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**Integral Nursing: An Emerging Framework for Engaging the Evolution of the Profession**

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### Abstract

These are turbulent times for health care and for nursing. Nursing needs to consciously evolve to survive and thrive in the 21st Century. The authors suggest that nursing has many of the theoretical and conceptual models needed to facilitate this evolution. However, the profession would benefit from the addition of a comprehensive framework that can integrate various aspects of nursing and serve as a device to effectively interface nursing with the rest of the health care system. We believe that the Integral Nursing model described here is such a model. We describe the model and explore benefits of its application for nursing within health care.

### Condensation

An introduction to the Integral Model as a tool to facilitate the conscious evolution of nursing and to effectively interface nursing with the rest of the health care system.

Nursing, in its quest to show its unique place in the health care arena, has developed numerous theories and models to explain what nursing is and does, and to provide models that can be tested via practice and research. Theories have advanced the evolution of nursing science, scholarship, and professional identity <sup>(1,2)</sup> but have not been useful to transdisciplinary dialogue and development of integrated systems of health care. In the meantime, the medical model still dominates the health care system despite its failure to provide a comprehensive model that would reflect the whole of health care.

The health care system continues to best be characterized as fragmented and lacking communication within and between professions. In addition, medicine persists in focusing on empirical science and health care business continues to emphasize profit and productivity despite growing evidence that these foci are inadequate to address patient needs. To overcome these complex problems, health care professionals from all of the disciplines must work together from positions of mutual respect and understanding with a renewed focus on addressing the complex needs of patients. The use of a single, but more inclusive, conceptual model by all health care professions would facilitate more effective working relationships. The time has come to examine the usefulness of a comprehensive model that could serve all health professionals to improve the quality of care for increasingly diverse and complex problems of patients, their families, and communities. Exploration of such a conceptual model is not intended to prevent individuals and groups from further development of their own theories and models. On the contrary, this model should help guide this work by showing areas in which existing theories could be expanded.

The authors suggest one approach to a conceptual model, which we call "Integral," that can be used in nursing and health care to facilitate communication within and between professions and to support nursing practice and scholarship. A number of theorists have come together in the past several years to construct an emerging Integral Model. The foundation is built on Ken Wilber's All-Quadrant/All-Level framework and is animated by any number of developmental models. The authors have chosen Beck and Cowan's Spiral Dynamics

developmental model because it is particularly compatible with Wilber's work and because Beck and Wilber have begun recently been integrating their work in interesting ways <sup>(3,4)</sup>. Both models are evolutionary, provide a vision for yet-unrealized development, and are appropriate for working with individuals, groups and societies.

Wilber's All-Quadrant/All-Level model has been suggested <sup>(5)</sup> as a way to provide a comprehensive and holistic framework for the discipline of medicine. Beck and Cowan's Spiral Dynamics model has previously been recommended as a tool for leadership in nursing. <sup>(6)</sup> To introduce the Integral model, we first present Wilber's <sup>(4,7)</sup> All-Quadrant/All-Level model and then introduce Spiral Dynamics <sup>(6)</sup>. We then explain how the power of combining these two models can be used as a comprehensive organizing framework for nursing and health care.

#### Wilber's All-Quadrant/All-Level Model

The All-Quadrant/All-Level model proposed by Wilber <sup>(4,7)</sup> is a complex framework that functions exceptionally well as an heuristic device from which to organize all dimensions of human experience. The framework is derived from Wilber's extensive efforts to synthesize and integrate knowledge and research from philosophy, psychology, sociology, anthropology and spirituality from Eastern and Western as well as ancient and modern points of view <sup>(4,7,9,10)</sup>. Wilber's perspective is now being explored, developed, and applied by members of the Integral Institute. To date nursing theory has been noticeably absent from the Integral work in the field of health care, despite, we contend, its significant potential contribution and compatibility with the model <sup>(11)</sup>.

Wilber's framework consists of quadrants, each of which is comprehensive for the realm it encompasses and is designed to incorporate all that we know about those aspects of reality. The four quadrants (Figure #1) can be described as Behavioral (Upper Right); Systems and Processes, or Social (Lower Right); Cultural (Lower Left) and Intentional (Upper Left). The upper quadrants represent individual characteristics of a person and the lower quadrants represent the characteristics of the communities in which a person is a member. The left-hand

quadrants represent interior or subjective aspects (I, we), and the right-hand quadrants represent exterior, or objective aspects (it, both individual and collective).

Each quadrant is intersected by a trajectory and notched by domain-appropriate levels. Levels are developmental structures and represent qualitatively distinct hierarchical stages of organization.<sup>(7)</sup>

The Intentional Quadrant (Upper Left) represents a person's inner self or conscious reality, the mind and the spirit. Specific to health care, this quadrant can represent individual perceptions and motivations, and individual health care beliefs. The Behavioral Quadrant (Upper Right) includes neurophysiology, biochemistry and other empirical sciences and also provides a way to consider individual actions. This quadrant represents the machinery of quantitative research and medical model interventions focused on drugs, radiation, and surgery. The Cultural Quadrant (Lower Left) can include the culture of health care, the culture of a specific health care institution, or the culture of nursing in the institution. Shared beliefs about health and illness are also cultural phenomena. The Systems, or Social, Quadrant (Lower Right) includes the social hierarchy of the health care system, hospitals and clinics as well as insurance and pharmaceutical companies. It can also represent the compensation system, administrative structure, and acuity-measurement systems, including the complex rules and regulations that control these systems.

The beauty of an All-Quadrant/All-Level perspective is the parsimony with which it provides a comprehensive framework for organizing multiple phenomena. Critical assumptions<sup>(7)</sup> include the following:

- 1) human development occurs in all four quadrants; an individual's level of development may be different in each of the quadrants;
- 2) development is directional, interdependent and intricately interactive;
- 3) development occurs in predictable patterns; evolution emerges into something new, different and unpredictable;

- 4) development and evolution proceed from matter to life to mind to spirit; spirit is highest and is immanent; and
- 5) evolution in the developed world has reached a particular level; individuals or groups can move beyond the current world level through conscious effort.

#### Wilber's All Quadrant/All Level Model in Nursing

One goal of nursing theory is to organize knowledge to explain human phenomena of interest to the nursing discipline. In an effort to organize nursing knowledge, Barbara Carper<sup>(12)</sup> identified four fundamental patterns of knowing in nursing (personal, empiric, aesthetic, and ethical). These ways of knowing can be examined from the perspective of Wilber's quadrants to demonstrate an example of interface between the All Quadrant/All Level model and a nursing model. Like Wilber's quadrants, Carper's ways of knowing are not mutually exclusive but are interrelated. When Carper's ways of knowing are superimposed on Wilber's quadrants, personal knowing becomes an Upper Left phenomenon, reflecting the inner knowing that each nurse brings to his or her practice. Empirical knowing, the science of nursing, is expressed in both right quadrants of Wilber's model, but is most often Upper Right. Ethical knowing is expressed as the standard by which nurses judge the self and others, and includes principles and codes that dictate behavior. Aspects of ethical knowing may be found in all four quadrants from individual and collective values to objective ethical theories. Aesthetic knowing, the art of nursing, highlights the interpersonal presence that nursing brings to nurse-patient encounters<sup>(13)</sup>. In addition, the aesthetic way of knowing represents the expression of nursing acts as art. The aesthetic way of knowing is a powerfully useful over-arching pattern of knowing and can fit into all four of Wilber's quadrants.

White<sup>(14)</sup> added a fifth way of knowing, sociopolitical, which when superimposed over Wilber explains both lower, or aggregate, portions of the quadrants. The health care system of sociopolitical knowing is emphasized in the Lower Right and the cultural component of sociopolitical knowing in the Lower Left. Each way of knowing contains its own developmental pattern; each is hierarchically arranged.

## Spiral Dynamics

Spiral Dynamics is an emergent, systemic, biopsychosocial model of human development that was described in its current format by Beck and Cowan<sup>(8)</sup>. The model is based on original work of the late Clare Graves, with whom Beck and Cowan studied. Gravesian theory, derived from years of research,<sup>(15,16)</sup> indicates that development progresses as newer, more complex biopsychosocial systems subordinate older, less complex systems when the conditions of existence change.

Beck and Cowan<sup>(8)</sup> expanded the Spiral Dynamics model by introducing the concept of value memes. Memes are defined as units of cultural information that are the psychosocial equivalent of genes. Memes serve an important function by organizing information into clusters to provide perspective that assists us in making decisions with reduced psychic energy. Value memes, or vMememes, were developed by Beck and Cowan and are described as clusters of memes or meta-memes. Beck and Cowan suggest that vMememes serve as organizing principles so vital and comprehensive that they reach across whole groups of people. These vMememes structure the thinking, value systems, political forms, and worldviews of entire civilizations.

Spiral Dynamics describes a series of developmental levels, based on vMememes, that can be used to describe individuals, organizations, and societies. Important assumptions<sup>(8)</sup> of the Spiral Dynamics model include the following:

- 1) development is portrayed on a spiral, consisting of a double helix, with life conditions making one strand and the developmental vMeme-levels the other strand of the helix;
- 2) changing life conditions awaken/activate vMememes - life conditions include capacity, time, place, problems, and circumstances;
- 3) vMememes emerge and develop along the spiral in waves with an entering, a peak (or nodal), and an exiting phase;
- 4) vMememes increase in complexity as they move up the spiral;

5) like other developmental models, each level transcends and includes lower levels, we continue to have access to lower level ways of perceiving and processing information, and lower levels continue to influence our newer, more complex systems;

6) most people/organizations/societies possess the potential to change their vMeme level and create new vMememes, but progress is not inevitable;

7) individual/organization/society's vMememes can emerge, surge, regress or fade in response to life conditions; and

8) individuals/organizations/societies function, at any one time, at a predominant level; however, the individual/organization/society may function at different levels for each of the various aspects of their life experience, e.g. for work, family, sports, politics, religion.

The Spiral Dynamics model is portrayed in Figure 2. Rather than designating levels with a numeric progression or with descriptors, Beck and Cowan<sup>(8)</sup> use colors in an attempt to avoid implying hierarchical value for the various levels. Rather, levels are described in colors that alternate between what Beck and Cowan<sup>(8)</sup> term cool and warm layers. Cool colors (*purple, blue, green, turquoise*) indicate an emphasis on communal and other-focused vMeme levels, while warm colors (*beige, red, orange, yellow*) indicate an emphasis on individual or self-focused levels. Because people transcend and include previous systems if and when they gain access to higher-order, more complex systems, vMememes co-exist in onion-like profiles with individuals/organizations/societies consisting of multiple admixtures rather than pure types.<sup>(8)</sup> Beck and Cowan<sup>(8)</sup> have data on thousands of individuals to support the presence of eight vMeme levels with their attendant entering, nodal and exiting phases, and some evidence of a ninth level currently emerging. Further potential levels are hypothesized but not identified in society today.

vMeme levels are thought to appear to cluster in groups, or tiers, of six levels<sup>(8)</sup>. Tier One, the Subsistence Tier, is composed of the levels from *beige* to *green*. People whose meaning-making systems peak at levels within Tier One are characterized by focus within their own level. Theorists and researchers have identified aspects of two Tier Two levels: *yellow* and *turquoise*.

Theorists postulate that other Tier Two levels are in the process of being expressed. Tier Two thinking is characterized by the ability to navigate vertically, i.e., through all levels of the Spiral without privileging one level at the expense of others, as well as horizontally, i.e., within one's own level on the Spiral. Movement from the first to the second tier may be more dramatic, complex and significant than the move from one level to the next within a single tier. Beck and Cowan <sup>(8)</sup> quote Graves as describing the movement from *green* to *yellow* as "a momentous leap" (p. 274). The eight levels that have been identified are described in Tables 1 and 2.

### vMememes in Nursing

vMememes are not ladder-rungs, but flows to which people have varying accesses, depending on their life conditions and current capacity. Individual nurses have potential access to the entire spectrum of the Spiral. However, aggregates of nurses likely cluster at various levels along the continuum, depending on circumstances. The authors suggest that nursing, with its various practitioners operating at multiple vMememes levels, would be well served by a second-tier perspective, where this is natural and possible. The influence of this complexity of thinking, feeling, and being would awaken and optimize the full potential of nursing's contribution to the evolving health care system.

Some examples of vMememes from a nursing perspective are described here as follows:

#### *Beige*

Individuals for whom *beige* is a high watermark are most likely to be patients in vegetative states or newborn infants; as such, they are the focus of nursing care. For nursing professionals themselves, this level exists primarily as somatic sensation, e.g. hunger.

#### *Purple*

In the nursing workforce, it would be nearly impossible for persons to gain the education necessary to become nurses if this were the most complex capacity available to them. However, within nursing, the expression of certain rituals and ceremonies can be extremely reassuring and useful. The presence of *purple* in nursing might be expressed

in a group of nurses who consistently work together on the night shift. While they would not be a completely closed group, they can create a useful togetherness and consequent psychosocial safety by simple rituals at breaks, meals, and shift changes.

### *Red*

People for whom this is the dominant worldview are probably not often seen in nursing. However, this *red* energy is available to most of us. In its positive expression, it provides the heroic responses that are often required in emergency rooms and intensive care units. Nurses who have easy access to *red* responses are sources of the intuitive wisdom that enables them to successfully act quickly using minimal cues and drawing from their experience.

### *Blue*

There are many nurses, operating from this level of development, who may go about their duties quietly and loyally, as long as there is a clear chain of command and clear protocol for all situations. Coincident with this approach to their work life, they may also practice a fundamentalist belief structure, believing with confidence that they are following the One True Way in providing care to clients. A manager who sees her or his role from this perspective works well with loyal subordinates because this cool level focuses heavily on relationships with those who support the code of conduct. However, this nurse is likely to resist change unless it is mandated from a credible higher authority, preferring that which is well understood and proven over time.

As with each of these constructs, there are useful elements of hierarchy and protocol-based thinking which are characteristic of the *blue* level. These are fundamental to the smooth functioning of the institution, essential to patient safety, and keep the institution and staff within legal and other regulatory compliance.

### *Orange*

This worldview is found throughout the nursing profession but especially in nursing management. Nurses who think and behave primarily from this vMeme level often begin in staff positions and worked themselves up the chain of command. In doing so, they evolve through

levels of the Spiral, including access to *green*, by virtue of formal education and experience in business administration, as well as association with upper level hospital administrators.

Individuals for whom the *orange* worldview is dominant tend to value the system in which they work, strive to be open to change, and work to produce it. For example, a nurse who sees the workplace from an *orange* perspective may maximize productivity in terms of increased numbers of clients served, decreased negative health care outcomes, and increased profits. As a warm level that tends to focus toward self and individuals, the manager working successfully from an *orange* perspective will have moved from valuing the loyalty of fellow nurses to seeking the approval of supervisors who value doing well in order to do good. Status and financial incentives may also motivate this manager.

### *Green*

Nurses who have access to this vMeme can be found in many types of settings and positions, but many are found in academic and advanced practice positions. They work best in collegial rather than bureaucratic environments and strive to bring harmony to patients and the work group. Since they value tolerance and diversity, they can often be found providing patient care in ethnic neighborhood clinics, or in complementary and alternative practices. While espousing values of tolerance, they may have difficulty getting along with outcome and data-driven administrators as well as those executives who push them in terms of productivity and results over process, relationship and communication.

The vMememes described, *beige* through *green*, comprise Tier One of the Spiral model. Since *yellow* represents the first vMeme of Tier Two, the transition to this level is more dramatic than the transitions between the levels in Tier One.

### *Yellow*

Professionals with access to *yellow* perception and expression also appear throughout nursing. Some have become nurse theorists and are masters at understanding, describing and navigating the complexities of nursing. They actively explore thinking on the edge and outside of nursing, and can usefully synthesize wide-ranging theoretical work from disciplines as diverse

as complexity sciences and new physics to social psychology and philosophy into nursing. *Yellow* thinking should be prized because, at this level, the individual understands dynamic human systems at all current and lower levels. Probably for the first time, the nurse has access to a clear understanding of the meaning of biopsychosocial principles as they exist and interact. The nurse with a *yellow* perspective is then able to appreciate the contribution of each health care discipline, the patient, the family, society, and community to human and ecological well-being.

### *Turquoise*

This level has only begun to emerge and is not yet well conceptualized. As a cool color, relationships again become a focus. Since this is a Tier Two form, the breadth of understanding is comprehensive. A nurse with this capability can synthesize old approaches to successfully solve problems in new, ground-breaking ways. A sampling of issues turquoise nurses might address are as diverse as coordinating transdisciplinary integration of patient teaching, capturing observations across providers to transform health care, and developing coordinated systems to solve health care problems.

### An Integral Example

The combination of the All-Quadrant /All-Level framework and the Spiral Dynamics version of development into an Integral model is more powerful than either model alone. Spiral Dynamics provides a useful set of structures for exploring many of the developmental aspects of Wilber's quadrants.

The Integral approach can be illustrated with this example focused on identifying and clarifying the needs of a population of individuals with diabetes within a practice for the purpose of improving outcomes. Upper Right considerations direct the nurse to use evidence-based practice guidelines. But that focus, alone, is not sufficient to assure a complete picture of factors within the population that will affect the outcome. Nurses are also aware of the importance of the patient's Upper Left values and beliefs and how those affect outcomes. Lower Right issues that influence care and outcomes include health care system issues, such

as access to a health care provider and to medications. And finally, the Lower Left perspective identifies the influence of the family and culture, as well as religious and dietary practices on outcomes. Adding Spiral Dynamics to this example assures that the population as a whole and each individual patient is approached from their dominant meaning making, or vMememes, perspective. For example, an *orange* patient within the population needs to be provided the educational tools to take charge of his diabetes. However, the population as a whole might be centered in *blue* so that system interventions would be most effective if approached from a *blue* perspective.

This is just one illustration to demonstrate that applying an Integral approach can serve as a tool for organizing health care with clarity while articulating nursing's contribution to the health care system. Clearly, multiple considerations are required to identify the multiple variables involved. Then, taking the perspective of each participant requires a full range – a Tier Two – appreciation of each person's biopsychosocial needs.

#### Integral Nursing: Tier Two Thinking

An Integral Nursing model facilitates acknowledgment of the contributions of *purple*, *red*, *blue*, *orange* and *green* perspectives in nursing and opens the profession to a leadership role in the evolution to *yellow* within the health care system. Wilber<sup>(4)</sup> and Beck (personal communication, 2001), both suggest using the Integral model to facilitate movement upward. Wilber suggests that most adults in the developed world have the ability to capture this model, at least intellectually (personal communication, 2002). The authors propose that nurses and others interested in the constantly changing and increasingly complicated health care system use this model as a path for creating adaptive change.

The ability to think from an Integral perspective enhances nursing in several ways. First, an Integral perspective allows us to return selectively and constructively to helpful rituals, appropriate heroics, the voice of authority and the pursuit of excellence, as these are appropriate to the specific situation. The ability to navigate steadily from an Integral perspective allows nurses increasing options to communicate and act with colleagues, patients and others

individually and in groups at any specific level and, in time, at multiple levels simultaneously. When we are able to assess and identify the worldview or meaning-making system being used to organize perceptions, thoughts, experiences and responses, we improve communication with other health care professionals and patients. The addition of the four quadrants assures a comprehensive assessment of any clinical or administrative health care situation. And in addition to the quadrants, at the Integral level we begin to explore further aspects of Wilber's evolving model<sup>(4)</sup>, which include all-lines (e.g., moral, emotional, cognitive, and interpersonal) and all-states (e.g., waking, sleeping, dreaming and various altered states).

Another benefit of an Integral perspective is the ability to see the whole, the parts and self as a whole and a part. The comprehensive nature of a truly Integral approach helps to more completely examine specific needs of individuals and groups, and prevents us from overlooking important elements. In any system, the point of interest may be at a microscopic level, e.g. the cell, or at the macroscopic level, e.g. the universe. Yet, no matter where the nurse intervenes in the system, there is impact throughout. While most nurses are aware of this principle, without the Integral Nursing model, it has been difficult to identify the numerous components that are affected. Finally, this model requires the nurse to see that he or she is a participant in the system and consequently, affects and is affected by the interchange.

A third advantage is the potential to strengthen the vision of our leaders. Horton-Deutsch and Mohr<sup>(17)</sup> recommend reconnecting with nursing values as a first step in attempting to deal with fading leadership and other problems facing the nursing profession. The provision of a comprehensive, integrated model can serve as a framework for dialogue to clarify values among nurses. The Integral model, especially as it becomes understood throughout the health care system, can serve as a device to help nurses communicate the complexity of these nursing values, among ourselves and to our constituencies. The language, systems, processes and behaviors reflected in these values, then, are best expressed as nursing theory.

A fourth benefit is the sense of unity-in-diversity. At an Integral level, we accept and value diversity rather than treating patients and co-workers in objective and de-humanizing

ways. The ability to appreciate diverse perspectives lays the groundwork for true cooperation and coordination. An Integral approach will acknowledge and work with the territorial attitudes of different health care disciplines by acknowledging competence and recognizing value wherever it is found.

### Integral Nursing and Nursing Theory

The Integral model presented here is designed to enhance nursing theory, not supplant current theory or offer up another theoretical model of nursing. Nursing, in an effort to understand its uniqueness, has developed knowledge in isolation from the whole of health care. Meleis <sup>(1)</sup> describes the 5<sup>th</sup> stage of nursing theory as integration of nursing knowledge into a unified whole. We propose that the 5<sup>th</sup> stage of integration should also include integration of nursing knowledge into the current, predominantly *orange*, Right Upper Quadrant health care paradigm.

We suggest that the Integral perspective be used to integrate all health care disciplines, including nursing, into a comprehensive health care paradigm because it is a framework to demonstrate how all of reality, interior as well as exterior, is interrelated. The philosophical basis for the model is highly compatible with nursing. The Spiral in Spiral Dynamics clearly brings to mind the groundbreaking work of Martha Rogers; a more thorough comparison identifies many more substantive similarities. When we look, even casually, at contemporary grand theories in the context of the model, it is clear how M. Newman, Paterson and Zderad, and Parse enrich the Upper Left Quadrants, and one can see the value Leininger's model of culture care brings to the Lower Left and Right Quadrants.

To date, nursing has not been able to translate its knowledge outside the profession and has, instead, stood in isolation. It is time to build a bridge to other health care disciplines. Integral Nursing, offering Tier Two thinking, can serve as that bridge.

### Moving Toward an Integral Approach

The life conditions surrounding health care have become both sufficiently complex and supportively fertile for the natural emergence of an Integral perspective. Beck and Cowan<sup>(8)</sup> provide tools for facilitating development by modifying Life Conditions. The first step in this emergence is to become increasingly aware of our positions on the Spiral, as individuals, nurses and as a profession. A second step in this process involves examination of the values and assumptions that characterize and support our current worldviews. The third step is to use these values to develop a clear vision of what health care should become and nursing's position within the health care system. Finally, we can begin the next important move, which is to integrate this new awareness into an action plan that allows us to explore our newly emergent Integral worldview. As our visions of our Integral selves and Integral nursing become increasingly clear, we will discover changes in our thinking and actions that reflect the Integral perspective. In this way, we transcend and include our earlier and less complex meaning systems.

#### Conclusion

Health care today is dominated by the medical model, based in an *orange* worldview, overly focused on Wilber's Upper Right Quadrant using Lower Right systems. The medical model has brought us great advances in medical science, from sulfa drugs to transplantation. The *orange* perspective has a great deal more to offer health care, but is not sufficient to comprehensively explain and explore circumstances that affect health care practitioners and institutions, and the people they serve.

The *orange* worldview does not acknowledge the role of humanistic caring nor does it have a comprehensive vision and understanding of the complexity of human nature that nursing brings to health care. Nursing possesses the skills and theory that health care sorely needs, but as a profession, nursing has not been able to either act on the knowledge to effect change in the system or to communicate this understanding to the rest of the health care system. An Integral model serves as a heuristic device that provides a framework for visualizing the whole of health care and the place of nursing within it. At the same time, it brings the nature the other health

care disciplines into sharper focus. This emerging methodology can serve as a tool to expand our understanding of all perspectives, begin a transdisciplinary dialogue focused on changing the health care system, and provide an avenue for the transformation of the health care system and health care practitioners within it.

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Insert Figure 1 Here

Figure 2. Wilber's All-Quadrant Model

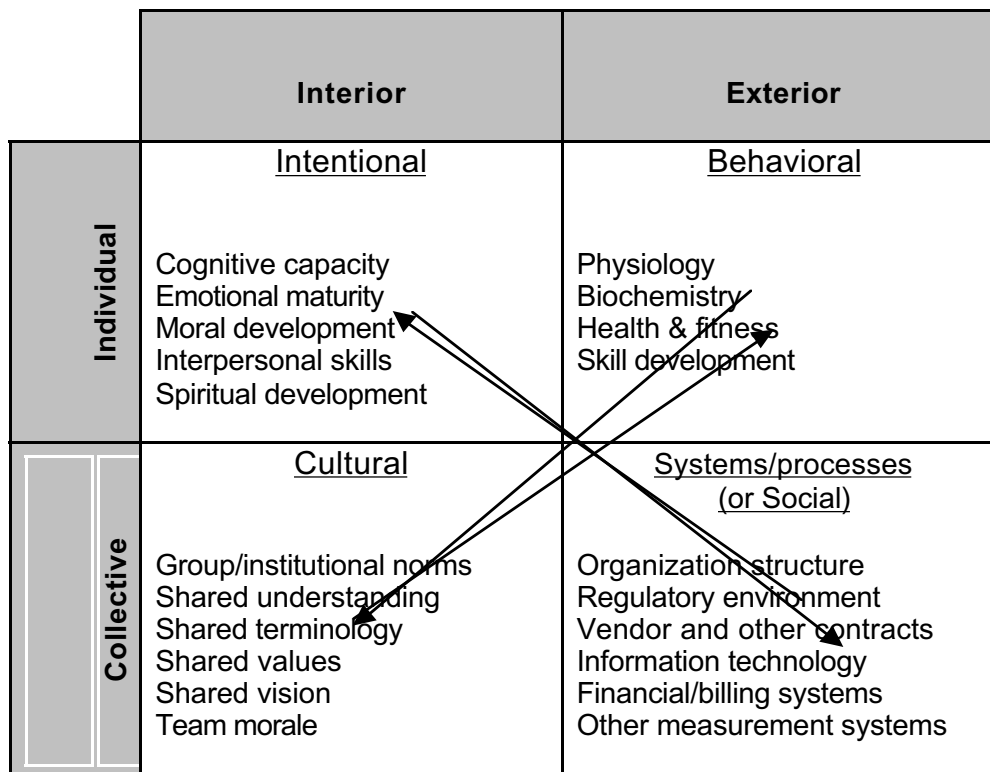
Adapted with permission, Wilber<sup>(4)</sup>

Table 1. Tier One

| Color/Title             | Description   | Examples   |
|-------------------------|---|--|
| <b>Beige: Survival</b>  | Food, water, warmth, sex and other physiological needs predominate. Little or no communication other than sensation. Use habits and instincts to survive. Although individual focused a distinct self is barely awake.  | Newborn infants; coma and some stroke, autism or Alzheimer's victims; mentally ill street people; first human societies. |
| <b>Purple: Magical</b>  | Believe one is powerless on own so move into a group for safety. Kinship and ethnic identity may be paramount and are the basis of political links. Allegiance to chief, elder, ancestors, and clans. Objects and traditions are sacred and magical in a world of mythic spirits, dragons and monsters. | Many families; young children; Third-World groups; athletic or corporate team rituals; matriarchy or patriarchy.         |
| <b>Red: Egocentric</b>  | Emergence of a sense of self distinct from tribe/family/group. Powerful, egocentric, heroic, impulsive. The world is a jungle. Behavior is adversarial and focuses on power, respect, conquering, domination and getting what one wants consequences be damned.   | Terrible twos; rebellious youth; street gangs; wild-West mentalities; Queen of Hearts; Big Boss and henchmen; warlords.  |
| <b>Blue: Purposeful</b> | Sacrifice for traditions and values that are derived  | Religious fundamentalism;  |

| Color/Title              | Description  | Examples  |
|--------------------------|--|---|
|                          | <p>from a powerful other that give life meaning, structure and purpose. Subscribes to a righteous code of conduct based on absolutist and unvarying principles of right and wrong. Following code, loyalty and obedience awards faithful. Unquestioning allegiance to mode of behaving and with no understanding of others alternative beliefs.</p>          | <p>professionals who rely on hierarchy and protocol; Marines; Boy and Girl Scouts; authority-based organizations; passive hierarchy</p>                   |
| <b>Orange: Achiever</b>  | <p>Newly defined Self escapes from group mentality through confidence in one's own abilities. The individual seeks truth usually in empiric scientific or pragmatic terms. See the world as rational well-oiled machine with natural laws that can be mastered. Believe in hard work, logic, reasoned outcomes over which individuals have some control.</p> | <p>Wall Street; the National Institutes of Health; many physicians/RNs focused on personal excellence; secular humanists; Atlas Shrugged; materialism</p> |
| <b>Green: Consensual</b> | <p>Human bonding, ecological sensitivity, web-of-life networking as opposed to networking for personal gain. Feelings and caring supercede cold empiricism. Prefer consensus making,</p>   | <p>Humanistic psychology; Doctors Without Borders; Emotional Intelligence; women's movement; John Lennon's music; political</p>                           |

| <b>Color/Title</b> | <b>Description</b>   | <b>Examples</b> |
|--------------------|--|-----------------|
|                    | harmony, optimize human potential, diversity, multiculturalism, relativistic value system, subjective, non-linear thinking. Expect higher meaning in life, e.g. spiritual as well as physical and psychological. | correctness     |

Adapted with permission, Beck.

Table 2. Tier Two

| Color/Title             | Description  | Examples  |
|-------------------------|--|---|
| <b>Yellow: Integral</b> | <p>The first level where one is able to recognize all previous vMememes in one's self and others, and to value the healthy expression of these and patterns of movement up and down the spiral. Life is seen as intersecting flows of natural hierarchies, systems, and forms. Flexibility, adaptability and principles have higher priority. Egalitarianism complemented with excellence where appropriate. Knowledge and competency are more important than power, rank, status, group membership.</p> | <p>Achterberg's Imagery in Healing; Dossey's Era III in mind/body medicine; Center for Mindfulness Umass; spirituality united with physics; some transpersonal psychology; complexity theory infused with psychospiritual aspects</p> |

| Color/Title             | Description  | Examples   |
|-------------------------|--|--|
| <b>Turquoise: Unity</b> | <p>Tentatively described as universal holistic vMeme system. Sees world as dynamic whole/part organism. Self seen as both distinct and part of larger whole.</p> <p>Appreciates the connectedness and the energy and information that permeate the Earth. Universal order based on internalized, conscious living rather than external rules (blue) or group bonds (green). Thinking uses whole spiral and sees multiple levels of interaction, detects harmonics, and mystical forces and pervasive flow states that permeate any organization.</p> | <p>States of non-dual consciousness;<br/>integral psychology</p> |

Adapted with permission, Beck.