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technologies in Nursing. As co-editor of this book, Dr. Purnell declares her passion for communicating nursing in quintessential ways for the education of contemporary nurses, and for developing the ontologic thread of informed caring to support and affirm nurses of the future.
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**Acknowledgments**

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At the heart of a thoughtful practice process of nursing is coming to know persons. The realization that nursing cannot truly take place without the intentional and knowing engagement of the nurse with the one nursed is critical to advancing knowledgeable practice. Much has been written about knowing in nursing, initially stimulated by Carper’s germinal study on fundamental patterns of knowing. Since then, scholars have identified and described other ways to come to know persons from a variety of perspectives. Nonetheless, these efforts to know are just beginnings—a place from where we might begin to reach higher, deeper, and broader. With this declaration, this book offers perspectives from contemporary nursing scholars for knowing persons—from the abstract reaches of philosophy to the realities of contemporary practice where the rules of convention may not fit, and where nurses are challenged to know themselves in order that they may truly know those nursed.

As a unity of scholarship, the book constitutes an active text for students to rise above the confines of the rudimentary traditional Nursing Process more popularly known as “APIE”—assessment, planning, intervention, and evaluation to a complex, creative, relational, and expert practice that extends across venues and specialties and is grounded in postmodernist/human science viewpoints. Indeed, the philosophical grounding of the traditional nursing process in positivism/empiricism is perpetuated by the notion that APIE is the scientific method, and therefore thinking by nurses outside of this linear process is discouraged, devalued, and contradictory to the established and popular health care practice process.

The goal of the book is to illuminate knowing of persons as a contemporary, human-centered, distinctive process of Nursing, in which knowing the person is the unfolding of the value of the nursed and nurse. The general theme of the book, transcending the confines of the traditional nursing process, is
simply “knowing persons.” It promotes the realization of ways of knowing other than those solely grounded in empiricist/objectivist viewpoints. The need to re-think the Traditional Nursing Process is emphasized, as is the need to re-envision and shift the focus of knowing the person as object, to knowing person as person. In this transformative and transcendent process of nursing with multiple dimensions for practice, both the nurse and the one nursed are honored as whole. The nurse is freed to nurse in a meaningful and creative way.

Locsin and Purnell believe that the postmodernist/human science views provide philosophical underpinnings that transform one’s understanding of the traditional nursing process to a contemporary process of nursing that is of and with the person. Such a contemporary process of nursing is expressed uniquely in diverse ways. Maintained in this distinction is the understanding that the context for nursing is the nursing situation which Boykin and Schoenhofer (2001) describe as “those shared lived experiences in which the caring between the nurse and nursed enhances personhood” (p. 17). Fundamentally occurring in this nursing situation is continuous, moment-to-moment knowing of persons as caring. In knowing the person, the nurse intentionally focuses on coming to know person, on hearing the calls for nursing, and on creating unique and meaningful caring responses.

Today there are many challenges facing health care systems. I believe the most important of these is the call to create models of care which nurture, support, and celebrate nursing as a discipline and profession; Models of care which understand and appreciate that to nurse, the nurse must be fully engaged in the human situation…. …to nurse, the person(s) nursed must be known. In this compendium, Locsin and Purnell invite the reader to let go of the traditional nursing process as having served and outgrown its purpose, and to embrace a contemporary, substantive process of nursing grounded in knowing persons as participants in their care instead of being objects of our care.

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The idea of this book evolved out of a decade or more of collaborative and pithy conversations over a steady ritual of afternoon tea, where we ruminated on subjects near and dear to us in nursing. The notion of the traditional nursing process as an impediment to reflective and thoughtful practice arose repeatedly. The institutionalization of the nursing process taught in most schools of nursing, along with its required use in hospital settings, was a focus of concern to us. In our discussions, we returned again and again to the idea that nurses appear to be programmed into a type of thinking that produces cyclical, prescriptive, and predictive practice with the use of the Traditional Nursing Process (assessment, planning, intervention, and evaluation) as the standard for nursing practice.

Indeed, the philosophy of the traditional nursing process is grounded in positivist and empiricist thoughts, and is perpetuated by the notion that the APIE is the scientific method and is therefore justified in its adoption as the practice norm. Persons are viewed as collections of parts, a process that begins when medical consultation is first sought. The process is perpetuated in health care institution systems where most nurses practice. Thinking outside the box, away from the linear process, is discouraged, devalued, and derided as contradictory to the scientific system.

In contrast, a transformative and transcendent process of nursing with multiple dimensions for practice honors both the nurse and the one nursed as whole. This transcendent process opens the way for co-creating mutual relationships and for affirming each other’s hopes and dreams of health and well-being. This understanding advocates for, and indeed, demands the illumination of alternative views which advance contemporary nursing practice. The impetus for
development of this book was borne out of this underlying moral stance.

As an overarching concept, knowing persons, the (un)bearable weight of practicing nursing encompasses the burden of reconciling two very different perspectives in nursing: the institutionalized processes for addressing problem-oriented nursing, and the processes of knowing persons that arise from a human science perspective. Can these views ever be reconciled? Is there a way to bring them together in a harmonious co-existence?

Currently, there exist various traditionally oriented processes of nursing, most of which are viewed from perspectives of humans that target wholeness as being made up of parts, and of nursing as making the person whole by completing the parts. However, in today’s views of contemporary processes of nursing, we witness a different philosophical lens of human science that is becoming more acceptable and commonplace. Even with this growing appreciation, the popularized rote process of assessment, planning, intervention, and evaluation continues to maintain a highly recognized status as the nursing process, perpetuating its use primarily in clinical areas or in hospital nursing settings in which patient conditions of health are addressed by “disease and illness” care. Despite this pervasive institutionalization in protocols, software, and health care informatics, new and alternative processes of nursing are steadily being advanced, grounded in nursing philosophies and theories of nursing. These contemporary processes are framed in an appreciation of the fundamental valuing of knowing persons from a human science perspective. They are continually being realized, recognized, and appreciated by practicing professional nurses as valuable and integral to advancing thoughtful nursing practice.

It is the goal of this book to be instrumental to the discourse concerning contemporary nursing processes with selected topics found crucial to the articulation of a compassionate, informed practice process. With this goal, the book is designed to provoke advancing appreciation of various processes of Nursing grounded in multiple views of nursing practice. This book embraces the diverse philosophical and theoretical viewpoints of nurse scholars whose appreciation of persons as unitary beings underpins their understanding of professional nursing practice. The anthology of topics that comprise the essential substance of the book is directed
toward the identification, description, clarification, and dissemination of leading-edge processes of nursing grounded in various perspectives within the realm of human science and human-centered care.

The book emphasizes the transformation of the process of nursing from a focus on the person as object of care to instead, the person as a knowledgeable participant in his or her care. In materializing the transcendent idea of nursing care, the significant thread encompassing these processes of nursing is the nursing practice concept of knowing the person. This concept is predicated upon the assumption that professional nursing practice is for the purpose of knowing persons as intimately involved in their own care.

Opportunities are provided in this collection of chapters for the practicing nurse to understand knowing the person through a lens that is responsive to what matters and is grounded in what matters: in knowing the person, the nurse accepts the “witness” role, bearing the weight of knowing the other as person. Each chapter author has created a perspective that fosters the description, explanation, and dissemination of a unique and celebratory process of professional nursing practice. We are indebted to their contribution to this growing horizon of practice processes that will serve as an inspiration and resource to others.

In each chapter, a view of nursing unfolds as the relationship among persons. As such, the focused trajectory is the clarification and illustration of the concept of persons, while “knowing persons” is articulated as a process that keeps evidence in synchrony with research data, illuminating nursing care as a deliberative acknowledgment of persons.

Each author has responded uniquely. To illuminate the writing styles and backgrounds of the contributing authors, a biographical sketch of each is included.

The contributors and coeditors are scholars and practitioners of nursing. They recognize that as a discipline of knowledge and practice profession, Nursing demands a legitimate understanding of its ontology and epistemology. How is nursing known, and what are the processes involved in this knowing? It is the vision of the editors and community of authors that the contents of this book will stimulate, motivate, and guide others toward knowing persons as participants in their care rather than as objects of our care. Knowing the experiences of the other and calling upon all in our knowing
in order to know the other as person is critical to the realization of a discipline of knowledge and a practice profession. In “knowing person,” Nursing lifts up its voice to advocate and answer meaningfully to society; to those we nurse; and, importantly, to ourselves.

Rozzano C. Locsin, RN, PhD, FAAN
Marguerite Purnell, RN, PhD, AHN-BC
Coeditors
In each journey, there comes an end, a time when the beginning is reconsidered and the journey is traveled again in spirit. We have both treasured and cherished each author and have understood their travails in trying to balance the myriad responsibilities of teaching, practice, research, and service while giving birth to a thoughtful, scholarly chapter for the benefit of Nursing. Additionally, our international colleagues struggled to meet challenges of time zones and technology. We have wondered, how could we have cared for them better during this process? How could we have helped alleviate the stress of meeting deadlines? We are proud of all the contributors to this book, of their consummate professionalism, and of their fine, creative works. Their lights shine.

The difficulty in naming names is that we may miss one who is important to us, and so we say that we would like to acknowledge all. In particular, we would like to thank Dr. Anne Boykin and Dr. Savina Schoenhofer, who have been colleagues of conscience in our efforts to stay true to our underlying beliefs and values centered in caring. Dr. Marilyn Parker’s support has always been a steady stream, and Dr. Marilyn “Dee” Ray, Dr. Bernadette Lange, and Dr. Madeleine Leininger have always exhorted us to believe in ourselves and to seek the highest.

And finally, we thank Alan Graubard, our acquisitions editor at Springer, whose patience and witty rejoinders provided laughter and a sense of renewed energy. We are indeed grateful and offer our sincere thanks to all.

Rozzano C. Locsin and Marguerite J. Purnell
Philosophical, Theoretical, and Historical Perspectives of Knowing
Chapter Overview

Since Carper’s (1978) germinal research was published, nurse scholars have critiqued, extended, and sought to reconcile with practice the four fundamental patterns of knowing that she distinguished. This chapter retraces the provenance of Carper’s (1976) research to its source to reveal two further patterns of knowing that may be similarly derived from Phenix’s (1964) work: symbolic knowing and synoptic (integrative) knowing. Symbolic knowing is the fecund, undifferentiated pattern of tacit, unexpressed knowing, valuing, and meaning from which other patterns arise and are expressed. Synoptic knowing is the pattern in which all patterns are gathered together in unity and fullness. This is the pattern
of knowing that answers to the complex, multidimensional knowing taking place within the caring relationship between the nurse and the one nursed.

**Prelude**

The mythological phoenix has captured the imagination and wonder of human beings for thousands of years. Chronicled in folklore of diverse and ancient peoples, this noble bird has appeared in the annals of civilizations flung far across the globe. The phoenix touches us with wonder. Its life is poignant. In Chinese mythology, the phoenix is a symbol of high virtue and gentle grace, sipping only upon drops of morning dew. Its venerable life spans 500 years. When the time of its death draws near, this noble bird collects branches and builds itself a large funeral pyre, finally settling sadly on the wood to draw its last breath and surrender life. As the phoenix bows its head low and slowly begins to die, the wood bursts into flames, consuming the bird until nothing is left. The world holds its breath, until suddenly, transformed out of the ashes, the phoenix arises triumphant, reborn stronger and more beautiful, to live again for another 500 years. It is no wonder that we are drawn to the story of this magnificent, unique creature. The phoenix is a metaphor for courage, transformation, and continuance. The old becomes the new, and knowledge is not lost in change, but becomes change. It is thus we turn our thoughts to nursing as a discipline, to the uniqueness of its knowledge, to our knowing and how we know what we know, and to informed courage in surrendering to necessary change.

**Introduction**

Since Carper’s germinal research was published in 1978, nurse scholars have critiqued, extended, and sought to reconcile with practice the four fundamental patterns of knowing that she articulated. Commentary by more than one generation of scholars has ranged widely from unquestioning acceptance and integration to acerbic criticism. Formulaic recitation and description of Carper’s four fundamental patterns of knowing—personal, empiric, ethical, and
aesthetic—continues with singular predictability. These patterns tend to be applied in a linear, discrete fashion, rather than enlightening our knowing practice with a rich, multidimensional range of understandings as Carper intended.

While almost every work referring to knowing routinely pays homage in some way to Carper’s unique understanding and contribution to nursing knowledge, other scholars have illuminated uncharted aspects of disciplinary knowing that simply did not fit well within the four fundamental patterns, or did not resonate with their knowing of what was meaningful in their practice. Additional ways of knowing such as unknowing (Munhall, 1993), sociopolitical knowing (White, 1995), and women’s ways of knowing (Belenkey, Clinchy, Goldberg, & Tarule, 1986) are now cited routinely in tandem with Carper’s original retinue of fundamental patterns. Carper rightfully declared then, and other nurse scholars continue to follow suit now, that other ways of knowing may exist. These disclaimers, however, point silently back to a lack of capacity or an inadequacy that is implicit in the original four fundamental patterns: The range and dimensions of their domains, in and of themselves, are insufficient to embrace other ways of knowing as they have been discovered and added to the knowledge base of nursing.

It is evident that Carper’s four fundamental patterns of knowing, as they were originally presented in her 1978 landmark article, provide neither sufficiency nor capacity, given the struggles of nurse scholars to describe their knowing in nursing phenomena and processes of practice. Carper stressed that each pattern is necessary for achieving mastery in the discipline and that no pattern alone should be considered sufficient or mutually exclusive. The discussion, perhaps, should center on whether all patterns together should have the capacity not only for mutual inclusion, but also for being mutually inclusive—a somewhat different premise.

Carper’s unique gift to nursing that explicated and illuminated the wide-ranging complexity of knowing and knowledge in practice may be better understood in light of the source of her inspiration for these patterns of knowing in Philip H. Phenix’s (1964) Realms of Meaning. This chapter retraces the provenance of Carper’s (1976) research to reveal two further realms of meaning that may similarly be found useful in Phenix’s (1964) work: the symbolic and synoptic (integrative) realms. It is important, however, before embarking upon a
Part I: Philosophical, Theoretical, and Historical Perspectives of Knowing

retrospective journey, to examine the influence and conceptual significance of the language embedded in Carper’s and Phenix’s work.

Linguistic Interplay and Fuzzy Understanding

**Knowing and Knowledge.** In reflecting upon the multitude of articles referring to nurses’ knowing, the rapid exchange in use between the words *knowing* and *knowledge* in the literature compromise clarity in communication of ideas. The two words *knowing* and *knowledge* are different parts of speech (gerund and noun, respectively) and have very distinct meanings and usages. Benoliel (1987) sees the need to illuminate the difference between knowing and knowledge:

*Knowledge consists of concepts, theories, and ideas about an identified area of information, often presented in organized form in textbooks and monographs. Knowing can be viewed as an individual’s perceptual awareness of the complexities of a particular situation and draws upon inner knowledge resources that have been garnered through experience in living. (p. 151)*

Jacobs-Kramer and Chinn (1988) define *personal knowledge* as expressing knowledge of self in experiencing, encountering, and focusing—all ongoing, subjective processes. Moch (1990) describes *personal knowing* as entailing a “shift in connectedness/transcendence” (p. 159) and defines components of personal knowing as experiential, interpersonal, and intuitive—all continuing as inner experiences.

**Pattern and Way.** As with the interchange of the words knowing and knowledge, the different words *pattern* and *way* undergo similar transfer and application. What is the difference between a pattern of knowing and a way of knowing? Each of Carper’s patterns is customarily and interchangeably referred to using both descriptive words. However, the notion of *pattern* is specific and is a concept with dimensional implications. A way is more specific and relatively concrete, with limited horizons of use.
These other ways of knowing do not necessarily constitute new patterns of knowing commensurate with the complexity and scope of patterns introduced by Carper. This poses a problem in that all identified patterns are of value, but when ways that are context dependent or of a narrower focus are aligned among the four fundamental patterns, the dynamic relationship and unity among the original patterns lose balance and coherence. This alignment and difference in magnitude again point to and affirm the problem outlined earlier: There is a certain lack of capacity among Carper’s four fundamental patterns of knowing.

Therefore, the scope of these later ways is better understood as a sub-pattern, category, or aspect that illustrates increasing complexity or specialization among larger patterns of knowing. From this narrower perspective, knowing as a way rather than a pattern becomes an appropriate fit.

The original problem remains, however, regardless of any taxonomy that one might propose at this point in the discussion: Nurse scholars are finding the fundamental patterns inadequate and are seeking meanings that answer their practice in ways of knowing beyond the perceived scope of the patterns.

**Looking Beyond the Scope.** In considering Carper’s patterns of knowing, each appeals to cognition or psychological processes. Each also appears to be “thinned” in meaning or without a certain capacity when suited to the individual processes of knowing. The interchange between the words knowing and knowledge contributes to this thinning: Meaning from knowledge must be inferred and is somewhat removed from immediacy. Meaning in knowing is experienced in the moment. This is evidenced by the narrower conceptual level of the more recent idea of embodied knowing (Rischel, Larson, & Jackson, 2008) that resonates with the experience of so many nurses.

Carper states that understanding the four fundamental patterns “does not extend the range of knowledge, but rather involves critical attention to the question of what it means to know and what kinds of knowledge are held to be of most value in the discipline of nursing” (p. 13). This rather abstruse statement does not help our understanding in light of the frequent crossover in understanding of terms. The subtle distinction between what it means to know, as

They assert that first, the title of the article “Fundamental Patterns of Knowing in Nursing” suggests a process, but yet the patterns are shown as end products. How one comes to know the knowledge in these patterns is not adequately addressed. Second, they argue that each pattern is presented as a discrete entity, contributing to understanding, use, and research of the patterns discretely. That distinction results in the richness of Carper’s work being lost or passed over in favor of a more linear, formulaic application. Third, and most important in this discussion, Silva, Sorrell, and Sorrell point out that two-dimensional aspects of knowing emerged instead of multidimensional aspects.

As a result of the dimensional paucity they perceived, Silva et al. (1995) coined the terms the *in-between* and the *beyond* (p. 3) to account for the ontological aspects they saw emerging from within Carper’s epistemological focus. They observed the change in thinking spurred by cyberspace and virtual reality, and the trend of nurses toward raising ontological questions concerning the nature and meaning of reality. Thus, they found that when Carper’s four patterns are used to address all types of epistemological and ontological knowing within nursing theory and research, the research questions become mixed and a certain dissonance ensues. Silva et al. (1995) state succinctly and poignantly 13 years later, “The issue is that often nurses do not recognize this dissonance and, even when appropriate, do not move beyond epistemological questions to ontological questions that address issues of reality, meaning, and being” (p. 4). Included among contemporary critics, however, are non-nurses with perspectives from other disciplines, who propose to further thin or limit the valuing and experience of nurses’ knowing by relegating their experiences to the “supervisory and corrective function” (Paley, Cheyne, Dalgleish, Duncan, & Niven, 2007, p. 692) of rule-based, analytical forms of cognition in cognitive science. This interpolation of knowledge from other disciplines under the guise of “science” and “evidence” lends further impetus to the necessity of clarifying what is considered knowledge in the discipline of nursing, including its provenance and philosophical groundings within the rela-
tionship of the nurse and the one nursed. At this juncture, the separation in differences of meaning between knowledge and knowing is clear.

**Turning to the Source.** In turning to Phenix’s (1964) work, *Realms of Meaning*, we are able to understand the foundational background to Carper’s 1978 work, “Fundamental Patterns of Knowing in Nursing.” The purpose in turning back to Phenix is to weigh ideas and search for answers that suggest how fundamental patterns of knowing might be drawn forward and re-visioned for a contemporary, meaningful practice of nursing. Carper’s profound contribution has helped generations of nurses to distinguish their own practice as uniquely nursing, and to move away from non-nursing perspectives (Silva et al., 1995) and we thus honor her work.

In the introduction to his work, Phenix (1964) states, “General education is the process of engendering essential meanings” (p. 5). This is the prelude to his idea that meanings are found in realms and sub-realms of distinctive kinds of knowledge within the various disciplines. Six realms of meanings provide foundations for “all the meanings that enter the human experience” (p. 8). Each realm of meaning and its sub-realms has typical methods, leading ideas, and characteristic structures. In studying several disciplines held to be the most important at the time, Phenix examined the general logical character of the field, the distinctive subject matter of the discipline, the representative ideas, and the methods of inquiry. He found that various disciplines or fields of knowledge exhibit distinctive structures or patterns of meanings. Today these differences are apparent in the challenges of understanding often felt in interdisciplinary communications. The differences in focus, language, and meanings in disciplinary knowledge often arise from vastly different worldviews and types of endeavors.

These expressive realms of knowledge with their meanings are briefly described, with the realms of meaning from which Carper derived her patterns of knowing. Perhaps Carper’s greatest and most frequently overlooked contribution to nursing is her understanding that whereas Phenix found distinctive realms of meaning and knowledge structures among clusters of similar disciplines, nursing uniquely engages in all realms simultaneously. The notion of matching one distinctive realm of meaning to one discipline correspondence fell far short
Part I: Philosophical, Theoretical, and Historical Perspectives of Knowing

in regard to nursing’s complex practice. The following brief descriptions of Phenix’s realms of meaning stem from foundational types of disciplinary knowledge.

**Synnoetics or personal knowledge.** Phenix states that synnoetics, or subjective knowledge, relates to the kind of personal knowledge such as that found in Martin Buber’s close I-Thou relationship and reflects intersubjective understanding. Synnoetics implies relational direct awareness and refers to meanings in which a person has direct insight into other persons existing in relation. This kind of knowledge is concrete, direct, and existential, and it may apply to persons or objects. Most importantly for our consideration, personal knowledge is not developed through formal instruction, even though it refers to human association, beginning with the family and extending out to community, occupation, other cultures, and global associations. Phenix provides examples of four disciplines in this realm: religion, philosophy, psychology, and literature.

**Empirics.** Empirics (objective knowledge) includes the sciences of the physical world human beings, and other living things. Knowledge gained is based on observation and experimentation. Meanings are expressed as probable empirical truths using rules of evidence and verification. Disciplines whose knowledge structure is primarily empirical include physical sciences (matter), life sciences (life), psychology (mind), and social sciences (society).

**Ethics.** Ethics (objective knowledge) is the realm “that includes moral meanings that express obligation rather than fact, perceptual form, or awareness of relation” (p. 7). Ethics has to do with personal conduct based on free, responsible decision.

**Esthetics.** In this realm (objective), meanings take the form of contemplative perception of significant, particular things, such as are found in the various arts. These are expressions of subjective ideation or the creative mind, such as in music, visual arts, arts of movement, and literature.

**The “Missing” Realms.** Two other realms of meaning were proposed by Phenix: symbolic and synoptic. These realms are significant in that they are not addressed or included
by Carper and their properties were not reconceptualized as fundamental patterns of knowing. In the discussion following, however, they shall be seen to be of significant and enduring value to nursing.

The Symbolic Realm and Pattern of Knowing. Phenix (1964) states that symbolic systems constitute the most fundamental of all realms because they must be used to express meanings of other realms. Symbolic knowing encompasses experience and history and relates to values, ideals, and purposes of existence. This realm of meaning is found in knowledge systems of ordinary language, nondiscursive, symbolic forms such as mathematics, rituals, gestures, and tacit understandings. Phenix holds that these “constitute the most fundamental of all of the realms of meaning and are foundational to expression of meanings in each of the other realms” (p. 6). This understanding is significant because it also encompasses and shares the inarticulate; the unexpressed or ineffable; the involuntary response; and abstraction, such as the idea of a round square. It also allows values to surface.

When the meaning extrapolated from this realm is transferred to the idea of knowing in a distinguishable pattern, the idea of symbolic knowing in nursing also becomes a fundamental pattern identified among Carper’s original fundamental patterns. We can see that ideas are readily transferred to practice. For example, the image of a nurse’s uniform invokes trust; a national flag calls forth meanings associated with birth and patriotism. Language is itself a symbol and is synonymous with culture. This is a pattern that is fundamental in its characteristics; however, it is here that the uniqueness and conceptual value of symbolic knowing changes how we might view the relationships among patterns of knowing in nursing. The symbolic realm, as Phenix noted, is foundational and gives rise to or informs all other realms.

From this perspective, although all patterns are of inherently “equal” value, a glimmer of a process is seen in this relationship. Symbolic knowing may be understood as undifferentiated potential with the capacity for giving rise—from itself—to other patterns of knowing that richly vary in combination, dimension, and form, according to the meanings called forth from the unique and complex disciplinary knowledge found in nursing practice.
It is this unique capacity on which we first focus our attention and offer explanation for the variety and scope of patterns of knowing extant in the nursing literature. In understanding the tacit nature of symbolic knowing, it becomes easy to understand, that this pattern of knowing is present always and answers to the meaning from nursing practice. The glimmer of a process can be seen further in the idea that symbolic knowing is active in the idea of call and response within the nursing situation. Other patterns are simultaneously being perceived tacitly and explicitly within the richness of nuanced practice. This capacity for expressing differentiation, then, is a distinctive and significant function of symbolic knowing in its role as a fundamental pattern, with the relationship between knowing and knowledge made clear. We now turn our attention to the realm that Phenix calls synoptic, which presents a paradox for consideration.

**The Synoptic Realm and Pattern of Knowing.** Phenix describes the synoptic realm as one in which meanings are “comprehensively integrative” (p. 7), and which includes history, religion, and philosophy. These disciplines combine empirical, esthetic, and synnoetic meanings into coherent wholes (Ibid), and their knowledge is described by Phenix as objective. Phenix states that synthesis of coordination with other realms through reflective interpretation of all other kinds of meaning and their relationships occurs in the synoptic realm. Of all the realms of meaning that Phenix illuminates, the synoptic realm is perhaps the most intriguing because it resonates with possibilities for the practice of nursing. Although Carper recognized that all patterns were inherent in nursing in the form of patterns of knowing, as previously noted, she did not include the idea of synoptic knowing itself as a pattern in which all other patterns were brought together and integrated as a whole. The necessary transference of the concept of the synoptic realm to patterns of knowing in nursing as synoptic or integrative knowing is as significant as the inclusion of symbolic knowing previously considered.

Synoptic knowing is the pattern that is at home within the nursing situation. Wholeness, caring, oneness, valuing, the “in between” and “the beyond” of Silva et al. (1995), transcendence, empathy, growth, intuition, and all such knowing that is perceived and informed are embraced and included within the nature of integration in this pattern. This is the
role of synoptic or integrative knowing: to fuse or synopsize in a unitary whole. The idea of ultimate meanings and what Phenix terms “boundary concepts” (p. 7), such as the Whole, the Comprehensive, and the Transcendent where there are no boundaries, are included in synoptic knowing.

Creative characteristics of fundamental patterns of knowing are expressed through synoptic knowing in the nursing situation. Aesthetic knowing is inherently creative, and it is this aspect that is seen in the perception and understanding of new knowledge brought forth in the nursing situation; that is, nursing knowledge that might not yet be articulated. This is growth, an example of which may be understood as growing in caring, and includes both nurse and the one nursed. In nursing, synoptic knowing unites all knowledge and experience in the moment and creatively transforms them. This critical pattern of knowing enables an individual, or a discipline in the collective sense, to grow and transform with the integration of new knowledge and understandings.

The Unitary Nature of Symbolic and Synoptic Knowing

What has not been addressed at this juncture is the paradox alluded to in our discussion of synoptic knowing. We address this in a question. If symbolic knowing is the pattern from which all others arise, then it must include synoptic knowing; if synoptic knowing integrates all other patterns, then it must include symbolic knowing. Which is it? The answer is similarly puzzling: Neither and both.

Phenix provides the idea of a spectrum, at one end of which are the symbolic fields of knowledge, from which all meanings are expressed. At the other end of the spectrum are the synoptic fields, which gather up the entire range of meanings. In between these two realms are the four distinct but interdependent realms of empirics, esthetics, and synnoetics, which are “modes of significant human relatedness to the world and to existence” (p. 8). The symbolic and synoptic realms “serve as binding elements running throughout the various realms and welding them into a single meaningful pattern” (p. 9).

Patterns of symbolic knowing and synoptic knowing in nursing, therefore, are merely two different expressions of the same knowing, rather like a double helix, between which
patterns of knowing such as personal, empiric, aesthetic, ethical, sociopolitical, and unknowing come into view and reveal their unique characteristics. The fusion of all the patterns of knowing into a single pattern, with meaning grounded in the disciplinary knowledge of nursing, is the pattern which we will now call synoptic or integrative knowing in nursing practice. The nursing literature reveals a growing number of integrative theories of nursing practice. The knowing addressed within these theories should also be reflective, and should reflect the whole, as does synoptic knowing.

At the beginning of this paper, we raised the idea of a perceived “thinness” of the four fundamental patterns of knowing. In Phenix’s fundamental realms as discussed, meaning is drawn from the fields of knowledge that the realms typify and represent. When transferred as patterns of knowing in nursing, meaning is drawn from disciplinary nursing knowledge and infused into fundamental patterns of knowing. This gives knowing the life and fullness of meaning distinctive to nursing.

All patterns together are fluid and unbounded, and although they express different natures at different times, they are characteristic of the whole person within the nursing situation, yet remain connected with the universe. It is here that we see a new process of knowing and being that is integral to living in an unbounded universe—one that is increasingly supported by a bolder science and that turns conventional, Newtonian scientific thought on its head. If the focus of concern of the discipline of nursing is nursing in the human health experience, and if the essence of nursing is caring, the nurse grounds practice in an explicit conception of nursing grounded in caring (Boykin, Parker, & Schoenhofer, 1994; Boykin & Schoenhofer, 1993). This is where meaning resides. This is where synoptic or integrative knowing occurs. This is where there are no boundaries.

*Phoenix Arising.* This chapter began with the story of the mysterious phoenix as a metaphor for courage, change, and continuance. In telling the story of the epistemological roots of our knowing in nursing, we built our nest of wood and settled deep. The consuming of the old in the fire of insight and understanding has raised us up in a new form, more beautiful, and able to live on in wisdom and surety.

Both Barbara Carper, nursing scholar, and Philip Phenix, education scholar, whose opuses we have been considering,
have provided the foundations for the re-visioning of this phoenix, or in true understanding of what the name means, metamorphosis or change. We are indebted to them.

Summary

We began this examination of fundamental patterns of knowing in nursing with the premise that something was missing from the patterns and was not explained or accounted for. We turned back the pages of our epistemology to seek to understand the realms of meaning whose sources were discovered in Phenix and expressed for nursing in Carper’s work. Two realms of meaning—symbolic and synoptic—were not included in the envisioning of the four original fundamental patterns of knowing in nursing, but were found to answer uniquely to a contemporary process of knowing in nursing practice. Both newly termed as patterns of knowing in nursing, these were found to be two aspects of the same knowing that were differentiated by their functions. This knowing in nursing is called synoptic or integrative knowing.

Reflections

As a young discipline of knowledge with unique complexities in practice, we are only at the beginning of our journey. As human beings, our knowing and intentionality are more complex and wonderful than we have ever dreamed, yet we have hardly begun. Our unique nursing caring is the invitation for exquisite healing of those who are wounded, and the myriad ways this is being lived in practice have only begun to be chronicled. In a contemporary process of nursing, our unbounded knowing and being enables us to simultaneously be at the bedside and in the stars. Our search for knowledge is so that we can tell the story of our own humanity and the desire for goodness and kindness that thread their way through our lives. This we do through nursing.

Sullivan in Phenix (1964) states magnificently, “It is only when the world expands as a tissue of persons and interpersonal relations which are meaningful that knowledge becomes truly significant” (p. 200).
References


