Human Energy Field: A Concept Analysis

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A Concept Analysis

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The human energy field (HEF) as a phenomenon of interest across disciplines has gained increased attention over the 20th and 21st centuries. However, a concern has arisen that there is a lack of evidence to support the concept of the HEF as a phenomenon of interest to professional nurses and nursing practice. Using Chinn and Kramer's method of creating conceptual meaning, a concept analysis was conducted for the purpose of developing a conceptual definition of HEF. A systematic review of the literature using the CINAHL database yielded a total of 81 articles and text sources that were determined to be relevant to the concept analysis. The HEF is defined as a luminous field of energy that comprises a person, extends beyond the physical body, and is in a continuous mutual process with the environmental energy field. It is a vital energy that is a continuous whole and is recognized by its unique pattern; it is dynamic, creative, nonlinear, unpredictable, and flows in lower and higher frequencies. The balanced HEF is characterized by flow, rhythm, symmetry, and gentle vibration.

Keywords: *nursing; energy; energy field; concept analysis*

There exists a fundamental assumption that all life is sustained by a universal life energy. Quantum theorists posit that all reality consists of energy fields, vibrating at different frequencies (Oschman, 2003). Thus, some are visible (e.g., human beings) and some not (e.g., electromagnetic and gravitational fields). The concept of the human energy field (HEF) has been a basic philosophy since ancient times (Bradley, 1987; Brekke & Schultz; 2006; Erickson, 2007; Oschman, 2000; Todaro-Franceschi, 2008). Traditional societies viewed the world as harmonious

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and believed that communication occurred within and between humans and all that surrounded them. This philosophy included a belief that a life force was involved in this interchange and that the balance or imbalance that resulted from this interchange was the source of health or illness (Bradley, 1987; Graham, 1990; Krieger, 1979). This life force, called by different names in different cultures (e.g., Chinese *qi*; Hindu *prana*; Native American *oki*, *orenda*, *ton*; and Western *biofield*), was energy. Descriptions of the characteristics and function of energy were similar, and people believed that vital energy or life force flowed freely through and between living beings and their environment.

The HEF as a phenomenon of interest across disciplines has gained increased attention over the 20th and 21st centuries. First introduced to the discipline of nursing by nurse theorist Martha Rogers, the energy field was defined as the "fundamental unit of the living and the nonliving" (Rogers, 1990, p. 7), adding that it is infinite, irreducible, indivisible, and in continuous motion. Rogers identified the human field and the environmental field as two energy fields of interest to nurses, emphasizing that while distinct, they are not separate. Each field is identified by pattern, defined as "the distinguishing characteristic of an energy field perceived as a single wave" (p. 7).

Newman (1986), Parse (1992), Watson (2005), and Erickson (2006) have used the HEF concept as a basis for their work. These nursing theorists speak conceptually to the irreducible whole of the human field as foci of nursing care and practice. In all conceptual uses of the term in nursing, there is agreement that for each person the HEF is unique, having a unique pattern. It is clear that not everyone can "see" the HEF, but one can perceive manifestations of pattern emerging from the field and its interaction with the environmental field.

A concern has arisen that there is a lack of evidence to support the concept of the HEF as a phenomenon of interest to professional nurses and nursing practice (NANDA International [NANDA-I], 2014). The NANDA-I is a global network of nurses who "facilitate the development, refinement, dissemination and use of standardized nursing diagnostic terminology" (NANDA-I, 2016). This is accomplished by (1) providing evidence-based nursing diagnoses for use in practice, determining interventions and outcomes; (2) contributing to patient safety through the integration of evidence-based terminology into clinical practice and clinical decision making; and (3) funding research through the NANDA Foundation. According to NANDA-I, nursing diagnoses are words that define nursing knowledge and must accurately reflect the clinical judgment of nurses.

In 2008, the NANDA-I employed its Level of Evidence criteria and undertook a systematic review of nursing diagnoses that had been accepted prior to the implementation of these criteria; those identified as lacking in evidence for the defining characteristics and related factors and of current use and applicability in nursing practice were retired from the list. *Disturbed Energy Field*, defined as a "disruption of the flow of energy surrounding a person's being that results in disharmony of the body, mind, and/or spirit," was first accepted into the NANDA terminology in 1994. It was among the eight nursing diagnosis that were retired (NANDA-I, 2016).

This decision by NANDA-I presented an opportunity to examine the evidence related to the concept of HEF as a phenomenon of interest to professional nurses and nursing practice. Thus, Frisch, Butcher, Campbell, and Weir-Hughes (2016) began by investigating the use of an energy perspective in nursing practice. A survey of 434 self-identified holistic nurses responded to an online survey and within that survey entered free-text data to describe their use of energy-based modalities. A conventional content analysis revealed three major themes: (1) an energy-based conceptualization is the essence of holistic nursing practice, (2) an energy perspective is foundational to holistic healing across all care situations, and (3) the diagnosis is central to legitimizing energy-based work. Of note is the fact that these participants were quite experienced and highly educated nurses. Seventy-seven percent of the participants had been in nursing more than 20 years, and 43% held a graduate degree. As a result of Frisch and colleagues' work, an analysis of the term *human energy field* in professional nursing was considered to be the next step in defining the HEF. This process was guided by Chinn and Kramer's (2015) method of creating conceptual meaning. The purpose of this article is to support a conceptual definition of HEF as a phenomenon of interest to professional nurses and nursing practice, verifying the use of the term in the NANDA-I taxonomy.

Creating Conceptual Meaning

According to Chinn and Kramer (2015), conceptual meanings express ideas, thoughts, and feelings reflecting human experience more fully than word definitions. Conceptual meanings do not exist, but are rather "deliberately formed from experience" (p. 160). They define concept as "a complex mental formulation of experience" (p. 160), where experience is the totality of multisensory perceptions of the world and empiric denotes that the experience is shared and verified by others. Meaning, then, is created by attention to three sources of experience. These are the word or symbol, the thing itself, and our interaction with or perception of it. The complex process of creating meaning, utilizing all ways of knowing, increases our awareness of broad uses and meanings associated with a concept. Language both expands and limits the journey. Ultimately, creating conceptual meaning produces a tentative conceptual definition and related criteria to determine the existence of a concept in a particular situation.

Chinn and Kramer's (2015) methodology involves selecting a concept, clarifying the purpose, examining multiple data sources to develop and refine criteria that serve as indicators for the concept, exploring social contexts and values that come from the experience, challenging and refining emerging conceptualizations, formulating criteria, and developing a conceptual definition. Buck (2006) suggested that the validity of a conceptual meaning is grounded in its data sources and the iterative processes used in its development, and reliability is supported by the recognition of the concept from its criteria and uses.

Data Sources

Professional Literature

Methodology. A systematic review of the literature was conducted using the CINAHL database with full text. Search terms included *human* and *energy* and *field*. The terms were searched individually and then combined as *human energy field*. Limiters in the database searched included full text and peer reviewed nursing journals. The search resulted in 144 articles for consideration; bibliographies of published articles were also searched and additional references were found. Only literature or papers that related to HEF as a phenomenon of interest to professional nurses and nursing practice were selected. A total of 81 articles and text sources were determined to be relevant to the concept analysis. The literature was reviewed to determine how the HEF was defined. Attention was paid to the references cited in these definitions and to the context in which the concept was used.

Definitions of Human Energy Field (Table 1)

The concept of the HEF in nursing literature is largely defined based on the work of Martha Rogers (Biley, 1993; Brekke & Schultz, 2006; Buenting, 1993; Butcher, 1996; Caratao-Mojica, 2015; Clarke, 1986; Compton, 1989; Denner, 2009; Erickson, 2007; Eschiti, 2006; France, 1993; Green, 1998; Gueldner et al., 2005; Hardin, 2004; Jackson et al., 2008; Kenney, 1993; Leddy, 2003, 2004; Reeder, 1999; Smith & Broida, 2007; Todaro-Franceschi, 1999, 2008; Willis, DeSanto-Madeya, & Fawcett, 2015). Whether applied to practice, research, or philosophical inquiry, these authors build their discussions based on Rogers' Science of Unitary Human Beings, which was first introduced in 1970. In that the human–environmental field is viewed as a continuous whole, Rogers emphasized that the human and environment *are* energy fields; they do not have energy fields surrounding them. The fields are pandimensional, defined as "a non-linear domain without spatial or temporal attributes" (Rogers, 1992, p. 29). She described the human–environmental field process using the principles of homeodynamics. *Resonancy* conveys the nonlinear, continuous change that occurs through the flow of lower and higher frequency wave patterning. *Helicy* refers to the continuous, innovative, and unpredictable changes in pattern. *Integrality* specifies the context of the change as the human–environmental fields are inseparable. Butcher and Malinski (2015) summarized these principles stating that the human–environmental field process of mutual patterning changes "continuously, innovatively, and unpredictably, flowing in lower and higher frequencies" (p. 240). These principles, according to Rogers, guide nursing practice and research.

Others described the HEF in terms of an energy system (Brekke & Schultz, 2006; Brennan, 1988; Eden & Feinstein, 1998; Erickson, 2007; Feinstein &

Table 1. Definitions of Human Energy Field

Nursing Scholar (Year)	Definition of Human Energy Field
Brennan (1988)	"A luminous body that surrounds and interpenetrates the physical body, emits its own characteristic radiation, and is usually called the aura." (p. 41)
Cowling, Smith, and Watson (2008)	Model of caring from unitary perspective. . . . "human–environmental field or wave pattern potentials for transformation, transcendence, and innovation associated with caring and caring consciousness." (p. E43)
Eden and Feinstein (1998)	Described the individual as ". . . a constellation of energy systems" (p. 95). The energy consists of vibrations that are in constant exchange with the environment.
Brekke and Schultz (2006)	The human energy system consists of three primary energetic structures (aura, chakras, meridians) that interact with one another. We have energy fields that join with others and create systems; we live in energy systems—we create, draw from, and contribute to them. There is a unified field, a source of all energy that we can draw from.
Ference (1979)	"A multidimensional property of human development" cited in Gueldner et al. (2005, p. 43).
Gueldner et al. (2005)	"Pattern, not form, distinguishes one energy field from another, and frequency is the attribute that reflects changes in energy patterns." (p. 43)
Hardin (2004)	"A field is in continuous motion and is infinite. Pattern is the distinguishing characteristic of an energy field perceived as a single wave. The field is identified by pattern and manifesting characteristics that are specific to the whole and which cannot be predicted from knowledge of its parts. [. . .] in nursing, we find that the expert clinician has the ability to uncover the manifestation of patterns in the human-environmental field." (p. 6)
Karagulla and Kunz (1989)	"The individual can be described as a system of interdependent force fields characterized by patterns that are responsive to changes in consciousness." (p. 26)
Krieger (2002)	"The vital-energy field is the personal multidimensional space that surrounds and quickens each individual, energizing and reinvigorating him or her throughout life. It is characterized by the dynamic flow of vital energies that derive from sources that are little understood in the West . . ." (p. 25)
Kunz and Peper (1985)	A localization or concentration of energy within a universal field that permeates all matter.
Madrid and Smith (1994)	Human energy fields are open, "identified by patterns that change continuously and innovatively" from "lower to higher-frequency wave patterns . . . manifested as increasing diversity." (pp. 341-342)
Newman (1997)	Concepts of pattern and unitary nature of human beings with particular emphasis on the importance of the assumption of pattern and that the open human being is in constant interaction with the environment. She theorized that there are no boundaries between human and environment: "Pattern is an identification of the wholeness of the person [and that] disease was a manifestation of pattern." (p. 22)
Parse (2006)	Parse takes HEF from Rogers and adds to it with the following: "Unitary humans, in mutual process with the universe, are co-creating a unique becoming. The mutual process is the all-at-oneness of living freely chosen meanings that arise with multidimensional experiences. The chosen meanings are the value priorities co-created in transcending with the possibilities in unitary emergence." (cited in Parker, 2006, p. 189).
Rogers (1970, 1990, 1992, 1994)	"Fundamental unit of the living and the nonliving" (1990, p. 7). Identified the human field and the environmental field as two energy fields of interest to nurses, emphasizing that while distinct, they are not separate. Each field is identified by pattern, defined as "the distinguishing characteristic of an energy field perceived as a single wave." (1990, p. 7)
Watson (2005)	Transpersonal caring begins with nurse's energetic pattern of consciousness, intentionality and authentic presence . . . has higher frequency of energy . . . enhances connection to universal field and connection to inner source . . . connection transforms into caring moment—egoless transcendence.

Eden, 2008; Joyce, 1996; Karagulla & Kunz, 1989; Kunz & Krieger, 2004; McMurray, 2005). These authors posited that the HEF includes structures, commonly termed *aura*, *chakras*, and *meridians*, which work interdependently to support energy flow. Balanced flow is integral to the health of the organism and strategies to enhance flow inform professional nursing practice. Brekke and Schultz (2006) concurred with Oschman (2000) by saying that there is no single "life force" or "healing energy." Instead there are many systems in the body that conduct various kinds of energy and information from place to place. Eden and Feinstein (1998) described the individual as "a constellation of energy systems" (p. 95). The energy consists of vibrations that are in constant exchange with the environment. This idea aligns with that of Kunz (1985) and Kunz and Peper (1985) who described the human energy system as a concentration of energy within the universal field. The individual can also be described as a system of interdependent force fields (Karagulla & Kunz, 1989) characterized by patterns that are responsive to changes in consciousness. Brennan (1988) described the HEF as a luminous body with its own characteristics that surrounds the physical body.

The relevance of the HEF in nursing is also informed by work found in other disciplines. Denner (2009) reviewed the contribution of several scientists' (e.g., Rauscher, 2005; Rein, 2004; Rubik, 2002; Schwartz & Russek, 1997; Smith, 1986) to the understanding of HEF, suggesting that quantum physics may bridge the gap between allopathic and energy medicine. Shields and Wilson (2016) presented a comprehensive historical and contemporary overview of physics and energy field theories in their discussion of energy healing. In a study of the relationship between the HEF and self-actualization in healthy women, Clarke (1986) drew on the work of Burr and Northrop (1935), Ravitz (1970), and Rogers (1970). Kunz and Peper (1985) discussed the HEF in relation to the energetics of healing, refuting the dualistic perspective of mind separate from body, and proposing the energetic perspective in which people are whole, interconnected, local concentrations of energy within a larger field.

Summary of Key Points Noted Across the Definitions. A balanced HEF is characterized by flow, rhythm, symmetry, and gentle vibration (Krieger, 1979). These underlying characteristics reoccur across the definitions and suggest that there is a relationship between the HEF, healing, and health. In health, energy moves freely in, through, and out of the living being in a balanced flow; it is nourishing, replenishing, and restorative. Illness results in disruption of energy flow, leading to imbalances such as congestion, obstruction, hypodynamic or hyperdynamic flow and depletion. Guided by the assumption that in health there exists ease of energy flow, professional nurses are better able to cultivate the ability to detect disturbances in the flow and co-create, with patients, interventions designed to support a person on their healing journey.

Applications and Context of Human Energy Field

Research. The literature revealed research studies that were conducted with attention to the HEF. The majority of these included studies that were conducted using Rogers' Science of Unitary Human Being: studies included those that examined specific therapies, measurement tools, and the state of the research. Therapeutic Touch was found to be a useful adjunctive therapy in decreasing pain and anxiety in people living with cancer (Jackson et al., 2008). Decker, Wardell, and Cron (2012) conducted a feasibility study to examine the effects of Healing Touch in elders experiencing persistent pain. Gueldner et al. (2005) updated the Well-Being Picture Scale, a tool designed to assess four characteristics of the energy field. Kim (2008) reviewed 24 research studies conducted within Rogers Science of Unitary Human Beings between 2004 and 2007. The results demonstrated that this theory continues to provide a valuable framework for researchers in the generation of nursing knowledge. Table 2 presents an overview of the research.

Theory Guided Nursing Practice. Nursing practice guided by theory involves the integration and application of theoretical concepts into a clinical practice. Theory informs the whole of the nurse–patient interaction and is mindful of the importance of other dimensions in a persons' journey. All ways of knowing are used in the development, implementation, and evaluation of a plan that is co-created with the person and designed to facilitate healing.

Table 2. Research

Researcher	Title of Study	Notations
Clarke (1986)	*Theoretical and Measurement Issues in the Study of Field Phenomena . . . The Human Field and Self-actualization in Healthy Women*	Explore relationships between human energy field and self-actualization in healthy women measuring perceived body size, conversational distance, and body weight. The results were not statistically significant.
Decker et al. (2012)	*Using a Healing Touch Intervention in Older Adults with Persistent Pain: A Feasibility Study*	Compared a Healing Touch intervention to Presence to help reduce chronic pain in older adults. The results were inconclusive.
France (1993)	*The Child's Perception of the Human Energy Field Using Therapeutic Touch*	Phenomenological study on children experiencing TT [Therapeutic Touch] and their perception of HEF [human energy field]. The study suggested that children can feel or sense the HEF and understood that TT helped people feel good.
Gueldner et al. (2005)	*The Well-Being Picture Scale: A Revision of the Index of Field Energy*	Update and international testing of the Well-Being Picture Scale (WPS), which is a research tool designed to assess "the energy field in regard to four characteristics: frequency of movement (intensity) within the energy field, awareness of one's self as energy, action emanating from the energy field, and power as knowing participant in change (Barrett, 1990) within the mutual human-environmental energy field process." (p. 44) Determined to be a statistically accurate tool to use to measure well-being based on an individual's energy pattern for non-English speakers/readers.
Jackson et al. (2008)	*Does Therapeutic Touch Help Reduce Pain and Anxiety in Patients with Cancer?*	Explore the effectiveness of biofield therapy (specifically Therapeutic Touch) as adjunctive therapy in decreasing pain and anxiety in people living with cancer.
Johnston (1994)	*Psychometric Analysis of Johnston's Human Field Image Metaphor Scale*	Research using Human Field Image Metaphor Scale (HFIMS) as a measurable instrument for the Human Energy Field. Verifies the HFIMS is valid and reliable.
Kim (2008)	*Science of Unitary Human Beings: An Update on Research*	Reviewed 24 research studies (15 quantitative, 9 qualitative) conducted within Roger's SUHB [Science of Unitary Human Beings] between 2004 and 2007; concluded that this theory continues to provide a valuable framework for researchers in the generation of nursing knowledge.
Madrid, Barrett, and Winstead-Fry (2010)	*A Study of the Feasibility of Introducing Therapeutic Touch into the Operative Environment with Patients Undergoing Cerebral Angiography*	Pilot study to determine whether Therapeutic Touch could be effectively used in the OR setting and whether it could produce positive outcomes from time of angiography to discharge. Used protocol; efficacy of Therapeutic Touch not statistically significant.
Monzillo and Gronowicz (2011)	*New Insights on Therapeutic Touch: A Discussion of Experimental Methodology and Design that Resulted in Significant Effects on Normal Human Cells and Osteosarcoma*	Reviewed the original published studies (Gronowicz) where Therapeutic Touch was shown to significantly increase human osteoblast DNA synthesis, differentiation, and mineralization; increase in a dose-dependent manner the growth of other human cell types; and decrease the differentiation and mineralization of a human osteosarcoma-derived cell line. A unique feature of the study's methodology and design that contributed to the success of the findings was that a basic level of skill and maturity of the TT practitioner was quantified for producing observable and replicable outcomes in a test administered to all TT practitioners.

(continued)

Table 2. (continued)

Researcher	Title of Study	Notations
Phillips (1989)	*Science of Unitary Human Beings: Changing Research Perspectives*	Historical review of the research trajectory using SUHB.
Smith and Broida (2007)	*Pandimensional Field Pattern Changes in Healers and Healees: Experiencing Therapeutic Touch*	Findings of parallel changes in healers and healees strengthen support for TT as a pandimensional mutual process in which human energy fields are open, continually engaged in mutual process with the environmental field (Rogers, 1988). Time was not related to effectiveness of TT, consistent with Rogers's view of the universe as atemporal.
Wright (1991)	*Validity of the Human Energy Field Assessment Form*	Done to validate the assessment of the human energy field, ability to determine where energy field disturbance is experienced on the subject, the actual area of pain, and the assessment form that is used by TT practitioners. There was a partially confirmed hypothesis of the relationship between location of the EFD and pain. The assessment of the relationship of the strength of the energy field disturbance for fatigue and vigor were confirmed. The relationship to depression and intensity of pain was not confirmed. The research validates the ability to assess an imbalanced energy field in another person in many but not all instances.

Barrett (1998) integrated the continuous, nonlinear processes of pattern manifestation and voluntary mutual patterning into a Rogerian clinical practice framework. Butcher (2006) synthesized both Barret and Cowling's methods into his Unitary Pattern-Based practice. Rogers Science of Unitary Human Beings was used as a framework in caring for persons at end-of-life (Caratao-Mojica, 2015), those living with addiction (Compton, 1989; Johnson, 1996), and in caring for women who were pregnant (Buenting, 1993). Reed (2010) developed a unitary-caring framework to guide the practice of Advanced Practice Nurses in palliative care. Her framework integrated Rogers Science of Unitary Human Beings and Watson's Transpersonal Caring Science. In the literature reviewed, clinical practices that were based on a nursing theory and in which the HEF was described as foundational are presented in Table 3.

Complementary Therapies. Complementary therapies are those developed outside of mainstream Western, or conventional medicine, and are currently used by more than 30% of adults and about 12% of children (National Center for Complementary and Integrative Health, 2015). The HEF is recognized by many as foundational in beginning to understand the mechanism of action of these therapies.

The biofield hypothesis work provides a scientific foundation for the biofield and a "unifying hypothesis to explain the interaction of objects or fields with the organism, and is especially useful toward understanding the scientific basis of energy medicine" (Rubik, 2002, p. 703). Rubik posited that the biofield is continuously relaying information, supporting the living beings' ability to self-regulate to vast amounts of information. The biofield hypothesis implies that complementary therapies act dynamically on bioregulation, rather than on structure function relationships central to the current biomedical paradigm. Rubik's idea of the HEF as a communicator resonates with that put forth by Oschman (2000) and Brekke and Schultz (2006), noting that different energetic therapies focus on different aspects of this complex communication system.

Gerber (1988) stated that humans are "open energetic systems in dynamic equilibrium with a multidimensional electromagnetic environment" (p. 426). This mirrors Rogers' tenet that we are not a closed or isolated system but rather, we are part of the universal energy field.

While it might be argued that if we are energy then the HEF is a basis for all complementary

Table 3. Theory Guided Nursing Practice

Nursing Scholar	Nursing Theory	Application of Theory in Nursing Practice
Barrett (1998)	Science of Unitary Human Beings (Rogers)	Two processes of model: pattern manifestation knowing (continuous awareness of human-environmental field) and voluntary mutual patterning (assist person—with awareness—ways to participate in their own well-being).
		Two processes continuous and nonlinear
Buenting (1993)	Science of Unitary Human Beings (Rogers)	Relevance of framing care through pregnancy and attendance during labor and delivery with understanding the human-environmental fields process
		Suggestion of holistic therapies that might enhance the experience: e.g.: meditation, visualization, imagery, Therapeutic Touch
Butcher (2006)	Science of Unitary Human Beings (Rogers)	Synthesized Barret's Rogerian practice method and Cowling's Rogerian practice constituents and developed the Unitary Pattern-Based Practice
		Two nonlinear and simultaneous processes: pattern manifestation appreciation and voluntary mutual patterning
Caratao-Mojica (2015)	Science of Unitary Human Beings (Rogers)	Explored living-dying and grieving through theoretical lens, using narrative exemplars
		Offers symbols, objects, and metaphors that may be comforting. Integrated the work of Butcher and Cowling as beneficial.
Compton (1989)	Science of Unitary Human Beings (Rogers)	Presented the person living with addiction through the lens of SUHB [Science of Unitary Human Beings]; the person is conceptualized as a high-frequency, diverse human energy field integral with a low-frequency, impoverished environmental field.
		Suggests nursing and environmental nursing interventions.
Cowling (1990, 1997)	Science of Unitary Human Beings (Rogers)	Proposed a Rogerian practice model that includes 10 constituents.
		Refined template positing that pattern appreciation was a method of unitary knowing in practice and research.
		Pattern appreciation deeper and broader than appraisal—can lead to deeper understanding. Includes gratitude.
Johnson (1996)	Science of Unitary Human Beings (Rogers)	Discussion of substance abuse in nurses, interfering with professional practice.
		States belief that drug addiction manifestation of the unique mutual process of human field (the person with addiction) and environmental field. Emphasized the importance of nonjudgmental attending.
Larkin (2007)	Science of Unitary Human Beings (Rogers)	Pioneered the use of Eriksonian hypnotherapeutic support groups
Reed (2010)	Science of Unitary Human Beings (Rogers) and Transpersonal Caring Science (Watson)	Developed a unitary-caring framework to guide the practice of APN's in palliative to actualize caring-healing praxis.
		Transforms the standards of palliative care practice into nursing based caring-healing praxis; intentional integration of values of caring, wholeness, pattern, meaning, relationship, consciousness, transformation and transcendence
		Presents visual model of framework.

therapies, those most commonly associated with it are energy healing practices. While these are rooted in varied philosophical traditions or enacted in diverse approaches, there exists a common belief that these practices alter the flow of subtle energy to facilitate healing. Based on a holistic assessment, specific techniques are used to relax, clear, repattern, strengthen, and balance the energy field, thus supporting the flow of energy. This aligns with the Krieger's (1976) description of balance in the vital (human) energy field.

It is important for the nurse to connect with the patient to be effective in the healing process. Watson (2005) referred to making this healing connection as the caring field. She stated that the caring field is part of a unitary field of consciousness and actually transcends boundaries of time, space, and energy.

Visual Images

While the HEF is not readily visible to all, some have offered visual images of the HEF. Brekke and Schultz (2006) and Erickson (2007) have multiple figures that represent the human energy systems and the auric field. Brekke and Schultz (2006) illustrated an example of the relationship of the chakras and the HEF in Figure 2.2 (*Human energy field and auric body*, p. 51). Brennan (1988) and Kunz (1991) both suggested visual images of the aura. Many consider Alex Grey's (n.d.) visionary art to offer glimpses into the HEF.

Case Exemplars

Case exemplars involve constructing a scenario that illustrates the concept being explored. They provide another source of identifying criteria and creating conceptual meaning by describing an experience, event, or situation that represents the present understanding of the concept. Exemplar, model cases respond to the question "If this is not 'x', then nothing is" (Chinn & Kramer, 2015, p 168).

Model Case

The nurse, Alice, working in a rehabilitation unit, was caring for a woman who had recently experienced major cervical spine surgery. At the point of entry into their relationship, Alice had been told that the woman required maximum assistance (a minimum of two caregivers) to get out of bed or transfer from one place to another but was accomplishing this in therapy with only one therapist assisting her. She had been using the bedpan for her elimination needs.

On this morning, Alice and the nursing assistant wheeled her into the bathroom to use the toilet. Initial attempts to transfer this woman from the wheelchair to the toilet were complex, difficult; the patient was trying to help and was reaching out to try to grab the grab bar but her legs were giving out. The nursing assistant grew frustrated and wanted to put her in bed and give her a bedpan like she always did, but Alice determined that this would not support the woman's healing. In that moment, Alice became fully present and mindful. She could sense the annoyance and disbelief of the nursing assistant who was busy and wanted to move on to the next task. And, as the nursing assistant's energy became more negative, she could feel the patient's energy become heavy and her spirit less hopeful and less willing to try.

Alice asked that all three of them pause for just a moment. She talked with her patient, inviting her to feel her feet firmly on the floor and to gain awareness of her body and her breath. As they breathed together and connected energetically, Alice filled with compassion for her patient. She felt the heaviness in her patient begin to ease. She suggested to her patient to think "UP" to get out of the chair (not out toward the grab bar). She told the woman that they would do this together; that in this moment, she should forget the grab bar and trust that she, Alice, was there to help her stand and balance. She directed her patient to use her arms and legs to push up out of the wheelchair. Then, with barely any assistance from Alice, the patient stood up. Alice helped the patient pivot and turn in front of the toilet and then instructed her to hold the grab bars to sit.

Once seated, the woman started to cry. "I hope those are tears of joy" Alice said. "Yes! Yes!" she answered laughing and crying. It was a breakthrough for her. Two weeks later, the patient was using a walker and Alice was present but not physically assisting her transfers.

The *Model Case* presents a time when, by becoming mindful and fully present, Alice is aware that the rushed attitude and negative energy of the nursing assistant deepened the woman's self-doubt in her ability to stand and move. She could feel the patient's energy becoming stilted around her upper abdominal region and intuited that this energy imbalance hindered the patient's progress. Helping the woman "loosen" the blocked energy by guiding her (and the nursing assistant) to alter her (their) patterns of belief, all three experienced an energy shift as witnesses to the patient's lived experience of a newly blossoming faith and confidence in her ability to properly rise up and transfer safely.

Challenging Conceptualizations

In identifying criteria and creating conceptual meaning, it is important to challenge the soundness of the conceptualizations and examine these in relation to the purpose (Chinn & Kramer, 2015). Exemplar cases (contrary, related, and borderline) are one method useful in this examination.

A *Contrary Case* represents what the concept is not. While there may be some similarities, these cases describe an experience, event, or situation that most observers would recognize as different from the concept. Contrary cases respond the question "What makes this different from the concept I am describing?" (Chinn & Kramer, 2015, p. 172), allowing for revision and refinement of the criteria.

Contrary Case 1

> The nurse began her initial shift activities, reviewing computerized worksheets, signing onto the EMR [electronic medical record], and formulating a plan that included time for lunch, break, and finishing up on time. A call light goes off at the same moment her cell phone rings—she recognizes the number and knows it is the friend who she will be meeting at the end of her shift. She determines that she must take the call, and as she is talking, the nursing assistant comes and reports that 443 "needs pain meds." She finishes her conversation and looks at her worksheet, realizing that this patient was admitted for uncontrolled back pain resulting from a fall. The day nurse had reported that this patient was one of those drug seekers; after all, "she had that fall 3 weeks ago . . ." So . . . about 20 minutes later the evening shift nurse is now ready. She rolls her computer on wheels down the hall, stopping once to take a quick call from her friend. She also has to talk to the nursing assistant about a new admit. Finally, after ~35 minutes, she enters the room of the person experiencing back pain. "What number is your pain?" she asks as she is opening the locked medication drawer. The patient is turned away, crying . . . the nurse does not notice that. She performs the two required steps in medication administration and gives the patient two pain tablets with a swallow of water. There is no further conversation and no assessment. The nurse documents the number on the pain scale and the two tablets that she administered. She turns and begins to leave, saying as she walks out, "Let me know if you need anything . . ." and the patient continues to weep.

Contrary Case 1 represents a nursing situation that is directly opposite to the one in which the nurse is aware of the HEF. While this nurse completes the task at hand, she misses the underlying communication; this situation could result in limiting this patients' ability to realize her healing potential.

Contrary Case 2

> The nurse, working in rehabilitation, began administering the 0900 and 1000 a.m. scheduled medications as efficiently as possible, beginning at 0900. Four patients would be leaving for Physical Therapy within the hour. She was organizing the medications for the first patient (Mr. Z), when the call bell went off in the next room. Knowing that the patient (Miss A) was going to remind her to bring her pain medicine before her therapy session, she remained focused on the Mr. Z's medications and allowed the call bell to ring until the nursing assistant has time to answer it. While giving medications to the Mr. Z, the nursing assistant interrupts to tell her that the Miss A would like pain medicine. After asking the nursing assistant to let Miss A know she will come to her as soon as she completes helping Mr. Z, she completes giving him his medication. Then, she skips Mr. Z's roommate for the time being and wheels her computer on wheels into the next room.
>
> Miss A requests pain medication before her therapy session. Assessing the level of pain, she states "It is only a one or a two but it will start to hurt a lot once I am in therapy if I don't take the pain medicine now." The nurse acknowledges the patient's request, noting on the EMR pain scale that Miss A is requesting the medicine before therapy, gives her the pain medicine as well as her other scheduled 1000 a.m. medications, and then continues on to the next patient that needs medication before an early therapy session.

Contrary Case 2 represents a nursing situation in which the nurse, who was kind and efficient, did not have a deeper level of connection with the patient.

Related Cases represent a similar but different concept. These cases usually share some criteria with the concept of interest but one or more of these criteria will be more aligned with the model case. These cases allow the consideration of similarities and differences in the use of criteria and the language that best articulates these (Chinn & Kramer, 2015).

Related Case

The nurse working in a community health clinic is working this day with people coming in to learn the results of their HIV testing panel and plan care accordingly. The first person he meets is Mrs. F, a 31-year-old woman who is a single parent. Her children are 4 and 7, respectively, and both are enrolled and "doing well" in school. The nurse reviews Mrs. F's records and is relieved to realize that Mrs. F's HIV panel is negative. He begins to think of potential learning needs, wondering how she ended up as a client of this clinic in the first place.

Mrs. F comes in and sits down; she is visibly fidgeting, looking around, and avoiding eye contact. Seeing her fear, the nurse quickly tells her the good news, expecting that she will be elated and immediately settle down. When hearing her results, Mrs. F says "that's great" yet her facial expression is flat. The nurse is curious and wants to help; he begins gathering data using a standardized psychosocial tool. He learns that she is concerned about finances and questions if there could be an error in the lab tests. Mrs. F lives with her children and she says she really has no friends or family in the local area. She says "I have a lot on my mind." According to the results of his comprehensive nursing assessment, using a nationally accepted data collection tool, the nurse determines that Mrs. F is experiencing anxiety and loneliness. Determined to help her, the nurse downloads several preprinted care plans, resource lists, and self-help tips. He schedules a follow-up appointment for her in 2 weeks and she leaves the clinic.

The *Related Case* represents a nursing situation in which the nurse, who was determined to help the patient, used standardized tools to collect data and plan care; he did demonstrate a beginning connection with her by noticing her behaviors. While his assessment was driven more by biomedical knowledge, he did demonstrate that he cared about her. This is similar to the HEF in that communication is foundational. In this nursing situation the communication was explicit; when the nurse has an awareness of the HEF, the communication integrates both the explicit and implicit.

A *borderline case* represents a metaphoric or pseudo application of the concept. These cases are exemplars of the same concept used in a different context. Borderline cases illuminate and further refine the value and context of the concept of interest (Chinn & Kramer, 2015).

Borderline Case

The Clinical Nurse Specialist (CNS) was asked to facilitate a debriefing for the staff in an inner-city ED; there had been increasing numbers of patients admitted as a result of violence and many had died. Additionally, there was a new Nurse Manager who no one knew; staff reported feeling "frazzled" and several nurses had tendered their resignation. The CNS was asked to "do something to fix the morale . . . let them talk . . . get them up and going."

The group met on an afternoon at the end of a shift; staff were paid to attend. The CNS introduced himself and spoke very briefly about the purpose of the group (ensuring confidentiality) and his intention. He opened up the discussion, inviting people to share their thoughts. The CNS listened carefully to what was said and he paid attention to the nonverbal cues he received as well—body language, expressions, and his own "gut-feelings." It was quite an outpouring that occurred and, as the group seemed to settle, he asked them if they would be willing to try a relaxation exercise. Most said "why not."

The CNS then led the group in a simple relaxation exercise that included attention to breathing and guided imagery. The experience lasted about 10 minutes after which they sat quietly for about 5 additional minutes. The CNS then invited the participants to share their experience if they would like. Staff responded saying they could feel "balls of cement in their chests

> that seemed to get looser" . . . their "whole body was as tight as a drum" but maybe a little less . . . they did not know what happened but began to feel something like "running water down my legs." As the group processed their experience of relaxation, the CNS was able to talk with them about their own flow of energy and relate what can happen to that with stress. Using the experience, he taught them a simple breathing technique and asked them to do that daily until they met again next week.

The *Borderline Case* represents a nursing situation in which the nurse (CNS) was aware of the HEF and the impact of the stress on the ED nurses. Instead of cognitively explaining it, he created a way for them to experience it through relaxation, and their statements articulated how they felt when their energy was more dynamic. Metaphor helped them describe an experience that is, at times, difficult to explain.

Conceptual Meaning for the Concept of Human Energy Field

Following Chinn and Kramer's (2015) method of creating conceptual meaning, the criteria and definition for the concept of the HEF are posited.

Criteria

The HEF is dynamic, continuously open, and has no boundaries; it can be identified by pattern; is integral with the environmental field; is a continuous source of information; not always visible; appreciated in a number of ways (e.g., multisensory perception, using hands, intuitive knowing); nonlinear, continuously innovative, and unpredictable; and has a role in health, well-being, and human betterment.

Mutual process with the HEF is always occurring; the human and environmental fields are inseparable and integral to each other. The human–environmental field process of mutual patterning changes continuously, innovatively, and unpredictably, flowing in lower and higher frequencies. It is viewed as a continuous whole. In human–environmental field interactions the self is transcended; the interactions are transpersonal and transformative.

Definition

Based on multiple data sources, guided by Chinn and Kramer's (2015) method of creating conceptual meaning, a definition of HEF is offered. It can be defined as a luminous field of energy that comprises a person, extends beyond the physical body, and is in a continuous mutual process with the environmental energy field. It is a vital energy that is a continuous whole and is recognized by its unique pattern; it is dynamic, creative, nonlinear, unpredictable, and flows in lower and higher frequencies. The balanced HEF is characterized by flow, rhythm, symmetry, and gentle vibration.

Discussion: Value of the Human Energy Field to Professional Nursing

The concept of the HEF is of value to professional nurses in a variety of ways. From articulating one's philosophy of nursing to enacting models of clinical and educational practice, using a breadth of therapies, developing research, and engaging in holistic self-development, appreciation of the intricacies of human/environmental energy field dynamics offers nurses a foundation on which to build practice.

The philosophy of holism is one that, for many, is the foundation of nursing practice. From this worldview, sentient beings are unitary, whole beings. Whether an individual, family, community, or larger group, holistic caring process guides the nurse in being with other, discovering patterns, co-creating meaningful therapeutic plans, and evaluating outcomes, ever mindful that the relationship is sacred. There is an awareness of the interconnectedness of all and a recognition of the continuously unfolding patterns that emerge from relationships. This belief in wholeness, openness, and mutual process aligns with Rogers' description of the human/environmental energy field.

In a philosophical inquiry of the enigma of energy, Todaro-Franceschi (2008) examined the continuing ambiguity of the use of energy in nursing and other sciences. While it is a significant concept, it is not clearly defined. Todaro-Franceschi discussed two ideas of energy, the first being causal, that change as a consequence of energy is "dependent upon cause and effect relationships" (p. 285).

The second idea is that energy is a thing, a phenomenon, a view that is prevalent in ancient writings, particularly from the east. She interrogates Rogers' views on the human and environmental energy field and, while Rogers' did not directly refer to energy, Todaro-Franceschi suggested that her ideas of fields and field theory "unquestionably rests on the idea of energy residing everywhere" (p. 287). She concluded her discussion emphasizing that energy as a phenomenon has existed from the beginning of history and that it is, indeed, a unitary view. She applauded the work of Rogers' and nurses, stating "I now perceive everything in the universe to be in some way related to nursing" (p. 289).

Cowling et al. (2008), in a discussion of the unitary–transformative paradigm, offered a model of caring from a unitary perspective and included specific competencies that are essential to caring–healing praxis. The concepts of unitary caring "reveals five constituent meanings . . ." (p. E46). These include (1) manifesting intention, (2) attuning to dynamic flow, (3) appreciating pattern, (4) experiencing the infinite, and (5) inviting creative emergence. Cowling et al. stated that the primary goal of nursing is healing, defined as "the facilitation of transformative and transcendent life patterning consistent with wholeness and human flourishing . . ." (p. E44). These ideas resonate with the philosophy of holism and the appreciation of the HEF. In cultivating the ability to appreciate the HEF, it is important to consider the role of intention and intentionality.

Intention is purposefully choosing a direction. Zahourek (2014) differentiated intention and intentionality: intentionality is "greater than and different from intention . . . it is the capacity for, and the quality of, intention; it activates intention" (p. 7). She described intentionality as a dynamic, evolving state, unique to a person and contextually informed. "Intention is the care plan; intentionality is how the individual implements the plan" (p. 7). In the appreciation of the HEF, it is important to consider that one's intentionality may be foundational, and that the first step may be the willingness to set the intention to develop this ability.

Nurses working from an energy-based approach know that a transformative moment occurs when they listen to the deep, unspoken message that guides their interaction with the patient. There is a sensing of something that is there, something that is real. This type of energetic communication is a connection beyond the obvious in which the nurse helps the patient shift their thought patterns and emotional state. These shifts provide possibilities for growth, transformation, and transcendence. The patient and nurse are forever changed.

Integral to professional nursing practice is self-development. Commonly referred to as self-care, self-development (holistic self-care) is defined as "the lifelong commitment to and process of actualizing one's potential for well-being. The core of self-development is to cultivate the '*Beingness*' of the nurse, through the intentional fostering of self-awareness, self-reflection, and commitment to higher purpose" (Shields & Stout Shaffer, 2016, p. 684). This process is important both for the nurse who chooses to develop an appreciation of the HEF and the nurse who is beginning to "notice something, (perhaps intuition)" and wants to deepen that. Through this gentle, disciplined way of being with self, nurses are more able to pay attention to and integrate into their practice other ways of knowing and responding to those "silent" calls to action.

In discussing an experience with a person nearing end-of-life, Madrid (1990) described her process of self-development using Barrett's Rogerian practice method (1988). She stated that this consisted of "pattern manifestation appraisal and deliberative mutual patterning" (p. 99). When learning her assignment, Madrid acknowledged that "I was in mutual process with the environmental field and was experiencing the feeling manifestations of my energy field. The experience was unpleasant" (p. 100). Her recognition of the dynamics of the HEF interaction created the opportunity for honest self-appraisal of her patterns and the integration of strategies to "knowingly pattern my energy field so that I would experience the situation differently and to [the patient's] benefit" (p. 100). This exemplar illustrates one way that awareness of the HEF can support self-development and influence nurse and patient interaction.

The literature has elucidated how the concept of the HEF is of value to nursing practice and research; no articles were located related to education. It is important for educators to consider how this concept might be integrated into existing curriculum. One could posit that learning about HEF dynamics might contribute to students cultivating holistic self-care practices and resilience. This awareness could inform their skills in developing relationships with

those in their care, realizing the impact of their presence and the importance of subtle ways of knowing. In this time of health care transformation, expanding ideas of quantum physics, and consumer awareness, it is beneficial to consider the idea of energy and the HEF.

Conclusion

This concept analysis presents compelling evidence about the use and usefulness of the concept of the HEF and rationale for reestablishing it within the NANDA-I taxonomy. Its relevance in theory-guided nursing practice and as a foundation for research has been articulated. Chinn and Kramer's (2015) method of creating conceptual meaning guided the concept analysis of the HEF as a phenomenon of interest to professional nurses and nursing practice. The validity of the resulting criteria and conceptual definition has been strengthened by the examination of multiple data sources, challenging emerging conceptualizations and revising and refining criteria. Reliability has been supported through review of the criteria and definition by professional nurses and affirmation that these do describe the HEF.

Modern nursing dictates that professional care be grounded in reflective care and theory, and accepts varied philosophical and theoretical viewpoints on the concepts defined as nursing's metaparadigm. The concept of the HEF is appropriate to some, but certainly not all nursing philosophies or world views; however, its value is broad enough to warrant inclusion in the NANDA-I taxonomy.

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