a courtroom as a means of regaining order. Guarding may be recalled when thinking of the silence of the Queen's Guards at Buckingham Palace.

Holly's experience of feeling protected is appreciated:

To have your emotions heard, witnessed, and lovingly acknowledged just feels like a huge sense of relief and you can just sort of relax and be present for the next person's experience that they want to share...where everyone's thoughts, ideas, and suggestions are welcome.... They laughed easily; they engaged with each other...very easy conversation.... They trusted each other.... We were holding each other.... They just seemed to be learning from each other *at all times*...more intimate.... Conflict...and impatience can arise.... Everyone feels comfortable...an immediate sense of connection.... There is unconditional positive regard. (Holly)

Thus, protecting the safety in Circle encourages participants to trust and to take risks. Indeed, the guardian's *even presence* makes people feel comfortable sharing.

Protecting the container calls upon the guardian to use all of his/her senses in maintaining awareness of a situation. During a Circle, the individual is watching, hearing/listening, feeling, and almost tasting and smelling the energy of what is happening. The individual also can be intuiting, using the heart to make sense of the information from the other five senses. In this vein, many ways of knowing can be called upon. The protecting also may be like a mirror, verbally reflecting in an objective way what it is seeing or noticing.

Protecting seems to be a facet of caring. Care comes from the Latin word *caritas*, which means to cherish. Protecting as caring suggests a way of being that also involves responsibility, competence, patience delivered with kindness, and empathy. Empathy then suggests the use of all the six senses with an ability to put oneself in another's shoes by imagining what his/her experience might be. These are essential ways of being of a nurse. Learning to protect or practicing protecting can be a way to teach caring.

Protecting the container seems to involve the notion of shepherding. Shepherding can be noted in the gathering of information. Shepherding assumes a sense of responsibility to care for and nurture a flock, guiding it to stay on track, or leading it in resting or moving forward toward a particular destination. Furthermore, such shepherding or caring may engender the possibility of dependence on the shepherd for the group's safety. Thus, the opposite of taking

the protective initiative could be depending on someone else to take the initiative. Such dependence on an individual could give rise to anxiety and fear that the group's needs might not be met. Protecting implies doing what is needed to be done. In Circle, the protecting guardian recognizes the dependence and fear, while concurrently modeling independence and fearlessness. This shepherding seems to connect with some essential qualities of leadership.

Protecting in the Circle brings with it a sense of responsibility to care for the individuals and the process of interaction. The prefix, pro, in protect means "on behalf of, in front of, before" (Oxford English Dictionary, 2007). The role of a leader involves the responsibility to work on behalf of others, putting self in front, or rendering self vulnerable to what may come. Solas describes this responsibility as "an honor." Her experiences of guarding the welfare of others and not having been guarded herself compel her to take the role of protecting seriously and to do a good job. She asserts that the role of the volunteer guardian in the Circle is felt to be "really critical" (Solas) for safety, trust, and growth. The role seems to develop awareness and courage.

Just in being the guardian I had a different kind of courage going in there. Like, this is my role.... I felt strong enough to handle it because / felt the support from the Circle.... It takes a lot of courage in that group to slow things down...to stop the conversation and say 'let's take a breath!'.... It called me to a different place of really having my antennae up, to really feel the energy in the room, and to call for breaths.... I think the power of the role...is someone having the seat saying 'let's guard this colleague of ours, this loved one of ours.'... Let's really notice where she is.... That's why trust is so important to the process. And feeling vulnerable is important to the process.... You can only feel vulnerable if you feel like the container is strong enough to hold you in that.... Maybe judgment doesn't happen as easily when there is a guardian. (Solas)

Solas finds the role easier to do than she imagined: “It wasn’t just me holding her, it was the Circle because I felt the support from the Circle.” She also remembers her own examples of feeling vulnerable:

A couple of times...really collapsing and not feeling heard, then, I’m not there in Circle so therefore I can’t bring who I am in Circle if I’m not there!... This is the shadowy side of Circle.... At one Circle I remember just physically *col-laps-ing* down on my lap, just really falling forward...not even knowing I wasn’t there...feeling really scared, vulnerable, couldn’t trust. And what I really needed more than anything was for someone there to say ‘ah, look at her face. You know, let’s give her a minute. Come back, we care,’ you know? It’s a *sacred* container!... Because of the nature of [Circle] saying ‘this is something that’s safe. If it’s not, it’s *traumatic!*’ (Solas)

Over the years, Solas’ Circle gradually allows their awareness of this responsibility to fall away and does not consistently assign the role at each meeting. Solas has a spontaneous insight during the interview that this fact may be the crux of some of the issues of conflict and communication with which her workplace has recently been dealing. Her intention is to explore that with her peers, she shared afterwards.

Inherent in protecting is the need to intervene when conflict arises. Conflict is natural and unavoidable and is defined as a “variance of opposed principles or beliefs” (Oxford English Dictionary, 2007). Among many other things, leadership involves working with conflict and being vulnerable and genuine. There may be a fear that arises when one addresses conflict in order to protect something or someone. One may ask: Am I doing the right thing? Is this the right time? What if I am wrong? What will others think if I get this wrong? If I ignore it, will it go away so that I won’t have to risk embarrassment or feel the feelings associated with conflict and fear?

In contrast, protecting seems to be a way of maintaining harmony and balance. By addressing conflict, protecting is a way to mitigate an *us and them* stance into a *we*. Guardians are guided to *lean in* to the process of addressing conflict and to trust the process.

Protecting seems to give rise to trusting, to letting one's guard down.

P remarks,

You have to just trust the process; it gets easier. The more you let go, the more it comes back.... *Being* trusted, I think is the other thing. Not just trusting yourself but saying to people, 'I trust you to succeed or fail and I'll be there.'

Protecting can inspire a mantra like *not afraid to be a fool* as the guardian and the participants begin to trust each other to take risks together and to practice unconditional positive regard.

Protecting seems to involve power and strength. This is not a power to overcome or to have power over but instead a connecting of one's own sense of power, confidence, and dignity and protecting that of others. Strength is associated with grounded mindful-awareness, exertion, courage, daring, and a moral obligation to do what is in the best interest of all involved. Fear calls for power and strength. Ancient wisdom says when fear arises, it is a call to discover fearlessness and confidence. By facing the fear and engaging with it, the intense energy of the fear dissipates, and a strength and power of innate confidence shines through.

The notion of protecting has a long history related to aggression. There will be an exploration into examples of unenlightened protecting then an illustration of enlightened protecting. The unenlightened protecting is one that

has lost a connection to the humanity of all through such things as religious wars, genocide, controlling dictatorships, and occupation. All these situations are protecting rigid righteousness through weapons, aggression, and hatred. There is an engendering of fear, terror, and lack of trust. Individuals or countries are challenged to experience peace or harmony, and situations feel mostly out of balance and hopeless for change. In these circumstances, protecting is not about the greater good but is self-serving and xenophobic.

In contrast, within the Tibetan Buddhist tradition there is attention given to the protector principle. The protector principle and the PeerSpirit Circle guidelines seem to have fundamental similarities. This principle acknowledges the need to protect the truth of fundamental goodness in all, a truth believed to be discovered in all things. In order for this goodness to be unveiled and sustained there is a need for the protector principle to counter the ego defenses, which create suffering, neurosis, and aggression, with gentle nurturing of a protective atmosphere that allows for growth and enlightenment. The wisdom says that if the ego is challenged to change, it will be resistant and create internal or external conflict for self and others. When we are free from fear, we are able to connect; hence, there is seen to be a need for protection.

One lineage of Tibetan Buddhism has a path of practice called the *Dorje Kasung*, which seeks to ground the notion of enlightened protection into everyday life. Enlightened protection involves the practice of meditation and contemplation as a way to yield non-aggression while being accepting of what is, having one pointed focus, being aware, and being gentle, genuine, and spacious.

The Dorje Kasung's function is protecting the teacher, the teachings, and retreat situations as well as the community of practitioners. All of this is done without weapons. Dispelling obstacles is done with the skills of mindful-awareness, precision, and genuine heart. Their practice is guided using the metaphors of container, wind, and horizon (Trungpa, 2005), where the idea is to protect the space so that the Buddhist teachings may be offered and heard.

Protecting using the metaphor of container (Trungpa, 2005) signifies a recognizable structure with boundaries, yet it also accommodates space. Within the container, the Kasung practice remains fully present, monitoring the flow of energy inside and out, providing reference points, meeting intensity with spaciousness, being flexible, and noticing what is present or not present. When protected, the container can reveal the truth of a sacred world.

Protecting using the metaphor of wind (Trungpa, 2005) represents the notion of clarity, the use of a gentle, powerful, and precise wind to clear the skies of clouds, or obstacles of neurosis and aggression, without leaving destruction behind. It is a way of protecting the dignity of individuals. The protecting that transpires in Circle can be a refreshing breeze or one that is bracing. Ultimately the aspiration is to bring one back to wakefulness and authentic presence.

Protecting using the metaphor of horizon (Trungpa, 2005) suggests the notion of context, where because of the explicit protecting of the container, individuals remember what environment they are in and what they are there to do. Hence the protector principle and the metaphors of container, wind, and

horizon hold similarities to the interpretation of protecting in Circle. Circle could be seen as an enlightened form of protection.

Finally, in Circle we all become guardians at some point—guardians of ourselves and others. As Solas said, “Circle calls you to show up and take care of yourself, you know, but I think it also calls us to notice the energy, notice what’s happening” whether one is the guardian or not.

In summary, the notion of protecting helps to flesh out the experience of the Circle container. Protecting seems to incorporate elements of using many ways of knowing, garnering strength and courage, shepherding, feeling responsible, manifesting leadership, feeling vulnerability and conflict, trusting the process, and caring. Protecting the container provides the participants practice being authentic with themselves and others. Enlightened protecting seems to describe the role of guardian in the PeerSpirit guidelines for Circle process.

### Storycatching

The participant Canada uses the word “storycatching” as a way to describe the sharing of stories. The sharing of and listening to stories is a hallmark of Circle practice. As Baldwin and Linnea (2010) describe storycatching, “a teller needs a listener. A story needs to be ‘caught’ to be complete” (p. 95). Though Gadamer would counter that understanding is never complete, Baldwin and Linnea’s (2010) use of the word could describe a merging of horizons. This interpretation will explore the subtheme of storycatching and how the process of storycatching affected nursing practice and nurtured self-understanding. The surprising metaphor of a baseball game will extend the analysis and conclude



with a powerful story of how one participant's listening to a story in Circle changed her life.

In consideration of the word storycatching, the first part of the word, story, is noted to be a type of narrative that may be true or fictitious and which related to "important events, anecdote, or historical account" (Oxford English Dictionary, 2007). In addition, it was understood as "a structured use of language that employs narrative structures of chronology, character, scene and insight" (Baldwin & Linnea, 2010, p. 98). The word *catch* is noted to mean "that by which anything is caught and held...to capture...to grasp with the senses or mind...perceive...to become affected by, exposed to" (Oxford English Dictionary, 2007). Indeed, in listening intently to a story, one is caught up, engrossed, captured, and affected. Alternatively, a fictitious story may be entangling or entrapping and can be concealing a difficulty or drawback (Oxford English Dictionary, 2007).

In Circle, we are called to speak from the heart to the heart of the matter and to listen with care. The stories behind the people, the *back stories*, help us to see beyond our prejudices, projections, and assumptions to see people as they really are—and to learn. Letting go of the judging behaviors brought relaxation into the Circle process. Participants experience the process of storycatching to be touching, empowering, and yielding growth and building a sense of confidence. It is a way to begin to allow the space for articulating thoughts, feelings, and meaning that create insights to bring to their work as nurses. Gadamer (2004) proposes the notion of play as it relates to language. He

suggests that bringing meaning into words is a form of linguistic play, where the language “addresses us, proposes and withdraws, asks and fulfills itself in the answer” (Gadamer, 2004, p. 484).

Catching the stories is about deep listening and not trying to solve problems. Participants note how patients verbalize that being listened to by their nurses and allowed to merely tell their story felt healing. “It’s important to remember that the richness of these back stories also exist for every single person we care for. Just highlighting that sensitivity is so important for people. It’s so important for people” (Co). Storycatching seems to be a form of witnessing that feels profound.

Storycatching is described as helping to understand one’s place in the world. Gadamer (2004) posits that “self-understanding always occurs through understanding something other than the self, and includes the unity and integrity of the other” (p. 83). Gadamer recognized that “we live in a condition of ever-increasing self-estrangement” (Gadamer, 1998, p. 149) where an individual’s lack of familiarity with him/herself and the unconscious wearing of masks and veils can obscure the process of self understanding (Gadamer, 1998). Circle provides an opportunity for understanding self through connecting with others.

Gadamer (2004) suggests that unless there is a receiver of the story, the story can be passed over and hinder any response. One participant illustrates the pith of storycatching. The check-in question at one Circle of nurses asked each person why he/she had become a nurse.

And I remember sitting there.... First of all, people sitting there, for the most part, *really listened* to each other. And it wasn’t just the

experience of listening to the other nurses talk, but it also was the experience of...ah...*watching* the nurse talk. Like, this was her, like, one *moment* in time where she got to say something important and everyone listened in a way that hadn't been her experience before. And I remember hearing stories and just being in *awe* of how each of us had come from *so many*...you know, we entered into the nursing from so many different places—so many experiences that really were *basically and fundamentally* about the heart. And that was so validating for my own experience. (Solas)

Another participant notes,

I just look at people very differently because of Circle.... Every person, even at a bus stop, has a story.... You realize it's not just a little old man that's sitting with a cane waiting for the bus under that tree, he's got a story. You don't know if headed to the hospital to say his goodbye to his wife he's been married to for sixty years.... I'm the receiver, again the storycatcher.... You don't say a story because you think they should hear that. You're saying it because it's very meaningful to *me*. (Canada)

Stories cultivate relationships. One pattern noted by Co and her colleagues is that in the busyness of their daily work they did not attend to relationships with colleagues or really know who they were as people. They worked in silos and did not know or take time to hear their stories.

It's important for us to remember that the richness of these back-stories...the richness of experience...that exist within your work colleagues that you had no idea about.... If that can happen to the person sitting right beside me that I pass in the hallway every day who's a transport or who comes and gets patients, I never knew that about him. I never knew that he raised himself from age 16 on the street. Here he is, 32 years old and trying to get through his GED. He comes to work every day, cleans with a smile on his face, happy-go-lucky; if I never knew that about him, then what am I not seeing about my patients. When you create the space for people to feel comfortable to share about themselves...how we all look forward to that as human beings. If you use that practice with your patients and you create the space for them, they too will share their back story that in some way will make it easier for you as a care provider to be caring and help with their healing in a way that you are the person that that person made that connection. It doesn't take much time. The true interaction, a human-to-human connectedness is not a time consuming thing. You don't tell me you

don't have time, and those are the lessons that I've learned from that.... Just highlighting that sensitivity is so important for people...to be witness to. (Co)

In dwelling with the experience of storycatching, a metaphor emerges in the form of a baseball game. It is inspired mostly by the word, catching. Globally, the structure of the game involves a large field and a play between two teams in front of spectators. Within the teams, the roles of a pitcher, a batter, and a catcher are rotated. In addition there are base players, a short, and the outfielders. Gadamer (2004) wrote about the importance of play and its function in human life. As mentioned earlier, there is a primordial play back and forth between the parts and the whole, and along the continuum of polarities. Each play yields advances an understanding or horizon.

The large field is a space, or container, that has certain boundaries, yet the batter is encouraged to *knock it out of the park*, essentially being inspired to go beyond the limits of the park as far as s/he can hit the ball. The boundaries are almost taunting the batter with names like wall at the Boston Red Sox baseball team's home field called The Green Monster. This freedom to *go beyond* is considered good and exciting. The ball field is containing players who monitor the bases, or who play in the outfield. There are umpires maintaining adherence to the rules of engagement and keeping the players safe from harm. The field is holding the unknown potential and possibilities. It is catching all faces of emotion and numbness, mental thoughts, physical exertion and injuries, and spiritual epiphanies and crises. The field is representing the Circle, where stories are shared within certain boundaries and all the faces of expression are revealed.

The spectators are part of the game. They are presencing to the experience of being at the ball field and participating in the unfolding of events. Whether positive or negative, the experiences are different for each individual. There is a fusing of horizons as the game story emerges and a kind of presencing that is individual and communal at the same time. Gadamer (2004) suggests that being a spectator engenders a kind of presence which yields a self-forgetfulness. The spectator had an experience of deepening “continuity with himself” (Gadamer, 2004, p. 128) by reflecting on the meaning of the experiences with others. Gadamer (2004) proposed that there was benefit in watching even from a distance, where the distance was necessary to see the bigger picture and to participate.

The teams represent a gathering of like-minded individuals, willing to engage in the game under certain conditions and within certain guidelines. They represent a community, a group in solidarity, witnessing the unfolding of the game. The team members are supporting each other to play their best game, maintain focus, and remain heartened. Team members are preparing for the unknown of what is to come, recognizing the potential for conflict and the importance of not quitting. When it is their turn to play the field, the process of catching the ball requires paying attention, situating oneself to be ready to receive the ball, and constantly evaluating and anticipating action. There is an intending to make a connection with the ball, a wondering if they will be the one who *gets it*. The storycatching in Circle involves a gathering of individuals in

community who agree to the conditions, support each other, and recognize the potential for the unknown to happen.

The pitcher is like the host in a Circle because there is thinking, planning, and intending for each pitch. The Circle host spends time developing and delivering a question to stimulate the storytelling or dialogue. The question, or pitch, depends on the horizons of all involved: who they are, where they are, the skill level of the participants, or the purpose of the meeting. What is required? Will it need to be a slow the pitch, a knuckle ball, or a hardball? For the pitcher, there is a readying to receive the intensity of the batter's hit, knowing that full presence is needed to avoid injury, even with a mitt on one hand for protection. In Circle, there is no competition, strategy, or trying to trick. There is no fictitious story trying to be told, only truth.

The batter is the storyteller and is waiting for the right moment to swing. Is s/he ready? In order to bat well, there is also a preparing that occurs, a warming up, and a mustering of courage, power, and genuineness. There is also a focusing, assuming the correct posture, watching, and letting go of tension, yet cultivating the right tension for the swing. The storyteller also prepares, choosing the right story, the right words, and the right tension, working with anxiety, determining the right tone and words for the story, and remaining present. The storyteller is encouraged to be genuine, perhaps just as the teams in the pre-game locker room pep talk—*leave it on the field!* The meaning here is to play with everything you have and don't hold back. Sometimes, however, the batter does need to hold back because what is required might only be a gentle bunt.

The ball meeting the bat represents the merging of horizons and the arising of something new in play.

And finally, though in baseball there is a catcher role, in Circle everyone is a catcher. The catcher is the receiver of the story, the storycatcher. Like the baseball catcher, the storycatcher is aware of surroundings, fully present, focused, and captivated in the moment. S/he is participating in the experience, also responding to what is needed, perhaps participating in determining what kind of play to initiate. Thus, the game of baseball has intriguing similarities to the notion of storycatching.

Participants indicate a sense of sharing with storycatching. Sharing implies actions such as giving and receiving, participating, experiencing commonalities, being equal with, sharing proprietorship, or dividing into parts (Oxford English Dictionary, 2007). Sharing a story can be a generous offering that can convey a caring about someone or something, giving rise to humility and gratitude, and engendering healing on some level. The sharing can connect individuals in common experiences and provide equal footing, developing bonds or a sentiment of solidarity. Sharing helps to mitigate feelings of isolation or alienation. Sharing can give rise to feelings of belonging. The mutual experience has a quality of witnessing that can feel comforting. Sharing also can transmit a sense of sharing responsibility or ownership for the accomplishment of a certain goal.

Canada realized that self-understanding also came through the sharing of people's stories, or lived experiences:

It was like a lightning bolt... That's me they're talking about! But a lot of self identification, who they thought they were that they're really not.... It made me think of things in my own life that I had experienced in a different scenario altogether...but the feelings, the undertone of what they're experiencing you can relate to.

Indeed, the process of storycatching has had a profound effect on Canada's life. When I asked her to share a personal story of being in Circle and resonating with hearing someone else's story, she described a particular Circle experience of hearing another woman share an experience of being bullied in school and meeting the perpetrator later in her adult life. The *bully* asked her out to lunch, and she cautiously accepted the invitation, thinking that enough time had passed. The "beautiful lunch" (Canada) was at the home of the woman who had bullied her. Their life paths came up in conversation, and the Circle member raised her courage to talk about how being bullied impacted the rest of her life. She shared how she worried about her children having similar experiences. The woman who had bullied her replied, "you never asked me to stop." She then apologized. The woman who had been bullied forgave her.

Canada expresses resonating with the woman's low self-esteem, her difficulty trusting, and the women's ability to forgive. Canada also works with her internal judge as she listens. During the dialogue, I wondered out loud if there was more to why Canada identified with that particular story. Canada responded:

It *must* because we had so many stories and so many beautiful sharings, and that one really stuck out in my mind. It's a good point, Kristen, I think it *does* even right to *this very day*. I think it means boundaries for me, it means putting out my voice and saying 'this has got to stop.' I'm saying that as I am right now with the job that I have.

I remember, just Friday, she [her boss] said that 'you never came forward to say this has got to stop,' and I said to her 'why would I



because I'm thinking I don't have a voice.' Everything is about managing a hospital, and I would have thought that everybody knew we needed more nurses in here. Look at the history; they come; they go; there's *eight* people that's left in three years and I've trained most of them [she chuckles but her voice is tense]. They said they were just difficult; it's up close and personal; maybe they don't want to hear about people's complaints or injuries, and lots of nurses don't. It's too intense. In fact, I *embrace* intensity. But, you're right, Kristen, that's maybe what it is, 'you never asked me to stop', you know?

That's what it is, sometimes. I have very good boundaries with my family...with my husband, I say, 'Hey, this has got to stop. Pick this up, go here, this can't happen.' But professionally, I have a hard time because I just feel that I have no voice, I think is the word. Or anything *I've* got to say isn't going to change the great, big, grand scale of things. But I *do* change things one-on-one, one person at a time. That is the irony of it all. (Canada)

After the interview with Canada, we exchanged email addresses. As noted previously, she felt overwhelmed, "struggling to survive" (Canada) and powerless in her work place. It was clear to me that she was asking for guidance about what to do, but the boundaries of my role as the researcher would not allow me to intervene or counsel. After a conference with my mentor, I decided to send her a copy of her interview transcript with a note suggesting she read her own words and find her own answers for the next right step. So, not only was she a storycatcher with another's story, she became her own storycatcher and found profound healing in reading her own story in her own words. The following is from a post-interview email correspondence.

Your wisdom to share my interview in this manner was so impactful, and I want you to know it has been extremely helpful in making personal and professional decisions at hand.

I realize that this workplace is unhealthy and what kept me there was a good heart and feeling I was helping others while jeopardizing my own mental, physical, emotional health. This is not acceptable anymore in my life.... I deserve a positive work place,

sensible work hours, and time to process, debrief, and pace myself in this important work. I have to say 'Stop!' Just like to impactful words during my 5 day circle practicum...where a circle participant who had been bullied heard from the bully, 'You never asked me to stop.'

I have reflected since our interview, about this and much more than that.... I can see that this was significant to me because it begged for me to investigate and look at *WHY* this was so significant. There were so many stories, and I can remember many, but this one...resonated with me.

So, I am saying in regards to my workplace: '*STOP.*' I want you to stop demanding more from me than I can give without losing myself by giving away too much. I say stop to discounting my contribution and ruining my health in the process. I am beginning to love myself enough, to realize I deserve respect and a safe, comfortable workplace, where I am not exhausted, professional at risk and drained to the point, I am not able to enjoy myself or my family, even when I am not at work. I have designed a personal care plan and part of my professional development is to resign from the job. *DONE.* (Canada)

Canada develops new self-understanding and takes back her power through the sharing of story. She makes significant life changes, quits her job, and begins to rewrite a healthier new life story inspired by her Circle within, her experiences of Circle during her Circle practicum and the power of phenomenological inquiry. She since has initiated her own Circle in her own home, feeling inspired to bring others together in storycatching and authentic being. Circle cultivated nodal experiences for the bully, my study participant, and for me the researcher.

In summary, storycatching is a mode of sharing positive and negative experiences. It has the potential to shift nursing practice and, through a fusion of horizons, assists individuals towards deeper self-understanding.

## Theme Summary

Experiencing the container makes explicit the importance of cultivating conditions for safe interpersonal exchange which then allows for authentic connection to occur. The gathering of nurses in Circle creates the protected place so that gathering can happen, dwelling with self and other can occur, and deeper understanding can transpire. Experiencing the container reveals subthemes of the importance of preparing the space/place, gathering, experiencing ritual, protecting, and storycatching.

### Theme 2: Experiencing Space

*Out beyond ideas of wrongdoing and rightdoing*

*there is a field. I will meet you there.*

–Rumi (Barks, 1995, p. 36)

The notion of *space* is referred to continually in the participants' texts as they describe the experience of the Circle container. In preparing the container, the guidelines for Circle seem to create a physical and interpersonal space in which participants were able to practice different ways of communicating and being, in relationship with each other. Space provides a place for possibilities to happen. Space is needed for gathering and ungathering the conditions that enhance or detract from connection and shelter. The experiencing of ritual is a space where tradition and simplicity are honored. Protecting involves sheltering and guarding space so that truth can emerge. And finally, space is required for the unfolding of stories that inspire understanding and healing.

This theme of space will be illustrated through an introductory discussion then be followed by notions of how space was experienced by the participants. The subthemes emerged a: feeling comfortable and struggling with vulnerability; presencing; voicing and listening; experiencing sacred space; and experiencing freedom.

This introduction is inspired by Heidegger's (1973) notions of space and by the participants' frequent references to space as they describe their experiences of Circle. They speak of safe space, protecting the space, creating the space, providing the space, beautiful space, the essence of space, and sacred space. I was intrigued with the notions of space as a challenge, its having a character of its own, the need to protect it by changing our habitual behaviors, and how participants incorporated this knowledge into their being and nursing practice. This introduction to space will explore phenomenologist Heidegger's writings on space.

In his 1940's essay *The Thing*, Heidegger (2001b) claims that humans exist as relational, always in a world and relating to things or objects. He alternately describes the post-modern world and its relationship with space where space must be claimed (Heidegger, 1973). In *Art and Space*, Heidegger (1973) argues that being in space challenges our personal determination and shifts according to our interests and projects. Space challenges us with its sense of frontier and wilderness, and it furthers some of our worst habits to fill it, measure it, control it, conquer it, and commodify it (A. Mitchell, personal

communication, June 21, 2010). Heidegger (1973) believes this is related to the human's anxiety about the uncertainty of feeling empty and fearing the unknown.

Further, Heidegger (1973) writes how the openness of space is not actually empty, but has a texture that wears at us, erodes us, and wears us down (A. Mitchell, personal communication, June 21, 2010). Perhaps it also could be said that space wears us open to vulnerability. In reality, Heidegger claims that the "ownness" (p. 5) of space, or its special character, is that it offers freedom and release and is a place to be preserved. As Heidegger (1973) states, "The special character of space must show forth from space itself" (p. 5). Space can be a place to allow and dwell, a place for being, and a place for lived participation in the space. The study participants describe the special character of Circle space as having qualities of warmth, comfort, safety, peace, breath, home, and slowness.

Though, for this to happen, we need "assertion" (A. Mitchell, personal communication, June 21, 2010), or intention, for the "dwelling" (A. Mitchell, 2010) to be allowed. Heidegger (1973) states that within such a protected space, or place, conditions for divinity, or the sacred, to may appear. Dasein, in itself, makes space for being; thus, space allows for the essence of our being to emerge in all its permutations. This is viewed as sacred.

In the middle of the interview, Holly describes how the holistic nursing program facilitators did "a *beautiful* job maintaining the container...but if someone is dominating the conversation, they so lovingly shifted it...with such grace and love that no one felt shut down in any way." The connections that were made in

that group yielded an exclamation from Holly: “Oh, my God, this is *the best group ever!*...People are sharing something very, very special with a group of strangers....Incredible bonds!”

Co’s experience suggests that Circle offered an opportunity to fill “a void,” which she defines as something that was missing. Similarly, Gadamer (1996) also believes that science has created a vacuum. What has been missing were the time and space allowed for reflection or connection with our vital instincts. The space allows for a buffer from habitual ways of being, spaciousness surrounding the pressured intensity of thinking, thinking, thinking. There is space to really notice from within and around, to be present to an unconcealing of truth.

Within the context of health care, this is done through the gathering of colleagues, providing opportunities for reflection on individual experiences and acknowledging an emerging consciousness of disequilibrium and re-equilibration via new practices.

I think many times folks told me afterwards. They’re so amazed that they have forgotten, they had *forgotten* that. They’ve forgotten that’s why they became a nurse.... They really and truly wanted to help people. But our everyday work environments don’t give much voice to that. When you give voice to that and you create an environment in which people could actually spend some time thinking about that and reconnecting with those feelings and those emotions that drew them to this work in the first place, I believe that’s why people become more comfortable being vulnerable and doing sharing within Circle work because they haven’t taken time to pause for so long. (Co)

Co describes the horizon of health care today that lacks space. It has an ethic of productivity where

We’re all sort of in the fret mode of frantically running every day. The pace has gotten quicker, faster, lots of talk about efficiency, lots of talks about when to stay, lots of talk about their decrease

and waiting times, all those sorts of things that we believe are going to improve the system.... The honored work here becomes the task, becomes the number of pills I distributed and how many patients I had and how many discharges I had, because that's what gets measured.... You *forget* about the real essence of the work.

The typical healthcare model of business has not allowed for the space to honor the work done. Such a way of being at work distracted them from “paying attention to the real human connectedness of our lives, then you miss it. You really miss it” (Co). Co describes this connectedness as the “real essence of the work.” The patient satisfaction surveys also demonstrated how attention to collegial relationships improved patient care.

Heidegger (1973) argues that when we protect space an unconcealing of truth occurs. Heidegger translates the German word *warheit* as truehood, where *war* meant shelter (A. Mitchell, personal communication, June 21, 2010).

Heidegger believes that we need to protect the truth as it shows itself and refrain, hold back, so that the truth can be unveiled. Indeed, Circle process seems to create and protect a space that allows for experiencing comfort and struggling with vulnerability; presencing; voicing and listening; experiencing sacred space; and experiencing freedom.

In summary, the protection and safety created in Circle allows for not only a deeper level of connection but it allows for all faces of truth to be revealed including disconnection, conflict, and frustration.

#### Experiencing Comfort and Struggling with Vulnerability

Feeling a little vulnerable is important to the process. And you can only feel vulnerable if you feel like the container is strong enough to hold you in that...that we can *handle* some emotional content here! We can handle that. We are *strong* enough and then if that

happens then perhaps all the others that are seeing the sun shine outside there today, could lift that one voice up. (Solas)

Comfortable and comfort are words commonly used to describe the experience of space within the Circle. Yet vulnerability also is mentioned. On one hand, the experiences of feeling comfortable are attributed to feeling safe and trusting the process, to nurturing, experiencing community, and having a voice in decision-making. However, there are differing levels of comfort that extend to not feeling comfortable at all. In fact, words like terrifying, fear, traumatic, and feeling exposed indicate an experience of intense vulnerability. There is a continual play of desiring comfort and connection, yet struggling with vulnerability and feelings of separation. This section will explore the experience of the dialectic between experiencing comfort and struggling with vulnerability.

The polarities of comfort and vulnerability seem to play a part in whether or not and how participants choose to engage in Circle. There are those who like it immediately and feel comfortable and *at home*. There are those who initially are reluctant to participate but when they do, they *warm up to it* and find it valuable. There also are those who respectfully remain in Circle but who never warm up to it. Finally, there also are those nurses who refuse to participate at all. In any of the instances, these experiences of comfort and vulnerability need to be honored and respected.

Interesting connections are uncovered in exploring the definitions and derivatives of comfort. *Comfort* is defined as “a support, a source of strength; pleasure, enjoyment, gladness; a thing that produces or ministers to a state of physical or mental ease; relief or support in distress or affliction; consolation,



solace” (Oxford English Dictionary, 2007). The word comes from the Latin *confortare*, meaning to strengthen. The prefix, *com*, means with, together, or jointly; the suffix, *fort*, means strong (Oxford English Dictionary, 2007). In relation to Circle, being comfortable has to do with finding emotional strength or solace in the company of others, where feelings of satisfaction occur and one is free from anxiety or concern.

The word *struggle* is defined as resistance, trying to free oneself, stumbling, giving a strong effort in difficult circumstances (Oxford English Dictionary, 2007). Many of the descriptions of struggle suggest a connection with surviving and staying safe from harm.

The etymology of *vulnerable* indicates an origin from the Latin *vulnerare*, meaning to wound. Vulnerable is defined as actual or potential physical or emotional harming (Oxford English Dictionary, 2007). This seems connected with survival as well. The notion of struggling with vulnerability suggests strong efforts made to protect oneself from perceived harm in order to survive a situation. The struggling seems to involve a reluctance to engage, implying a holding back in order to remain safe; the holding of one’s ground; the maintaining of a barrier or shield; the trying to maintain one’s integrity or wholeness; or the harboring of an unwillingness in the face of change. At the same time, reluctance might be “a willingness to step into something—as if waiting for a signal or some information that would resolve the holding back” (S. Sims, personal communication, September 29, 2010).

Feeling safe and trusting the process. The notions of comfort and safety are inter-related. The structure of Circle process brings experiences of comfort and terror, shutting down or learning to trust, taking risks, and becoming courageous.

Foundational to feeling safe seems to be the presence of the guardian role and the Circle guidelines. The guardian is seen to be important to the process because “you do need someone there to *keep* the safety of the Circle and create a space that everyone feels comfortable...to talk, connect, learn” (Solas). An appreciation of the Circle guidelines also cultivates experiences of “unconditional positive regard” (Holly) and provides structure for connection.

Holly’s experience illustrates a dialectic play between the experiences of comfort (safe) and of terror (vulnerable). Holly describes her first Circle, which was a job interview.

I loved it [Circle], but it wasn’t always comfortable for me.... Everyone was welcoming...knew each other well...trusted each other.... It was a familial sense...and they seemed to be learning from each other *at all times*. I was sitting in the Circle with probably 15 people who are all very comfortable with each other and very dynamic. I wanted them to like me and hire me. So, I thought it was kind of scary. That first introduction to Circle, that interview was wonderful, and I thought I was walking on the cloud. When I left, everyone was welcoming; they laughed easily; they engaged with each other as well as me. The sense of community just during that hour that I was there was something I really wanted to be a part of.

Holly admits to feeling “fearful...coming in as a newbie, but people had already established quite a bit of relationship,” and she aspired to belong to a group like this. Holly feels “vulnerable” with not knowing or having a “place” yet within the group. The space in Circle makes her “terrified....intimidated” (Holly) and reveals her fears, growth edges, and vulnerabilities. Holly expresses that in

the midst of her vulnerability she remembers wanting a stronger sense of being comfortable like others seemed to be, of wanting to belong. She shares experiences of pain when speaking in groups, experiencing conflict, or feeling that she has “nothing to contribute” (Holly).

For Holly, there is a poignant desire for pulling connection toward herself, contrasted by the pushing away from others because of vulnerability, separation, and the pain of feeling unsafe. The struggling for Holly seems to reveal conflict between the intuition of her heart desiring communion, belonging, and feeling safe, yet her mind being filled with fearful thoughts and perceptions that seem to keep her feeling unsafe, acquiescing to a sense of separateness, and seemingly trumping her heart.

Some participants express how they avoid their experiences of vulnerability. Others share how the Circle venue can engender terror and feeling exposed and how they use self-protective behavior so as to not experience the shame of not feeling good enough. In order to avoid feeling vulnerable, individuals find themselves emotionally shutting down, reluctantly sharing their voice, blaming self or others, or disconnecting by telling themselves that they don't care when they really do.

I thought something was “wrong” with me that I would often times experience significant anxiety in Circle. I'd have this fight or flight reaction at times and can remember times that I felt out of my body, couldn't think straight enough to form logical thoughts. My heart would race if I had to speak. And I was so frustrated with this reaction and wanted to just get over it, have enough confidence to contribute. Finding my voice in Circle was my growing edge (I still think it is). Part of this anxiety, I know, goes back to my own, old fears about sounding “stupid” and just not being as smart as everyone else in the room.... I was...intimidated...scared....

I wanted to be more like them, and I also felt anger towards them. Because they couldn't read my mind? Because they just couldn't seem to understand the stress I was under? Because I didn't want to cause conflict or offend anyone. I was so often frustrated that I didn't have the words or courage to speak up. And I was even more frustrated that I couldn't even seem to find the words to express what I knew/felt even if I had the courage. I felt like a deer in headlights most of the time.... I certainly remember hesitancy and reluctance, mostly out of fear of being vulnerable in that space. (Holly)

Holly's experience of vulnerability seems to be one of frozenness, like a doe in the middle of the road at night, fully exposed by the flood lights of a speeding vehicle heading straight at her. Yet despite this frozenness, her mind is exceedingly active and struggling to escape harm, desperately looking for a way out, or even to scream with fear, anger, or shame. Within that frozenness there seems to be a build-up of energy becoming pressurized, expanding, and needing release. Perhaps the car will not stop and drastic measures will be necessary to stay safe. On the other hand, perhaps the car's driver, aware of the doe, can carefully slow down to a stop, wait for her to make her move, hold the space, and allow her to be.

Feeling safe and comfortable requires a sense of trust among the Circle participants. The Circle guidelines are felt to ensure the development of trust. *Trusting the process* is a phrase often used by the participants. Once participants get more experience in Circle, they get more comfortable with the process and had fun doing it.

In my mind, in Circle, fundamentally...there's a place where trust is so vital to the process. And without that it's pretty impossible to feel really connected. How can I say this? So many times in Circle...you *know* the experience is "I'm *heard*. I'm *safe* here. I *trust* these colleagues. I know I'm *held* in a way in this Circle and I know I hold *others* in this way in the Circle"...and when this doesn't happen, it's

almost *worse* in some ways. It's not worse, it's a more vulnerable position, I think, of like, "alright, here I am, in all of my humanness, which might not be my best"...and then being *shut down* for that in some ways.... Then it is really hard to show up and then it's *really* hard to feel connected. And not only that, you just go to this place like, "oh, I'm *done* with that.... I don't really want to be connected." And then you're not just outside of the rim of the Circle, you're outside the room. (Solas)

When the trust is not there, the process breaks down and discomfort, vulnerability, disinterest, and disconnection take over. In this case, the collaborative process becomes short circuited.

Once the trust is cultivated, the foundation for comfort and safety is built. As Heidegger (1973) mentioned, we have been acculturated to fear the unknown of space, to try to predict and control it. In Circle, knowing that one can expect respectful sharing and spacious engagement seems to make it easier to risk and accept the consequences.

Trust...well, I think it comes, for me, of some sort of acceptance of willingness to live with whatever consequences. So trust is, um, enough security just to put myself out there and to say if I get good feedback great and if I get bad feedback that's going to be OK too. But knowing that the more honest I am, for better or worse, I think honesty always comes through. So I think the trust comes in the honesty piece of knowing what is going to happen or not, you know.... I think it is just losing fear and not having fear. Fear to me is simply the unknown that could happen. And it's OK, the unknown is OK. (P)

In our culture, trust is a skill that has become suspect, where letting go of control, and trusting is often seen as weak. P argues that it is a sign of strength:

You just have to trust the process; it gets easier. The more you let go, the more it comes back. I heard something once that used the analogy of a circus performer, the aerial artist, that before you can get to the next one you have to let go of the last one. So, there is a period of trust where you are letting go of one bar before you grab the other and you're not holding on to anything. That visual has

always sort of stuck with me. If you don't trust that *gap* of nothing to hold onto you can't get to the next place.

Considering the analogy of the aerial artist, the gap could be equated to the space in Circle, where one takes a risk in trusting the space between one step and the next, between words, sentences, or conversations among participants. Taking a risk calls for courage and yields a gap, a place of uncomfortable groundlessness, where one trusts or waits in space for an outcome. When the space is well-prepared and safe, one can trust that whatever the outcome, there will still be acceptance, appreciation, and respect.

*Minding the gap* is a term meditation masters teach in developing mindfulness-awareness. It suggests that there is a gap between our experiences or feelings and the stories that we tell ourselves about the experiences or feelings. For instance, if the experience is fear then we have a choice about what meaning we attribute to the fear and how we will respond in a situation. The gap might engender a space for reflecting, or a place for accessing wisdom, or for choosing our responses. Often our choices for responding are linked to our previous conditioning or horizons, or our need for predicting and controlling. Ironically, the gap could be representing a space “in which profound chances and opportunities for transformation are continuously flowering—if, that is, they can be seen and seized” (Rinpoche, 2002, p. 109). Hence, to what level we remain comfortable or vulnerable is up to us. Ultimately, we actually do have more control over our experiences than we imagine.

Changing our responses can be experienced as uncomfortable and risky. Changing how we relate to others and challenging the status quo are brave

endeavors. This is especially true in the difficult healthcare environments fraught with mistrust, negativity, and entitlement. It takes courage to cultivate spacious environments, to expand the view of our own horizons, or to allow ourselves to be open and vulnerable. It takes courage to make a *choice* to be in the world differently—with authenticity, compassion, mindfulness-awareness, and discipline. In this respect, courage and trust become essential characteristics for culture change—by shifting the way in which we operate (Scharmer, 2007). As P states, “[Circle] could transform health care...just from the inside out.”

We might remember that the definition of comfort has the qualities of strength, togetherness, relief, consolation, and solace. Cultivating the courage to take risks seems to be a strength used in the context of community and yielding a sense of freedom, comfort, consolation, and solace. Participants explain the notion of comfort as related to trust and generating a sense of peace and relief. Choosing courageous action within the gap between feeling and the stories we tell ourselves is a way to perpetuate growth. As P suggests, “Bravery creates more bravery, I guess. It’s self-generating.” Solas adds that courage creates community: “We felt brave together.... We realized that we were all a *we*.”

P experiences a growing of trust in herself, others, and the Circle process; she also appreciates *being* trusted. Circle provides the space to feel more comfortable with herself, to acknowledge her vulnerabilities, and to grow from there. She begins to trust herself and “found a comfort zone to say this is who I am and who I am not” (P). Being trusted fortifies P’s confidence; “I found my voice more easily and I could speak up in complicated meetings.” She begins to

try new things and risk failure, to let go of fear of the unknown and performance anxiety, to allow herself to be honest, and to let others see that she is “human, too” (P). Trust and comfort strengthens P’s experience of confidence and vulnerability.

As Holly experiences feeling safe and comfortable, her struggle with vulnerability subsides. She says, “I could feel my own anxiety going down” (Holly). Her relaxation into the process enables her to develop a new horizon of feeling more comfortable to share her story with others and to “speak freely” (Holly). Physically, Holly notes her “nervous system responses slow and calm...not worrying about if I’d be judged.... I allowed myself to express emotion in the presence of other people.” Holly’s sense of safety and comfort allow her to trust, take risks, and be vulnerable. It also brings her body back into a more healthy balance.

In *Enigma of Health*, Gadamer writes about anxiety as being when “a person has a distance from their own self” (1996, p. 157). Holly reported being quite familiar with anxiety; therefore, being at distance from herself. Her process of self-understanding brought her to a “place/space of knowing herself and becoming more comfortable in her own skin...a coming home...a new horizon... freedom.”

Though Gadamer does not write about comfort, he does write about the notion of familiarity. I posit that what feels familiar feels comfortable. The opposite of familiar is strange, foreign, or distant. Holly’s estrangement from herself is embodied in her vulnerability. There is struggling between being



authentic and distancing from others. Gadamer (1998) writes, “The theory and also the practice of understanding and bringing to language the alien, the strange, and whatever has become alien...may help us gain freedom” (p. 149). In the text, Holly gives voice and language to her vulnerability; she allows it space in which to be understood. The understanding is then incorporated into her and becomes familiar and comfortable, expanding her horizon and liberating herself from self-protection.

Further exploration into the phenomenon of comfort from a Gadamerian hermeneutic perspective uncovers Gadamer’s (2004) notion of evolving horizons progressing towards freedom. According to Gadamer, the notion of an individual’s horizon incorporates tradition, historical consciousness, and one’s prejudices or pre-understandings. Tradition and historical consciousness are one’s relation to and awareness of one’s past history, which extend the idea that one’s horizon is familiar, known, and comfortable. One’s horizon is constantly evolving as it comes into contact with the horizons of others, new conversations, and new experiences. The new horizons of others or situations initially are unfamiliar, strange, and uncomfortable. When faced with the horizon of others, an individual’s prejudices, or pre-understandings, which may be positive and negative, can either enable or limit further understanding and new horizons (D. Spence, personal communication, May 14, 2010). That said, perhaps it is within the practice of Circle that unfamiliar ways of reconnecting will become familiar and comfortable and lead to freedom.

Experiencing nurturing. Experiencing comfort is also described in terms of nurturing and feeling *natural*. In contrast, sometimes the nurturing induces some struggling with vulnerability. Solas describes her first encounter with Circle as “Ahhh! It felt like coming home...feeling part of something that had a sense of sacred process.” She is so comfortable in Circle that she finds it “difficult to believe that it was not a model that might suit everyone” (Solas).

Another participant finds that the gathering of “just nurses” (Holly) was comfortable and empowering. It was

a very nurturing experience.... I was able to reconnect with why I was there with a sense of pride in *being* a nurse.... It was a smaller Circle...a little bit more intimate.... I felt very supported.... I felt heard.... I felt like the wisdom that was offered and the suggestions came from a real place of wanting to help nursing succeed at the Center. (Holly)

One participant shares an experience that made her feel extremely vulnerable when receiving positive feedback from her peers. In spite of the intense pain from the experience of listening and enduring appreciation from her peers, Canada changes her understanding of who she is.

*That* was the most powerful thing I have ever experienced, *my gosh!* Instead of speaking about your experience as we had for five days, just hold the talking piece, this time, you were going to *listen* to what people had to say, what they *appreciated* knowing about you, what the contributions were, what they liked about what anybody said or did while they were here. Actually it’s harder to receive than give for me. With me, I can tell my story and I just love listening to others, and again, letting things resonate. And what am I learning from that story, how that’s affecting me emotionally, a lot of introspection when you’re listening to somebody *else’s* story. Then when you’re hearing what other people have to say, and again really impacted me into the point that I don’t think anybody in this group is going to say *anything* about me. There’s nothing to say about me. You know?? [Her voice trembles.] Probably things that I knew but just never acknowledged about myself. Well, I can’t call them strangers at that point. I think it was the heart, the

compassion, [her voice wells up with emotion] the dedication to sick people, to *wanting* to heal. That's what they got from me and *loving* so kindly. And, yeah, it kinda just *overwhelmed* me, and flowed like huge waves of appreciation. I think it's too much [she laughs]! You give and you have to receive. You give, give, give but it's hard to receive. It wasn't like I didn't understand what they were saying about me, I know that in my heart that's what I'm like. But it's *hearing* it, really, *really*.... It was amazing. Because you'd listen and you'd be looking at—it's like they were vying and talking over each other to get what they wanted to say to me. I thought there'd be nothing to say [she says matter-of-factly]. (Canada)

In Circle there is a back and forth flow of giving and receiving. Canada is not alone. For many nurses, receiving care or positive feedback is difficult. Being cared for can get at “your core” and render one potentially being seen as vulnerable. Is it possible in our heart of hearts that we want to be seen, yet it can feel overwhelming when we are? Are we covering ourselves with armor in the service of protecting our tender hearts from feeling vulnerable? How is it that what we freely give to others is so difficult to receive? How is it that good can feel painful? Listening to others' perceptions of Canada brought her to a new horizon of being, where her essence can be acknowledged and unconcealed.

Holly notes there was a lack of congruence between how caring individuals were in Circle and how the same people were ‘bullying’ or hostile outside of the Circle. This leaves her struggling with trusting and being vulnerable in and out of Circle. This lack of congruity eventually led her to resign from her job.

It was difficult to sit in Circle and talk about Reverent Participation, when outside of the Circle, her actions were often the opposite. I often found myself walking on eggshells at work and that frustration, fear, and ultimately, sense of defeat came with me to Circle...The most important piece of weaving Circle into an organization, I believe, is to follow the guiding principles even after the Circle has come to a close.

Holly's experience is not isolated. The lack of congruence between how we say we treat others and how we actually treat others is a common concern. Would the dynamics change if we all recognized each other's vulnerability (Lashley, 1994)? To further this dialectical analysis, I wondered about how we protect our own vulnerability and how that impacts our experience of relationships and job satisfaction? Does our experience of protecting our vulnerability perpetuate our own estrangement? If we choose not to acknowledge each other's pain or create space for its expression, is it because the pain of others reflects our own experience of pain and vulnerability which we are working hard to avoid? Would our experience change if we made time for voicing our own stories or hearing the stories of others in protected space and where vulnerability could be seen as strength?

Experiencing community. Participants express that having the space to say what they are feeling and know that others may be having similar feelings make them feel comfortable and closer to each other. One participant is able to let go of her assumptions, her prejudices, and to "my own surprise, my mind had to open up a little bit...what I learned about these people is *incredible*"! Everyone taking risks together, opening up and sharing brings a sense of community.

Another participant describes the experience of community as being "proud to be part of a profession that that is at the heart of [health care]..." and its "sense of community and camaraderie between nurses". Participants report that the sharing of vulnerability and trust seems to yield a sense of connection and belonging to their profession.

In contrast, the success of Circle at one hospital seems to engender vulnerability from those who choose not to engage in the Circles. These people tend to ridicule the notion of Circle.

Well, you know it's interesting, in some ways it affects from that 'you think you're better than us', which is an interesting way of looking at the work. That's some of the human response too, that comparison thing...Yes. That box of less than, more than or if you're good that means that I'm not as good. I can't celebrate your success because then it makes me feel less, which is a whole interesting human phenomena. (Co).

Participants voice the experiences of others' unwillingness or reluctance to practice Circle. As described earlier in the subtheme of gathering, there are individuals who refuse to participate or they sit passive-aggressively outside the rim of the Circle. As well, there are those who "mocked the process by humming 'Kumbaya' and making sounds like an OM" (Solas); made "snickers or rolled eyes at first" (P); or who "laughed and said sarcastically 'Good luck'" (P)! The cynicism seems to herald a feeling of not trusting such a process of interaction. Some individuals do not resonate with Circle practice and, at some point, choose to not participate, a choice which is best for them and perhaps for the group. In these instances, there seems to be an awareness by others of the connections made in Circle, engendering others to feel separate or less than. They perhaps protect their vulnerability by criticizing and being sarcastic about Circles. That said, being on the receiving end of the aggressive reactions, Circle participants reported feeling dismissed and self-protective.

Decision-making. Consensus decision-making in Circle, while different, brings experiences of comfort and vulnerability. Holly expresses how she used to think that the uncomfortable authoritative and intimidating style was how leaders

should behave. It makes her and others feel “like their needs aren’t being met, this is a situation that they don’t like the way that the decisions are going”. There was a time when she felt that to *not* behave this way would make her “look like I was weak or didn’t know what I was doing, that I couldn’t act as a leader”. As Holly finds her own leadership style, which feels more comfortable, she identifies her Circle experiences as a way of learning to incorporate a more relationship-based collegiality.

As Holly describes her leadership style, comfort is a part of how she wants her staff to feel about their work, “So, I think part of my practice is also creating a space for the staff to feel comfortable, safe and able to perform their roles while they’re here...establishing relationship...gathering information...creating a sense of trust...working *with* them”. Another participant’s staff cannot believe that her Circles were actually staff meetings.

Other participants concur with how Circle positively affects their practice and leadership styles. Participants’ experiences of authority prior to experiencing Circle, was one of dogmatic power in the post-modern sense. Gadamer acknowledges this as mediation between the past and present and the application or praxis of authority.

In contrast, Gadamer defines authority as a hermeneutic process of “a form of validity which is genuinely recognized” through reflection, not related to power or force (Gadamer, 1996, p. 119). Within the Latin-derived word for authority, are the meanings of dignity and insight. In addition, Gadamer might have applauded Holly’s “self-criticism” as the “ability to recognize (her) own

limits...the foundation of all genuine authority..." (Gadamer, 1996, p. 123). In her process of self-understanding, Holly becomes an authority on herself and her relationship-based leadership style.

The consensus-based way of decision-making is reportedly comfortable for some participants. Specifically, they experience comfort in how well-considered and sustainable the end results are, and how their input is valued and appreciated. Having a voice in decision-making or about issues of concern changes their experience of their job. They feel more satisfied, comfortable with the process and the outcomes.

The consensus-based way of decision-making also frustrated managers because of not wanting to give up power and control by using a non-hierarchical process. Circle's departure from the known and expected creates a sense of struggling with being vulnerable and "fearful of new ways and ideas". They express feeling instead that they "need to answer the problems and find solutions for themselves". One participant expresses that Circle "goes against the 'old way' of doing things which are mainly – sit and listen and abide with the hierarchy and seniority of nurses in the group".

The need to self-protect during Circle decision-making can seduce individuals into reacting in their habitual patterns; to impose their needs for resolution on the group when their "different agendas" were not being addressed, regardless of whether their agendas benefit the well-being of the group or not.

In addition, the different use of time and space engender a struggling with vulnerability. Participants recount examples of discomfort with slowing down

interaction and a slower pace of change due to consensus voting. Their comfort zone is communicating “daily in a concise, clear manner in their own language and terminology”, giving nursing reports that are quick and to the point, or feeling pressed to get back out on the nursing unit. There are also concerns about the costs of holding Circle meetings.

From a Gadamerian perspective, conflict, problems and struggles indicate a coming up against unfamiliar horizons and prejudices. The flexibility or rigidity of these prejudices can determine how open or not one might be to fusing with new horizons and developing new perspectives.

Among our participants, feeling comfortable in their work places feels valuable and needed, yet for many it is not a safe milieu for risking being seen and heard. Perhaps the moral ethic of true connection that is living in their hearts is difficult to put in to action because of the fear of excruciating pain and vulnerability. If they unburden themselves, taking the risk of being seen for whom they are, might it become clear that they aren't perfect, that they have limitations and faults that accompany their strengths? Might they have a fear of being found out to be imposters, with weaknesses which extend to their professional expertise? Might they open themselves up for others to be harmed? Perhaps the verbal weapons are too sharp? Would their colleagues use their vulnerability to perpetrate or exercise power over them? Might they come, again, to experience the shame of not feeling adequate or deserving of connection or comfort?

In sum, as the participants sit within the space of Circle, the dialectic experiences of comfort and vulnerability arise. It seems that within space,



comfort and vulnerability are inseparable, both always there, in an ongoing flow of rising and falling away. Space can accommodate all polarities of positive and negative energy. In fact, Gadamer claims understanding as a dialectic and an ongoing effort. The Circle's strength can be to negotiate the dualities and bring balance, compassion and understanding to the fore. Experiencing vulnerability can be seen as strength, though our culture rushes to avoid it. Vulnerability can be seen instead as an energy indicating the need for a new understanding, which can bring one to the next level of growth – or to a new horizon. If the people in the space, or container, intentionally hold to the agreements, principles and practices of the PeerSpirit Circle and are committed to humanistic outcomes, there can be times where sitting with the vulnerability is essential for the individual and group maturity.

### Presencing

The experience of being in Circle helped me to really embody a different way of being with patients...and colleagues.... If I'm thinking of being behind, a million other things I have to do, I can't be in the *chair*, I can't *listen* in the same way. (Solas)

The experience of Circle brings opportunities for people to gather all aspects of themselves, body-mind-emotion-spirit, and to mindfully practice being fully present. The participants describe this as the experience of presencing, which manifests in embodiment and transformation. Presencing is described in terms of experiencing different types of energy, potential, power and as a merging of independent agency and communion.

Gadamer describes authentic presence as “wakefulness, being-in-the-world...something which fully occupies a kind of space” (Gadamer, 1996, p. 74).

Authentic presence is also defined as a practice of genuineness, self knowledge and the ability to self reflect; a congruence between values and behavior; caring communication; vulnerability; interacting with empathy, respect and reverence; emotional maturity; being in the moment; and being honest with oneself and others (Shapiro, Carlson et al., 2006; Scharmer, 2007). Presencing is a skill nurse theorists describe as essential to the practice of caring. Being authentically present is described as a “self-in-touchness” that involves using all the senses as a means to understand (Paterson and Zderad, 2007). Parse (1999) suggested authentic presence as “a calm-turbulant struggle of risking being available, while birthing a moment of communion”. Humanistic nurse leaders recognize the importance of knowing oneself in order to care well for others. “We meet ourselves in the space where we meet our colleagues and patients, that safe emotional space is what we create with another human that is the gift...” (Watson, 1999, p. 322).

Within the word presence is the Latin *esse*, whose etymological root means “to be”. It is defined as “demeanor, carriage [in a dignified manner]...a spiritual or incorporeal being or influence felt” or being perceived as present (Oxford English Dictionary, 2007). Indeed, as we will understand later in this chapter on space, participants acknowledge how being corporeally present individually and as a collective, seems to yield a sense of an incorporeal sacred or divine presence. This sense of sacred presence is described as an experience of something bigger happening that is beyond description.

Presencing cultivates trust and a feeling of safety, which allows for the expression of individual vulnerability and emotional content. As Holly shares, Circle brings a different quality of presence where it is “much easier to take risks when you see everyone all around you are taking them....not being the only vulnerable one is much easier”.

In this study, presencing is not always easy. Presencing can bring awareness of great discomfort and vulnerability along with a continual jockeying for a comfort zone. It is manifested in the shedding of self-protecting behaviors, or letting go, which allows for connection with others and the springing forth of individual and collective creativity. Thoughts or feelings to be let go of are those which pull the focus from the here and now, e.g. past or future concerns. In her interview, P speaks often of the importance of being able to let go and surrender to the process. Essentially, the letting go is an opening of space, an opening to the gap of potential.

Presencing is a process of embodying all aspects of oneself. Solas notes that when she and others are palpably present in their bodies and in the room, she feels better able to hold her seat, feel held and to hold others in the way they hope to be held. “Sitting” in Circle grounds Solas and that is where, after four decades, she begins to occupy her whole being. Circle

made me slow down...feel my body in my chair, to feel more in the present moment... and then from *there* it is a different kind of *listening*, a different kind of interaction...my body sort of leaning forward and listening...my feet were on the ground, my ears were open, my heart was open, I could bring all of who I was – or more of who I was – where before that, I don't think I was even there...I was *probably* present...I think Circle just gave me *practice* on how

to do that...the energy changed and it became a...more mindful practice. (Solas)

By practicing being in her body and using all her awareness, Solas “knew...the rest of the day all of us are going to have a different experience, for having *this* experience now, this sort of getting grounded in the work that we do”.

Solas also notices that she brings that into her work by

making a conscious effort ...when I put my hand on the door knob before I went into the exam room of the next patient...I was more present and I also could be more of who I am as a person not just as a role. (Solas)

Presencing is discussed in terms of qualities of energy, where the pulling in of various aspects of self to be present seems to have transformative effects on the individual and the group. Throughout the transcripts participants use the terms of energy, potential and power to describe presencing.

Participants depict Circle energy as something that can be harnessed, contained, channeled and that can re-energize individuals, gather momentum, and facilitate transformation. It gathers and holds all the faces of energy. The Oxford English Dictionary (2007) defines energy – “the ability to do work or capacity to produce an effect”.

That channeling of energy is found to be

just so propelling...it created its own energy and it was the one thing that gave me sanity. If I hadn't had that, I couldn't have stayed as long as I did. I couldn't have gotten the energy from the interaction and felt the connections that were happening. I mean, THAT kind of, hearing about those things [empowered interactions of nurses] that I wasn't a part of gave me energy in a way that kept me going and could make me live through all the drudgery, pain and misery of those jobs”. (P).

She adds “Circle gave me *such* good energy”. Hence, the presencing which occurred in Circle seemed to be inspiring.

Presencing is experienced in the rituals of breathing and check-in. Intending to be present shifts the energy of scatteredness and superficiality in positive ways.

I remember sitting in a hospital group... and the energy was everywhere. We had people who just wanted to jump right in ‘let’s do the and let’s do this’...and other...it was just *scattered* energy...We need a container for this energy because it was going in every which way...there was a lot of energy there and ...this was a way to focus our energy and brainstorm things and make something happen. (Solas).

Energy is seen to be “just transformative...gives me joy...I wonder what it is but I think its energy creates more energy”. Examples of such transformations are how in one Circle a nurse could walk in being alienated and marginalized and leave with being embraced by the group; a nurse goes home to a son she has been alienated from for years and has a 3 hour conversation with him; nurses arrive with “the weight of the work, the weight of the never-ending challenges” and leave with a strengthening of a sense of “camaraderie or sisterhood when it happens...(or) a completely different perspective of something that is so heavy and so onerous and so *impossible* to manage, becomes something that can be contained and supported and just feel a lot lighter”.

Energy related terms are used when P is asked what feels familiar or different about sitting in Circle with other nurses. She responds, “familiar is a wavering energy of anticipation to start and a settled energy of connection at the end. *Different* is every voice seems to be heard and in equal amounts”.

Solas shares her realization of how “not present” she used to be in her professional practice. “You can always feel when someone’s energy is not there. And I notice it when mine’s not there”. Circle is an intentional container for such understanding to emerge. One compelling example is when Co describes that by teaching people to become more present in Circle, they became aware of how not present they have been in their practice. They are “amazed” that they had forgotten

about the real essence of the work...They’ve forgotten that’s why they became a nurse. They really and truly wanted to help people. But our everyday environments don’t give voice to that...if you don’t take the time to spend *paying attention* to the real human connectedness of our lives, then you miss it, you really miss it.  
(Solas)

Solas begins to notice herself as “more present” and that “*in this moment* that is very *unique*, there’s an opportunity for something to happen. I never saw it that way before”. This kind of presencing seems to engender a sense of responsibility to make something happen.

This notion of potential for “the opportunity for something to happen” as it relates to presencing seems relevant to highlight. Within the space of Circle, the practice of presencing is reported to nurture a sense of trust and therefore a willingness to be vulnerable and take risks. The practice of new ways of being within the Circle structure, such as taking risks, seem to ignite the *potential* for a powerful experience into an *actual* powerful experience. As Solas suggests, Circle has the “potential to gather our great human energy and great creative ideas, allowing intuition to happen and answers to be found...if we do it right, it’s

great, it has *huge* power and potential"! Hence, presencing in the space of a container supports the access to unlimited creativity and wisdom.

It seems unless one is authentically presencing, a person or a group is only a potential. Presencing with body, mind, emotions and spirit seem to be the spark that ignites the power of Circle. Circle guidelines create the conditions for the ignition to happen. These conditions unleash the potential into a power within self, others and the process. All have potential to contribute but unless one is fully presencing and actively engaging in the process s/he is just a potential, treading water, stuck or running on autopilot.

When human beings are present and focused on the work that is there to do and *understand* that something...you know, it's the collective mind that we're looking for and the new information coming in – whether that is from an *intuitive* sense, or call that *Spirit* if you want to...something different happens than if we just go through the steps...it's more impassioned in some way...it's more real...it probably has more *integrity* where we get to...more *honest*.  
(Solas)

The notion of presencing holds integrity and honesty which seems to hold power and “get us where we need to get to faster”. The word “power” is described in positive and negative ways. The positive connections are portrayed as, “the power of circles”, wanting to “empower other people”. The negative connotations are attributed to physicians or administrators as “power brokers”, the “power structure of leadership”, those in powerful positions, “power struggles” or “disempowered”.

One of the definitions of power is “a movement to enhance a status or influence of a specified group, lifestyle” (Oxford English Dictionary, 2007).

Empowering means to endow with the ability or power required for a purpose or

task; enable, permit, invest with power (Oxford English Dictionary, 2007). P says, “I really tried to empower other people...” and give them “more tools, more ways of understanding...see them grow...I don’t know, something about their energy growing and gives me more energy”.

Inspired by the notions of energy, potential and power, I had a conversation with an Electrical Engineer about how they were all related (W. Barry, personal communication, July 10, 2010). He used the example of the engine of a car, starting with the gasoline tank. The gasoline tank is a safe container holding the gasoline. The gasoline is potential energy, stored energy. It has tremendous potential to be powerful but, without a spark to ignite it, it is only stored energy and the car cannot go anywhere. The spark, initiated by the turn of a key in the ignition, is a small amount of focused energy and is the agent which can release all the gasoline energy...a tiny bit of energy harnessing all the *potential* in the gas but controlled within the mechanics of the engine. The spark within the engine is not random and happens with the direction of the timing belt and distributor. With this ignition, a small amount of energy leverages the larger power of the gasoline. He defined power as a useful outcome of work. As momentum increases, power is realized in a controlled way versus through an explosion.

Using the car metaphor and applying it to Circle process, I would posit that the key to the ignition are the guidelines of Circle. The guidelines provide the particular rules of engagement. Circle is the safe container holding the potential of the participants. Turning the key creates the spark, which, in Circle terms, is



the focused energy of intending and presencing of an individual interacting with person, and more persons. The spark/voice is not random, it is intentional and multiple sparks/voices create a conversation and the human engine hums. Presencing to conversation could be the most important cornerstone in the foundation of Circle process, where a spacious dialogue between voices could unleash the potential/power within self and others. This is true of the participants in their experiences of space in Circle. All have potential to contribute but unless individuals step forward to be part of the process they are just potentials *and* running on autopilot.

It seems that there is power in a conversation. According to Canada, the power seems to develop through the expression of “truth”. Solas also discusses the notion of power as having “the potential to gather our great human energy and great creative ideas, allowing intuition to happen and answers to be found...if we do it right it has...huge power and potential”.

The notion of agency and communion is illustrated in how each individual’s full presencing in Circle affects the power or outcome of the work. One outcome seems to be the phenomenon of “the collective mind”. This “collective mind” seems to magnetize resonance, synergy and inspiration and is likened to the “idea of two guitar strings...vibrating at the same frequency...it can lift that [lower] vibration” (Solas).

When the “collective mind” emerges, new energy and creativity are said to abound.

I’m hearing and listening in a way that has a different quality to it...more impassioned in some way...it’s more real...probably has

more integrity...more honest...the work feels important...there's, of course, greater connectivity...you feel part of something, connected to it...nobody was checked out. (Solas)

It seemed that when all are present and engaged, the quality of the product is stronger. The outcome is described as

where we came to a new level of knowing or understanding – whatever the topic was – you looked around the room and I could feel it in myself, my cells buzzing in some ways, but you could see the brightness in people's eyes, nobody was checked out...that's when the great inspiration will hit! ....You know, like 'Whoa! There it is! That's what we were looking for! (Solas).

Gadamer's (Gadamer, 2001; Gadamer, 1998) perspectives on reconnecting with one's own vital instincts and discovering freedom seem to correspond with the experience within the form of Circle which allows for genuine presencing and expression without judgment or constraint; where one can exist authentically with self and others; where one can feel at home with adequate space and safety; and where there can be a realization of authentic community, a fusion of horizons and resultant new understandings and outcomes. Presencing seems to grow awareness and potential in self and others and reconnects the participants with the meaning of their work. Presencing seems to strengthen congruence between their values, behavior and action. When all present in Circle are doing this, an intangible quality of collective presencing emerges which seems to yield a power beyond concept, something "bigger than we know". As Solas said,

so that's the power of Circle, I think, to *contain* that and to sort of hold a container for that kind of information to come through...a collective mind...when people 'get it' at the same time...I felt we are *all* doing this important work together. (Solas)

In summary, presencing seems to engender an appreciation of the textures within the openness of space. Presencing enhances the use of all six of our senses, and reconnects individuals with a sense of meaning and purpose. If one is not wholly present, s/he is absent, not really there and unable to harness the energy, ignite the potential or access the powerful outcomes and wisdom necessary for growth or transformation. The presencing of one's whole being in communion with others inspires the nurses to grow and appreciate more than they thought possible.

#### Voicing and Listening

*“The enacting of thinking and relationships between personal horizons of individuals into communion, through listening and replying, result[ed] in new understandings.”*

–Gadamer, 2001

Experiences of feeling comfortable, struggling with vulnerability, and presencing are qualities within the space of Circle which seem to be foundational for the experience of voicing and listening. Space is noted to have a character of its own, textures of visceral and sublime experiences that are called “sacred” and “freeing”. As noted earlier, presence can also be a “spiritual...incorporeal being or influence” (Oxford English Dictionary, 2007). This section will explore what voicing and listening in Circle means to the participants starting with Gadamerian philosophy on language and conversation, then continue on to an exploration into voicing and listening, and finish with an investigation into experiencing the sacred and experiencing freedom.

The notion of language is a key component in Gadamer's philosophy as he believes language is a fundamental "element in which we live" (Gadamer, 1998, p. 50) and through which we engage as humans, cultivate presence and form common perspectives. In genuine conversation he believes "we come closer to the truth because we do not exist by ourselves" (p. 49) and that "everyone who understands something understands himself or herself in it" (p. 48). This understanding, though, is always on the way.

Gadamer (1998, p. 50) writes "The use of language finds us whenever we think, pervades our whole experience of the world". Within hermeneutics, language is looked at as the medium by which dialogue and understanding occurs and by which "a step-by-step unveiling of being comes about" (Gadamer, 1998, p. 50). So the notion of voicing and listening is seen as essential in the process of self-understanding and is a step-by-step unfolding of being and becoming.

Heidegger speaks of the term "wesen" as the sway of essential being in its dynamic unfolding (Heidegger, 2006). There is a sway between voicing and listening, as well as a sway within voicing and within listening. Though he suggests we are always somewhere in between within a dialectic, there is a space which can open up to allow the emergence, expression, or disclosure of who we really are. The sway within the voicing can also result in concealing our authentic being, by not revealing the truth of who we are. The sway of listening or not listening can open up space for articulation, reflection and new understandings or close down the possibility of an authentic dialogue.

Somewhere within that sway of voicing and listening, new ways of being are ripening.

Through language conversations can happen which evolve our horizons. In fact, Gadamer calls humans “the conversation that we are” (Gadamer, 1998). This idea is strong within his hermeneutics and represents an enactment of thinking and relationships between individuals who bring their personal horizons into communion and result in new understandings. Engaging in genuine dialogue with another shifts our knowledge base and creates new horizons. These horizons fuse the past/present of each participant and take into account one’s historical consciousness and lived experience. Essentially, Gadamer (Gadamer et al., 2001) believes that “to be in conversation meant to be beyond oneself, to think with the other and to come back to oneself as if to another” (p. 13). P states confidently about her staff dynamics, “*That* was really what was missing was REAL conversation...” Gadamer once told Heidegger that “language is not the powerful word; rather, language is the reply” (p. 112). Indeed, conversation involved the essential need to listen and reply with thoughtfulness, thereby revealing an understanding.

Voicing. The action of voicing is a vital component of Circle. In a strong sense, Circle is about putting voice to relationships with themselves and others. As the participants’ stories progress it becomes clear that Circle is the practice ground for them to have more experience verbalizing, articulating, trust and growing. At the beginning of their Circle experiences, much time is given to the practice of intentional speech, where time and space are offered for formulating

thoughts, honing authentic communication, strengthening new habits and letting go of the old autopilot ways of speaking and listening. Having a voice within Circle seems to be empowering and encouraging a stronger voice within one's professional practice through raising one's confidence to speak, articulating what one's work was and what it means to them.

The texts demonstrate participants who are finding their voices as well as losing their voices. Throughout the interviews, participants appreciate the many ways voices are heard: through stories, ideas, discoveries, checking-in, calling for breaths or space, expressing vulnerability, and sharing genuine positive and negative emotions. The voices can be heard to pray, nurture, and support. The collective of voices "could lift that one voice up" through simple acknowledgment.

As a nurse manager, P continually sought after each voice in the group. "I felt I was the most effective I could be when I would allow people's voices to be heard...I really think that was key". Her staff resonated with this notion, feeling empowered and saying "You just kept us talking. You made it easy to talk".

The polarity of speaking, or having a voice, and listening raises the notion of silence and quiet. Solas notices that too, as she describes "...and quiet is OK...I'd never been very quiet before!" That silence or space is depicted as "feeling sacred".

Some participants express frustration with experiences in hospital nursing where there are experiences of not having a voice. Whereas Holly feels it imperative to hear the voices of her colleagues in decision-making, she also acknowledges her own lack of confidence in sharing her own. She reports many

times where she chose to not let her voice be heard. Individuals also experience losing their voices involuntarily in reaction to feeling unsafe. Presenting to their vulnerability can cause their voices to experience silencing, imploding, lying, collapsing, or shutting down.

One participant describes Circle as an opportunity to finally put voice to her experiences as a practitioner. She is inspired “that we *all* actually had a way to think about that and put *words* to it”. Participants describe how the experience of voicing within Circle seems to encourage having a stronger voice within one’s professional practice. The nature of intentional authentic communication is nurturing the confidence to speak and putting words to things that may not have been articulated before. Such communication is bringing the collaborative relationships to a deeper level and new ways of being were unfolding.

In sum, voicing can be empowering and vulnerability can be disempowering. Voicing is also a way to put words to the experience of nursing and deepen collaboration.

Listening. Gadamer argues that without the fundamental openness of listening “to one another there is no genuine relationship” (Gadamer, 1979, p. 324). The participants express new experiences of listening, feeling listened to, or not feeling listened to. They experience how Circle deepens their listening skills. Canada describes “authentic listening” as “not just hearing someone. Literally having their words vibrate into something that’s deeper than you hear, on your brain. It’s in your heart when you’re hearing that”.

Some share how feeling listened to is a new experience. Solas shares “I’m an introvert, so speaking up in a groups was never so easy for me. And yet, that experience of feeling listened to was a kind of new experience for me”. Feeling listened to also brings experiences of comfort and safety and a freedom from feeling judged. As Canada says, “they’re there for one reason, just to speak the truth and listen to the truth. Not judge, just listen. The power of that alone is an amazing, amazing thing. That’s powerful”. In *Conversations* (Gadamer, 2001), Gadamer discusses how dialogue is “an unending search for truth”.

Solas states that there seems to be a “healing power” where individuals speaking their truth and being listened to can have “a kind of *nodal* experience – like they were going to go away from that and be a little bit different”. Voicing from their hearts and feeling listened to seems to be transformative and feels like a tremendous gift.

In the texts there are many examples of when nurses were not feeling listened to and the kind of self-protective behaviors that came from that. Not feeling listened to seems connected to losing one’s voice, and shutting down. Having “something important to say...and not having it really heard” causes feelings of vulnerability and wanting to disconnect. Not feeling listened to seems to engender feeling like no one cares. Not feeling cared about is said to be traumatizing and frustrating. “Alright, here I am...in all my humanness, which might not be my best” and feeling traumatized when she trusts others to acknowledge her humanness in some way and they do not. “Well maybe nobody cares about that so I’m probably not going to say *that* again!” The lack of caring



communication seems to bring feelings of anger and aggression to the fore and break down the collaborative process.

The practice of authentic voicing and listening creates a milieu that can handle conflict. “The more difficult the conversations, like morale and communication...the better it worked. The *harder* the topic, the *better* the outcome. In a way, because of the engagement and the conversation that would happen....It was a much more civil and shared kind of talk than just the few typical outspoken people that dominate”.

Throughout the interview Solas speaks about the importance of speaking, listening and being listened to.

It was such a cool experience to have the floor and when it was my turn to speak...from the heart... and also to listen in that way that we came to call reverent participatory relationship...I was a better listener, and I was better grounded with intention. I could be more present because of the experience of listening and being listened to.

The notion of reverent participatory relationship (RPR) was a term coined by a Sister of Mercy involved in Solas’s first Circle. RPR seems to be lived through language, silence and being. Reverent is an inspiring word that suggests notions of patience, quiet, dignity, letting go of self in service of something larger. Exploration into that word and other derivative words in the dictionary show intriguing themes embodied in the root “rev”. First, reverence means to have deep respect for the character, abilities, sacredness or essence of an individual (Oxford English Dictionary, 2007). The etymological root goes back to the Latin “revereri” with the meanings of awe, respect, becoming aware, fear or caution (etymonline.com, retrieved February 2, 2011). As well, the root “ver” indicates

truth. I wondered how connecting with truth might render an individual into feeling vulnerable and fearful.

Other derivative words of reverent were also intriguing: reverie suggested joy and celebration; reversal suggested annulling a judgment; reverberate suggested reflective echoes; and reveal suggested making something of the divine known (Oxford English Dictionary, 2007).

The meaning of participation suggests “taking part... sharing in an action or condition...possessing in common *with* others” (Oxford English Dictionary, 2007). The word participatory suggests a sense of responsibility and ownership as one becomes involved with another towards a particular end.

In addition to the expected definition of relationship as a natural connection between things or people, is the definition of people being blood-related to each other (Oxford English Dictionary, 2007). Expanding on that notion, if one considers blood a life-force energy, can it be that the life force energy which related the Circle participants is actually the reverence afforded to each other? Are participants nurtured, energized, inspired and kept alive by a relational ethic which mandates we become aware of each other and treat each other with deep respect and awe. How can that, in turn, change the life force energy of those around us?

In summary, space provides a safe container for the practice of voicing and listening. Participants express the importance of having a voice and feeling listened to. They also acknowledge experiencing the pain of losing one’s voice and of not being listened to. The notion of Reverent Participatory Relationship

seems to describe the aspiration to the process of voicing and listening. In addition, the gathering of all the voices and deep listening results in a sense of power, empowerment and transformation.

### Experiencing Sacred Space

I'm not sure I even know what the word sacred means, but...heart, I guess. When hearts connect. There's a hush, people's voices come down...the air feels sacred, it feels *sacred*... 'the room disappears'.... there's something happening bigger here than what we know. (Solas).

Presencing with authentic dialogue seems to inspire an experience of understanding the Circle space as sacred space. This section will explore the notion of sacredness as it relates to the quality of the space, the participant interactions, the fear it can engender and the emerging understanding of the larger picture.

There may be some who object to the notion of sacredness as it relates to nursing. Solas' definition of sacred space within a Circle of nurses seems to transcend any religious connotations, and suggests it as a primordial, intangible, yet palpable sense of presence and meaning. She experiences a quality of presence that is beyond embodiment, beyond description. Presencing with self and others seems to nurture the emergence of a sacred presence in itself. The dictionary suggests the meaning of sacred as something "hallowed, deserving of homage...veneration, respect; protected from violation; dedication to a particular person or purpose" (Oxford English Dictionary, 2007).

The findings show that the texture quality of space changes when authentic dialogue transpires and is experienced as palpable. Solas describes it as "that moment when...the room disappears". The cognitive awareness of the

space interestingly seems to disappear and the quality of interaction is focused, present and timeless, as if there is no one else in the world. There seems to be a healing quality to the experience of the room disappearing. Participants experience being listened to as affirming, validating, feeling valued, and an important part of something much greater than themselves. Feeling the room disappearing seems to describe an experience of unconditional positive regard. Hence, one way of considering sacred space is as a container supporting healing connection.

Voicing and listening reconnected the participants of the sacredness of the nurse's work by gathering a deeper spiritual understanding about what being a human meant.

It's sort of that idea that this work is *sacred*. This is *my* work to do. This is a *privilege* to do this work. And to be able to see beyond one's own small place in the world to something that has greater purpose and meaning. I think that's what gathers. And then from *that* comes a better way to relate to each other, a better way to talk to each other, a better way to share the work, a better way to acknowledge people for the work they are doing. Hopefully to feel more comfortable when conflict happens. That we have a way...we're *strong*...we have a container here that can hold this. I can be vulnerable, I can mess up, I can screw up and people will still love me. So, *that's* what gathers. *Meaning, purpose*, the real reason we do it, ha, the real reason nurses go to work every day against all odds, sometimes – short staffed, complex patients...at our Center when we do it right, it gives us a 'OK, that's why we are working this hard in this work, because it matters'. So, I think that what gathers is that it is bringing us all to this place of, we could call it sacred work, purpose, holy, you know, holy work. So, that's what gathers, a sense of holiness, I think, and then maybe a greater capacity for healing. That's what the potential is. (Silence). I betcha that's what you find out! What else could it be? *Love!* What else could it be"? (Solas).

What seems to gather for all participants is a deeper understanding of the depth and heights of the nursing experience. It is like a spiritual knowing, an

expansive view of the larger human experience on earth. Ultimately, the insights seem to be about connection through the action of unconditional positive regard. Solas called it love. Whatever the term, sacred space was where all could be accommodated and accepted.

The process of presencing through voicing and listening brings with it a sense of grace. Participants call it “holding the space” for each other, which is said to feel honoring. Holding space seems to suggest a merging of space, time, quiet and presencing.

However, the experience of sacred space can be anticipated as threatening. Co recounts one Circle she was facilitating where an individual perceived that the rituals in Circle were based on religion and she was “being forced to participate in a religious ceremony” or something that felt paganistic and was not consistent with her religious values. She therefore chose to not participate in the Circles.

[one woman] passed and didn't say why she passed....She never really got comfortable with us....[She] comes from a real conservative Christian background and it just felt really uncomfortable for her, it felt paganistic....which is interesting, but to each their own...It's interesting that the biggest wobbles have been related to religion...the values people hold very deeply...Now this [Circle] is not promotion of any creator, any religion or religion period...this is about that person and what defines them. (Co)

As expected, her reservations and hesitations were honored within the Circle. Circle as a religion, however, was a misperception. Co reinforced with those Circle members that Circle was a pan-spiritual form of gathering that

was not a promotion of any creator, any religion or religion period. It honored all kinds of spirituality, or none, emphasizing respect and tolerance. There can be agnostics or atheists in this group, this is about that person, it's personal and what defines them....it's

interesting that the biggest wobbles have been related to religion. You know, the value people hold very deeply. (Co)

I began to ponder what is it in the quality of the Circle space which provokes feeling religiously threatened? In Circle we are asked to follow certain guidelines for caring communication, we are encouraged to be genuine, and to practice compassion. I wondered if the feeling that emerges from those conditions echoed what it is like to have a conversation with a higher power, or a worshipped God. Depending on one's spiritual horizon, the texture of space could be experienced as a prayer. Within this prayer conversation with a higher power, what might come forth are moments of feeling genuinely vulnerable, being confused, needing to confess, questioning, or supplicating for help. The prayer might be an experience of silence. Within that prayer there could be devotion, a sense of sacred connection and intimacy. The prayer could feel very private, reserved only for a disembodied entity or priest on the other side of a private confessional booth.

Wanting to understand privacy in more depth, I discovered it to mean "withdrawn from public view or knowledge; without the presence of another person/s, alone; a place that is secluded, unfrequented; being unsociable, secretive" (Oxford English Dictionary, 2007). The need for privacy can also be influenced by tradition, culture and one's generation. I began to imagine the difference between saying a prayer and living a prayer. Saying a prayer is an individual, private, secluded and a typically secret, or unseen, action. There could be a sense of feeling aloneness, or separateness. Living a prayer is sharing one's genuineness, vulnerability and confusion within a community. To extend

the notion further, Circle might be a lived prayer, a way of connecting an understanding of sacredness with our secular lives and not feeling alone and separate.

I wondered why nurses might hesitate to apply the word and meaning of sacred in our work with patients and colleagues. Has western society become so disconnected and compartmentalized that our humanism is only allowed to be expressed in church, or temple, or kneeling at our bedside? Is it not acceptable to be authentic with each other, the people we are trying to live within this relative world? Is it possible that the feeling of sacredness is, in fact, a manifestation of a higher power, helping us to understand our place in the world and find meaning in humanity and the everydayness of our existence? Many of us spend more time at work than with our families. How do we learn our life lessons and gather the full meaning of our existence if our boundaries are so rigid that we cannot incorporate a full understanding of life to all the areas of our lives? Is it unreasonable to expand and integrate our understanding of sacred space into all areas of our lives?

Metaphysical language is used to describe the experience of sacred space. This sense of “sacredness” and “awe” conveys the image of the collective mind/heart reaching a new level of understanding and resonance; the authenticity of being seems to magnetize a new level of understanding of humanity and a sense of “holiness” occurs, a connection with the whole which was “bigger than what we know”. More metaphysical language is used to try to

describe the experiences. “It’s not just us giving that strength, it’s center, it’s Circle, it’s spirit.”

Literally having their words vibrate into something that’s deeper than you hear...it’s in your heart when you’re hearing that...you couldn’t doubt what people were saying...it’s coming from your heart, it’s coming from your soul, your spirit. (Canada).

I would say collective mind and probably collective heart, you know, it’s both. It’s like, you know, you can feel the power and the love of another person for their work as they talk about it...or for my own as I talk about it. I remember going out of Circles thinking ‘Oh, I love what I do. What a *privilege* to sit with another human being’. (Solas).

In summary, the experiencing of sacred space is akin to living a prayer. Experiencing sacred space engenders a special character, a palpable quality which seems present in authentic and reverent connections, challenges our closely held spiritual values, and connects individuals with a sense of something greater than could be imagined. The protected space for voicing and listening provides conditions for sacredness to be experienced.

### Experiencing Freedom

“It broke my heart because I thought that somebody with this much energy and commitment has been held back. So, again...it was like opening up prison doors when you start letting peoples’ voices out and letting them free.” (P).

There is a subtheme of experiencing freedom within the space of Circle. Diverse references are noted which suggest bellicose imagery with freedom from aggressive interactions. As well, authentic voicing and listening evokes a sense of freedom by way of expression. In this section, there will be an exploration into the metaphor of being freed from a prison and the freedom experienced by being authentic.



One participant reports various difficult situations while working in a small hospital out west where difficult behaviors had solidified, tensions abounded and feelings of negativity seemed inescapable. The voicing was heard through screaming and other aggressive verbal banter or passive-aggressive silence. “They [the nurses] had their stories about why things wouldn’t work...” and there was little listening that occurred. There was a feeling of stuckness, like “doing time” in a prison.

It seems that their prison is a compilation of long-held perceptions of how they think they should behave to get what they need and a lack of awareness that they can engage with each other in different ways to realize different outcomes. The foundation of their prison seems to be cemented with a lack of trust; a fear of taking risks and of being vulnerable; of habitual overt and passive aggression in order to protect the small turf that they have. I liken it to a minimum security prison, where they have put themselves into self-protective custody.

As their manager, P’s Circle work may have been facilitating freedom. “We would keep bringing their voices in”. She used Circle in her staff meetings, getting them reflecting, interacting in respectful ways and helping them to get to know each other as human beings, getting past their judgments, irritations and assumptions.

A friend of mine forwarded an email with the quote below just as I was working on this “prison” interpretation. To set the stage, within the Buddhist tradition there is the philosophy that our “ignorance”, a non-pejorative term, is a

veil that obscures our clear view of the nature of reality. It means that we have not been shown that

1. There are other ways to be in the world
2. There is a need to be shown the skillful means by which to escape our suffering
3. Things are not solid and can change. (S. Mipham, personal communication, January 10, 2005)

With a foundation of understanding of the word ignorance, the quote follows by Thich Nhat Hanh:

Enlightenment for Gautama [the Buddha] felt as though a prison which had confined him for thousands of lifetimes had broken open. Ignorance had been the jail keeper. Because of ignorance, his mind had been obscured, just like the moon and stars hidden by the storm clouds. Clouded by endless waves of deluded thoughts, the mind had falsely divided reality into subject and object, self and others, existence and non-existence, birth and death, and from these discriminations arose wrong views—the prisons of feelings, craving, grasping, and becoming. The suffering of birth, old age, sickness, and death only made the prison walls thicker. The only thing to do was to seize the jail keeper and see his true face. The jail keeper was ignorance. . . . Once the jail keeper was gone, the jail would disappear and never be rebuilt again. (Nhat Hanh as cited in Rinpoche, 2002)

P describes many examples of how her colleagues thought they should behave to get what they needed and how they lacked awareness that they could engage with each other in different ways to achieve better outcomes. There seemed to be a veil which obscured their ability to see other ways of being. The Zen Master Thich Nhat Hanh equated the veil to ignorance. “The jailkeeper was ignorance...once the jailkeeper was gone, the jail would disappear and never be rebuilt again” (Nhat Hanh in Sogyal Rinpoche, 1998). In Circle, once the voices are allowed the space for reflection, expression and listening, they cannot go

back to the former way of being. They can be freed from their former perceptions of reality. Through the process of dialogue, progressive empowerment and developing relationships, a sense of freedom was demonstrated in P's staff's feedback and behavior.

Gadamer argues that "language gives shape to the space of our freedom" (Gadamer, 2007a, p. 335). In spite of the many constraints and dependencies present in modern times, such as technology, language has always been the medium through which expression and understanding can happen. Through dialogue, P's Circles helped her staff let go of the self-protective behaviors that kept themselves and others at a distance and imprisoned. Perhaps the unveiling of being and the ability to reflect and reply are equivalent to the opening of the prison doors?

Gadamer (1998) believed that understanding brings a sense of freedom, which is experienced as making "oneself at home" (p. 51). Home is considered where we live authentically without condition or constraint, and where there is space, trust and safety. Gadamer suggests this freedom as being at home in the world, which allows the human will and human capacity to expand beyond previous familiar and historical boundaries and "have their true identity in that common reality" (Gadamer, 1998, p. 77).

Holly states that relaxation into the Circle process enables her to develop a new horizon of feeling more comfortable to share her story with others and to "speak freely". Her experience of feeling safe and voicing her authentic self is like "going home". Articulating herself through language brings her to a "place" or

space of knowing herself and becoming more comfortable in her own skin; a coming home; a new horizon; freedom from her self-imposed constraints, allowing her to be freer to access her full potential and power of being.

Within the Circle container of adequate space and safety, Solas reconnects with her own vital instincts and discovers a freedom which allows her genuine expression and where she shares that speaking from one's heart to the heart of the matter is felt like "going home". This experience of going home seems to engender a realization of authentic community, a fusion of horizons and resultant new meaning and understandings. As Heidegger argues, protected space offers freedom (Heidegger, 1973).

Perhaps an essential aspect of the phenomenon of Circle is liberation, where there is a freedom to engage with others in an authentic way; a freedom to trust; or a freedom to experience open space for new understandings and insights to arise and emerge. Perhaps this freedom is inherent in each human being, where staying connected with one's vital instincts and expressing one's truth supported engaging with others in meaningful ways.

In summary, the voicing and listening that occurs in Circle allows for self-understanding of one's "true identity" which is felt to be freeing. One's potential can also be released (D. Spence, personal communication, February 28, 2011). The participants' experiences of courageously letting go of self-imposed limitations and conditionedness of the past, and voicing their experiences of the present, changes their understanding of themselves in the present and future.

## Theme Summary

In summary, the theme of space was introduced from a Heideggerian perspective and then grounded in the data. Space was acknowledged as both comfortable and uncomfortable. The development of authentic presence seemed to be fundamental to the process of voicing and listening, yielding new understandings and the development of courage and trust. The experiences of Circle were noted to engender a sense of sacred space, release one's potential, facilitate transformation and lead individuals to a new found freedom of being.

### Theme 3: Experiencing Our Humanity

So it could be with the re-awakening consciousness of solidarity of a humanity that slowly begins to know itself as humanity, for this means knowing that it belongs together for better or for worse and that it has to solve the problem of its life on this planet. (Gadamer, 1998).

The Circle is being shown as a means to discover and reconnect us with our deeper humanity. Gadamer (2007a) expresses concern about human beings' ability to sustain humanity due to our propensity to destroy each other. Gadamer (2007a) claims the importance of hermeneutics as a way to begin to appreciate "the powers of commonality in family, comradeship, in human solidarity" (p. 108). He believes that the process of solidarity becomes possible through dialogue, which in turn often reveals new levels of understanding. In addition, he underscores how it is then the individual's responsibility for acting on those understandings. Solidarity, according to Gadamer (2001), is realized through intentional action of setting an example; moving forward or holding back with sincerity. As Gadamer (2001) suggests, solidarity implies an inherent ethical component that extends beyond a passive awareness or an ethic of ought.

Further, Gadamer (1998) argues the incorporation of philosophical hermeneutics into the social sciences will contribute to “a humanity that slowly begins to know itself” (p. 86), by uncovering the truths about what it means to be a human being and a part of a larger humanity. In this findings chapter will be an explanation of Gadamer’s perspectives on humanity, followed by supporting evidence of the participants’ experiences of discovering their own humanity and discovering solidarity.

#### Gadamer and Humanity

In his essay on *Gadamer and Humanity*, Hahn (1997) notes Gadamer’s call to educate ourselves about humanity. From the larger context to each individual horizon, Gadamer’s writing informs us of the importance of scientific hermeneutic phenomenology as vital to human solidarity, and where everyday hermeneutic experiences of authentic human dialogue and reflection become the means. Gadamer (2004) stresses the importance of reinstating the humanities as a worthy scientific endeavor due to its wholistic mode of inquiry and how it reconnects us with our humanity. He proposes the notion of equilibrium and disequilibrium as helpful in developing further insight into the truth of the human condition. In addition, through open dialogue we expand our common understanding of each other and sustain humanity.

Phenomenological philosophical hermeneutics is seen as a wholistic mode of scientific inquiry that furthers human connection. The inspiration for Gadamer to write his seminal work *Truth and Method* (2004) was born out of this concern for the cultural stronghold and limitations of the dominant scientific and

technological paradigm. He writes of science's quest for certainty, quantifiability, control, and power. He wonders how science can try to predict the unpredictable and asks how one can study an irreducible human being in this way (Gadamer, 1996)? Indeed, the prevailing quantitative and reductionistic paradigm of study is loathe to take into account the infinite and unpredictable permutations of the human condition.

Gadamer suggests that hermeneutics play an important role "by clarifying the conditions in which understanding takes place" (Gadamer, 2001, p. 294) by looking for "common ground for conversation, for dialogue, for negotiation" (p. 108). He maintains that the social sciences need to be a searching for truth and meaning in human existence through a process of facilitating understanding of each other within the context of one's historicity and present horizon. Gadamer argues that "only when we get to the point that we understand another human being...will we be able to communicate with one another at all" (Gadamer, 2007a, p. 118). In this way, hermeneutic inquiry becomes a compelling model for understanding the human condition and transcending differences.

In *The Enigma of Health* (1996), Gadamer explores the notions of illness and health, connecting them with disequilibrium and equilibrium. He claims insight into the human condition comes through the "context of pain, illness, and the human experience of lack which this involves" (Gadamer, 1996). He equates the notion of lack with the notion of disequilibrium as with illness. When disequilibrium, or illness, occurs in individuals, it can thereby be reflected in our society, psychology and morality (Gadamer, 1996). Gadamer (1996)

acknowledges the challenge in continually “trying to sustain our own internal balance within a larger social whole [which] requires both cooperation and participation” (p. 81).

According to Gadamer (1996), an example of disequilibrium in contemporary times is how one’s social role becomes more important than self-understanding. We have seen this in health care where employers expect employees to be reduced to just roles, yet somehow maintain their humanity. There is a mandate for compassionate care yet not allow the time for it by favoring technology, efficiency and the bottom line. The favoring of the latter distracts us from connecting with our vital instincts and using them to realize compassion and community.

Gadamer suggests that equilibrium is related to health and “...is a condition of being involved, of being in the world, of being together with one’s fellow human beings, of active and rewarding engagement in one’s everyday tasks...a rhythm of life, a permanent process in which equilibrium establishes itself” (Gadamer, 1996, p. 113). Gadamer reflects on a society needing to work with nature as a way to maintain health in the individual and to sustain humanity. Gadamer points out that in losing touch with our vital instincts, the key to our recovery lay in the opening up of dialogue, engaging with others through language and beginning to access self-understanding. This open engagement brings a sense of strangeness to the fore and through voicing, listening, questioning, reflecting and interpreting, the foreign can be made familiar and



yield new understanding, solidarity and common goals. This new understanding is a growing insight, which Gadamer (1996) terms “intelligentia”.

Intelligentia is known to be a mindful “unveiling of being”. In the *Enigma of Health* (1996) Gadamer reminds us that the Latin meaning of intelligentia is the highest form of insight, superior to rational thought, and is “the capacity to sustain reflection” (p. 54) as we perform a task. Today in the west, we give intelligence a different meaning which has to do with outsmarting nature and using it as a tool to gain advantage. Such an overvaluing of the contemporary definition of intelligence has thrown off our equilibrium, where the wholeness of individual understanding is compromised. Trying to master nature inherently creates disequilibrium.

Gadamer’s notion of self-understanding is to unveil what brings meaning to one’s personal existence. This would suggest that the practice of Circle might assist an individual nurse to reveal an experience of disequilibrium and become conscious of new ways to equilibrate. Gadamer’s deepest dream is that individuals become “explicitly conscious” of their needs and address them. That said, he also acknowledges “...like all insight, it is something which is acquired with great difficulty and by overcoming resistance” (Gadamer, 1996, p. 52). Hence, the journey to self-understanding can be arduous and rewarding.

Self-understanding occurs in relation to one’s historical context. Gadamer (2001) underscores the importance of individuals gathering to dialogue, where the personal horizons of persons come into communion and where there is a potential for a “miracle of understanding” (Gadamer, 2004, p. 292). Gadamer

(2001) offers that “with historical phenomenon – a picture, a text, a political or social event-one is able to see one’s own self in the other, in the sense that through it one learns to comprehend oneself better” (p. 46) and “come closer to the truth that we do not exist by ourselves” (p. 49).

In sum, hermeneutics is a mode of scientific inquiry that assists understanding of the lived experience of humanity. Through the process of self-understanding and dialogue, it is a way to maintain individual and societal health and come to develop common understanding. Accordingly, Gadamer sought to bring hermeneutic philosophy into the fold of social scientific inquiry to strengthen and sustain humanity.

#### Discovering One’s Humanity

“One of the most essential experiences a human being can have is that another person comes to know him or her better” (Gadamer, 2004)

The “practice” of Circle challenges the participants’ self-understanding, or *intelligentia*. Sitting in Circle provides an opportunity for becoming aware, reflecting on and letting go of habitual patterns which maintain separation, experiencing core values, experiencing courage, and growing.

Becoming aware, reflecting and letting go. Being in Circle is calling the participants towards exploring and appreciating new ways of being in the world. Within a safe container, Circle calls them to become aware of and let go of habitual reactions, judgments, assumptions and other traits that are working to keep them feeling safe and in control, but which may really be obscuring the essence of who they are and perpetuating a sense of lacking connection. The

following are two examples from the data of separation due to habit and how Circle process supported realizations which connected them more strongly to their nursing practice.

Holly surprises herself with some of her judging and assumptive behaviors. She reflects that she is delighted that she could have been so wrong about others.

So I think my first realization during that [first] Circle is that I looked around at everyone, I made assumptions about so many people just based on what they looked like or who I thought they were. To my own surprise, my mind had to open a little bit. As each person spoke, so many of them were nothing like I expected! ...what I learned about these people is *incredible*. As I sort of felt like letting my own assumptions go...I could feel my own anxiety going down...I saw each of them as they were...it allowed me to do the same....I could be present for the next person's experience...it helped me to feel connected to all the individuals in that group, they knew a little piece of *me*, which was nice.

Co admits how her experience of Circle facilitated an understanding of being separated from her core values. Though her clinical oncology nursing practice has always one of human-to-human connectedness, she remembers how her experiences shifted as she became an administrator. She became "much more easily caught up in the fret, frantically running every day, way too busy" to understand peoples' back-stories and "never translated or made those same connections about principles" of RCC to her management skill set.

One pattern noted by Co was that in the busyness of her daily work, she and her colleagues did not attend to relationships with each other or really know who they were as people. She had assimilated an understanding that "caring-relationship-building work was less valued and didn't have a role in the administrative realm". She reflects she had abdicated "to the business model"

and “forgot” that “the principles of care-relationship-building work was the same whether one was working with patients or administration”. Regretfully she shares “Wow, I wish I had that awareness at the time”. Co’s experience of this realization changes her way of being and her practice becomes more consistent with her values.

In sum, becoming aware, reflecting and letting go were experiences needed for individuals to reconnect with their core values and glean insight into themselves and their relationships with a larger humanity.

Experiencing core values. “Creating *that* space and *holding* that space for people, I think it gets at people’s *core*. They must focus on things that they, perhaps, previously have been able to *not surface....*” (Co)

This subtheme will explore the word “core”, describe how the Circle guidelines connect the participants with their core values, and give them practice in reflecting and walking their talk. In addition, the dialectic of periphery will be investigated.

Several participants use the word “core” to describe essential relationship principles needed at the heart of all areas of nursing practice and collaboration. This notion of “core” is referred to as the essence of their work in health care, whether it manifests in their organizational model or as part of whom they are as a person/nurse. Regardless, the essence of “core” seems to be embodied in human-to-human connection.

A look into the meaning of the word core reveals “The inner most part, or heart of anything; a central portion...; a body or company of people” (Oxford

English Dictionary, 2007). Etymologically speaking, core is derived from the Latin “cor”, which means heart. In French the word evolved to “coeur”.

(www.Etymonline.com , retrieved July 27, 2010). Accordingly, core is often used with the words “values” or “principles”, indicating the central heart of a practice or way of being guided in the world.

From an organizational business standpoint, Co describes experiences of a care delivery model at her rural western 100 bed hospital which puts relationship-building as the “core” for the provision of all business and services. She portrays an organization committed to relationship-based care from its mission, through its education, actions and follow-through. She teaches an ongoing 3 day relationship-based educational program to all levels of staff in the organization by bringing diverse disciplines together in Circle to explore caring for self, colleagues and patients/families. Many resources are used to make offer this program and the hospital experiences it as worthwhile. The Circle format seems to make the difference.

What I’ve *learned* from doing Circle work with leaders in it, is that *that* connected us to our core business which is taking care of patients and families, taking care of staff is just as important, if not more so, for administrative people to practice. It’s just as important for administrative to practice.... I believe that some administrative folks – myself, I believe this was what happened to me - abdicate to the business model and forget that your core business is the same whether you’re the nurse on the bedside or the manager of the unit or the CNO [Chief Nursing Officer]; your core business does not change...Our CEO has studied the care delivery model of a relationship-based care, she *truly* believes in it. She walks the talk. So, she does create that environment here....You have to be in an environment that supports that, be a model of it rather than just a business model. (Co)

The quote above is an example of what Gadamer calls practice or phronesis, where a community makes a “choice of action towards social achievement and stabilization of moral norms, common aspirations” (1998, p. 80). Co has more examples of phronesis such as “little mini practices” of Circle that have been adapted to the work flow and which help people stay grounded in the meaning in their work. They have experiences of honoring the passing of patients, reading inspirational quotes, checking-in with each other, celebrating successes, and just breathing together. “Those practices don’t take a long time, but they *truly*, I believe, add a team connectedness and common goal, common purpose”.

Canada uses “core” to describe the principles of Circle, which she experiences as the heart of herself and her nursing practice. Canada also identifies being differently in Circle, where she can practice her natural tendencies towards open-heartedness and mindfulness.

I know the principles, the core of them. I’m attuned to it because it’s part of who I am...I feel I’ve used the [Circle] principles in my practice...the authentic listening coming from [an] unprejudiced, non-judgmental [place]...gains an amazing rapport...intention...I let them speak...letting them tell their story...we don’t judge them and we don’t overlook it or minimize it and maximize it, it’s just what it is...an unrushed environment...they have my full intention...and patience...unconditional positive regard...sharing the floor...it’s really *engaging* into *what* they’re saying, even if really it’s not *quite* what I need to hear...it wasn’t my group, it was ours.

Here, Canada describes how open-heartedness, sharing one’s core principles and letting go of a personal agenda engendered a sense of community.

Thinking in opposite terms, the complementary nature of core may be the act of being on the periphery, perimeter, or exterior. It is interesting to consider that some of those who did not ascribe to the core principles of relationship-based care, or felt too vulnerable to participate, seemed, in fact, on the perimeter of the experience such as looking in from the outside, perhaps feeling left out, not part of or committed to the process. This had been described in a previous section, where individuals disconnected from the process due to choice, feeling vulnerable, shame or fear, or who were known to ridicule the process. They maintained their distance, or their exile, from the heart of relationship-based care. They may have held relationship-based core values, but congruence between values and action was not enacted.

Watson (2005) writes about core and periphery, calling them core and trim. She notes how core professional practices are “timeless and enduring, transcending new knowledge, skills, technology” and specialties. Trim is not able to “be defined and guided philosophically and ethically...as it is always changing” (p. 3).

In sum, the definition and derivatives of “core” have been explored. The Circle guidelines are consistent with the participants’ core values, and the Circle process gives them practice in reflecting and embodying their values. The polarity of periphery suggests a sense of disconnection, distance and isolation from living one’s core values in one’s work life.

Caring. A natural extension of core or heart-centered values is the notion of caring. This section will look at how they are similar, what the participants

share as caring and non-caring behaviors, and explore Gadamer's and Buber's work on the I-Thou relationship and human solidarity. This will fold into an analysis of caring as unconditional positive regard.

Caring is derived from the Old English, "carian" which meant "to feel concern or interest"; to take care of, look after, regard; be agreeable or willing to do (Oxford English Dictionary, 2007). Gadamer (1996) suggested it is "concerning ourselves for or with something" (p. 157). Co aptly describes this. "It's dialoguing in Circle [which] holds the space for *deep* conversation around the essence of caring and the *sharing* of their human-to-human connection that we experience in our life every day, and *allowing* for the voice and *honoring* that."

The participants' descriptions of "core" seem to correspond to the notion of caring: what caring is and what caring is not. Quotes indicating caring sentiments are:

trusting....vulnerable....risk-taking....safe environment....being witness to colleagues as human beings....really, really healing dialogue....relationship-based care....sacred work....speak with intention....listen with attention....monitor the well-being of the group....commitments....caring for our mind-body-spirit....relationship with self....reflections....honesty....sharing back-stories....creating *that* space and *holding* that space, I think it gets at people's core....authentic conversation....respectful....collective....human-to-human connection....I believe there can't be healing without care....team connectedness and common goal, common purpose....warm....comfort....peace....breath....calm....home....slow....people bring the most amazing gifts to share....awe....sitting at eye-level....creating space for people to feel comfortable sharing their fears and worries and concerns and trepidations...inspiration....courage....honoring....essence of care....sharing without fear....patience....re-connecting.



Participant quotes which suggest what caring is not are:

Not wanting to deal with it...forced...disruptive...fret mode...aggressive...toxic...don't have time...scolding....not safe to share....bullied....intimidated...hostile....walking on eggshells....snickers....cynicism....clash of cultures.....eating their young....dominate....impatience....way too busy to figure out what peoples' back-stories were....old business model....measuring....a void....making fun of....you think you're better than us....comparison thing of less than/more than.... disenfranchised....retaliating....resenting....screaming at....newest victim.....disempowering.

The above definitions and quotes from the texts about core and caring are examples of key notions in Gadamerian philosophical hermeneutics. He might call caring a vital instinct or essence. This vital instinct is foundational in voicing and listening, presencing and other ways humans develop relationships and a sense of authentic community. The polarities are important to explicate because all are present in the journey of self-understanding and the understanding of others.

The notion of caring brings to mind an inherent deep and sacred respect for one another. Gadamer advanced Buber's work of the "I-Thou" connection, where he used Aristotle's notion of friendship to expand the understanding of the inter-subjective relationship. Gadamer adds that the I-Thou relationship also involved self-understanding and openness to others, an awareness of shared sense of community on many levels, and as a mutual dialogue/endeavor for the greater good (Vessey, 2005). Accordingly, Gadamer's idea of the I-Thou relationship is a form of human solidarity. Gadamer (in Grün, 2005) used an unexpected word to describe this kind of solidarity. He called it love.

He who loves, forgets himself, places himself outside of existence, lives thus in the other. In this first expression, Hegel already

addresses his favourite theme, for this analogy between reason and love are implicit in the thing, its agreement, but more importantly, its differentiation. The universality of love is not the universality of reason. Hegel is not Kant. In love there is an I and a You, a strangeness that exists always, and that needs to exist, in order that love should remain alive. In reason, by contrast, the I and the You are interchangeable, and represent the same thing. Moreover: precisely for this reason love is not an abstraction, but rather a concrete universality, that is, not everyone is so (as rational beings), but what the I and the You are, and, in truth, in such a way that they are no longer I and You but the God that emerges, that is, the common spirit . (As cited in Grün, 2005, p. 165).

Gadamer would say that this love, or unconditional positive regard, is something divine that emerges through human-to-human connection: where our own being, the self, becomes realized in connection with another (Grün, 2005; Vessey, 2005). That realization through communion is like coming home to one's authentic being, what he calls freedom. Might love be the *ultimate* understanding which Gadamer called freedom? Does freedom implicitly involve a caring relationship with self and other, where the heart is free to connect with its vital instincts?

Some but not all the study participants used the word love to describe their experiences of core and caring relationships. If one considers definitions of love, or unconditional positive regard, some of the experiences of the participants could be understood as aspects of love. Peck (1978) defines love as “the will to extend one’s self for the purpose of nurturing one’s own or another’s spiritual growth...an intention and an action...and a choice” (in hooks, 2000, p. 4). With this definition there is an implication of extending one’s horizon or opening up to the unknown. There is also an implication of an evolving understanding and personal responsibility. The indication towards a spiritual quality of love

corresponds with Gadamer's notion of a common spirit which emerges within a communion. In the previous theme of experiencing space, participants voiced experiences of sacredness.

Gadamer sees the benefit in clarifying language to explicate notions and enhance common understanding. hooks (2000), a thought leader about love in contemporary culture, offers the following terms about unconditional positive regard. She called them "ingredients of love": affection, care, affirmation, recognition, respect, commitment, trust, honesty, open communication, knowledge, responsibility, protecting and nurturing human life and well-being, monitoring the well-being of the group, integrity/congruence, a will to cooperate, and comfort with solitude. These were also ideas brought forth by the study participants about the experience of Circle. This definition brings new grounding to the everyday use of the word "love", which seems to have been diluted in contemporary society. Indeed, linguists concur that words shift their original meaning over time (McWhorter, 2004).

Such constituents clearly describe the experiences of circle by the study participants. The absence of unconditional positive regard diminishes the breadth and depth of relationship-building and can result in burning out, losing one's way, feeling separate, feeling victimized, becoming aggressive, or becoming hopeless. The ingredients of unconditional positive regard are at the core, the heart, of what nurses do. When the nurses are able to experience these ingredients, they experience feelings of space, presence, connection, trust and freedom.

In summary, the terms core and caring have been explored in an effort to clarify and understand what is meant by core and caring within the context of the Circle experience. The terms seem to describe a way of valuing-in-action the human relationships. Coming to realize the importance of these relationships is an example of self-understanding within a larger context. Staying connected with one's core and caring values is an act of phronesis, or manifesting congruence in values and actions which benefit the larger whole. Our path to freedom, to our authentic home, may need to be intentionally guided by the ingredients of unconditional positive regard that we commit to, and share with self and others.

Experiencing courage. In Circle the participants are practicing open heartedness rather than heart guardedness. They are strengthening their connection with their authentic selves, their basic nature beyond ego-protecting. This subtheme will look into word meanings, explore the relationship of compassion to courage, and examine the role of the status quo as a precipitant for courage. As well, courage will be illustrated by the metaphor of the gentle warrior, followed by a delving into cowardice and the ways participants experienced courage.

The word core is also connected with the notion of courage. As noted above, it comes from the Latin word meaning heart. It is the experience of integrating courage into one's actions which yields a new horizon of self-understanding. The sense of the word "heart" is described as "the seat of perception, understanding, by memory; the seat of emotions, especially love; opposite of reason; kindness, cordiality; purpose, inclination; the seat of

courage, spirit, source of energy, enthusiasm or ardour; conscience; the vital, essential working part of something; the best, most important part". (Oxford English Dictionary, 2007).

There seems to be an intangible quality to heart which points to the notion of compassion. Compassion implies a "participation in another's suffering" (Oxford English Dictionary, 2007), a kind of insight into the need for extending heartfelt offerings of gentleness and care. There is also a sense of vitality involved, perhaps a moral sense of right action, and generosity. Compassion may be a "vital, essential working part" of understanding one's humanity. As Chödrön (2002) writes, "compassion becomes real when we recognize our shared humanity" (p. 50). Thus, understanding the need to offer compassion can inspire the courage to reach out to others.

Along those lines, in contemporary times, the use of heart is said to be valued yet there is incongruence in people's ability to offer it across the board, feel comfortable receiving it or allow time for its process to unfold. The status quo suggests the use of heart as a weakness. I wonder how can one stay connected with one's values and the moral imperative of heart and compassion and still engage with the status quo? The encounter seems to require courage. Courage is noted to have heart-full and compassionate qualities, while at the same time it is "acting despite fear or lack of confidence" (Oxford English Dictionary, 2007). Demonstrating these qualities seems to engender opening oneself up to vulnerability in pursuit of a particular purpose. In the case of Circle, the purpose is authentic connection and unconditional positive regard.

As mentioned above, heart is the “seat of courage”. Courage was a common term shared by the participants. For instance Solas acknowledges how hard it can be to challenge the status quo.

It takes a lot of *courage* sometimes to stop the conversation in *that* group and say ‘let’s take a breath’ – there was a *courage* that I had that felt different...a palpable difference...I think we felt *brave* together and *courageous* in a way that I think transformed everybody in that Circle’s practice in one way or another. Because we had a tribe, a purpose, we had a...we felt connected.

Co echoes this by saying it takes courage to be able to say, “I don’t care what you think. The five or six of us are going to have a moment to ourselves [in Circle]”.

The daring of one individual seems to inspire others. Courage is contagious, where the courageous individual motivates others to speak up or behave differently. As well, because it takes courage to be vulnerable in front of others, this risking seems to engender others to then feel comfortable risking their own vulnerability, or opening their hearts. Courageousness seems to arouse confidence.

Canada used the term “a lineage of warriors” as her understanding of the larger picture evolved. Reflecting on this notion brings up the metaphor of the gentle warrior (Trungpa, 1988). Though this seems like a paradox because a warrior typically is involved in acts of aggression, this gentle warrior works mindfully, reflectively and compassionately with conflict or struggle, though in a manner that is gently and fearlessly daring to bring all of oneself to every situation – especially one’s tender heart. Courage is needed to transcend conflict or struggle.

Changing the status quo of how we relate with others is a brave endeavor. As noted in the data, congruence between values and actions is difficult to effect, requiring courage for reclaiming one's personal freedom and power. Cultivating unconditional positive regard within a culture of negativity and entitlement is hard. Coming into the present moment and changing habitual patterns that do not serve is challenging. Expanding one's view of the world from one's narrow lens and horizon and being curious about what might be found can be overwhelming. It takes courage to see the goodness in each individual and not succumb to judgmental attitudes, or to allow oneself to become vulnerable. Such choices require the qualities of compassion, mindfulness, awareness, courage and discipline to accomplish (Trungpa, 1988).

Solas reports experiences of growing personally and professionally, increasing her awareness, becoming a better communicator, and developing confidence in herself and her nursing practice. Courage is an ingredient which contributes to this growth. Taking risks engenders experiences of belonging to a community of practitioners and ultimately finding her purpose for being a nurse.

[Circle] gave me *courage* to be more of who I was and *bring that* to my work...But at the core of it, when we remove all the busyness and the rules, all the things that nurses have to deal with, it still felt like there's something here [in Circle] that defines nursing for me in a way that nursing school never defined it for me in that way...like it was a *role*, it wasn't like *my work to do on the planet*...I don't think I would be able to have the courage to even do what I am doing now if it hadn't been for that early experience[in Circle]...that gave me courage to be more who I was and *bring that* to my work.

Within the participants' texts there is a role for courage as one attempts to understand the nature of humanity. I wondered if nurses have needed to muster acts of courage does this mean there have been acts of cowardice. If so, how

has cowardice manifested? At one time or another, have these nurses been intimidated or immobilized by fearfulness from “danger, pain or difficulty” (Oxford English Dictionary, 2007)? Is abdicating to the status quo an act of cowardice? Are avoiding connection, being silent, or being aggressive examples of cowardice? Is cowardice related to a lack of authentic presence? Is cowardice a stopping of the human conversation (Whyte, 2010)?

In his poem “Start close in”, Whyte (2010) [CD] speaks of the importance of taking the courageous step to enter the human conversation in order to make sense of what it means to be an authentic human being. He suggests this stepping into vulnerability as a core human competence. A pith excerpt says “Start close in. Don’t take the second step or the third. Start with the first thing, close in, the step you don’t want to take”. He later notes the “courageous conversation is the conversation you don’t want to have”, and how a “core competence” of being human is to step into that vulnerability and not skip over or avoid the discomfort and rawness. To “start close in” is to grow an essential foundation for authentic being.

As noted in previous sections, the participants understand that the experience of vulnerability is a competency necessary to grow. Gadamer’s notion of the human conversation is similar, where the fundamental experience of being human is to be understood, which involves risking one’s vulnerability as one encounters another doing the same thing. The search for meaning can only transpire through stepping forward into the unknown with courage and



authenticity. Gadamer (1996) reminds us that Kant encouraged individuals to “have the courage to use your own understanding” (p. 117).

To explore this further, Trungpa (1988) and other Buddhist masters underscore the critical nature of acknowledging fear and tenderheartedness, not turning away from it, but instead, getting to know it, befriending it and cradling it in loving-kindness. Throughout this courageous process is a growing awareness of one’s fundamental goodness in self and others. Confidence and trust in humanity begins to blossom like the lotus which emerges from the mud. The study participants recognize the power of courage and compassion and the importance of vulnerability in their growth.

In sum, there is a sense that the heart of the nurse and the nurse’s work must be protected and deliberately engaged with. It requires courage and conviction to make that happen and ultimately it becomes clear that nursing’s survival depends on a shift in thinking, habits and commitment to allowing each other’s vulnerability and protecting it, so that our heart, our core, becomes our strongest ally. Cultivating courage together is a compelling notion to consider. Circle process is one way to do so.

Growing. Circle teaches individuals a way of being in the world that extends beyond Circle. Holly, along with others, shares that her Circle experiences inspire her to incorporate the principles of Circle into her personal and professional ways of being. Baldwin concurs that those who resonate with Circle find that it is not only a place to gather together, but it is a way of being in the world (C. Baldwin, personal communication October 3, 2009). This section

will review how participants experienced growth and what they remarked about their experiences of growing as a result of sitting in Circle with other nurses.

The experiences of safe, protected space help Holly connect with nursing in a different way than when she began as a nurse.

I'm more grounded now...I'm more able to embrace the parts of me that just lead differently...my strengths (are) establishing relationship with people...(I'm more) relationship-based... That those are my strengths, establishing relationship with [staff and patients], creating a sense of *trust* with them, working with staff and letting them know that I'm there for them...working *with* them....you can come back and bring that same sense of presence, groundedness, caring and ability to speak with intent, to bring those senses of Circle back to your daily practice...and being able to model them to see if the people can start to participate in that kind of communication and relationship... I think, actually, after being at The Center and being in Nursing Circle – Before, I didn't really know what it meant to be a nurse (her eyes well up with tears).... it was just a job, and I now have such a sense of pride, it's the most important thing I've ever done...My profession and my practice are about caring for people and creating a relationship with people, and I think there's nothing more important than that, really.

Canada's experiences in Circle deepen her understanding of herself and her nursing practice. She had used many of the principles in her practice before she ever knew what Circle was. "It's [Circle] at the core of who I am". She reports she has always been a good listener, connected with others through her heart and uses intentionality. However, Circle teaches her more about presencing, non-judgment, forgiveness and authentic presence. She learns more about self care, the importance of grounding oneself and setting boundaries. Canada comes to an awareness of how hard it is for her to receive care from others and learns how to accept it more comfortably. In her nursing practice, she felt like she did not have a voice. In Circle she feels like she does. She comes to understand the power of storytelling and storycatching, which feels liberating to

say what is in her heart and awe-inspiring to hear about the experience of others. Through the experience of stories, she sees her own reflection, which profoundly affects her and her understanding of her place in humanity. Accordingly, she makes a major course correction in her life. She comes to look at people very differently because of Circle and develops a deep appreciation for her place in the lineage of humankind.

Solas indicates that Circle is the embodiment of the essence of what nursing is all about. The nursing experience is real, it is intimate, it is scary, and it is glorious. At the same time, Circle seems to be a form which nurtures essential qualities needed to be a nurse and a leader. For Solas, Circle is the container which allows individuals to re-connect with why they went into nursing in the first place – for a sense of connection, caring, meaning, and perhaps a connection to a sense of sacredness within the work. Solas discovers her confidence and brings Circle into her experience with clients. She convenes groups of clients using Circle process. She learns the importance of voicing and listening.

Co reports that Circle is the vehicle to explore and reinforce her core values in nursing practice. She experiences the success of bringing colleagues together in this way and working together to change the culture of a hospital. Through her experiences of Circle, she remembers the importance of relationships and collegial care and changes her practice back to a way of being that is consistent with her values. She reconfigures her relationship with her nursing work and feels inspired to teach the program that brought her to Circle. She teaches nurses and other health care workers how to reunite with core

business values and a spirit of caring for self and others. In addition, she facilitates individuals to come up with different ways they can commit to living out their core principles. In her work, Co is being supported to live her vital instincts openly and without fear.

P shares “my sense of self has never been the same since I began to use the practice of Circle”. She discovers the power of Circle for transforming suffering into solidarity. She experiences the freedom of having a voice, developing confidence, developing trust in people and processes, and being able to risk failure. P experiences how honest efforts and authenticity improved her relationships with others, where a commitment to voicing one’s truth transforms the quality of the interactions, the outcomes, and brings a sense of relief and peace, connecting her with a larger humanity.

The contrast of a stunting of growth can bring more understanding to obstacles to growing. An exploration into human stunting of growth reveals many types and causes of interrupted growth patterns. Common reasons include malnutrition, neglect, certain medications, heredity, and metabolic issues (<http://www.answers.com/topic/dwarfism>, retrieved on March, 16, 2011). These reasons can be compared the stunting of growth that individuals sometimes bring to Circle or come to realize from experiences in Circle.

Malnutrition within a gathering of nurses could be seen as a lack of space, presence, care or unconditional positive regard. These nutrients, if withheld, could affect an experience of normal mental, emotional and spiritual growth. Outside sources, such as medications, could be looked at as a potentially toxic

nursing environment, where a harsh milieu can contribute to feeling in-check by the status quo. A nurse's heredity, such as familial and cultural conditions can influence how one cope's with vulnerability and taking risks to look at or change behavior.

Finally, metabolism is defined as "a complex network of hormones and enzymes that not only convert food into fuel but also affect how efficiently you burn that fuel" (<http://www.webmd.com/fitness-exercise/guide/make-most-your-metabolism>, retrieved on March 16, 2011). If we look at mental, emotional and spiritual growth of the participants, how they are processing and converting the nourishment of space, presence, care and unconditional positive regard could affect their growing and efficient burning up of habits that do not serve. The mode of prevention seems to be attending to nourishment via caring communication and connection.

The stunting of growth may relegate an individual to remain alienated from self, uncomfortable, unaware, unprotected or unhappy.

In sum, the growing noted by the participants spanned personal and professional realms and gave them a greater appreciation for their place in humanity. This was distinguished from the potential for a stunting of that growth.

#### Discovering Solidarity

"It has been said that in the process of discovering the moon – we discovered earth." (Myers & Massimo, 2010)

As study participants gathered in Circle and progressed deeper into the uncharted frontier of space, presence, care and unconditional positive regard,

there came a point where they looked back from their current coordinates and saw where they had come from and marveled at the gift of humanity which they had been given. They began to understand their place in a lineage of humans and nursing professionals and their responsibility to pass it on.

The Circle is a place to educate ourselves about humanity. It is a space that brings us back to the humanist tradition lauded by the Greek and Latin classical philosophers (Gadamer, 2004), where we realize the importance of self-understanding and solidarity. Every dialogue becomes a hermeneutic endeavor to interpret new understandings of how things are related and our place in this world, where interpretation and understanding of our lived experience cannot be separated. We also realize that the choices we make now affect whether humanity continues or not. Canada recounted having an awareness of this fact:

I know I wanted to share gratitude in saying, *man*, the decisions we make in our life do affect *generations* to come, whether it be what we do with the world and with the earth, how we help heal people or how we listen to people, *that matters*. It affects not just the current people we know but the future and generations, history I guess.... *That* I got!...We are our people...

“We are our people” is an insight which has been echoed across time. An anonymous Native Elder (n.d.) reminds us that “we are the ones we have been waiting for”. Essentially the message is that we need not look outside ourselves for the world to get better, we must, instead, take responsibility to create our own inner and outer changes. Gadamer underscores the ethical responsibility for each individual to use his/her growing awareness of the larger context and begin to take responsibility for making a difference, not to advance one’s own agenda

but for the realization of “genuine solidarity, authentic community...social achievement and stabilization of moral norms” (Gadamer,1998, p. 80).

Participants report learning to redirect their attention from their personal agendas to support the well-being of the group, their organizations, the nursing profession and the world. Circle seems to provide a context in which participants begin to understand and embody their place as a human being and nurse in the world. The ethics of face (Levinas, 1969), where relationships matter and where we have a personal responsibility to respond to each other, become a moral imperative if humanity is to be sustained.

In some ways, the participants were perplexed and dismayed with how we were not our people. The notion of congruence between action and values did not always extend to collegial relationships outside of Circle. Our current world historicity is one that has evolved in factions, extremism, isolation and a lack of trust. It is seen in nursing as well, where the factions may be among disciplines or levels of care. Extremism can be seen in the aggressive campaigns for nursing unionization. Isolation and a lack of trust can prevail when individuals do not feel safe, listened to, understood or valued. The fabric of the nursing community can then become loose and torn, difficult to repair.

Participants seem to understand the importance of expanding the unity of understood meaning. Canada used the term “a lineage of warriors” as she described what it felt like to sit with others in Circle.

everything they’ve lived and their ancestors lived was coming to this Circle...we are our people...it didn’t feel modern day...this is a very old life, centuries and hundreds of thousands of years old Circle...I just felt we all – like we’re sitting in Circle, but behind this

was..a family tree, a church that could link all these people that had come to the Circle...a lineage of warriors....It sounds nuts, but we weren't there alone, you know? I guess because it does evoke a lot of power, the feeling of we're all here to really share our past, our present and the future.... The power...the gravity of the number of people, the walks of life, where they were from, what they brought to Circle...I had this *feeling* that was beyond description...that it was *everything* they've lived and their ancestors lived was coming to this Circle (stated with amazement).

In Canada's example, the fusion of horizons is more than a connection with those in the room, it is an understanding of one's place in humanity. There is a realization of not being alone. The path to get there involves allowing one's humanity to be seen, revealed, warts and all. The path involves risking on the way to trusting.

Taking a risk to voice experiences through story seems to inspire a sense of lineage and community. Canada also feels a sense of kindredness and lineage palpable in her Circle experiences, specifically a sense of power and appreciation for the "hundreds and hundreds of years experience in that room". She finds reassurance from this and feels less alone, and more trusting of the future.

#### Experiencing the Lineage of Nurses

The Circle is a way for participants to reconnect with the meaning of their work and remember why they became nurses in the first place. As their horizons expand, their new self-understanding creates shifting inside of them and their nursing practice deepens. There is a sense of belonging that develops, a kindredship that blossoms, and a deeper understanding of what it means to be a nurse.



Solas describes experiences of belonging and being part of a profession.

Previous feelings of separation shift to feeling a part of something bigger.

And my experience was once again, getting to talk about my work as a nurse in a way that it didn't look like a whole lot of people in my life felt was important information...but *there* in *that* room at *that time* when I not only got to tell my story but hear the other ones? I felt connected to the work of being a nurse in a different way...in a collective....we were all doing this important work together...there is something here that defines nursing for me in a way that nursing school never defined it for me....there's greater connectivity...that's when you feel a part of something...connected to it...it makes the *work* feel important...not just the idea but the people in the room.

Canada remembers how it felt to connect with an international group of people she did not know. Authentic dialogue seems to transcend differences.

I look at people very differently because of Circle...sitting around with a bunch of strangers, literally, and one was from a Pacific island, and they from the south in the US and all over. Really by the end of five days, you felt kindred with them, long before five days even.

In Circle one begins to understand the meaning of being a nurse. Holly shares her conflicts around deciding to be a nurse. Her experiences in Circle influence her evolving horizon.

My nursing degree was just sort of a means to an end. It was very *functional*, very *smart*, and again very task-oriented. I see myself now as a caregiver. Every time I go to work, the most important thing for me is to care for people and to be compassionate and complete. I didn't want to be a doctor, tried going down the nursing route, changed my mind and struggled with people not taking traditional feminine roles, or not valuing traditional feminine roles. But very masculine roles are much more accepted in our culture, which is fine. I think that there are times when we need to embrace those, and I do, but I think that the nurturing and caring of these roles aren't valued as they should be. I'm proud to be part of a profession that that is at the heart of it, really. There's quite a sense of community and camaraderie between nurses.

Holly examines her past and present understandings of her role in nursing in terms of discomfort and comfort. She expresses her discomfort / struggle with assuming a traditional feminine role of a nurse and comes to the conclusion that she is comfortable with valuing the “nurturing and caring of these roles”.

Gadamer talks about tradition as being part of the composition of one’s horizon. Holly challenges her prejudices re: traditional nursing, societal values and her place within the profession. She begins to understand herself as a part within the whole, which yields an appreciation/understanding for the solidarity of authentic community and its efforts to sustain humanity. She also realizes,

Well... I’m proud to be a part of *quite* a legacy. As I’ve learned a little more about nursing theory – which I did not study in nursing school – how to be a among these individuals who have...how do I articulate... put so much thought, research and seriousness into this career, this role. Then also, my profession and my practice are about caring for people and creating a relationship with people, and I think there’s *nothing* more important than that really.

In summary, these nurses grew personally and professionally due to their experiences in PeerSpirit Circles. As Gadamer stated, it was imperative that humans reconnect with their vital instincts and use hermeneutics to understand each other. This research shows how Circle facilitates an understanding that realizing one’s own humanity within a larger humanity deepens one’s nursing practice and has the potential to transform health care.

#### Theme Summary

In summary, the findings reveal the importance of setting an intentionally spacious container in the practice of Circle. This spaciousness allows for a practice of presencing and authentic dialogue which supports the unveiling and protection of vulnerability and the strengthening of trust. Such space created by

Circle is reported to feel sacred. The journey to authenticity brings with it a sense of freedom and connection with a greater sense of meaning.

Further, Gadamer reminds us how the use of hermeneutics in civilian and scientific realms has the potential to shepherd awareness about self and others, thereby providing nourishment to sustain humanity. The self-understanding comes through noticing, reflecting and letting go; experiencing one's core values; showing care; experiencing courage; and growing. One discovers one's place in humanity and within a lineage of nurses, fostering a sense of belonging, pride and gratitude.

## CHAPTER 6. DISCUSSION

The aim of this study has been to explore the nursing participants' experiences of sitting with other nurses in a PeerSpirit Circle using Gadamerian philosophical hermeneutics and to understand what meaning the experience holds for them. This final chapter will focus on the pertinent discussion inspired by the actual findings revealed in this phenomenological inquiry. First will be my understanding of the essence of Circle. Next will be a review of the study's interpretive rigor (Swenson & Sims, 2003) and limitations. Then there will be an in-depth discussion of the findings and their connections with the extant literature, followed by a discussion about the obstacles to Circle and possible solutions. The chapter will conclude with reflections on the significance of the study for nursing practice, education and research.

### The Essence of Circle

The aim of phenomenological philosophical hermeneutics is to reveal the essence of a phenomenon through a process of dialogue, questioning and interpretation. Essence is defined as "fundamental to its composition; the most important or indispensable quality or element of anything" (Oxford English Dictionary, 2007). The essence of a phenomenon as "that which makes a thing what it is", as described by van Manen (1990). The data in this study suggests that one essential component to the practice of Circle is the protecting of space. The protecting of space allows for the fruition of experiencing one's own humanity and humanity at large.

The research findings uncover the most fundamental essence of Circle as the protecting of space. It is the most indispensable element from which an understanding of self and other emerges. The Circle guidelines provide the container which holds the space for all forms of mental and emotional sharing, familiarity and difference. By shepherding non-judgment and unconditional positive regard, the open and safe space allows for connection and understanding through practicing mindfulness-awareness skills, voicing and listening. This space feels special and freeing, and cultivates the conditions for the ongoing experiences of coming home to oneself with a deeper understanding of what it means to be a human.

In our culture, without protecting space there is a compulsion to fill it, avoid it, or seize it (Heidegger, 2003). In today's culture, the protection of space has instead become self-protection in order to maintain comfort, certainty and control. According to Heidegger (2003), it is when we stop aggressively imposing ourselves into the space that we can receive and experience Dasein, authentic being in the world. Protecting such space provides the conditions for the latter to occur.

The protecting of space honors the essential truth of our being, whatever that is. The protected space can hold anything and still exist. It can hold all ways of being, the parts and the whole, all polarities, peace and conflict, the sacred and the profane, connection and disconnection, and all manifestations of our humanity. Protected space holds what is and accommodates it with spaciousness, yet can cut through aggression when necessary. Within the safe

space we develop our presence and awareness to ourselves and others.

Perhaps the intentional creation of protected space is essential to the survival of humanity, allowing us to exist as we were meant to, aware of our relationships with everything.

Within Buddhist philosophy there is a framework for understanding space, known as the feminine principle (Trungpa, 1999). The term feminine principle has nothing to do with gender but with an association with the qualities of born and unborn (Trungpa, 1999). The feminine principle represents primordial, unconditional, non-dual, and vast potentiality, as well as the accommodation of intangible and intuitive understanding (Au, 2007). The masculine principle is what is manifested within the space and manifests as dynamic energy that can be linear and analytical. Ancient wisdom suggests that for wisdom and insight to arise, a balance of both the feminine spaciousness and the masculine energy is necessary. They are inseparable, as, in fact, are all polarities. It is through deliberate mindfulness-awareness that these qualities can be noticed, appreciated and engaged.

For instance, it is in the experiences of feeling safe and developing trust where the stark contrast of feeling unsafe and mistrusting becomes glaringly apparent. It is in the experiences of voicing, listening and being listened to that one can realize how different their experiences in nursing have been. It is in the experiences of sacred connection that it becomes clear how disconnected our nursing practice has become from our values. It is in the experiences of freedom that one realizes how constrained one has felt. Thus, one begins to examine the

“taken-for-granted dimensions of everyday life” (van Manen, 1997, p. 346). Circle offers a safe space in which to notice, appreciate and work with what is different in the service of deeper understanding of one’s world.

The essential element of protecting space cultivates and nurtures one’s connection with one’s humanity, which becomes the foundation for true growth. A foundation in Gadamer’s philosophical hermeneutics is described as “bildung” (Gadamer, 2004, p. 15), a German word meaning “keeping oneself open to what is other” (p. 15). This means that understanding happens when one engages with something different, which then causes one to examine one’s current horizon. One’s interpretation of other is based on the understanding gleaned between familiarity and strangeness and is always in-between the two (Gadamer, 2004). It is in this openness to other where one begins “to recognize one’s own in the alien, to become at home in it, is the basic movement of spirit, whose being consists only in returning to itself from what is other” (Gadamer, 2004, p. 13). In other words, the essence of bildung is to initially feel vulnerable to what is other, engage with it and then to move away from one’s seductive comfort zone and be open to what is different. By doing this, one sees oneself more clearly and comes to understand humanity more deeply. Thus, a new horizon of understanding emerges.

Finally, Gadamer (2004) suggests “the movement of understanding is constantly from the whole to the part and back to the whole” (p. 291). Within that recognition of one’s own part in the whole of humanity is a realization of meaning in life. Participating in a PeerSpirit Circle engenders a process of looking at

oneself as a part within the whole, and coming to realize what is needed to strengthen and sustain one's heart and solidarity in nursing. The nurses in this study experienced the PeerSpirit Circle space as crucial to personal and professional understanding and growth.

### Review of Interpretive Rigor

The evaluation criteria for rigor are guided by the model introduced by Swenson and Sims (2003). These authors underscore attention to consistency and coherence; clarity; conscious connected-ness; credibility and collaboration; as well as fairness and usefulness. As noted in the findings chapters, I have continually reflected back to the criteria used to judge rigor. This section will discuss the process in greater detail and address the study limitations.

Coherence and consistency were maintained throughout the written and interactive portions of this research. I engaged in a conversation, a dialogue with each participant where I remembered that the questioning was what accessed truth. The questions I asked sought to understand more deeply the meaning of experiences communicated in words and feelings by each individual, so that our horizons of understanding could merge to create a new horizon of understanding. This methodology of inquiry closely matched the process described about my phenomenon of interest, where authentic dialogue and questioning give rise to new understandings and a fusion of horizons. These understandings were documented verbatim in a fully descriptive manner. As I read and reread the transcribed interviews, the initial interpretations held together in a progressively logical and intuitive way, through recognition that linearity and circularity work



together to form a more comprehensive understanding of the phenomenon. Text quotes were highlighted and connected with other text quotes. Choices and meanings of wording were explored. Etymological underpinnings were sought. The interpretations were then further developed and supported by Gadamerian philosophy, using his notions and words.

Mentors have judged my writing as clear and at the same time “evocative”. My writing style kept the hermeneutic circle members interested and intrigued, inspiring them to share connections with other related work being done in health care and beyond. The flow of information was reported to be logical, each theme was said to be supported by the findings and well argued, and phenomenological nods were given among my hermeneutic circle.

Conscious connected-ness was attained through reflection and continual connection with the phenomenon and the texts. The notion of interrelated research activities when engaging in phenomenological research proposed by van Manen’s (1990) complements the Swenson and Sims model (2003). As noted in the pre-understandings section of this thesis, the PeerSpirit Circle process is a phenomenon important enough in my life to commit me to this world. I demonstrated my commitment to this research project through a process of embodied reflection which considered the contextual and individual lifeworld of each participant and my own as well. I explored the significance and meaning of the experiences to them, to me and to the larger context of nursing, health care and humanity. The lived experiences of the participants were brought to life by extending, challenging and “animating, evocative description of human actions,

behaviors, intentions and experiences as we meet them in the lifeworld” (p. 19).

The parts and the whole were continually investigated and considered.

Commonalities, patterns and themes began to emerge, which seemed to be inherent across the interviews. I remained engaged on all levels and stayed close to the texts and philosophical underpinnings. I went to the extant literature to support deeper understandings and hold the argument together.

Participant testimony revealed what Circle meant to them, how the experience of Circle process affected their lives and what they believe it can offer nursing, health care and humanity. I also considered what was not said. Further, I dwelled with the data, read, re-read, allowed space, wrote down ideas, found supporting quotes, sought more space and then did more writing and re-writing.

The study yielded meaningful, consistent and interpretable data. The data were interpreted by me and my hermeneutic circle. Several interpretations were done with each interview, attempting to pull compelling ideas and themes from the data and use my evolving horizon of understanding to merge with theirs to form new understandings and perspectives. At times our own prejudices were challenged and research team members, including myself, were called to maintain open minds and consider new ways of understanding the material.

One hermeneutic circle member asked me if I was brave enough to explore why people may not be called to join in a Circle. With that challenge, I went back to the participants with new questions, in order to understand the inherent tensions which emerge in the experience of participating in a Circle. I

needed to be open to this equally important part of the Circle experience, where further understanding of a reluctance, resistance or refusal to participate could deepen my understanding of the Circle phenomenon and yield insight into how to effectively engage those behaviors out in the field. As I did this, I stayed close to the texts and the guiding philosophy. I believe this second wave of questioning yielded new and helpful insights, deepening the study's credibility and usefulness. It also uncovered understandings which were unexpected, rich, and pertinent to our nursing challenges and which may have otherwise remained concealed.

From a collaborative standpoint, engagement with the hermeneutic circle helped me to attain rigor, responsiveness and consistency in my questioning and interviewing style. We connected regularly by telephone or email. My experience of the hermeneutic circle facilitated recognition of events and experiences described by the participants and appreciated their phenomenological nods indicating a resonance with the way I captured the experiences of the participants in my interpretations. I maintained ethical boundaries within the human research process and confidentiality at all times. I maintained appropriate researcher-participant boundaries, as demonstrated with the participant Canada in the "experiencing the container" theme. My follow-through with the participants was thorough. I received feedback from them that they appreciated the usefulness and significance of the work I was doing and that they found the interview process meaningful.

From a fairness perspective, the findings demonstrated that I brought in contrasting viewpoints. Care was given to reveal both the comfortable and the uncomfortable, or “terrifying”, aspects of the Circle experience, lending fullness to the findings. This was helpful to ensure that all voices were represented and valuable descriptions of the phenomenon were offered. In support of this, van Manen (1990, p. 18) argues there is rigor and importance in explicating the polarities through appreciating “the range of meanings of life’s phenomena to our reflective awareness”. This contrasting information was useful in determining obstacles to the use of Circle process and in understanding issues necessary for further research and intervention.

There were limitations to the study. Though the participant sample was an N=5, the data was rich and there was a consistency across the interviews of the positive and disturbing aspects of the phenomenon of Circle within nursing. The participants were all female. The inclusion of the male perspective may have further expanded, extended and challenged the findings of this study in a useful way.

The recruitment strategy was sufficient using only the PeerSpirit international e-newsletter “Circle Tale” and self-referred participants. The study was done with American and Canadian nurses, thus suggesting there is a potential for the data to be less useful to other non-Western countries where professional nursing is practiced. Further, this is only the second dissertation research on the PeerSpirit model of Circle and the first one completed with

nurses. I believe there has been value in posing some difficult questions and suggesting new directions for nursing practice, education and research.

In sum, the study was facilitated in a rigorous manner, using the evaluation criteria of Swenson and Sims (2003). The evaluation criteria were met within the interpretations of the themes by supporting, challenging and extending the texts; by identifying pertinent data excerpts and linking them with phenomenological philosophers; and by explicating the dialectic within the experiences. Attention was given to describe and demonstrate how the study was consistent and coherent; clear; consciously connected; credible and collaborative; as well as fair and useful. In addition, the limitations of the study were realistically reviewed.

#### Discussion of the Findings

"It is a bit embarrassing to have been concerned with the human problem all one's life and find at the end that one has no more to offer by way of advice than 'Try to be a little kinder'."

–A. Huxley (2011, para. 1)

The Circle seems to serve as a practice vehicle for: becoming aware of the importance of preparing a container for authentic connection with ourselves and each other; becoming familiar and more comfortable with the newness of space, vulnerability and trust; realizing the importance of dialogue and hermeneutics in nursing; and for recognizing our own humanity. The Circle also seems to be a means for teaching individuals the skillful means to articulate

one's voice, to trust, communicate in new ways, shift experiences of power and to grow.

Like the pristine and fragrant lotus blossom rising from the mud, several truths seem to emerge from this research. First, there is often a gap between a nurse's espoused intention for caring and how this is enacted. That said, Circle helps to achieve practice congruence between nurses' vital instincts for connecting and caring and how these values are enacted.

The findings suggest obstacles to full participation and solutions for reinforcing such congruence. The obstacles suggested by the study findings are the common tendency to sabotage authentic being and the challenge of caring communication with self and others as evidenced by bullying behavior and self-protection by avoiding vulnerability.

The solutions for strengthening congruence in nurses involve a need to shepherd and grow the protector principle (Trungpa, 2005), and to commit to relational ethics and caring communication as the foundations for positive work environments.

Finally, it becomes clearer how Circle process can enhance leadership capacity and the overall nursing experience.

#### Congruence in Caring Behaviors

"I remember just thinking to myself, 'Wow, if everyone keeps these commitments, this is really going to change how we do work'. And consequently, over those three years it has changed a lot of how we do work".

–Co

Circle teaches nurses how to be in a world in which there is congruence between caring values and caring behaviors in all aspects of their lives. This portion of the discussion will begin by exploring the definitions of congruence and then examining obstacles and solutions to strengthening congruence in nursing. Obstacles to be underscored are bullying, vulnerability and shame. Possible solutions to such barriers include a revisiting of the protector principle and a mandate for relational ethics and caring communication.

### Congruence

This section will discuss the etymological origins of congruence and pertinent research which helps us to understand more deeply the experience of congruence, external and internal processes at play which influence its manifestation, the role of generational patterns, and the common reaction of self-protecting.

The use of the Circle model of collaboration seems to empower individuals and to meet a need in nursing and health care that brings one back to the meaning and purpose of the nurse's work. Circle creates opportunities for a return to the crucial ingredient of the nurse's work with individuals in search of healing – genuine presence. However, what becomes apparent in the study is that nurses find it challenging to access and share that authentic presence in day-to-day practice. What happens that make this not possible? The nurse participants experienced a lack of interpersonal safety and trust which contributed to choices to be differently with colleagues.

The 2010 Gallup poll on honesty and ethical standards in professions once again shows that the American public rates nurses as having the highest trustworthiness among all professions (Gallup, 2010). In fact, since 1999 nurses have held this annual honor for 11 years running. It is an interesting paradox that whereas nurses are valued for their honesty and ethics by the general public, the literature and my research indicate that the health care environment engenders fear and hostility for many nurses to feel safe enough to demonstrate such honest and ethical treatment with each other.

Congruence, a word derived from the Latin *congruentia* (Oxford English Dictionary, 2007), has meanings which represent the notion of relationship. Words like accordance, correspondence, consistency, agreement or correctness (Oxford English Dictionary, 2007) suggest communication, meeting, fitting and harmony. We have just considered the essence of Circle as holding a space where one can cultivate presence, connect to oneself, and come home to oneself and at the same time strengthen one's sense of community and collaboration. The notion of authenticity and relationship suggest a path towards harmony and connection, namely congruence.

Another way of interpreting the meaning of congruence has been suggested in the hermeneutic inquiry by Lindh, Severinsson, and Berg (2009). They used the term "moral strength" (p. 1882) to describe the notion of congruence. Their study yielded three themes. The first was action-related and involved "having courage to act on one's convictions" (p. 1885), where courage engendered empowering feelings of confidence and competence. A work



environment which allowed for the autonomy to realize their values felt empowering.

The second theme was noted to be “being attentive and recognizing vulnerability” (Lindh, Severinsson, & Berg, 2009, p. 1885). Here, moral strength was related to mindfulness-awareness and empathy, understanding another’s experience by relating one’s own horizon to a situation.

The third theme, “facing the unpredictable” (Lindh et al., 2009, p. 1886), was described as a willingness to take risks without knowing an outcome, daring self-exposure, and valuing the process of self-examination. The researchers asked the question, “is it possible to learn courage?” (p. 1887) and suggested the benefit of providing opportunities for practicing this “virtue” (p. 1887).

The research findings in my study were consistent with the Lindh et al. (2009) findings. Circle is a place to practice the qualities which make up “moral strength” or congruence. It is also a container where one can exercise reflective practice and make choices to act according to reflective understanding. They cite Johns and Freshwater’s (2005) definition of reflective practice as “viewing and focusing oneself in relation to a specific experience in order to confront, understand and move towards resolving contradictions between one’s vision and actual practice” (p. 2). As well, Circle nurtures a context in which courage can flourish.

The literature also shows how congruence is affected by external and internal factors. For instance, it has been noted that nurses have difficulty enacting their values because of feeling powerless with hierarchical governance

(Doane, Pauly, Brown, & McPherson, 2004). In this study, participants appreciated consensus decision-making, equalization of power and developed authentic confidence in themselves.

Another interesting external factor to consider is how the role of generations of nurses affects congruence, specifically across the Baby Boomer and Generation X nurse age brackets (Leiter, Jackson & Shaughnessy, 2009). According to these authors, the Baby Boomer generation was born between 1943 and 1960 and the Generation X cohort was born between 1961 and 1981. This study on generational differences (Leiter et al., 2009) indicates a lack of congruence between core values in Generation X nurses and the organizations in which they work, significantly influencing recruitment and poor retention of newer nurses. This “mismatch”, or dissonance, increases their vulnerability to more burnout than Baby Boomers (Leiter & Maslach, 2004). The newer Generation X nurses value participative decision-making, control, up-to-date technology, collegial relationships and autonomy. Research results indicate that when Generation Xers experience dissonance with their values on a professional day-to-day basis, they are more vulnerable to burnout, psychological distancing, cynicism, and quit their jobs more quickly. These outcomes make them less willing to share information in collaboration.

The Baby Boomer nurses also struggle with burnout, however, they have been enculturated into such hierarchical organizational environments and typically have more comfort, power and influence than the younger nurses. They

seem to be more accepting of the status quo and are also used to the organizational demands on their personal time and energy (Leiter et al., 2009).

There are internal factors which affect nurses' congruence between values and action (Fagerberg, 2004). Nurses can demonstrate confidence and gentleness in working with patients, though when these qualities are needed in collegial collaboration, nurses tend to choose, whether consciously or unconsciously, self-protection instead of being vulnerable or hurt. This fear of vulnerability seems to short circuit authentic communication. Because the typical horizons in health care do not cultivate a safe milieu, or the measured space for reflection and dialogue, when put on the spot to be authentic, the honesty can be replaced with autopilot reactions of anger, aggression, resentment, judging, mistrust and a lack of patience. In addition, Fagerberg (2004) reveals the internal factor of having low self esteem negatively affects one's ability to act on one's values.

In sum, achieving congruence between values and actions is a complex issue which manifests in macro and micro levels. It is prudent to take into consideration the gap in values between generations and foster honest and safe dialogue in order to strengthen reflective practice, and to equalize power and influence among colleagues. Of significance is the need to examine ourselves for caring and non-caring, authentic or superficial ways of being and recognize that we can choose to create the trust and safety that will support congruence between what we believe and how we enact those beliefs.

## Obstacles to Congruence

Bullying in nursing. Whereas the term bullying may seem too strong a description for many negative nursing behaviors and it is admittedly difficult to accept the transgressions of many nurses towards each other, I believe the negative behaviors described in this study and in the literature match the definition of bullying. This section will review the definition of bullying, provide examples, and highlight the outcomes of such behaviors by nurses. The discussion will continue with an exploration of how bullying is allowed to continue and how it affects a nurse's ability to be congruent between values and actions. Gadamer's notions of historicity and horizons are reflected in the cultural influences and fundamental experiences of shame.

The literature is growing on the prevalence of bullying among nurses. Other terms used to describe similar behaviors include horizontal violence or oppressed group behavior (Skillings, 1991), lateral hostility (Alspach, 2008), hostile work environment or workplace violence (Hutchinson, Vickers, Wilkes, & Jackson, 2010), or "intimidating and disruptive behaviors" (JCAHO, 2010).

Bullying is defined by Hutchinson et al. (2010) as repeated and deliberate, overt and subtle negative behaviors demonstrated over time, which involve imbalances of power and result in harm to individuals and healthy work environments.

Examples of bullying in nursing are numerous and occur overtly and covertly. They are manifested in "personal attacks...erosion of professional competence and reputation...and attack through work roles and tasks"

(Hutchinson et al., 2010, p. 2321). Overt examples cited include intimidation, threats, being ignored, verbal belittlement and humiliation, excessive teasing, spreading gossip, destroying property, being singled out and scrutinized, being given unmanageable work-loads.

Subtle examples of bullying were imposed isolation and exclusion, particular looks, withholding information regarding patient care, sabotage, or withholding social support (Hutchinson et al., 2010). In addition, there can be experiences of silence, where individuals or groups deliberately or passively choose to not intervene in blatantly inappropriate situations (Brown, 2010a). Murray (2009) writes about a “white wall of silence” (p. 273) where the bully is protected and management may support such aggressive behavior.

The outcomes from bullying behaviors in nursing are noted to have personal and professional effects. Research indicates personal effects of decreased self esteem, shame, self doubt, feeling victimized, hypervigilance, clinically significant physical and psychological illnesses, feeling unsafe, and secondary effects on family life (Brown, 2010a; Cleary, Hunt, & Horsfall, 2010; Hutchinson et al., 2010; Kivimäki & Virtanen, 2003; Murray, 2009). The research on professional consequences include job dissatisfaction and high turnover, obstructing individual skill development opportunities and subsequent career advancement, unsafe cultures of patient care, work-related injuries, decisions to leave the nursing profession, denial of just work processes, decreased productivity, high use of sick leave, and low morale (Alspach, 2008; Hutchinson et al., 2010; JCAHO, 2009; Murray, 2009). Murray (2009) cites the

high cost of bullying to organizations, revealing estimates of over \$4 billion annually to U.S. health care organizations. He suggests bullying to be a moral and ethical issue and underscores the importance of mustering the courage to address it in the face of risk.

It is unfortunate how unhealthy workplace environments are allowed to continue. Bullying can occur within health care organizational processes which deny culpability or may perpetuate the problem through minimizing the offense as a non-issue or identifying it as solely a nursing problem. There can be a fear of retaliation by the bully or the organization if abusive issues are brought out into the open (Murray, 2008).

In addition, poor nursing leadership training can influence ongoing bullying among nurses, as can inadequate processes to address the issue, and a lack of nursing representation in organizational decision-making (Hutchinson et al., 2006). The pervasive power of the medical model, gender differences, and organizational reluctance to justify the time for reflective practice initiatives also contribute to the perpetuation of bullying (Hutchinson et al., 2006).

By way of illustration, the patriarchal health care model implicitly supports bullying in nursing. Anderson (2010) notes the shift from patriarchy to partnership models has been a difficult feat. The U.S. work culture is used to dependence on those who control, and an unconscious need for being promoted, approved of, and a tendency to act cautiously in fear of losing one's job. These are internal and external environments engendering the perpetuation of bullying.

Hockley's research (2002) suggests bullying as a means to maintain the current known cultural norm by rigidly sabotaging resistance to change and new ways of being. To further this line of thinking, Pesut (<http://www.meta-reflections.blogspot.com>, retrieved on August 12, 2011) poses the question "is the profession of nursing caught in a self-referential bind" (para. 7)? As he ponders the Smith and Berg (1987) book *Paradoxes of Group Life*, he cites the tensions inherent in belonging, engagement and speaking. He shares their definition of self-referential bind as "when a social entity uses itself as a mirror through which it judges what it is like, it often only sees those parts of itself that confirms what it wants to know, that is, that is will enable it to remain as it wants to be" (p. 48). I wondered about the tensions of "us and them", the silos that nurses are prone to maintain, the blame that is projected, the fear of trusting others, the fear of conflict and of leaving a comfortable yet uncomfortable situation. Does this mean that nurses feel locked into unhealthy patterns and dynamics? How can the struggles be reframed to inspire courage and right action?

A question arises: what might influence this incongruence to occur and a nurse's personal power to be usurped? A compelling answer came to me on the social network of Facebook! A friend had posted a video of Brene Brown, Ph.D., L.M.S.W., a leading researcher on vulnerability and shame (Brown, 2010b). In this video, she speaks about how the American culture has lost its tolerance for vulnerability. In other words, our historicity, individual and collective horizons have contributed to intolerance for vulnerability. She proceeds to share her

research from thousands of interviews, which indicates how and why Americans numb ourselves to potential pain and how vulnerability is one of the most important strengths we can nurture. The work of Brown (2010b) helped me to see how Circle can help to heal a nurse's feelings of inadequacy, shame and powerlessness and reconnect the nurse with his/her authentic, true power. Brown (2007) distinguishes this authentic power from the notion of "power-over" (p. 24) an individual or group, such as with bullying. By attending to healing such feelings of inadequacy, shame and powerlessness, Circle process serves to minimize bullying behavior by providing meaningful and safe collaboration and therefore more positive experiences in one's nursing practice.

Brown (2005) identifies American culture, or our horizon, as one of blaming and shaming, both being destructive behaviors which are insidious engender divisive relationships. Brown (2007) defines shame as "the intensely painful feeling or experience of believing we are flawed and therefore unworthy of acceptance and belonging" (p. 30). Her research makes the connection between shame, aggression, violence and mental health disorders and how these can be driven by fear, blame and disconnection. She notes that shame is used as a weapon to maintain social norms, to conform others to maintain a status quo, to protect self and to be accepted by a social group. It is identified as strongly connected to the need for power and acceptance.

Primitive brain function helps to clarify how an individual may have difficulty acting congruently according to one's values. Brown (2010) argues the research that shame induces an amygdala experience of fight or flight, yielding



physiological and psychological reactions, experiencing difficulty in staying connected to the present and making it hard for an individual to maintain one's sense of balance and authentic power.

From a psychoneuroendocrinimmunological standpoint it is possible to redirect stress reactions from the amygdala and lower brain centers into responses which are regulated by the cortex and other higher brain centers (Selhub, 2010). Like Gadamer's notions of horizon and understanding, Selhub (2010) reminds us that our mind uses its understanding of the past to cope with the present. If we consider the experiences of bullying in nursing, discomfort and stress trigger dysregulation from past negative memories, belief systems, maladaptive coping, and negative expectations about outcomes. Circle serves to reinforce new responses to such discomfort and stress by shifting experiences of fear and negativity towards connecting, sharing authenticity, feeling positive emotions and nurturing positive expectations of outcomes. Also, these positive emotions result in the release of neurobiological hormones and peptides such as oxytocin, dopamine, endorphins, vasopressin and nitric oxide (Selhub, 2010). There is also a reduced release of adrenaline (Selhub, 2010). It stands to reason that stepping into fear and having positive experiences replace the negative ones can improve one's stress resilience and adaptability.

Experiencing PeerSpirit Circle process can be a means to break the cycle of oppressed group actions and other abhorrent negativity in nursing. It provides a container to safely establish a new norm of non-hierarchy and to level the power differentials. It allows for connecting human beings, supporting the need to

belong, and seeing their vulnerable humanity and ensuring respectful communication and safe interpersonal interactions. Circle process is a model of collaboration which can interrupt the bullying and shaming behaviors and be a means towards better understanding our shared humanity and maintaining congruence between said values and true action.

In further considering the connections between congruence in values and action and bullying, more questions emerge: Do nursing's evolving professional roles with increasing levels of education and independence in practice perpetuate bullying among colleagues? Does the mandate for higher education feed the beast of inadequacy among nurses? Does nursing's role confusion contribute to a sense of powerlessness and aggression as some groups strive for independence and others wish for things to remain the same? Though research outcomes on shame and vulnerability have not been done on nurses, it would stand to reason that the above questions may influence the bullying issue.

In sum, bullying can disrupt nurses' ability to be congruent with their values and actions. This section has explored definitions, examples and consequences of bullying behaviors. It becomes clear that the issue is complex, and that individuals and organizations struggle to eliminate such a shadow on the nursing experience and profession. Understanding the neurobiology of fear reactions and how new positive experiences can shift horizons and understanding is essential. Creating safe and effective infrastructures for optimal reflection and dialogue are key elements for successful collaboration.

Vulnerability and shame. To be able to realize our intentions as nurses to sustain and strengthen ourselves and the heart in health care, it is becoming clearer that the change needs to begin with the inner capacity of each individual clinician and expand outward to the health care system (Scharmer, 2007). Developing this inner capacity involves the unavoidable experience of vulnerability and shame. Study participant P believed that by giving her staff “more tools, more ways of understanding” she could see them grow personal and professional confidence. P also felt that “this could transform health care. Just from the inside out...to get people talking in more respectful and interactive and engaging kinds of ways”.

This section will explore the meaning of vulnerability as integral to being human. There will also be an exploration of vulnerability from the current literature, what it is and how we tend to avoid it. There seems to be a connection between vulnerability as a condition supporting the status quo and maintaining social norms. In that light, Gadamer’s (1996) notions of historicity and loss of freedom of agency will be highlighted along with Heidegger’s dictatorship of “they” (Heidegger, 1996b, p. 119). Also to be considered is nursing as a vulnerable population. This part of the discussion will conclude with the notion of vulnerability as a foundation for resilience and growth.

Etymologically, the Latin root of the word “vulnerable”, *vulnus*, means wound. It is defined as “being susceptible to physical or emotional injury...attack... [being] open to censure or criticism” (Oxford English Dictionary, 2007, p. 1931).

Callahan (2001) reminds us of our historical conditioning which seeks to eliminate suffering and vulnerability from our human experience. We look for cures and relief, even devaluing the human caring component which is needed along the way. Our discomfort with vulnerability denies the fact that it is part of the human condition, a part of our wholeness on this earth. One could argue that to not allow vulnerability in self or other is not holistic caring. Callahan points out that the truth of this fragility is that it is not escapable, is a lonely journey, but one which can be made more comfortable by the care and witnessing by others. Allowing vulnerability brings meaning into life (Doane & Varcoe, 2007).

Brown's (2010a) vulnerability and shame research indicates whereas humans are neurobiologically wired for connection, we most often create obstacles to this happening because of our fear and shame about being vulnerable and feeling worthy. Brown (2005) suggests that much of our shared behaviors of aggression, avoidance, disrespect and destruction are rooted in our inherent longing for connection, belonging and feeling appreciated. The experience of shame promotes disconnection, "corrodes our self-regard and severely diminishes our capacity for empathy" (Brown, 2005, p. 59).

Brown (2010a) adds more perspective with illustrations of how Americans have become numb to the many faces of vulnerability. Our ways of avoiding vulnerability involve staying busy, blaming others, trying to make the uncertain certain, not taking responsibility for destructive behaviors, developing addictions of many varieties, and medicating ourselves. Ironically, our many attempts to numb ourselves to vulnerability also numb ourselves to experiencing joy and

gratitude, since selective numbing is not possible. Hence, the large proportions of depressed individuals looking for meaning and connection in their lives.

In fact, Brown's (2010a) research uncovers her participants as having disappointment as a lifestyle and a historicity engendering fear, shame and scarcity. She reflects the relative ease of living disappointment rather than actually feeling it. She states we shield ourselves from disappointment by not letting ourselves get too excited about something, or trying to predict and control through perfectionism, and extremism, which she defines as faith without vulnerability. When we believe that we are not enough and we don't have enough, we miss the ordinary in search of the extraordinary.

Gadamer (2001) uses the term historicity to describe the traditions and events which have occurred and which shape a person's understanding of phenomena. If one's understanding of vulnerability has been shaped through traditions and events which engender fear, pain and ridicule, a natural response is to avoid such discomfort. When one is confronted with the otherness of inviting vulnerability and stepping into it, such as in Circle, a deeper understanding of the phenomenon of vulnerability can be appreciated.

As noted above, Brown (2010a) argues how shame is used as a powerful weapon to maintain social norms, as a means for conformity, self-protection and acceptance by social groups. In *Being and Time*, Heidegger (1996b) discusses how one's authentic self can become diluted in order to feel accepted in a larger group. He calls it the dictatorship of "they" (p. 119), a notion which arises from the distancing of individual Dasein into "averageness" (p. 119) as one

experiences being-with-one-another (p. 120). What can occur is an insidious and unconscious acquiescence to the interpretations and actions of others rather than establishing and maintaining one's individual view and way of being. Over time, Heidegger (1996b) suggests that the nuances of difference, mystery, humanity and genuineness lose their wonder and are not appreciated. Authentic being "cuts itself off from itself" (p. 121) and the new social norm becomes taken for granted and fundamental components of everyday life (van Manen, 1990).

"They" form a modicum of group-think which Heidegger (1996b) calls "publicness" (p. 119). This

initially controls every way in which the world and Dasein are interpreted, and it is always right, not because of an eminent and primary relation of being to "things", not because it has an explicitly appropriate transparency of Dasein at its disposal, but because it does not get to 'the heart of the matter', because it is insensitive to every difference of level and genuineness (p. 119).

What are we accepting as normal and is that alright? This is seen in the media coverage of world events, where generalizations are made, and assumptions and judgments are conveyed as facts, and rhetoric is a popular mode of non-reflection which leads one away from authentic being (Zickmund, 2007). Applied to nursing, the bullying and shame-inducing ways of being become the norm, and therefore, unexamined. It seems the threshold for acceptable behavior lowers.

Gadamer (1996b) addresses this notion of unexamined social behavior when he discusses the loss of freedom of agency. He argues that when one depends on what others think, one's personal authority shifts into a dependency where the individual gives over power and the group understanding trumps self-

understanding. Within the larger context, this dependence and loss of freedom of agency contributes to a sabotage of congruence between values and actions in nursing.

In health care, vulnerable populations are usually focused on clients rather than the profession of nursing itself. The notion of vulnerable populations is typically culturally defined (Spiers, 2000), and can be seen as dynamic relationships between individuals or groups with risk factors, susceptibility, health status, functional disabilities (Spiers, 2000), resources (Flaskerud et al, 2002; Purdy, 2004). These are also acknowledged as normal aspects of the human condition which has been stigmatized and seen in a negative light. Vulnerability typically carries an energy of victimization (Sellman, 2005), where unfortunate outcomes occur because of not having “power, influence or privilege” (Flaskerud & Winslow, 2010).

Vulnerable populations research now focuses on preventative models which are community and partnership-focused and aimed at health education and developing skillful means for maintaining optimal holistic health (Flaskerud et al., 2002). If one considered nursing as a vulnerable population, the use of Circle process would teach ways of being needed for healthy and authentic connection with self and others and thereby shift the specter of victimization to one of resilience and responsibility.

The term “vulnerability” is a fundamental notion used within nursing practice. Lashley’s (1994) research helps to understand what vulnerability means to nurses. She highlights vulnerability as “inseparable from the call to care”

(p. 43) and involves a “fundamental relatedness to others” (p. 45) in their vulnerability and pain, which in turn reflect our own woundedness, pain, and helplessness. The discomfort can be difficult to tolerate. She writes that professional identity is replete with “tensions and contradictions” (p. 42), where nurses encounter vulnerability in the play between competence and lack of competence, certainty and uncertainty, expansion and limitation, or control and lack of control. Her research reveals nursing as a call to vulnerability and requires one to respond to the obstacles, not with self-protection, self-estrangement or feeling imprisoned, but with unconditional positive regard for self and others, humility, hope, courage and surrender.

Sogyal Rinpoche (2011) from offers insight into the benefits of vulnerability and how it enhances healing and relationships.

The times when you are suffering can be those when you are open, and where you are extremely vulnerable can be where your greatest strength really lies.

Say to yourself: “I am not going to run away from this suffering. I want to use it in the best and richest way I can, so that I can become more compassionate and more helpful to others.” Suffering, after all, can teach us about compassion. If you suffer, you will know how it is when others suffer. And if you are in a position to help others, it is through your suffering that you will find the understanding and compassion to do so.

As such, Spiers (2000) suggests vulnerability is an aspect of resilience, where it becomes a means of awareness, connection and social justice. Indeed, Purdy (2004) determines the essence of vulnerability is openness, where the perception of vulnerability as positive or negative influences the outcome. For instance, a positive awareness of vulnerability indicates it is necessary for



growth. A negative awareness of vulnerability is that it leaves an individual unprotected and open to harm.

Spiers (2000) highlights the notion of mutuality in vulnerability between the nurse and the client. The act of caring in itself carries a risk of vulnerability for both parties. She suggests that the call to be vulnerable is a mode of understanding empathy and is a way of knowing how to make choices about quality of life and “personal emotional integrity” (p. 71) challenges.

Whyte (2010) states that “to become human is to become visible” [Audio CD]. It is through the human conversation that our shared vulnerabilities will help to make sense of the human journey. He shares that becoming visible is to become authentic, to inhabit oneself and to expand one’s horizon through courageous forward movement. The journey towards visibility seems to be a journey towards congruence.

Finally, Brown (2010a) and ancient contemplative wisdom see vulnerability as a strength and a potential for growth, if one is present enough to know it. Indeed, Whyte (2010) helps us to remember that no individual will be an image of perfection and that the human conversation is one of experiencing the tensions of “fading and growing”, tightly holding on to who we are and who we could be, of allowing vulnerability, letting go and developing a new relationship with “the new unknown”. The way to growth is to stay connected with our authentic being, to “take the courageous first step authentically, assiduously, courageously” (Whyte, 2010) [Audio CD].

In sum, the literature supports this study's data by examining what is happening in the world of nursing today which perpetuate the participants' concerns of fear and not feeling safe with colleagues, lack of trust, and difficulty staying true to their innate desire for authentic connection and community. Vulnerability was explored through the lenses of an escape from discomfort, a means of securing the social norm and as a form of resilience. The use of the PeerSpirit Circle process is an effective and courageous way to nurture and work with vulnerability.

#### Solutions to Strengthen Congruence

According to the findings in this study, solutions to strengthen congruence in nursing may include embodying the protector principle, demonstrating relational ethics, and engaging in caring communication.

Embodying the protector principle. As Heidegger (1973) suggested, there is an unconcealment of truth when we protect it. If we return to the notion of the Protector Principle described in Chapter 5a, we remember that there is a precedence set for nurturing an environment for sanity, gentleness and spaciousness, where the truth of fundamental goodness in all people and all things can be seen. One manifestation of that truth may be our mutual vulnerability that is inescapable, raw, tender and which need protection and space. The skillful means needed are presence, being awake and aware, being intentional, noticing the energy flow, being genuine, and acknowledging the reality of a situation. In addition, proficiencies are needed in using the wisdom of the heart to protect the dignity of self and others by not adding to further

confusion, neurosis and destruction in a situation. A question which arises and will be responded to in this section is: How can we acknowledge, support and protect each other's vulnerability?

What has become clear from this research is that we need to learn how to acknowledge our vulnerability. I will use the "we" pronoun to emphasize that this is our common condition. The protection, then, becomes one of watching for our common triggers of vulnerability and our habits to ignore it, numb ourselves, or avoid it by distracting oneself with something else like substances or compulsive behaviors. Through reflection, we can start to see patterns of blaming and shaming of self and others (Brown, 2010a) as well as our struggle with expectations of "who we should be, what we should be, [and] how we should be" (Brown, 2007, p. 19). Brown (2007) suggests these struggles as an entangled "shame web" (p. 19).

We can start to acknowledge the fallout from such behaviors. We notice how we can become complicit in and perpetuate disconnection, isolation, power trips, violence and depression. Behaviors of being silent, showing intolerance, not caring, ridiculing or being aggressive around vulnerability need to be acknowledged as real. What will it take to shift the historical norm?

Diekelmann and Ironside (2004) underscore the importance of reflecting on our own caring or non-caring behaviors by examining the everydayness of our actions, which can become invisible to us, and suggest that whereas intentionality is important, *how* we embody caring is paramount. Indeed, intending to be congruent is vital, however, it is our lived experience of

congruence which carries the most meaning and significance. Diekelmann and Ironside (2004) remind us that the role of hermeneutics is critical as we keep cultivating our understandings by remaining open and always on the way.

Supporting each others' vulnerability is done by choosing to look out for each other, providing space for reflection and feeling its groundlessness. This is done by choosing to respond empathically, with compassion (Brown, 2007), and making efforts to understand the other's experience. To support each others' vulnerability means feeling responsible for the interpersonal safety of others, practicing one's courage to intervene, and engendering mutual trust by actively protecting each other in this way. This mutual trust is predicated on the belief that compassion is "a relationship between equals" (Chödrön, 2002) and that we need each other to walk with through difficult experiences. The notion of actively engaging makes the notion of congruence less a philosophical suggestion but a necessary in-the-moment mandate for the transformation of nursing and health care.

Applied to nursing, the cultivating and sustaining of a trusting environment could be a key competence for nurse leaders. Scharmer's work with presencing and organizational change has shown that "there has to be risk in order for the collective to show up" (Scharmer, 2007, p. 179). So, if group transformation is welcomed, the group must learn to trust each other so that risks to care for each other differently are taken on. The level of risk taken is commensurate with the level of trust. By addressing the notion of mutual protection, the work

environment becomes one where trust is present and true collaboration and transformation can occur.

Nursing is also called to develop the skillful means to protect our collective vulnerability. Support for mutual protection would involve reflective guidance and education about our own natural fragility, along with opportunities to practice, practice and practice how to engage with our own and others' vulnerabilities. The practicing could involve not maintaining silence, taking risks to gently name bullying or disrespect when it is noticed, encouraging managers to address conflicts appropriately, and committing to a zero tolerance of abusive actions.

A mutually agreed upon vision for future collaboration would be important. On the spot training could be transformational, with the caveat that we are all committed to change how we interact by doing the best we can as we practice new ways of being with each other. "Not afraid to be a fool" could be a slogan to work with (Trungpa, 2005, p. 2).

Congruence between values and actions requires a change in organizational paradigm. Anderson (2010) suggests bypassing of superficial leadership training in favor of the deeper work of working with vulnerability and anxiety about feeling uncomfortable. In addition, it could be helpful to explore creative ways to bring meaning and purpose back into the work. Anderson suggests taking the resultant anxiety in stride, to expect it as part of the process and to encourage individuals to become "students of their own fears" (p. 11).

Finally, Brown (2009) has developed a psycho-educational curriculum for students on developing shame resilience, teaching authentic living as an

underpinning for developing empathy and resilience to the universal experience of shame. This flexible and transferrable course of study could provide a foundation for weaving shame resilience into various practice venues and nursing education curricula. Incorporating shame resilience into nursing education curricula could be a valuable tool for developing empathic and caring nurse leaders, as well as strengthening communities of nursing.

The PeerSpirit Circle sets itself apart from other conversation models with the designated role of the guardian. It is argued to be an inspired addition to the form. Baldwin and Linnea (2010) acknowledge that over the years, their experience continually validated the need for such a role. Looking at the scientific literature, it is difficult to break habitual patterns and there is a need for the presence of someone's mind/heart to be a gentle reminder of the caring process and what the group has gathered to do. The guidelines help us to remain congruent with values and actions.

In sum, the notion of becoming aware of, embracing and protecting vulnerability in self and colleagues seems an important step in the journey to authenticity and solidarity in nursing.

Demonstrating relational ethics with vulnerability implied. Relational ethics are a means to protect nurses' vulnerability. Relational ethics expect and value the vulnerability of all, along with appreciating the value of risk taking and conflict. In fact, within relational ethics vulnerability is implied and encouraged for the benefit of health, transformation and community (S. Gadow, personal communication, May 17, 2007). This section will discuss what relational ethics

are, the need for re-patterning to enjoy different outcomes, and how to embrace vulnerability as a relationship competency.

S. Gadow (personal communication, May 17, 2007) suggests that relational ethics are phenomenological explorations towards understanding the meaning of existence. She defines relational ethics as wanting the best for an individual, using positive intention and decision-making without the use of force. Relational ethics break from the power-driven paternalistic and rationalistic paradigm in health care, engender caring communication and reflective practice and have support among the domains of humanistic nursing, mindfulness-awareness and complexity science. Relational ethics are a process of understanding and addressing experiences of dissonance in nursing and health care.

Relational ethics mean allowing a person the experience of becoming human, making his/her own decisions, participating in a conversation between equals, acknowledging the human frailty in all who live, and walking this journey together in spite of the lack of certainty. S. Gadow (personal communication, May 17, 2007) believes that in order for professionals to be able to advocate for others, we must personally understand what vulnerability means. Relational ethics extend beyond the practitioner-client relationships and into the relationships with self, colleagues, organizations, communities and the larger world.

There are many examples of the mixed messages we communicate. Organizations purport to value relationship-based values but which are often the

first to go in order to save money or maintain the same power dynamics. Watson (1999) suggests the notion of a “reconstruction” in nursing (p. 59), a re-patterning where, against all odds, we bring nursing back to its ethical imperative of care, relationships and walk the talk of what we are here to do. “Instead of medical virtues of toughness, aggression, dominance and control, can we bring forth values of caring, compassion, gentleness, love, mutual responsibility, natural life-giving and natural healing processes and practices” (Watson, 1999, p. 59) and justice. Healthy collaboration involves proficiencies which come from allowing ourselves to equalize the cultural power dynamics, suspend our judgments, use caring communication, and allow ourselves to be vulnerable (Senge, Scharmer, Jaworski, & Flowers, 2004).

S. Gadow (personal communication, May 17, 2007) considers the notion of re-patterning in nursing to create new outcomes. She asks the overarching question: how can we as practitioners and clients re-write our own narrative, which may be uninhabitable, and who will hold the container and walk with us? Here we note the call to create a container that will hold an authentic and vulnerable dialogue between equals, and which results in new ways of being.

There is a need to re-pattern how nurses typically collaborate. Milbrath and Forte (2010) highlight the difference between individual practice patterns and collective practice patterns. Typically the individual nurses work in parallel rather than in collaboration. They recognize the need for nurses to develop new ways of being, or new patterns, in collaboration where systems are in place and tools available to gather and share knowledge, demonstrate openness in sharing



knowledge, envision and enact their values, and discover new ways to measure success.

Doane and Varcoe (2007) reflect on a tension experienced by nurses to remain true to their calling yet also respond to the evolution of complexity in health care and organizational goals. They confirm difficulty attaining congruence between values and behavior in nursing today and clearly underscore the obligation and responsibility nurses have to practice congruence in all relationships by being mindfully-aware, reflecting and being intentional to ensure success. That said, Doane and Varcoe (2007) support making the relational space for reflection, difficulty and conflict.

Lashley (Lashley, Neal, Slunt, Berman, & Hultgren, 1994) suggests that a solution to nurses feeling more comfortable with their own vulnerability is to create environments which honor vulnerability. She inquires “Could such milieus be nurturing a new language, a lived language of vulnerability” (p. 48), where we take care to remember our continuous relationship with this experience? She suggests vulnerability becomes explicitly worked with in the many venues in nursing, where communities of nurses nurture unconditional support and acceptance of each other as we touch our rawness, fear and pain and risk sharing it with others.

In her research Brown (2010) discovered that those who felt worthy *believed* they were worthy, saw vulnerability as necessary for growth, recognized that being authentic brought them connection, had the courage to allow their imperfections to be seen, were kind to themselves and therefore to others, and,

lastly, that being vulnerable meant needing to stop trying to predict and control outcomes. Ironically, it is a continuous willingness to be vulnerable and be seen for whom we really are and what brings us the connection, meaning and purpose to our lives. Brown (2010) writes how vulnerability is the foundation for creating, belonging, joy, love and faith.

Brown (2010) suggests that the antidote is to embrace our vulnerability and share ourselves wholeheartedly, with authenticity and without any guarantees of reciprocity. She adds the importance of believing that we are enough, of practicing gratitude and joy when feeling vulnerable, listen more and teach others the same things. She writes that shame and blame loses its power when there is an environment of empathy, courage and compassion.

Lashley (Lashley et al., 1994) points out that vulnerability is an inherent part of the professional identity and is necessary for developing new understandings and horizons of experience. It is a call to grow as a person and as a professional. As Berman (Lashley et al., 1994) suggests, being called to care is to be called to suffer with another and to find oneself in the process.

In sum, the PeerSpirit Circle provides a safe environment for experiencing, acknowledging and protecting the faces of vulnerability. It is a means of praxis by being in relationships ethically. In Circle, nurses learn about what it means to be in relationship with each other. The relational ethics movement calls for space, authenticity, a letting go of the paternalistic and rationalistic paradigm, the need for re-patterning views and behaviors to enjoy different outcomes and calls for nurses to assume the individual and organizational responsibility to

support vulnerability-friendly work environments. Nursing must first examine their relationship to vulnerability and develop a common vision and plan for transcending the obstacles.

Engaging in caring communication. A nurse's ability to engage in caring communication among colleagues is a part of this complex picture of the Protector Principle. Caring communication becomes the container which supports the conveyance of authenticity and truth. The notion of dialogue is coming to the forefront in health care as a viable means to develop communities of learning, share knowledge and understanding and to positively affect the quality of patient care (Gunnlaugson, 2007; Sears, 2010). This section will highlight one model of communication which develops skillfulness in caring communication: Nonviolent Communication (NVC). Training in this model could benefit the caring communication competencies of nurses.

It is important to create a collaborative container which allows for the strengthening of safety and trust within a practice of dialogue. This requires active participation and an intention to pay attention to inner perceptions, judgments, reactions, heart-felt responses and behavior and learn to suspend them while connecting with others. By suspending a fixed mindset, more perspectives and experiences can shine light into places that could only see darkness. Such a suspension of groupthink lends to seeing that conforming is not needed, authentic communication is possible and new possibilities can evolve.

Our communication and relationship abilities are one and the same. Sears (2010) sees NVC as an important tool in transforming health care. A nurse

herself, she understands the need for a way to look at how our language perpetuates a culture of domination and hinders a community of learning. She notes the aftermath of domination is abdicating to dependent behaviors, environments which struggle with caring and empathic communication, respect associated with titles, and learning environments which engender fear and ridicule. The cultivation of NVC skills teaches communication which feels authentic, safe and protected.

Rosenberg (2004, track 1), a psychologist and the creator of NVC, asks the question “what keeps us connected to our naturally compassionate nature”? He reflects to us how we have been enculturated to think and speak in ways that are aggressive and do not support caring and life-enriching communication. Gadamer would view this as the influence of our historicity and horizons in how we use language to understand others. Rosenberg educates us to examine our ways of communicating and determine what barriers we typically use to stall compassionate connection. He assists us to connect and master the use of language to support life-enriching communication.

The purpose of NVC is “a way to connect with ourselves and others in a way that makes compassionate giving natural” (Rosenberg, 2004, track 1), where the intention becomes consciousness of our language usage, and authenticity through being honest and developing empathy. This is said to enrich life and create new horizons of compassion. Using NVC in health care can create healing environments which in turn cultivate sustainable change for the better (Sears, 2010).

Rosenberg (2004) suggests the barriers to compassionate connection are so common they are considered normal. They are present in “impersonal moralistic judgments” (Rosenberg, 2004, track 1) and labeling, how we compare ourselves to others, or not taking personal responsibility for behavior, making demands and motivating others through reward and punishment.

When our efforts are focused on judgments and labeling, we can be seen as “classifying, analyzing and determining levels of wrongness” (Rosenberg, 2004, track 2). Rosenberg (2004) cites such judgments as typically unrecognized yet which predominate our western interactions. This kind of predominate thinking often occurs because of fear, guilt or shame. NVC alternately teaches the mechanics for attending to each other using language that “contributes to one another’s well-being” (Rosenberg, 2004, track 2), hence developing a greater solidarity.

Rosenberg (2004) suggests there is a common habit of not taking personal responsibility for our own thoughts, feelings and actions. Here there is a sense of “being compelled by outside forces” (track 2) to think, feel or do things. Rosenberg (2004) notes there is a western passivity and “subservient acceptance of the common decree” (track 2). NVC skills emphasize how to take responsibility for one’s actions by indicating choices we make and to understand what we need from those choices.

Comparing ourselves to others does not enhance connection with others, but supports feeling separate and induces suffering. Rosenberg (2004) suggests that such comparing is a barrier to compassionate living with self and others.

In order to get what we want, we tend to communicate what we desire with a demand. We also tend to think in terms of motivating people via a reward or punishment consequence. According to Rosenberg (2004) both can lead to fear and violence. He suggests that using language which is life-enriching negates the need for reward or punishment. He reinforces the intrinsic value of compassionate NVC skillful means versus extrinsic reward or punishment.

The mechanics of NVC suggest looking at the language we use and incorporating new strategies for influencing each other in life-enriching ways. This is done by being observant of behavior without evaluating it, determining our authentic feelings and the needs associated with each feeling, and then making requests based on those needs. NVC practices deep listening and authentic speech as ways to deepen authentic being and empathic communication.

Finally, NVC is a means to develop consciousness and skillful means with which to connect individuals rather than perpetuate separation. It is a method of working to connect hearts and minds as we seek to make the world a safer and enriching place to live. The skills of NVC can be effectively learned and practiced using Circle process.

There are other models which work with caring communication, but which use different processes to get there. The example of generative dialogue (Gunnlaugson, 2007; Isaacs, 1999; Scharmer, 2007) seeks to develop coherence between thoughts, dialogue and action. This model suggests new ways to have conversations that hear from all involved, work with autopilot

interactive tendencies, cultivate openness and respect, listen, be flexible, inquire, honor space and time.

Theory U (Scharmer, 2007) is another example where mindfully presencing to self and others is said to be the place where deep transformation occurs and leads to “action from awareness” (Rosch in Scharmer, 2007, p. 168). Learning these skills holds promise as approaches to teach communication, collegiality, creativity and caring behavior within a safe and meaningful environment.

In sum, these methods of examining and using different ways to communicate which emphasize listening and responding with authenticity and empathy are ways to live in harmony with our values. The use of Circle process is an excellent vehicle to teach and practice caring communication.

#### Barriers to the Adoption of PeerSpirit Circling

This study’s findings have shown the experience of bullying and vulnerability as obstacles to the manifestation of congruence between values and action. Whereas these are also components in the discussion about why individuals may not be called to participate in or adopt Circle process, there are other barriers explicated by the study findings and supported by the literature. The other barriers identified are a lack of understanding about Circle process; resistant ways of being towards Circle; unfamiliarity with the Circle meeting format and process of communication; the increased need for time and space; cost; and a lack of congruence of between how individuals acted in Circle versus the way they were outside of Circle.

A lack of understanding of how Circle process works is cited as a barrier to participation or adoption of Circle process. Participants shared how others were “curious” (Co), “perplexed” or showed “disbelief that there is a way to communicate differently” (P). Acknowledging the skepticism of others about Circle process, participants were of a same mind saying essentially “don’t knock it until you try it” (P).

### Resistant Ways of Being

As reported by the participants, resistance to Circle process was experienced in several forms. One came in the form of anxiety, which originated from individual psychosocial issues and prevented connection. The anxieties were said to have been brought on by low self esteem, shame, family dysfunction, fear or cynicism. “I thought something was wrong with me...I was most definitely intimidated...of their strong personalities...their ability to share without fear” (Holly) was an example of one who felt ashamed that she couldn’t measure up to the kind of participation she was seeing others offer.

Fear and cynicism were other experiences of resistance, where the thought of respectful voicing and listening yielded sarcastic comments, mocking and a disbelief that administration would actually listen to their concerns. There was a hesitancy to engage because of expectations that people may not be able to enact authentic communication and if they did, nothing would change.

Mental and emotional attitudes can be barriers to change. Vince (2001) points out that mistrust in organizations is perpetuated through avoiding conflicts, and incongruence between what is thought and said. Ignoring, devaluing or



avoiding emotions in organizations shapes the outcomes negatively. The avoidance of conflict was also stated as a reason to not participate. Research shows nurses to be typically avoidant of uncomfortable issues and conversations of a spiritual nature (Horton-Deutsch & Horton, 2003; McSherry, 2008).

The notion of watching a Circle from a distance was articulated earlier by Solas when she shared the experience with the two nurses at the State Nursing Association conference who refused to gather in Circle and who, instead, preferred to observe from across the room while knitting. Were they wishing to be spectators because of feeling apprehensive, not trusting such a process, or somehow feeling excluded? Though we do not know the answer, it highlights the importance of considering each situation of resistance with mindfulness-awareness, genuine curiosity, openness, non-judgment and care-full means of inviting or excluding observers. Those interactions may make or break their future participation. That said, however, a desire for inclusiveness needs to be balanced with an awareness of what benefits the greater good. If negativity is palpable, it is most likely that the individuals are simply not ready for the experience, which is fine. What may change the tide for those self-protecting individuals is to observe a critical mass of nurses having meaningful experiences.

Another experience of resistance had to do with not feeling comfortable with time factors. Time and space is needed to hold relationship-centered dialogue. One participant described how it took them off a fast-paced work schedule where one was “not used to slowing down or getting into a collective zone” (Co). Another participant shared that the non-hierarchical model honored

relationships and valued listening was a “far cry” [from] “electronic memos, email communication...board rooms with long rectangular tables...giving orders” (Solas).

Participants shared that the non-hierarchical guidelines for interaction and an emphasis on building relationships felt uncomfortable and different from what was known. Because Circle process does not always yield measurable outcomes, people have been heard to exclaim “but you’re not doing anything” (Solas)! Whereas agenda items can definitely be accomplished, the dialogue, inquiry and building of relationships seems less important to some.

Circle’s unfamiliar format can feel uncomfortable at first. In health care, staff meetings are “run by the manager, information is imparted and then it’s off and running again to perform patient care and catch up on an understaffed overworked unit” (Co). Participants experienced nurses being used to “the old way” of running meetings, where they knew who was in charge and who had control, where “egos get in the way, communication styles dominate...people leave the meeting feeling many different ways, mostly not satisfied or acknowledged...Managers sometimes feel they need to answer the problems and find solutions themselves” (Co).

As one participant stated, “it is challenging as a circle attempts to fit into hierarchal health care organizations and processes” (Holly). Part of the challenges within groups or organizations was not having a top-down shared mission, vision or commitment to a new process of collaboration and transformation.

Different ways of communicating were seen as barriers. Here, the known and well honed professional communication is clear, concise, and to the point. There is no time for space to reflect, connect and articulate emotional content effectively. This is in contrast to Circle's honing of authentic presence and honest communication. Such skillful means inevitably brings conflict to the fore, however, Circle process holds an effective way to mediate conflict and positive outcomes most often occur and become embodied.

#### Other Identified Barriers to Circle Process

Cost is a potential barrier. There is a cost to spend the time necessary for relationship-building and dialogue, where everyone has a voice. Dahlborg (in Baldwin & Linnea, 2010, p. 182) of True North Health Care Center in Maine cites the challenges of maximal efficiency and timely decision-making as they function with Circle as their mode of governance.

Incongruent ways of being one way in and another out of Circle were cited as barriers. "It was difficult to sit in Circle and talk about Reverent Participation when outside of the Circle her actions were often the opposite. Experiencing and witnessing an often hostile attitude was an impediment to sharing, to vulnerability" (Holly).

Because of the nature of historicity and horizons of understanding, Anderson (2010) discusses how hard it is to change habitual behaviors and revert back to old patterns of perceiving and behaving, staying with what they know. He points out how the mixed messages are continually reinforced by organizational cultures of caution. He believes that individuals are the primary

obstacles to organizational change and that for an organization to change, personal changes must occur. Because of humans' propensity to avoid anxiety and discomfort, there will be challenges to present the notion of Circle in ways that resonate with core values and desire to change negative experiences.

Anderson (2010) points out that the move from hierarchy to partnership involves challenging one's "basic character structure" (p. 14) of dependent-complying or expansive-controlling and inducing vulnerability and fear as one tries on new ways of being. He states "there is no safe way to be great!" (p. 14) where vulnerability, a willingness to experience discomfort, and risk are necessary for greatness.

In sum, some of the obstacles to the uptake of the PeerSpirit Circle into nursing and health care have to do with the current historicity of the health care environment and a lack of understanding about what Circle is and how it works. There are resistant ways of being which relate to the discomfort of feeling anxiety, vulnerability and fear among peers and which can result in being cynical or feeling reluctant to engage in new paradigms of interaction. In addition, time pressures in health care contribute to reluctance in accepting the form. Barriers are also linked to incongruent ways individuals acted inside of Circle versus outside of Circle.

### Solutions and Sustainability

The initial literature review in this dissertation revealed that health care environments were poised for change and recognized that there is much struggle to find the path to sustainable change. This study's participants recognized a

need for a more caring culture in nursing as evidenced by their own experiences. The philosophy of Gadamer and the initiatives in humanistic care, mindfulness, RCC and complexity science note that positive change occurs when individuals are able to self-reflect on their own horizons and be open to understanding the horizons of others. Transformation and future possibilities can arise when individuals are open to new ways of being with self and others, engage in dialogue and in-depth hermeneutic questioning. This section will proceed from macro to micro levels. Into the discussion I will introduce how best to diffuse an innovation like PeerSpirit Circling and close with specific solutions offered by study participants and myself.

#### Diffusion of the PeerSpirit Circle Innovation

When considering how to effectively introduce the innovative PeerSpirit Circling model into more nursing venues one can look to the research on the diffusion of innovations. Because there is little research on Circle process, there is a paucity of data, other than anecdotal, to support its effectiveness and credibility. This subsequently makes the introduction of Circle practices into healthcare more difficult. In this section, I will suggest how to optimally engage others in the practice of PeerSpirit Circle process by using Rogers' (2003) diffusion of innovations framework.

According to Rogers (2003), for successful diffusion of an innovation eight elements need to be considered. One needs to be concerned with the attitudes and values of the adopters, their channels of communication, their degrees of interrelatedness, an awareness about the process of change, social norms of the

adopters, how decisions are made to adopt new processes, the role of decentralization, as well as the complexity and trialability of the innovation. Linking these notions to Gadamer, Gadamer (1996) might call this an examination of the historicity and horizons of the adopters, or attempting to understand the contexts in which adopters live and work.

When attempting to diffuse an innovation one would first need to look at attitudes, perceptions and values of the adopters (Rogers, 2003). Is there a perceived problem to solve (Rogers 2003)? We know from the study findings and literature review that there are problems in nursing for which Circle could address. The hermeneutic inquiry present in this study is an example of understanding the horizons of potential adopters and what issues hold meaning for them. A review the perceived advantages and disadvantages of introducing the Circle model could help determine viability.

The participants in this study relate how their experiences of Circle have improved their own patient care; cultivated congruence between values and action; developed stronger personal presencing, empathy, and compassion; strengthened their professional relationships through better communication and trust; and strengthened their sense of community and humanity. There is an element of potential solidarity at stake, where potential adopters use language, dialogue and praxis to further understand their common ethics, values and convictions (Gadamer, 1996). Through dialogue, a shared interpretation can be arrived at, where there is an understanding and appreciation of commonalities

and differences. The disadvantages and negative consequences of adoption have been discussed.

Rogers (2003) stresses the importance of knowing what the adopters value. This might include low cost, motivation, social benefit, convenience of time and location, and improved patient care. It may also be what they value in their different settings as it relates to collegiality and day-to-day functioning together.

The second element to consider in the diffusion of an innovation is what channels are used to educate about the innovation (Rogers, 2003). It is important to consider how the innovation of Circle will be communicated, be that personal contact, group education, or technology. Will the communication roll out in stages or all at once? It is also important to identify who the opinion leaders and potential early adopters are, and note if there is a convincing critical mass of adopters. One crucial piece affecting the sustainability of innovations is having a significant critical mass of adopters.

Opinion leaders are those individuals with informal influence over the attitudes and behaviors of others. These people have extensive social networks, have higher media profiles and socioeconomic levels. Since the opinion leaders are able to communicate their support extensively, there is the possibility of influencing a greater critical mass of adopters.

Rogers's (2003) also cites that early adopters of innovative changes are more educated, upwardly mobile and have personality variables of being able to tolerate uncertainty, are better able to work with abstract ideas, are empathetic, less fatalistic, and are typically opinion leaders within their organizations. These

people are more innovative, have large networks, and actively seek information. According to adoption research (Rogers, 2003), early adopters and opinion leaders are open to dialogue, reflection and new ways of thinking and understanding. They also are able to engage with ideas for the greater good and let go of ego-centered actions and untouched traditions.

Appealing to the opinion leaders and early adopters might involve education about the Circle process, the literature, the research outcomes, advantages, disadvantages, the intentions and the guidelines. There should be no surprises. For those who are cynical, my study participants suggest that this is a form of collaboration that must be experienced to be appreciated.

It is my sense that personal connection with possible adopters is important. This could be done at conferences, grand rounds, nursing administration meetings, staff meetings, and hoc meetings. Presenting this research can be helpful and raise the scientific credibility of the PeerSpirit model. More research on this Circle model could be a way to introduce Circle in a variety of venues, slowly developing a critical mass of those who have experienced the form.

The third element affecting the adoption of innovations is the nature of interconnectedness in a culture or context. Rogers (2003) points out the adoption of innovations are influenced by the exchange of ideas among diverse individuals instead of similar individuals. If there is sufficient interconnectedness between CAS, adoption happens faster. In nursing there is an interesting paradox. It has much connectedness with sharing professional information via meetings, change



of shift report, emails, memos, the internet, and the mass media, and yet authentic interconnectedness within the profession of nurses is challenged. Research shows it takes twelve face-to-face contacts for trust to occur (Rogers, 2003). Rolling out a Circle program could require many face-to-face meetings with potential adopters in order to educate and build trust. To assess the potential for viability it would be helpful to engage in a dialogue about Circle with diverse nurses who are open to new ideas and ways of being.

The fourth element to consider about diffusion of innovations is the awareness that change happens over time. Research has shown that preventative practices have lower adoption rates because the observability of results is delayed (Rogers, 2003). Circle is interestingly on-the-spot helpful and preventatively helpful. The study findings show that even one Circle experience can shift a person's perception of the model and its benefit.

According to Rogers (2003), the fifth element in the successful diffusion of innovations is to understand the norms of the social system into which the innovation is being presented. These norms will shift from setting to setting. Rogers (2003) states that if a social system perceives a practice in a positive light, there will be quicker adoption.

The sixth element affecting successful adoption is to understand the decision-making process of potential adopters (Rogers, 2003). In hospitals, decision-making can be hierarchical and/or decentralized. If the decision to adopt Circle comes from the top, RCC principles and practices need to be shared, agreed upon, infused and expected throughout the whole organization.

Administration would intentionally demonstrate buy-in by “setting the stage” and modeling the ways of being desired and raise the expectations for participation.

It is important that an innovation is compatible with an organization’s mission and values. Therefore a willingness and commitment is necessary on the part of the adopters to take risks and to work through difficult experiences.

The seventh element affecting diffusion of innovations is how power is used in an organization. As stated in Rogers (2003) the more centralized the power and the more people involved, the slower the adoption rate. Senge (2002) points out that decentralized decision-making, or “local line leadership” is more effective than hierarchical leadership. It would be easier to approach an individual nursing unit or department to see if there is an openness or need to pilot Circle process rather than start at the top of the hierarchy. This study’s participants emphasized the importance of a grassroots buy-in, ideally with neighboring and affiliated departments units willing to participate as well.

Lastly, Rogers (2003) also points out that the complexity and trialability of an innovation affect the adoption rate. How flexible an innovation is implemented or its simplicity of use affect adoption. Circle is a simple practice of respectful dialogue with complex outcomes. Circle process is easy to learn and can be done by anyone interested in trying it. Hence, there are several elements to consider as one attempts to diffuse an innovation like PeerSpirit Circling into nursing.

## Other Solutions

Study participants had recommendations for how best to introduce Circle into a nursing venue: the careful use of timing and starting gently. All were confident of the benefit of using Circle process in nursing and were eager to have this research diffused across the profession.

According to the findings, timing, need, setting and apparent readiness are key components in the introduction of a Circle into nursing settings. The notion of timing suggests that readiness of a group and a willingness to work together in new ways are important factors for successful adoption. The PeerSpirit Circle is not a model to be forced upon individuals or groups, rather it is a process that grows best organically in a time and place of openness and need.

According to the findings, a Circle needs to be introduced in a gentle way. Once there is agreement about the calling of a Circle, it can be helpful to start with the first Circle in a light manner, with check-in questions which are simple, meaningful and make connections between people. Education about the process is important for individuals to feel more comfortable engaging.

Another solution for successful diffusion of Circle into nursing could be to initiate more research in practice and educational settings. Pilot studies could be a way to get individuals to commit for a prescribed period of time, to develop a larger critical mass of individuals who have had Circle experiences and who might influence its adoption and evolution. Ongoing training and consultation regarding Circle process may be helpful to work with issues which come up in Circle experiences.

Circle is a way to develop relationship abilities. Sitting together with authentic presence facilitates a way to grow together and espouses a better way of relating and collaborating with each other. Circle process has been used for job interviewing and annual reviews.

As I consider how best to introduce the innovation of the PeerSpirit Circle into mainstream nursing I understand the challenges the profession has in looking out for and protecting the vulnerability and relationships among nurses? Whose job is this? Ultimately, I believe it is the job for each nurse to take responsibility for enacting safe and caring communication. Because of the continued concern for the well-being of nurses in difficult situations, professional organizations are developing policies and programs which encourage safe, productive and healing work environments.

For example, the Joint Commission for the Accreditation of Hospitals (JCAHO) has identified a need to create a code of conduct which would protect those who feel exposed and unprotected from bullying and other inappropriate behaviors which engender vulnerability. In 2009, they required ethical codes of conduct and delineated behaviors which were disruptive to staff morale, safe clinical practice and recruitment and retention. This has helped to raise consciousness about the detrimental effect of disruptive and aggressive ways of interacting. Whereas hospitals have now incorporated these JCAHO ethical codes of conduct, the bullying still continues in many settings.

Alspach (2008) calls for mandatory zero-tolerance of these negative behaviors across the profession. Gadamer (1996) would call this practical

philosophy, where the ethics, consciousness and practice become one in real situations and “our common responsibility” become embodied. The embodiment of practical philosophy engenders a feeling of solidarity.

Finally, I propose an unusual idea. Nursing education has created the role of the Clinical Nurse Leader (CNL), a position which works with vulnerable patients, addresses fragmentation of care within the system, concerns itself with quality improvement, and works to maintain relationships across the continuum (M. Wiggins, personal communication, July 13, 2009). Might we consider nursing as a vulnerable population?

Would a CNL role like this, expressly for nurses, be a way to teach and cultivate the skills necessary to improve work collaboration, strengthen relationships, promote interdependence and build community? Or perhaps this might be a CNS responsibility? Would it be an effective way to shine a light on the existing nursing shadow system which feels it does not have power but, in truth, holds a seemingly tyrannical influence which sustains destruction and fear? Could a position like this, one needing expertise in mindfulness-awareness, relationship-based care, complexity science, caring communication and Circle process, be of benefit to the growth of the profession? Could such a position hold the focus for the blossoming of our relational ethics, caring communication and solidarity until individual nurses could clearly do it on its own?

In sum, the adoption of the innovative model of PeerSpirit Circle depends on understanding the people and organizations in which it is being introduced.

Much information is needed before connecting nurses with this form of collaboration and ultimately, timing and readiness are important above all.

### Circle as a Path to Authentic Leadership

As with Circle process, leaders in the 21<sup>st</sup> century are called to value and role model congruence between humanistic values and action. This congruence is nurtured through understanding the principles of knowledge complexity; preparing the foundation for and protecting a positive work environment; cultivating a quality of space which allows for the growth of authentic presence, creativity and freedom; and valuing the humanity in self and other. Strong leaders also create work environments which allow for developing relationships and communities of learning to thrive.

### The Complexity-inspired Leader

The complexity-inspired leader is educated in complexity science and understands the unavoidable challenges of change and relationships. This person values knowledge sharing, innovative models of collaboration, praxis and authenticity of being.

The complexity-inspired leader is humanistically-oriented and recognizes that humans are CAS embedded in layers of other CAS. This kind of leader understands that change is constant, and that change, diversity and variability are keys to vibrancy in the work place. Senge (2002) defines leadership as “the capacity of a human community to create its future...[and] the ability of people in an organization to initiate and sustain significant change, to work effectively with the forces that shape change” (p. 54).

Zimmerman, Lindberg, and Plsek (2001) encourage health care leaders to look through the lens of complexity for optimal success. A reflective and mindful leader recognizes the importance of committing to the creation of space for dialogue, working with polarities and tension, presencing to each other, connecting with the meaning in their work and knowing the delight of liberation from stale patterns that do not serve. The real work of leadership is looking at the relationships among human beings and changing how people interact, recognizing the patterns and results and then synthesizing and integrating the information (Malloch & Porter-O'Grady, 2009; Lipmanowicz & McCandless, 2010; Zimmerman, Lindberg & Plsek, 2001).

Research is showing that making time for authentic dialogue is a foundation for inspiring organizational transformation. This is done by acquiring knowledge in multidimensional ways, honoring diversity, sharing knowledge and stories, making connections, discovering together, and developing a critical mass for effective diffusion of knowledge and translation into practice (Avital & Carlo, 2004). Meaning is created as language and relationships co-emerge, where previous boundaries are broken (Bohm, 1996) and there is a mutual exploration of "processes, assumptions and certainties that compose everyday experience" (Isaacs, 1993, p. 25).

The Circle can be seen as a complexity-inspired innovation called a liberating structure. Liberating structures are cutting edge methods for guiding how diverse individuals can engage in dialogue using simple guidelines for interaction, and which can yield direct experiences of new understandings which

liberate people's own energy, creativity, and collective intelligence (Lipmanowicz & McCandless, 2009). I believe Gadamer would have appreciated examples of liberating structures as genuine modes for participation, praxis through co-determination and doing, which can realize authentic community and solidarity (Gadamer, 1998).

The research findings in this study demonstrate Circle as a container to practice these complexity-inspired leadership skills. The Association of Nurse Executives (AONE) has seen the value of Circle and has incorporated PeerSpirit Circle training into their annual conferences for the last several years as a way to develop leadership capacity in nursing leaders. In addition, in the title of their book *The circle way: A leader in every chair*, Baldwin and Linnea (2010) see the leadership potential of PeerSpirit Circle participation. Indeed, the findings in this study identify a strengthening of participants' leadership capacity beyond what they thought was possible.

That said, the PeerSpirit Circle process teaches new ways of being in the world which engender connection and care. It is a means of learning how to be authentically and share that with others, ultimately shifting one's experience and perspectives of one's horizon. The maturity gained is more than a skill set, but a way of appreciating and opening to others which allow for a natural evolution of being. Circle becomes a way of life, an ethical imperative.

The themes which emerged from this study, experiencing the container, experiencing space and experiencing one's humanity, mirror what contemporary authors are claiming as competencies necessary for excellent leadership. In



Circle, these proficiencies develop organically, whether one is part of the rotating leadership or not. The competencies develop over time and on many different levels.

### Preparing the Container

Like the PeerSpirit model of Circle, the literature supports the notion of preparing the professional milieu or container for authenticity and relationships.

According to Baldwin and Linnea (2010), preparing the container involves a preparation on several levels. The host clarifies his/her motivation and intention for a Circle, which involves inner reflection and honesty. An invitation is extended to others with clear intention about its purpose. Physical preparation involves setting up a circle of chairs and placing a visual focus in the center. This visual focus may hold objects to remember the purpose of the gathering.

In addition to the host, PeerSpirit Circle preparation involves engaging other volunteers to assume the roles of scribe (if appropriate) and guardian. These three non-hierarchical roles are typically rotated among Circle members and work together to collaborate in holding the safe interpersonal space for the group. The leaders guide awareness and enacting of the principles, practices and agreements and call individuals to authentic connection with self and others, as well as to serve the well-being of the group. Preparation also involves determining check-in questions, reflections to read, agenda items, and check-out activities which help to close the Circle. Though ways of being are guided and roles are set at the beginning, there is an opening and welcoming towards the unfolding of the unknown.

Malloch and Porter-O'Grady (2009) note the core proficiencies of progressive leaders as requiring the conceptual skills of understanding complexity, and engaging with chaos, by being open to uncertainty and letting go of the need to control. It requires an ability to synthesize big and small patterns and to be open to new learning. The experience of Circle is complex and is most often unpredictable in its outcomes. The roles of host and guardian develop an eye for complexity by looking for smaller patterns while keeping in mind the larger picture.

Malloch and O'Grady (2009) and Allee (2003) suggest complexity-inspired leadership capacity includes creating a context for the meaning of the work. Circle is one example of such a context. Other leadership qualities related to preparing the context, or container include deconstructing hierarchy, instituting shared decision-making and promoting interdependence; setting guidelines to work with new mental models; protecting the container so that vulnerability can be expressed (Malloch & Porter-O'Grady, 2009). As noted above and in the literature review, Circle is a complexity-inspired model which calls each individual to reflect, assume leadership roles, hold people accountable to the principles, practices and agreements, and facilitate individual and group process. As well, one learns to nurture a context for trust, authentic communication and connecting with the meaning in ones work.

The complexity-inspired nursing leader understands that the context created for professional work must be relationship-centered, with shared mission, values and agreements for how the about the process and outcomes of the work

(Allee, 2003). Working with the principles, practices and agreements in the PeerSpirit Circle afford a group practice in reflection and enacting these in the work arena.

Important leader capabilities include effectiveness in participation and interpersonal relationship skills (Malloch & Porter-O'Grady, 2009). Circle promotes participation, engagement with self and other and hones important relationship skills. It also works to maintain interpersonal safety, which is being called for in nursing today. Allee (2003) posits that success and prosperity are measured in social well-being, which she cites as strong relationships and mindsets of abundance and possibility. Preparing the Circle container is a means of developing strong relationships and practicing the letting go of assumptions and expectations, which allow for openness to abundance and possibility.

In sum, the guidelines and roles of Circle process, provide leadership experiences through nurturing a positive and respectful environment, developing an understanding of complexity science and valuing relationship-building.

### Creating Space

The container created in Circle by the above guidelines and experiences allow for developing increasing levels of comfort with a quality of protected space which supports working with individual and collective vulnerability, trust, presencing, sacred space and freedom. The authentic leader cultivates such experiences which lead to individual and group growth.

Nurse leaders validate the importance of vulnerability in creating vital professional experiences. The journey to authenticity is an ongoing cycle of

“being vulnerable, taking risks, stretching one’s capacity, living the [new] reality, evaluating the outcomes, cherishing the new reality” and to becoming vulnerable again (Malloch & Porter-O’Grady, 2009, p. 95). This happens on the micro and macro levels.

Within the realm of ethics, there is inherent conflict and uncertainty. Such disagreement and not knowing can create vulnerability. When relational ethics are in place and there is an effective support of vulnerability, a culture of trust can develop, where risks are dared to be taken, the specter of silence is defeated, and participation increases (Malloch & Porter-O’Grady, 2009). The Circle study findings show that when trust is earned, there is a willingness to be authentically present, courage to risk emerges, fearful or angry silence falls away, and increased participation is accomplished.

Trust is also attained through the discovery and effective management of polarities, tension and anxiety found, for example, in working with diversity and shadow systems (Zimmerman et al., 2001). The successful nurse leader develops an ability to tolerate and work with these experiences. Vince (2001) suggests that leading means learning how to manage the anxiety related to new learning and change. Negotiating the polarities, tension and anxiety involves relational ethics, finding the common ground, the shared vision, which then shifts focus from fear of change to new possibilities. Circle practice welcomes diversity and voicing of all points of view within a safe container. Feeling safe allows a shadow system to be heard and worked with. Circle members honor the shared experience of anxiety which is triggered by new learning and change.

Presence and comfort with emotions is becoming a requisite for leadership positions, where mindfulness-awareness, presence, self-awareness and reflective capacity are critical in the midst of constant change (Malloch & Porter-O'Grady, 2009). Space and trust are needed for these to flourish. As Scharmer (2007) states, leadership becomes a journey "to shift the inner capacity from which a system operates" (p. 377).

In that vein, Anderson (2010) suggests that leadership is a deeply personal kind of development and requires a commitment to exploration and understanding. Hence it is the internal work which is fundamental to sustainable change because it is not just another external program, policy or band-aid to a situation. The quality improvement and personal growth occurs from the inside and makes significant ripples outward therefore yielding a higher quality of care, collaboration and health care experience for all.

Anderson (2010) believes that leadership development also "requires a bias of truth and integrity" (p. 24). Like a meditation practice, it requires discipline, intentionality and space to develop the kind of wisdom, compassion and courage and reflective capacity needed for developing the essential character of a leader. Anderson (2010) underscores the difficult nature of addressing internal obstacles in contrast to external obstacles, therefore encountering more resistance to overcome.

This study's findings reveal that there is an experience of the sacred by having protected space in which to develop a comfort level with authenticity. When individuals can trust each other and be guided to connect with their

authentic being through letting go of self-imposed limitations and historicity of the past, a sense of freedom emerges. Logically, it could be said that such freedom frees the individual to be a leader with greater integrity, inspiration and competency.

In sum, the authentic leader becomes more comfortable with actively protecting the space so that vulnerability can be shared, trust can flourish and experiences of sacredness and freedom can inspire meaningful nursing practice.

#### Discovering our Humanity

As in Circle, the successful leader cultivates a safe environment which allows the discovery of one's own and others' humanity. The findings suggest Circle yields a deeper experience of understanding of self and others, these being fundamental to leadership development. As such, the leadership qualities identified in the findings were noticing, reflecting, and letting go; recognizing and experiencing core values; caring, courage, growth; engendering solidarity and appreciating the lineage of nurses. The findings of this study echo many aspects of Theory U (Scharmer, 2007), a framework for groups and organizations to understand and develop leadership capacity. As a means of translating the Circle model into a contemporary organizational culture, this section will walk through the Theory U framework as a way to describe what happens in Circle to affect an awareness of our humanity and purpose in the world.

Theory U (Scharmer, 2007) is a complexity-inspired conceptual framework for personal and, therefore, collective leadership leading to transformation. The model demonstrates the development of individual and collective mindfulness,

presence, intentionality and realization resulting in the emergence of dramatic change, while concurrently understanding the interconnectedness of the parts within the whole. It helps to deepen the understanding of complex issues and “sustain change from the inside out thereby actualizing solutions that emerge from this deeper understanding” (Senge et al., 2004, p. 88). Theory U developed out of the studies of cognition, consciousness studies, learning theory, transformational leadership and organizational development and complexity science. According to Theory U, the three capacities critical to nurture are an open mind, an open heart, and an open will.

In the Theory U framework there are seven spaces of awareness in the U process. The initial spaces begin with opening up to new insights and practices, thus engendering the emergence of a new and unpredicted future. The flow of the process begins at the upper left of the letter U with the spaces of downloading, seeing, and sensing. These spaces involve noticing habitual behavior and opening up to new ways of seeing and sensing. At the bottom of the U is the space of presencing where one is guided to go within and connect with an inner knowing. Then the movement up the right side of the U involves realizing the larger service to humanity through the processes of crystallizing, prototyping and performing.

Downloading is an experience often encountered in organizations. Here one is present to situations coming from a place of habitual perceptions and reactive behaviors. This way of being is indicative of superficial awareness that is stuck in thinking that solutions can only be solved within the boundaries of an

organization. According to Theory U, what prevents learning and change are not recognizing what you see, not saying what you think, not doing what you say, and not seeing what you do. In the name of efficiency, control and predictability such organizations work with blinders on, by continuing to work on autopilot, making short-sighted decisions and not being conscious of the consequences of their role in the larger picture (Senge et al., 2004). Often perpetuated by fear, anxiety and avoidance, the individual resists change in order to stay in what is known and comfortable. In these places “thinking is governed by mental models, and doing is governed by established habits” (Senge et al., 2004, p. 10). In the PeerSpirit Circle experience, there can be a continuous tension of working to shift autopilot ways of thinking and interacting.

Seeing is being able to suspend downloading behavior and then be able to examine judgments and assumptions so that the reality of a situation can be seen with a beginner’s curiosity and not from a habitual frame of reference. Seeing is where one begins to listen differently to self and others. It is important here to create a container which allows for the strengthening of safety and trust and a practice of dialogue. Senge et al. (2004) believe that until one develops the courage of learning to see with fresh eyes and an open heart transformation can become stagnant since complex problems arise from unquestioned assumptions and habitual behavior. These habitual behaviors either move a group forward or hold them back. In Circle, participants work with this mindfulness-awareness and practice listening differently.



Sensing is where there is a suspension of the subject-object perspective and the individual enters “the U Field”, the whole field, and begins to expand the above awareness into understanding one’s personal contributions to the patterns of the whole. Gadamer (2001) supports the individual noticing how one may be complicit in perpetuating what occurs in the world. Just as in Circle, storytelling is a compelling way to facilitate listening to hear with new ears and to redirect oneself from judgments to open-mindedness and open-heartedness. Noted in this space is the shifting of individual and group dynamics from they to we, along with a growing sense of relationship and ownership of a situation. This shift from a sense of separation to connection with the larger system has been shown to move an individual to a place of deeper knowing and meaning of one’s part within the collective field. In Circle, participants are guided to let go of ego-clinging agendas to attend to the well-being of the group or organizational vision.

The next space on the “U” is known as seeing with one’s heart. The principles for this step include intentional opening of space, time and heart to allow for practicing, activating and sustaining more profound capacities of inner knowing. When we start to engage in expanded interrelationships one’s capacity to engage in relationships grows. The individual has now ventured beyond the organizational boundaries to find solutions which heretofore had felt imposed upon by the organization. To that end, Einstein is often quoted to have said that solutions can never be found by the minds that created them. Hence, Theory U supports thinking outside the usual boundaries and using all one’s senses.

Like the Theory U process, the Circle study participants indicate a stronger connection with core values, and an expansion of their horizons beyond what they had known before. Hence, the process of downloading, seeing and sensing are related to the study findings of noticing, reflecting and letting go.

Presencing is the space at the bottom of the U which bridges the inner knowing with “one’s real source of presence, creativity and power” (Scharmer, 2007, p. 164). In Theory U, this could be called the awareness of one’s higher self and purpose. When this awareness becomes uncovered, one might notice an emerging future which becomes clearer. Built upon ancient and contemporary understandings of transformation, the critical aspects of presencing include reflecting on where one has been, values clarification derived from past and present, determining one’s unique purpose in concert with what one wants to accomplish in society and why. This is a self-examination and reflection of one’s historicity and horizon. Such presencing examines the congruence between values and behavior and reconciles any incongruence (Rao cited in Senge et al., 2004). Circle participants reported a sense of sacred presence that connected them with something greater than themselves.

Presencing is the place of deep transformation which Rosch calls primary knowing, or “action from awareness” (Rosch in Scharmer, 2007, p. 167). That “awareness wisdom” (p. 167) sees the whole picture and one’s place in it and from that awareness emerges an action that goes beyond what currently exists and feels to be what is naturally needed. In Circle, as participants connect with

this wisdom they understand themselves within a larger context, where there is caring about and feeling responsible for humanity and the greater good.

McMillan (McMillan, 2004) describes the phenomenon of emergence as “spontaneously and intuitively evolving, adapting and transforming to changing circumstances and finding new ways of being... (where) something else, something complex, unexpected and enriching takes shape” (p. 57). When one can let go of past behaviors which do not serve, one ultimately transcends to the next level. Rosch (Rosch in Scharmer, 2007) calls this the field knowing itself. Other ways of describing this presencing have been: feeling connected to a greater good, seeing the whole picture and feeling such a deep knowing and clarity that one “can’t not do it” (Scharmer, 2007, p. 192).

These descriptions illustrate a letting go of older frames of reference, developing courage to do what is needed and surrendering to the unknown. As Anderson (2010) suggests, our lack courage is influenced by dependency and old belief structures. If patterns of dependence and belief structures shift, new realities can be realized.

In order for this presencing to happen the container needs to be held with a sense of sacred attention to deep listening, the practice of unconditional love and finding the courage to take risk and be vulnerable. The essential self is the one who is waiting to be born, waiting for its water to break to herald a birth that happens without forceps or manipulation, whose birthplace is at the bottom of the U and where a new way of being musters its first cry and a new future begins to grow.

Crystallizing is the space which begins the movement up the right side of the U. Here there is a confluence of vision and intentionality manifesting in actual service in the world. Felt to be action from a different plane, the crystallization process is the art of letting go and listening for what wants to emerge from within and around the individual, group or system. The crystallized vision incorporates the larger collective purpose and “our work is informed by a larger intention, it’s infused with who we are and our purpose for being alive” (Senge et al., 2004, p. 140). The response to this clear vision and intention is an alchemical process where effortless and synchronistic support seems to arise from the U field. In Circle, crystallizing is the space where authentic presence of all, “the collective mind” (Solas), is felt to be present. The collective mind experience is said to feel alive, inspired, “has juice” (Solas) and feels effortless. Presence is what one participant says creates the spark “to ignite the *potential* for a powerful experience into an actual powerful experience” (Solas).

Once the vision and intention have emerged, prototyping is the action part of the U model where a process or idea is piloted with the understanding that it may be changed many times yet always maintains the larger vision guiding the transformations. This is an important insight underscored by complexity science. Inherent in the process is continuous dialogue, negotiation when necessary, an open mind, heart and will, and no attachment to a fixed outcome. In Circle, the agreements are able to be negotiated and change as the group determines. The decision-making about changing agreements is done on an as-needed basis.

The last space of performing involves bringing about the embodiment of a new pattern and sustaining results via conscious practices, diverse interrelationships and infrastructure. The conscious practices involve mindfulness and intentionality in personal, professional and relational praxis. Scharmer (2007) cites the cornerstone of performance as having a structure in place to allow reflection, interpersonal learning, and taking risks with new experiences. It is necessary to have an individual or group hold the focus and organize intellectual, leadership and community-building capacities. This study's findings indicate Circle as a structure which allows for reflection, interpersonal learning and risk taking. It brings a new pattern into nursing which has the potential to yield many other new patterns.

In sum, Theory U is a framework with which to understand what happens in a PeerSpirit Circle process which connects us with our individual and collective humanity. A true leader is able to lead individuals and groups through such a process by creating the structure and space to allow for the emergence of meaning and purpose in the nursing experience.

#### Developing Communities of Learning

The successful leader cultivates a community of learning that feels safe, is reflective, is open to all possibilities, and honors vulnerability. Humans learn best through social networking and sharing knowledge (Wenger, 1998) and the effectiveness of that knowledge sharing is dependent on the "richness" of the community experience and quality of the interactions (Allee, 2003; Ives, Torrey, & Gordon, 2000). Ives et al. (2000) suggest deeper connection and communication

yield deeper learning. The study findings reveal that Circle facilitates growth in leadership potential via a meaningful and deep experience of community, through story sharing, networking, sharing of vulnerabilities and understanding one's purpose in the bigger picture.

#### Significance of This Study for Nursing Practice, Education and Research Nursing Practice

In nursing practice, the findings from this study concur with the literature's illustration of nurses feeling like they have a lack of voice in organizational decisions, resulting in feeling vulnerable and powerless, divisiveness among colleagues and the appearance of oppressed group behaviors. Many faces of aggression are described and there is a lack of awareness that one can engage or collaborate with others differently, or that interpersonal suffering could be transformed. The practice of Circle inspires individuals and staffs to engage in healthy behaviors which breathe new life into their experiences of nursing. They have found their voices, their confidence has grown and they are able to develop more congruence between their expressed values and their collaborative actions. Circle process was experienced as a necessary tool for growth and reconnection with the heart of a nurse's practice. This concurs with the call from complexity science to reconfigure organizational goals from the bottom line to humanitarian values as the ground for all decisions made.

The ANCC Magnet Recognition Program could benefit from the PeerSpirit Circles to help maintain healthy work environments, empower individual nurses and shared endeavors, strengthen trust and improve quality outcomes. The

findings in this study show how Circle positively affects the evolution of work environments from unhealthy to meaningful; collaborative relationships improve; communication improves; as vulnerability is shared, trust develops; and nurses report an improvement in the quality of their nursing care and in their understanding of humanity. The findings also suggest the importance of creating protected space for vulnerability in our work environments and to more closely attend to the issue of bullying and shame resilience in nursing.

The 2010 research collaboration between the Institute of Medicine (IOM) and Robert Wood Johnson Foundation released a landmark report called *The future of nursing: Leading change, advancing health* (IOM, 2010). This collaborative explored current health care policy, the state of nursing in various settings, as well as nursing roles and education levels and then made recommendations for positioning nursing to take a leadership role in shifting and improving the quality of health care.

There were four IOM recommendations addressing the four major barriers to full practice and partnerships in health care. They also touched on areas of practice, education and research by putting nursing in the forefront of health care by leading changes in the following ways: nurses practicing to the full extent of their education and training; nurses achieving higher levels of education and training through an improved education system that promotes seamless academic progression; nurses being full partners with physicians and other health care professionals in redesigning health care in the U.S., workforce

planning, policy-making, collecting data and improving the information infrastructure in the U.S.

These recommendations speak to the current need to eliminate actions which impede nursing advancement and to cultivate qualities in nurses which will lead the transformation of health care. These leadership qualities include self-awareness and emotional intelligence, expertise, and accountability for personal and professional growth. Nurse leaders must be courageous risk takers who have the relationship, compassion and communication proficiencies required to bring health care to the next level.

The findings of this research demonstrate the potential for the PeerSpirit Circle to develop these qualities. By engaging with authentic dialogue, openness, self-awareness and questioning, Circle process provides a deep understanding of the pervasive prejudices and multiple possibilities which could be realized.

#### Nursing Education

New pedagogies in nursing education are looking for creative ways to meet the challenge of teaching content, reflective practice, caring and relationship skills, emotional intelligence, critical thinking skills and strengthening holistic values. Because of the diversity of student and faculty profiles and the various educational levels, relationship and communication proficiencies are needed to come together and determine the future of nursing.

Benner, Sutphen, Leonard, and Day (2009) related the results of comparative studies about the state of nursing education in the new millennium and vanguard recommendations for profound transformation needed to be in



step with the needs of health care today. Among the pith findings were: the need to support and create new educational experiences and horizons for the nursing work force; the need for integrating the humanities into the curriculum and teaching through dialogue and interaction in order to make proper transitions into nursing practice. Their recommendations pertinent to Circle process include, developing many ways of knowing to strengthen critical thinking and special attention to the personal to professional identity and the self-understanding of each student. Additional recommendations included teaching students about how to lead change and understand complexity; strengthening relational ethics, narrative skills and reflective practice; improving work environments which engage students; and enhancing faculty development to support such recommendations.

The findings show that Circle opens the minds and hearts of its participants, supports vulnerability, supports them to be reflective, use all ways of knowing, as well as re-examine, connect with and demonstrate their nursing values. Therefore it reinforces congruence between values and actions.

Through creating space and time for reflection, presence, knowledge sharing and storytelling, it seems that the practice of Circle teaches the participants profound lessons about their own humanity and that of others. This holds promise as a method of teaching in nursing education.

Complexity theory and knowledge management tells us learning is a social phenomenon and knowledge sharing is learned (Ives et al., 2000). Allee (2003) states that strategically, the nurturing of learning and practice

communities is crucial. “The richer the community experience, the more effective the knowledge sharing” (Ives et al., 2000, p. 110). Within successful communities of learning there is an emphasis on dialogue, hence hermeneutics. Communities are guided in how to share together which results in trust and integrity in the work environment, and a stronger social network. This is what Circle can accomplish.

Humanistic nurse theorists going back to the time of Nightingale have talked about the importance of presence and consciousness in the healing relationship and creating the conditions of healing environments (Nightingale, 1992). Most recently there has been an emphasis on the development of the nurse her/himself as a healing environment and the importance of caring-consciousness perfusing throughout the nursing experience (Newman, 1999; Parse, 1999; Watson, 2005). Paterson and Zderad (2007) argue how nursing, a lived experience between human beings, needs to approach the practice of nursing as developing intentionality and “an existential awareness of self and other” (p. 10). These markers are felt to be crucial for creating environments for health. Such education must begin in nursing school. The experiences of the nurse participants honed those abilities in Circle.

### Nursing Research

The depth and breadth of nursing research has improved in recent years. The contribution of new nursing and caring theories are being created and tested and there is an increase in the number of qualitative research studies to complement the quantitative research. A major concern in nursing research is implementation and translation of knowledge into the clinical and educational

areas. As noted previously, successful translation of research depends on good relationships and communication, an engaged leadership and increased coping abilities within work experiences, which Circle helps to foster.

Nursing is requiring more research to determine the effectiveness of the Magnet program on the profession of nursing. The components of the Magnet model include transformational leadership; structural empowerment; exemplary professional practice; new knowledge, innovation, and improvements; and empirical quality results. Circle research within Magnet organizations can help support transformational leadership initiatives; be correlated with strengthening collaboration and nursing empowerment; further develop nursing autonomy and relationships, resulting in exemplary patient care. Circle research can be an example of innovation leading to improved outcomes. Circle as a model of data collection is interesting to consider, as a way to support understanding about the benefit/non-benefit of the Magnet model.

Qualitative research would complement the Magnet desire for empirical outcomes. Gadamer believed that hermeneutics was the way to truly understand each other as human beings.

Mick and Mark (2005) cite the heart of quality outcomes research is in exploration of internal work processes such as healing work environments, management structures, or theory-based patient care models. These are also criteria for Magnet designation.

In the 2004 IOM report on patient safety, Seago's (2004) metaanalysis of the current research in professional communication indicates the need for

interventional studies to further assess how improved communication affects quality patient outcomes and job satisfaction. Mick and Mark (2005) report a need for more qualitative studies that explore workplace processes.

In sum, there seems to be a role for the use of the PeerSpirit Circle model in nursing research either as a way to strengthen the translation of knowledge into practice, understand the effectiveness of nursing initiatives, as a way to gather information about practice issues, or as an interventional study in quality outcome research.

### Conclusion

Sims (S. Sims, personal communication, April, 2010) asks how we can hold on to the heart of our work when “our survival lies in our ability to develop and sustain community and shared purpose beyond tasks – that we also look to ourselves as the source of solutions”. This concluding section will examine a common notion of survival in nursing and health care and suggest an alternative and sustaining perspective.

Survival mode in nursing is often described as hitting the ground running, doing only the essential duties because of being behind in the work day and overloaded with responsibility. Typically survival mode will involve multi-tasking, longer-than-expected work hours, poor nutritional intake, neglecting bodily needs, disconnecting emotionally, being task oriented, working mostly in parallel with others and letting go of the quality of work one would like to give but does not have the temporal, physical or emotional capacity to accomplish. Survival mode seems to involve self-denial, self-harm and self-protection, and all the

while hoping for the best. Paradoxically, survival mode seems to engender an insidious dying process.

In the nursing literature, survival mode is defined as a mode of adaptation where one attempts to address conflicting demands all of which may not be able to be accomplished (Bakker et al., 2006). It is a form of contraction, where there is an unfortunate and seemingly choiceless experience of letting go of the meaning of one's work because of time pressure, fear, the need to self-protect and protect the client. Survival mode is a way of "keeping going 'for now'" (Bakker et al., 2006, p. 84), recognizing that there is a lack of balance, and a need to find a way to more satisfying experiences of caring. Inherent in this phenomenon is the knowledge that the work is important and that one is needed, however, the conditions are such that best practices are not possible to achieve.

Anderson (2010) describes the organizational belief system of the survival-of-the-fittest. He illustrates this notion with examples of "turf-protection, one-upmanship, power plays, avoidance, caution, and manipulation" (p. 26). Changing organizational behavior is no small feat, as such behaviors are premised on fear of not getting one's needs met. Survival-of-the-fittest is a disease of unsafe work environments which do not support authenticity, courage, or integrity.

What if it was possible to change the perception and understanding of survival mode and survival-of-the-fittest to realize that the truth of survival is predicated on the imperative of authentic connection? Understanding what is needed to survive would require acknowledging and embracing the vulnerability

in each other and finding ways to support and protect such pith of humanness. Survival would instead be about having a voice, listening and being listened to, and embodying caring relationships, developing a sense of authentic community, and maintaining one's integrity, all of which take time and necessitate protected space. Indeed, Gadamer maintains that the survival of our humanity depends on each person's ability to be congruent, stay connected, share, expand and fuse horizons while engaging in respectful dialogue.

Changing perceptions is not easy because it is essentially changing one's truth. "Every person takes the limits of their own field of vision for the limits of the world" (Schopenhauer, n.d.a). The 19<sup>th</sup> century German philosopher Schopenhauer understood there was a process in which people accepted new truths. "All truth passes through three stages before it is recognized. In the first it is ridiculed, in the second it opposed, and in the third it is regarded as self-evident" (Schopenhauer, n.d.b). This is reminiscent to the course that Circle has been on as it continues to be introduced into nursing. I believe we must stay the course regardless of obstacles and resistance. Changing the status quo has never been easy.

As Sims (S. Sims, personal communication, 2010) suggests, we must begin to examine our taken-for-granted ways of being. This research contributes the knowledge that self-protection keeps us in a self-referential bind, limits our options and harms not only our own survival, but the survival of the profession, and the survival of humanity. Understanding and living survival mode or survival-

of-the-fittest differently reconnects us with our hearts and infuses them with inspiration, vitality and potential, not premature death.

From this study, the essence of Circle is suggested to be a protected space which honors the essential truth of our being and nurtures our connection with our humanity. From our nursing experiences of survival mode and survival-of-the-fittest, to then sit in a PeerSpirit Circle brings one to an experience of bildung, being open to what is other. It also nurtures us into other ways of being. Though there is initial discomfort with unaccustomed spaciousness, vulnerability and protection, being in Circle causes one to examine one's current horizon and gain a deeper knowing through experiencing that contrast. One also gains a deeper understanding of one's world and the truth of what is needed.

If Circle is embraced and repeatedly encountered, it could lead to the embodiment of more authentic ways of being in the workplace (D. Spence, personal communication, June 2011) thus contributing to survival through authentic connection and caring. Circle can become a vehicle of responsibility, where nurses experience being differently, wholly, and choose to embody the essence of holistic nursing with self and others.

Gadamer underscores the critical nature of phronesis for the survival of humanity. In this way, insight and awareness become part of one's way of being in the world. We have come to a point in humanity where we must be intentional in our being and make decisions in the present moment to change. The time to do this is now, however, we need a campaign and exertion in nursing to intentionally shift the status quo and develop the skillful means for connecting

authentically with self and others. Whose responsibility is this? As an indigenous elder said, “We are our people” (Anonymous, n.d.). It is the ethical imperative of every nurse and every nursing student to learn, connect with and act congruently with what is deepest in their hearts. We must adopt a sincere and authentic culture of kindness, care and dialogue and it must begin with ourselves, in this moment. As Whyte (2010) states, in order to enter the authentic human conversation, there is a courageous step into vulnerability which must take place. Thus, “Start close in. Don’t take the second step or the third. Start with the first thing, close in, the step you don’t want to take” (Whyte, 2010, track 4).

The unique contribution of this research to nursing is to remind us of our need to re-examine our ways of being in nursing and in the world. It sheds a light on the common habit of taking-for-granted seemingly untenable situations and fearing the experience of vulnerability. The findings challenge what we may accept as normal by examining, questioning, and offering a path to meaningful change.

In addition, this study explicates some barriers in nursing to congruence between values and actions and suggests the PeerSpirit Circle as a way to nurture a container which allows the growth of fundamental qualities for authentic being and wakefulness which are needed for congruent practice, transformation and sustained change. Ultimately it becomes clear that the survival of nurses and nursing depends on a shift in thinking, habits and ways of being so that our hearts, our core, our personal cairns become our strongest ally.



## APPENDIX A. LETTER OF INTRODUCTION AND INFORMED CONSENT

### Form Letter for Potential Participants

Dear \_\_\_\_\_,

Thank you very much for expressing interest in participating my dissertation research project called *Nurses' Experiences of the Practice of Circle from a Gadamerian Philosophical Hermeneutic Perspective*. The purpose of this letter is to share the purpose of the research, who I am, the benefits and risks to you and your rights.

The purpose of this qualitative research study is to contribute knowledge to the nursing discipline through the exploration of the unique experiences of nurses who have participated in the PeerSpirit Circle model of collaboration and how that practice has affected them personally and professionally. The research question asks "what gathers when nurses sit together in a PeerSpirit Circle"? My desire is to explore and to understand better how the practice of Circle affects the professional experience of nurses.

The criteria for participation include Registered Nurses from any specialty or educational level:

- trained in PeerSpirit Circling by Christina Baldwin and/or Ann Linnea.
- who are using/have used PeerSpirit Circling in their practice with other nurses.
- willing to be interviewed for 60-90 minutes about their experience of sitting in Circle with other nurses.

- who are at least 18 years old.
- who speak English fluently.
- with access to a telephone, computer or postal service.
- who live and work in the United States or Canada.
- willing to volunteer and sign an informed consent.

I am a PhD candidate from Indiana University-Purdue University Indianapolis (IUPUI) School of Nursing conducting this research under the supervision of Sara Horton-Deutsch, PhD, APRN, BC. My interest in Circle process has developed over the last 13 years, where I worked with the process as a form of governance and community within an integrative health care outpatient practice.

As a research participant you would agree to at least one interview, which would typically last 60-90 minutes at a time convenient to your schedule. On occasion, there may be a need for the researcher to clarify something you shared or to ask other pertinent questions. You would indicate whether you are open to subsequent contact. The questions to be asked are open ended so as to understand your nursing practice, how you came to participate in Circle, how you may have used it in your practice and how it went, what it was like to sit in Circle with other nurses, and how the practice has affected you as a person and professional nurse.

The information you share will be considered confidential and the data collected, which will be only shared with members of my research team and will

be kept in a secure location. You may decline to answer any of the interview questions you do not wish to answer and may terminate the interview at any time. Signing the consent indicates you agree to the interview being recorded in order to facilitate collection of information, and later transcribed for analysis.

Involvement in this research is completely voluntary. The benefits of participation may include adding to the knowledge base about the practice of Circle and offer insights into the practical application of the model for the profession. The risks may be that some of the content you share or the process of being recorded may make you feel uncomfortable. You may withdraw from the research study at any time by merely stating that you are not able to continue. There is no compensation for your participation.

Should you have any further questions to assist you in making a decision about participation please don't hesitate to contact me at (207) 229-4690 or [circlestudy.lombard@gmail.com](mailto:circlestudy.lombard@gmail.com) or Dr. Sara Horton-Deutsch at (317) 274-2425 or [shortond@iupui.edu](mailto:shortond@iupui.edu). I would like to assure you that this study has been reviewed by the Institutional Review Board at Indiana University and has received clearance through the Office of Research Ethics. If you have comments or concerns resulting from your participation in the study please contact the IUPUI/Clarian Research Compliance Administration office at (317) 278-3458 or (800) 696-2949.

Thank you for your time and I hope to connect with you soon,

Sincerely,

Kristen Lombard, PhD(c)

## IUPUI and CLARIAN INFORMED CONSENT STATEMENT FOR

### Nurses' Experiences of the Practice of Circle

#### From a Gadamerian Philosophical Hermeneutic Perspective

You are invited to participate in a research study of your experiences of being a nurse who has sat with other nurses in Circle, using PeerSpirit Circle guidelines. We ask that you read this form and ask any questions you may have before agreeing to be in the study.

The study is being conducted by Kristen Lombard, RN, PhD(c) and Sara Horton-Deutsch, RN, PhD from the Indiana University-Purdue University Indianapolis School of Nursing.

#### STUDY PURPOSE

The purpose of this study is to understand how the practice of Circle has or has not affected you personally and professionally and how you may or may not have incorporated it into your nursing practice.

#### NUMBER OF PEOPLE TAKING PART IN THE STUDY:

If you agree to participate, you will be one of approximately ten nurses around the USA and Canada who will be participating in this research.

#### PROCEDURES FOR THE STUDY:

If you agree to be in the study, you will do the following things: Engage in a flexible process of dialogue and clarification with the interviewer in person, over the phone, via email or via SKYPE. The interviews may take 60-90 minutes and will be recorded and then transcribed for review by the research team. After review of the transcript, the interviewer may need to clarify a topic or ask another question, which you may or may not agree to respond to.

#### RISKS OF TAKING PART IN THE STUDY:

While participating in the study, the risks are minimal and may include mild psychological discomfort related to answering the questions or feeling uncomfortable with having your responses recorded. All information will be used for research purposes and all reasonable efforts will be made to maintain confidentiality.

During the interview you are encouraged to tell the researcher that you feel uncomfortable or do not care to answer a certain question. Please be aware that this research is completely voluntary and that you may stop the research interview process at any time and without explanation to the interviewer.

## BENEFITS OF TAKING PART IN THE STUDY:

The benefits to participation that are reasonable to expect include educating health professionals about this collaborative model, as well as professional and personal clarification about the meaning of the experience.

## ALTERNATIVES TO TAKING PART IN THE STUDY:

You have the option to not participate in the study.

## CONFIDENTIALITY

Efforts will be made to keep your personal information confidential. We cannot guarantee absolute confidentiality. Your personal information may be disclosed if required by law. Your identity will be held in confidence in reports in which the study may be published:

- SKYPE: Internet interviews will be done via a secure and encrypted networking service.
- Tape/Digital/CD/DVD recordings: Any de-identified transcripts or recorded interviews will be copied to a CD/DVD, deleted from my computer hard drive and stored in a secure space consistent with Indiana University Office Research guidelines.
- Transcripts: Names will be protected using participants' numbers or pseudonyms.
- E-mail: A private email account for research correspondence has been created.
- The research team will have access to de-identified information only, which will be used for analysis and educational purposes. Data and databases in which results may be stored will be kept for at least three years and then be destroyed.
- Organizations that may inspect and/or copy your research records for quality assurance and data analysis include groups such as the study investigator and his/her research associates, the IUPUI/Clarian Institutional Review Board or its designees, and (as allowed by law) state or federal agencies, specifically the Office for Human Research Protections (OHRP) and the who may need to access your research records.

## COSTS

Taking part in this study will not lead to added costs to you or your insurance company.

## PAYMENT

You will not receive payment for taking part in this study.

## COMPENSATION FOR INJURY

In the event of physical injury resulting from your participation in this research, necessary medical treatment will be provided to you and billed as part of your medical expenses. Costs not covered by your health care insurer will be your responsibility. Also, it is your responsibility to determine the extent of your health care coverage. There is no program in place for other monetary compensation for such injuries. However, you are not giving up any legal rights or benefits to which you are otherwise entitled.

## FINANCIAL INTEREST DISCLOSURE

The investigator does not have a financial interest in this research.

## CONTACTS FOR QUESTIONS OR PROBLEMS

For questions about the study, contact the researcher Sara Horton-Deutsch at (317) 274-2425. If you cannot reach the researcher during regular business hours (i.e. 8:00AM-5:00PM), please call the IUPUI/Clarian Research Compliance Administration office at (317) 278-3458 or (800) 696-2949.

In the event of an emergency related to the study, you may contact Kristen Lombard at (207) 229-4690.

For questions about your rights as a research participant or to discuss problems, complaints or concerns about a research study, or to obtain information, or offer input, contact the IUPUI/Clarian Research Compliance Administration office at (317) 278-3458 or (800) 696-2949.

## VOLUNTARY NATURE OF STUDY

Taking part in this study is voluntary. You may choose not to take part or may leave the study at any time. Leaving the study will not result in any penalty or loss of benefits to which you are entitled. Your decision whether or not to participate in this study will not affect your current or future relations with the investigators or Indiana University-Purdue University Indianapolis

## USE OF SPECIMENS

Not applicable to this study.

## SUBJECT'S CONSENT

In consideration of all of the above, I give my consent to participate in this research study.

I will be given a copy of this informed consent document to keep for my records. I agree to take part in this study.

(Please check if appropriate) I consent to allow further contact by the interviewer should she need to ask more questions or request further clarification.

Printed Participant Name: \_\_\_\_\_

Participant's Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Participant's Contact Information

Address:

Email Address:

Telephone Numbers: (home) \_\_\_\_\_ Preferred  
(cell) \_\_\_\_\_ Preferred

Printed Name of Person Obtaining Consent: \_\_\_\_\_

Signature of Person Obtaining Consent: \_\_\_\_\_

Date: \_\_\_\_\_

## APPENDIX B. IRB APPROVAL

INTERDEPARTMENTAL COMMUNICATION  
Research Compliance Administration (RCA)  
Indiana University - Purdue University Indianapolis

DATE: November 10, 2009  
TO: Sara Horton-Deutsch  
Nursing  
NU 403L  
IUPUI  
FROM: Maggie French  
Research Compliance Administration  
SUBJECT: Final Approval

Study Number: 0910-59B  
Study Title: Nurses' Experiences of the Practice of Circle From a Gadamerian Philosophical Hermeneutic Perspective - Sponsor: N/A

The study listed above has received final approval from the Institutional Review Board (IRB-01) under Expedited Categories 6 & 7. Please note that subjects must be provided with and sign a current informed consent document containing the IRB approval stamp.

**Special requirements for the inclusion of prisoners:** Please note that unless your study has received approval for the inclusion of prisoners, you may not enroll and/or otherwise involve a prisoner in your study. Special requirements apply if an individual enrolled on the study either is a prisoner or has become a prisoner during the course of his/her study participation (and the study has not been previously granted approval for the enrollment of prisoners as a subject population). If the investigator becomes aware that a subject is a prisoner, all research interactions and interventions with the prisoner-participant must cease. If the investigator wishes to have the prisoner-participant continue to participate in the research, Research Compliance Administration (RCA) must be notified immediately (317-274-8289). In most cases, the IRB will be required to re-review the protocol at a convened meeting before any further research interaction or intervention may continue with the prisoner-participant. Refer to the IUPUI/Clarion Standard Operating Procedure (SOP) on *Vulnerable Populations* for further information. The SOP is available at [http://researchadmin.iu.edu/Forms/human\\_subjects/hs\\_iupui/Standard\\_Operating\\_Procedures%20\\_03%2008.pdf](http://researchadmin.iu.edu/Forms/human_subjects/hs_iupui/Standard_Operating_Procedures%20_03%2008.pdf).

As the principal investigator of this study, you assume the responsibilities as outlined in the SOP on *Responsibilities of Principal Investigators*, some of which include (but are not limited to):

1. **CONTINUING REVIEW** - A status report must be filed with the IRB at least annually. The RCA staff will generate these reports for your completion. **This study is approved from Nov 9, 2009 to Nov 9, 2010. If your study is not re-approved by this date, the study will automatically expire, which means that all research activities, including enrollment of new subjects, interaction and intervention with current participants, and analysis of identified data, must cease.**
2. **STUDY AMENDMENTS** - You are required to receive prospective approval from the IRB for ANY changes to the research study, including changes to protocol design, dosages, timing or type of test performed, population of the study, and informed consent statement, prior to implementation. This request is made via an amendment form, which can be obtained at: [http://researchadmin.iu.edu/HumanSubjects/IUPUI/hs\\_forms.html](http://researchadmin.iu.edu/HumanSubjects/IUPUI/hs_forms.html).
3. **UNANTICIPATED PROBLEMS INVOLVING RISKS TO SUBJECTS OR OTHERS AND NONCOMPLIANCE** - You must promptly report to the IRB any event that appears on the **List of Events that Require Prompt Reporting to the IRB**. Refer to the SOP on *Unanticipated Problems Involving Risks to Subjects or Others and Noncompliance* for more information and other reporting requirements. The SOP can be found at: [http://researchadmin.iu.edu/Forms/human\\_subjects/hs\\_iupui/Standard\\_Operating\\_Procedures%20\\_03%2008.pdf](http://researchadmin.iu.edu/Forms/human_subjects/hs_iupui/Standard_Operating_Procedures%20_03%2008.pdf). **NOTE: If the study involves gene therapy and an event occurs which requires prompt reporting to the IRB, it must also be reported to the Institutional Biosafety Committee (IBC).**
4. **UPDATED INVESTIGATIONAL BROCHURES, PROGRESS REPORTS and FINAL REPORTS** - If this is an investigational drug or device study, updated clinical investigational brochures must be submitted as they occur. These are submitted with an amendment form. Progress or final reports must be provided to the IRB with your written assessment of the report, briefly summarizing any changes and their significance to the study.
5. **ADVERTISEMENTS** - You can only use IRB-approved advertisements to recruit participants for your study. If you will be advertising to recruit study participants and the advertisement was not submitted to the IRB at the time your study was reviewed and approved, a copy of the information contained in the advertisement and the mode of its communication must be submitted to the IRB as an amendment to the study. These advertisements must be reviewed and approved by the IRB PRIOR to their use.
6. **STUDY COMPLETION** - You are responsible for promptly notifying the IRB when the study has been completed (i.e. there is no further subject enrollment, no further interaction or intervention with current participants, including follow-up, and no further analysis of identified data). To notify the IRB of study completion, please obtain a Continuing Review - Closeout Report form at [http://researchadmin.iu.edu/HumanSubjects/IUPUI/hs\\_forms.html](http://researchadmin.iu.edu/HumanSubjects/IUPUI/hs_forms.html) and submit it to the RCA office.
7. **LEAVING THE INSTITUTION** - If the principal investigator leaves the Institution, the IRB must be notified as to the disposition of EACH study.

PLEASE REFER TO THE ASSIGNED STUDY NUMBER AND THE EXACT TITLE IN ANY FUTURE CORRESPONDENCE WITH OUR OFFICE. In addition, SOPs exist which cover a variety of topics that may be relevant to the conduct of your research. Please visit [http://researchadmin.iu.edu/Forms/human\\_subjects/hs\\_iupui/Standard\\_Operating\\_Procedures%20\\_03%2008.pdf](http://researchadmin.iu.edu/Forms/human_subjects/hs_iupui/Standard_Operating_Procedures%20_03%2008.pdf) for a current copy of the IUPUI SOPs for Research Involving Human Subjects. All documentation related to this study must be neatly typed and must also be maintained in your files for audit purposes for at least three years after closure of the research; however, please note that research studies subject to HIPAA may have different requirements regarding file storage after closure. If you have any questions, please call Research Compliance Administration at 317/274-8289.

Please see the IRB approval email attached to this document, as well as the Documentation of Review and Approval, for a list of all documents approved with this submission.





**INDIANA UNIVERSITY**  
OFFICE OF RESEARCH ADMINISTRATION

**To:** Sara Horton-Deutsch  
School of Nursing

**From:** Human Subjects Office  
Office of Research Administration - Indiana University

**Date:** January 7, 2011

**RE: EXPEDITED APPROVAL - AMENDMENT**  
Protocol Title: Nurses' Experiences of the Practice of Circle from a Gadamerian Philosophical  
Hermeneutic Perspective  
Protocol #: 0910-59B (1009001648)  
Sponsor:

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An amendment to your above-referenced protocol was approved by the IRB on **January 3, 2011**. The protocol continues to meet the requirements for expedited review pursuant to §46.110, Category (ies) 7. The changes described in the amendment can now be implemented, unless any departmental or other approvals are required.

If you submitted a revised informed consent document a copy of the approved stamped document is enclosed and must now be used.

You should retain a copy of this letter and any associated approved study documents for your records. All documentation related to this protocol must be maintained in your files for audit purposes for at least three years after closure of the research; however, please note that research studies subject to HIPAA may have different requirements regarding file storage after closure. Please refer to the project title and number in future correspondence with our office. Additional information is available on our website at [http://researchadmin.iu.edu/HumanSubjects/TUPUI/hs\\_home.html](http://researchadmin.iu.edu/HumanSubjects/TUPUI/hs_home.html). Please contact our office if you have questions or need further assistance.

Thank you.

/Enclosures

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- Zimmerman, B., Lindberg, C., & Plsek, P. (2001). *Edgework: Insights from complexity science for health care leaders*. Irving, TX: Voluntary Hospital Association.

## CURRICULUM VITAE

Kristen Cronk Lombard

### EDUCATION:

INSTITUTION AND LOCATION	DEGREE	YEAR	FIELD OF STUDY
Syracuse University	B.S.N.	1982	Nursing
University of Virginia	M.S.N.	1987	Mental Health Nursing
Indiana University	PhD	2012	Nursing

### ACADEMIC APPOINTMENTS:

University of Maine at Augusta – Assistant Professor	Fall 2011-present
University of Maine at Augusta – Lecturer 2	Spring 2010
University of Southern Maine – Adjunct Faculty Instructor	2006-present
Westbrook College – Assistant Professor	1990-1992

### CLINICAL APPOINTMENTS:

Private Practice - Advanced Practice Nurse Consultant	1990-present
Co-Director, Division of Integrative Care, Mercy Hospital, Portland, ME	2001-2003
Gerontological Clinical Nurse Specialist, Mercy Hospital, Portland, ME	1995-2001
Clinical Coordinator - 36 bed Medical-Telemetry Unit Mercy Hospital, Portland, ME Assumed this role concurrent with CNS role at request of CNO.	2000-2001
Per Diem, 15 bed Mental Health Unit Southern Maine Medical Center, Biddeford, ME	2001-2003
Director of Professional Services, Specialized Health Management Portland, ME	1994-1995
RN Case Manager, Visiting Nurse Service of Southern Maine, Saco, ME	1994-1996
Geropsychiatric Nurse Coordinator, Inpatient Adult Unit, Maine Medical Center, Portland, ME	1992-1994
Charge Nurse and Intermittent Nursing Supervisor, Woodford Park Nursing Care Center, Portland, ME	1991-1992
Acting Head Nurse (1990) and Assistant Head Nurse (1988-1990) Adult Mental Health Unit, Maine Medical Center, Portland, ME	

Health Care Supervisor Holy Innocents Home Care, Portland, ME	1988
Staff RN positions Washington D.C. and Charlottesville, VA	1983-1987
<b>PROFESSIONAL ASSOCIATIONS:</b>	
Sigma Theta Tau – Kappa Zeta-At-Large Chapter, ME	2005-present
American Holistic Nurses Association	2008-present
Board of Directors and Advisory Board - Hygeia Foundation, DBA True North, Maine's Center for Functional Medicine and the Healing Arts	2004-2011
Board of Directors – Informa CE	1998-2008
Secretary Maine Association of Advanced Practice Psychiatric Nurses	1995-1997
<b>HONORS:</b>	
Lee D. Fuller Award for Clinical Excellence in Care of the Mentally Ill	2010
Research Incentive Fellowship, Indiana University	2009-2010
Florence Nightingale Scholarship	2009-2011
Mollie Ward Greist Scholarship	2009-2010
Federal Nurse Traineeship – University of Virginia MSN	1986-1987
<b>RESEARCH and TRAINING EXPERIENCE:</b>	
Institute for Hermeneutic Phenomenology, Indianapolis, IN	2008 and 2010
Institute for Heideggerian Hermeneutical Methodologies, Indianapolis, IN	2008
Research Assistant with Pamela Ironside, PhD. Indiana University-Purdue University, Indianapolis	2008
<b>LICENSURE and CERTIFICATIONS:</b>	
ANCC Board Certification – Clinical Nurse Specialist in Adult Psychiatric-Mental Health Nursing	Expires 2015
Maine State Nursing License	Expires 2013



Maine Advanced Practice Nursing License	Expires 2013
Certified Healing Touch Practitioner	1997-present
Certified Quantum Touch Practitioner	1998-present
Reiki Master	2000 present
Peggy Huddleston's <i>Prepare for Surgery, Heal Faster</i>	1999-present
Instructor – <i>Mindfulness-based Stress Reduction</i>	2001-present

## PROFESSIONAL ACTIVITIES

### *Presentations*

- Lombard, K. *Mindfulness in Clinical Practice*. Intangible Matters: Exploring the Biology of Relationships, True North Conference. Kennebunkport, ME, October 17, 2002.
- Lombard, K., and True North Circle. *Circle Process at True North*. Relationships: The Primary Tool for Healing. True North Conference. Kennebunkport, ME, October 2, 2003.
- Lombard, K., Malone, K., and Emmanuelle, D. *Calling the Circle to Transform Healthcare*. American Holistic Nurses' Association Annual Conference. Scottsdale, AZ, June 6, 2004.
- Lombard, K., Malone, K., and Fralich, D. *Calling the Circle to Transform the Soul of Nursing*. Maine State Nurses' Association Annual Conference. Bangor, ME, September 25, 2004.
- Lombard, K et al., *Applying Circle Process to the Medical Setting*. Deepening Relationships: Implementing Integrative Care, True North Conference. Scarborough, ME, October 21, 2004.
- Lombard, K., and Saffer, V. *The Business Side of Integrative Care Programs*. Deepening Relationships: Implementing Integrative Care. True North Conference. Scarborough, ME, October 22, 2004.
- Lombard, K. *Mindfulness Programming for an Eating Disorders Program*. New England Eating Disorders Program. Portland, ME, December 10, 2004.
- Lombard, K. et al. *Integration in Action: A Case Presentation*. The Complex Patient: Biology, Relationships and Healing. True North Conference. Scarborough, ME, October 20, 2005.
- Lombard, K., and Malone, K. *Calling the Circle to Transform Healthcare*. The Complex Patient: Biology, Relationships and Healing. True North Conference. Scarborough, ME, October 20, 2005.
- Lombard, K. and Jenkins, C., *Calling the Circle to Transform Healthcare*. Relationship: A Powerful Catalyst for Change. True North Conference. Scarborough, ME, October 13, 2006.

- Lombard, K. *Circle Process and Complexity Science - Emerging Trends in Health Care*. Relationship: Integrating the Science and Spirit of Healing. True North Conference. Portland, ME, October 18, 2008.
- Lombard, K., and Tom Dahlborg, MHA. *Presencing to Complexity: The Emergence of True North*. Plexus Institute for Nursing and health Care: Leadership in the 21<sup>st</sup> Century. St. Joseph's College, Standish, ME. July 14, 2009.
- Hamel, L., Lombard, K., and Roy, C. *Panel presentation with Sister Callista Roy*. A Call to Heal Symposium. St Joseph's College, Standish, ME. July 20, 2009.
- Lombard, K. *Mindfulness in Nursing*. A Call to Heal Symposium. St Joseph's College, Standish, ME. July 25, 2009.
- Lombard, K. *Nurses' Experiences of the Practice of Circle from a Gadamerian Philosophical Hermeneutic Perspective*. Institute for Hermeneutic Phenomenology. Indianapolis, IN. June 22, 2010.

#### PUBLICATIONS:

- Landon-Malone, K., and Lombard, K. (2003, September 25) Calling the Circle Can Transform Our Health Care Experience. *Integrative Medicine Alliance Newsletter, Issue 34*.  
[http://www.integrativemedalliance.org/newsletter\\_archive/issue\\_34.pdf](http://www.integrativemedalliance.org/newsletter_archive/issue_34.pdf)
- Lombard, K., and Saffer, V. (2004, March 29). Circular management: Health professionals expound on governance method with ancient roots. *Maine Biz*.
- Lombard, K. (2005, June 2). Psychologically preparing oneself for surgery. *The Community Leader*. Volume 2, Issue 22.
- Lombard, K. (2009, October). Where is my community? *PeerSpirit Circle Tale*. Retrieved from <http://www.peerspirit.com/circletales/PeerSpirit-Oct2009.pdf>