Nursing Science Quarterly

The Human Becoming Theory: Challenges in Practice and Research
Rosemarie Rizzo Parse
Nurs Sci Q 1996 9: 55
DOI: 10.1177/089431849600900205

The online version of this article can be found at:
http://nsq.sagepub.com/content/9/2/55

Published by:
$SAGE

http://www.sagepublications.com

Additional services and information for *Nursing Science Quarterly* can be found at:

Email Alerts: http://nsq.sagepub.com/cgi/alerts

Subscriptions: http://nsq.sagepub.com/subscriptions

Reprints: http://www.sagepub.com/journalsReprints.nav

Permissions: http://www.sagepub.com/journalsPermissions.nav

Citations: http://nsq.sagepub.com/content/9/2/55.refs.html

>> Version of Record - Apr 1, 1996

What is This?

The Human Becoming Theory: Challenges in Practice and Research

Rosemarie Rizzo Parse, RN; PhD; FAAN*

With rapid changes in science, technology, management, and economic planning, new challenges confront nursing. The author specifies some of the ramifications related to changes in the health care delivery system in general and in nursing in particular. The human becoming theory is discussed as a guide to nursing practice and research and is specified as a way to fortify nursing's identity. Some challenges for those living and learning the theory in practice and research are also discussed.

Advances in science and technology, crises in world economies, and exponential expansion of cyberspace have transformed global relationships, altering lifestyles and cocreating changes in health care delivery systems worldwide. Just as there are global alliances in other businesses, there are health care alliances with multiple configurations heralding even more changes (Naisbitt, 1994). In all corners of the world changes in health care delivery are gestating ("NCIH Conference on Violence," 1995), and with these come changes in nursing education, practice, and research. There is a global move toward a paradigm shift where the main concern is the person's perspective of health, but this move is often masked in the presence of authority-driven practice to control and predict. The purposes of this article are to identify several important health care delivery changes pertinent to health and nursing worldwide and to discuss challenges with the human becoming theory as a unique guide for nursing research and

practice, as global changes herald a paradigm shift.

Worldwide Health Care Delivery Changes

The cost of health care worldwide is escalating; thus, many countries have initiated changes to enhance access, cut costs, and increase efficiency (Naisbitt, 1994). This has implications for citizens and nurses, among others. For citizens this means shorter hospital stays, increasing demand for self- and family-care, and acceptance of home health nursing care. For nurses, cost-cutting transformations mean fewer positions available in hospitals, decreased demand for middle managers, decreased demand for bachelor's-prepared nurses, increased cross-training of nurses with other health care providers, and increased demand for nurses to provide primary health care and home nursing care. Nursing administrators in education are responding to these changes by channeling moneys from other nursing programs in academia to programs educating primary health care practitioners. Funds earmarked for nursing research are now being channeled into projects that test hypotheses related to patient outcomes and cost effectiveness in health care delivery.

These changes, serious challenges to the status quo, have been cocreated:

1. People are more knowledgeable about their own health and health care alternatives and are making decisions about their care and, in some situations, providing their own care.

2. Medical educators and practice leaders are reorganizing their discipline to preserve the identity of medicine ("The Role of the Future General Internist Defined," 1994).

3. Nursing is unsettled, and educators, researchers, and managers are challenged to preserve nursing's identity by carving out unique contributions to the health care delivery system.

Prominent questions now are: What is unique to nursing? What should be taught in nursing programs? and What should be the focus of nursing research? The uniqueness of any discipline resides in its knowledge base. The knowledge base of nursing is embedded in the frameworks and theories set forth by nurses to guide practice and research (Parse, 1992, 1995a, 1995b). Using these frameworks and theories to guide such work contributes to fortifying nursing's identity as a scientific discipline, the practice of which is unique in the health care system. There are a sufficient number of frameworks and theories within the discipline to engage nurses in practice and research unique to nursing.

The Human Becoming Theory

One such theory, which also challenges the status quo and recognizes people as knowledgeable about their own health, is the human becoming theory emerging from the simultaneity paradigm. It is a human science theory created in 1981 as an alternative to traditional nursing. The philosophical assumptions appear in Table 1. They show that the most significant difference between this theory and others lies in basic beliefs about the human-universe-health process. With the human becoming theory, the human is a unitary being; the living pattern of the human is the meaning given to the was, is, and will-be in the now moment. The human is free to choose in situation, living the choices as coconstituted meaning. The human-universe process is mutual, not cause-effect. This means that humans and the universe cocreate each other as rhythmical patterns; they do not adapt to each other, and one is not master over the other. Humans live the multidimensional realms of the universe in coexistence with all that was, is, and will be. Health is human becoming.

Three major themes—meaning, rhythmicity, and cotranscendence—flow directly from the assumptions and are further specified in the principles. These principles written at a theoretical level of abstraction make up the theory. The verbal noun forms are used to connote and denote the process orientation of this theory. The principles bring to light the notion of paradox as fundamental to human becoming. It is the only nursing theory that regards paradoxical processes as inherent to being human. The paradoxes are not considered problems to be solved or eliminated but, rather, natural rhythms of life (Parse, 1995b). These rhythms arise with changing patterns and are lived multidimensionally all-at-once (Parse, 1994). They are ways humans live meaning. Other aspects of the theory are discussed in detail elsewhere (Parse, 1981, 1992, 1995). Here the paradoxes will be elaborated upon.

Table 1
Assumptions of the Human Becoming Theory

1. The human is coexisting while coconstituting rhythmical patterns with the universe.
2. The human is an open being, freely choosing meaning in situation, bearing responsibility for decisions.
3. The human is a living unity continuously coconstituting patterns of relating.
4. The human is transcending multidimensionally with the possibles.
5. Becoming is an open process, experienced by the human.
6. Becoming is a rhythmically coconstituting human-universe process.
7. Becoming is the human's pattern of relating value priorities.
8. Becoming is an intersubjective process of transcending with the possibles.
9. Becoming is human evolving.

Assumptions About Human Becoming

1. Human becoming is freely choosing personal meaning in situation in the intersubjective process of relating value priorities.
2. Human becoming is cocreating rhythmical patterns of relating in mutual process with the universe.
3. Human becoming is cotranscending multidimentionally with the emerging possibles. (Parse, 1992, p. 38)

Principle 1

Structuring meaning multidimensionally is cocreating reality through the languaging of valuing and imaging (Parse, 1981, p. 41). This principle specifies that humans in mutual process with the universe structure personal meaning, thus reality. Each human's reality is the meaning of the situation. Humans live their explicit-tacit knowing of the many realms of the universe while confirming—not confirming their cherished beliefs as shown through their speaking—being silent and moving—being still. The paradoxes in this principle are explicit-tacit, confirming—not confirming, speaking—being silent, and moving—being still. *Explicit-tacit* is the reflective and prereflective knowing of imaging. It is the all-at-once presence of what is utterable and what is not utterable—that which is known and can be said and that which is known at another realm and cannot be said. Yet both the utterable and unutterable are languaged in the messages given and taken in human-to-human dialogue. *The confirming—not confirming* of valuing is the simultaneous incarnating of that which is cherished and not incarnating that which is not cherished. Lived values are cherished beliefs. *Speaking—being silent and moving—being still* are ways of languaging cherished knowings, giving meaning to situations. Speaking is always present with being silent, and moving is present with being still. The rhythms of speech-silence and movement-stillness are ways that humans live imaged values.

Principle 2

Cocreating rhythmical patterns of relating is living the paradoxical unity of revealing-concealing and enabling-limiting while connecting-separating (Parse, 1981, p. 41). This principle refers to the notion that humans disclose and hide meanings all-at-once as opportunities and limitations arise in everyday life while they move with and away from others, ideas, objects, and events. The paradoxical rhythms in this

principle are revealing-concealing, enabling-limiting, and connecting-separating. *Revealing-concealing* is the telling and not telling of the known in a situation. That which is revealed is simultaneously present with the concealed. Not all that one knows about self or others can be revealed or concealed. The human is unfolding mystery (Parse, 1981). *Enabling-limiting* is a paradox referring to the process arising as all decisions simultaneously pose opportunities and limitations. In choosing one direction and giving up others, people with the universe all-at-once enable and limit their possibilities. *Connecting-separating* is the paradoxical rhythm that describes the togetherness-aloneness experienced in simultaneously moving with and away from others, ideas, objects, and events.

Principle 3

Cotranscending with the possibles is powering unique ways of originating in the process of transforming (Parse, 1981, p. 41). This principle refers to the pushing-resisting process inherent in forging unique ways of becoming. In creation of the new, there is always the certainty and uncertainty of striving to conform in some ways and not conform in other ways all-at-once. Humans move beyond the moment as the unfamiliar becomes familiar in the presence of a new light and as the familiar is visited anew through shifting perspectives. The paradoxes in this principle are pushing-resisting, certainty-uncertainty, conformity—non-conformity, and familiar-unfamiliar. *Pushing-resisting* is the rhythmical process of forging ahead and holding back which propels humans beyond the moment in carving out a personal uniqueness. *Certainty-uncertainty* is simultaneously living the sure-unsure outcomes of decisions to *conform or not conform* with others in striving for being like others and unique all-at-once. *Familiar-unfamiliar* is the rhythmical paradox of being with that which is well-recognized and that which is not well-recognized all-at-once. That which

is not recognized is changed to the known in the presence of a new light but the unknown is still always present at some realm. When the well-recognized or familiar is seen in a new light, the old view is transfigured and is never the same again.

From the view of the human becoming theory, paradoxical rhythms are the human's ways of living. The principles taken together are the theory. The theory specifies that people cocreate meaning, what is real for them, as they all-at-once reflectively and pre-reflectively choose and live what is personally cherished. In everyday life, paradoxes emerge as persons disclose and hide who they are in speaking—being silent and moving—being still. People come together and move apart from the opportunities and limitations inherent in the cherished as they simultaneously push and resist while creating new and different ways of becoming in reaching for the hopes and dreams envisioned as possibles in their multidimensional experiences.

As is clear from the principles, the human becoming theory embodies a paradigm shift, cocreating a way to live nursing that honors the person's own way of becoming. The human becoming theory incarnates the notions underlying the present global tendency toward a paradigm shift in health care to focus on the person's perspective. Worldwide, nurse administrators are considering restructuring nursing care to be truly person-centered. This idea has arisen with the deep dissatisfaction with health care that citizens in many parts of the world have been articulating (Ontario Council of Hospital Unions/CUPE, 1995).

Essentially the theory of human becoming provides a theoretical base for nursing practice different from the traditional and quite different from other nursing theories. It is the only theory that holds that the person is coauthor of health, free agent and meaning giver, choosing patterns of relating in reaching for personal hopes and dreams. This theory transcends culture since it honors the individual's or family's own perspective

of quality of life. Among people of the same culture there are different meanings given to health, so it would be inconsistent with the assumptions of the theory to posit a set of culturally-specific ideas about what health is for a certain category of people. To categorize groups of people according to health patterns related to national origin is reductionistic and does not focus on the uniqueness of the person or family. Cultural values are lived in persons and families in unique ways, and persons' values are paramount in the theory of human becoming. To practice and conduct research from this view means embracing the values and beliefs about humans and health set forth in the assumptions and principles.

The Practice Methodology

The goal of practice with the human becoming theory is quality of life from the person's perspective. Quality of life cannot be determined by those not living the life; thus, the person is the only one who can describe his or her quality of life. With the human becoming practice methodology there is no set of standards a person must meet in order to have a "good" quality of life. The person constructs his or her own meaning of it (Parse 1981, 1990, 1992, 1994, 1995b; Whorf, 1956). The practice methodology (see Table 2), which focuses on the quality of life from the person's perspective, flows from the principles of the theory, bringing to life the belief system through the art of practice.

For the human becoming theory the way of living the belief system is through true presence. True presence gives life to the human becoming practice methodology. It is what the nurse lives when his or her values and beliefs emerge from this theory. True presence is a non-routinized, unconditional loving way of *being with* in which the nurse witnesses the blossoming of others (Parse, 1990). The nurse centers self in preparation for the true presence. The centering is a gentling down through

Table 2
Parse's Practice Methodology: Dimensions and Processes

Dimensions
- Illuminating meaning is shedding light through uncovering what was, is, and will be, as it is appearing now. It happens in explicating what is.
- Synchronizing rhythms happens in dwelling with the pitch, yaw, and roll of the interhuman cadence.
- Mobilizing transcendence happens in moving beyond the meaning moment to what is not-yet.

Processes
- Explicating is making clear what is appearing now through languaging.
- Dwelling with is giving self over to the flow of the struggle in connecting-separating.
- Moving beyond is propelling with visioned possibles in transforming.

quiet contemplation leaving the nurse open to the possibilities in the nurse-person process. The full attention of the nurse is with the person or family as they move beyond the moment (Parse, 1990). This way of practicing nursing arises from the belief that each person as a unitary human being structures a personal meaning which incarnates the value priorities that s/he has chosen explicitly and tacitly in multidimensional mutual process with the universe. The person is appreciated as the captain of his or her own ship, as one knowing the way. It is in true presence, nurse with person, that *illuminating meaning, synchronizing rhythms, and mobilizing transcendence* happens. This is the practice methodology for the human becoming theory. It is the antithesis of the commonly used nursing process in which nurses are the experts, normative standards are used as guides, and persons are assessed, labeled with nursing diagnoses, and treated with pre-planned interventions. The nursing diagnostic process does not fit with the theory of human becoming since labeling is reductionistic and places a ceiling on who the person can be for the nurse. Furthermore, the diagnostic system is not grounded in beliefs that honor the person's perspective as paramount. Referring to people with labels such as "uncooperative," non-compliant," or

"difficult" or with other statements that reflect on the person's living up to certain nurse-established standards sets a tone that reflects an attitude demeaning to human dignity.

With Parse's human becoming theory as a guide to practice, the nurse's major focus is on the meaning the person or family gives to the situation. The nurse is with individuals and families as they describe their meanings and move with their choices of hopes and dreams. The nurse in true presence is *there with* the other as the other discovers new meanings along his or her own way of life. The nurse does not try to force persons to do things that they find upsetting; the person is respected as the guide in choosing personal patterns of health.

The emphasis of human becoming nursing practice is deflected away from the "medical somethingnesses," which are often the traditional nurse's major focus. Like a sculpture in relief, the person emerges as the center with his or her desires and wishes in the forefront. While the nurse with human becoming beliefs may participate in implementing the "medical somethingnesses" because of a legal contract with a particular agency, s/he is also ethically challenged to be true to the knowledge base and values of the human becoming theory to be truly present with the person or family as they illuminate the meaning of sit-

uations, synchronize rhythms, and mobilize transcendence. This kind of practice evolves from the belief that persons cocreate their health and are thus the authorities and experts on changing patterns of health.

The uniqueness of nursing is specified in what the nurse knows, and what s/he knows and values is lived in what s/he does, that is, how s/he is with people in the nurse-person process. The human becoming theory is unique among the nursing theories in that it holds that the person, in the true presence of a nurse (who at all realms of his or her universe believes in and honors the person as knowing the way), illuminates meaning, synchronizes rhythms, and moves beyond.

Individual nurses who value the human becoming theory live it in practice in many settings throughout the world. In some places groups of nurses have chosen this theory as a guide to practice. For example, the theory is used as a guide to nursing in a congregational project in a Presbyterian church in South Dakota. It also guides practice in several hospital and health care outreach settings in Canada and Finland. Findings from several research studies conducted to evaluate the human becoming theory in practice showed that patients experienced Parse nurses as different—more interested in them as persons than were other nurses. They experienced the Parse nurses as making a difference in their quality of life. The nurses' views changed from considering patients as problems to considering them as persons living personal value priorities. The nurses experienced greater satisfaction in their work situations. Managers and other supervisory personnel, as well as physicians, were favorably impressed with the different focus in nursing practice and very pleased that nurses' attitudes toward each other and patients were more open and less critical. When this theory is the belief system guiding practice, patients and nurses benefit (Jonas, 1995; Mitchell, 1995; Santopinto & Smith, 1995).

Challenges With the Theory in Practice

There are many challenges arising when initiating the human becoming theory in practice. These challenges are not unique to a particular setting or a particular country but surface from the joys and comforts that coexist with the conflicts and discomforts accompanying change in the status quo. They are related to at least three major issues in this author's experience with human becoming practice projects: (a) sustaining the commitment to learning and practicing the values and beliefs of the human becoming theory in light of the differences with traditional practice and the perceived threat to the old paradigm; (b) cocreating an atmosphere where the pain and pleasure, the chaos and order, and the discontentment and contentment, all inevitable companions of change, can be aired openly and gently; and (c) continuing the promotion of allocation of resources to the project in the face of other demands.

To ensure successful integration of the human becoming theory as the basis for nursing practice in any setting certain essentials are necessary:

1. Willing learners who have freely chosen a commitment to learning and living the theory.
2. Consistent administrative support evidenced in attitude and allocation of time and resources.
3. An on-site master's-prepared nurse who is knowledgeable about the theory in practice and whose job description includes teaching the theory.
4. Regular consultation with theory-in-practice experts, both on-site and through telecommunications.

These essentials are important considerations when determining the scope of changing to a practice guided by the human becoming theory.

The Parse Research Methodology

The research methodology (see Table 3) is used worldwide as the method of choice for many nursing research studies on universal lived experiences. Currently, there is a nine-country international study being conducted using this method with the author as principal investigator. The universal lived experience under study is hope. The study participants vary depending on the interests of the co-investigators who are from Canada, Finland, Sweden, Australia, the United States, Italy, Japan, South Korea, and Taiwan.

The research method flows from the principles of the human becoming theory and is a rigorous qualitative phenomenological hermeneutic method. It honors the descriptions of persons living universal health experiences as the source of inquiry about the phenomenon under study. Universal lived experiences are the entities of study, and the goal of the method is to describe structures of universal lived experiences to enhance understanding of human becoming (Parse, 1987, 1990, 1992, 1995b). Universal lived experiences are those that all humans experience and, given a willingness and an opportunity, could describe. Examples are hope, joy-sorrow, restriction-freedom, considering tomorrow, persevering through a difficult time, grieving, and persisting while wanting to change.

The processes of the method include: *participant selection* (persons who are willing to describe the phenomenon under study through words, drawings, metaphors, stories, music, and other media); *dialogical engagement,* which is not an interview but a researcher-participant true presence (which is tape-recorded) where the person elaborates on the phenomenon under study and the researcher engages with full attention; *extraction-synthesis,* which is a process of dwelling in deep contemplation with participants' descriptions and moving these concrete

Table 3
Parse's Research Methodology

I. Phenomena.
   A. *Phenomena* for study in this method are universal human health experiences surfacing in the human-universe process reflecting being-becoming, value priorities, quality of life.
   B. *Structure of the phenomenon* to emerge through this method is the paradoxical living of the remembered, the now-moment, and the not-yet, all-at-once.
II. Processes of the method.
   A. Participant selection.
   B. Dialogical engagement (a researcher-participant true presence, not an interview).
   C. Extraction-synthesis (dwelling with).
     1. Extract and synthesize essences from transcribed and recorded descriptions (participant's language).
     2. Synthesize and extract essences (researcher's language).
     3. Formulate a proposition from each participant's essences.
     4. Extract and synthesize core concepts from the formulated propositions of all participants.
     5. Synthesize a structure of the lived experience from the core concepts.
   D. Heuristic interpretation.
     1. Structural integration.
     2. Conceptual interpretation.

statements across levels of abstraction to the level of science; and *heuristic interpretation*, which is the weaving of the structure into the human becoming theory and beyond to expand nursing knowledge (Parse, 1987, 1990, 1992, 1995b).

Challenges With the Theory in Research

There are several challenges arising when a researcher chooses to use the Parse research methodology to study a universal lived experience.

1. *Being true to the dialogical process.* To say that the dialogical engagement is not an interview but rather a true presence refers to the way the researcher approaches and stays with this process of the method. The researcher centers self and is open to freely move with participants in discussions of the phenomenon under study. The challenge is for the researcher to be with the participants and not move into an interview mode but, rather, to nourish the unfolding of the structure as set forth by the participants. Researchers have found this process quite difficult, since nursing education still emphasizes interviewing techniques focusing on standard restatements and open-ended questions.

2. *Dwelling with the dialogues.* "Dwelling with" is a contemplative process of abiding with participants' descriptions to extract and simultaneously synthesize the core meanings shared in the dialogues. The challenge here is to carefully consider the transcriptions and recordings of the dialogues while sifting and sorting the meanings in the participants' words.

3. *Adhering to the participants' meanings in moving across levels of abstraction.* To capture the participants' meanings in the cocreated structure requires deep immersion and openness to the possibilities arising in fusing horizons. The fusion of horizons is indeed the cocreation of the structure that arises through the researcher's dialogue with the participants' descriptions. The challenge here for the researcher is to be precise and lay a clear path so that readers may follow the trail from concrete descriptions in the words of the participants to abstract specifications (in which the words are at a different level of discourse) of the structure and beyond.

Conclusion

There are many challenges in practicing the art of and conducting research with the human becoming theory. These challenges are an invitation to nurses who value the beliefs set forth in the assumptions and principles of the theory. The invitation is to preserve the uniqueness of nursing by attending to the development of nursing knowledge about human becoming and engaging in a unique kind of person-focused practice, in a world where science and technology will continue to advance and economic crises will continue to come and go. This world will shrink even further as cyberspace interconnections escalate, creating seamless networks in ways not yet a dream (Naisbitt, 1994). And yes, multiple configurations of health care delivery systems worldwide will evolve as citizens and nurses carve out desired ways of living and become even more concerned about personal health and survival. The human becoming theory with its practice and research implications is one school of thought in the discipline offered as an answer to questions about nursing's uniqueness in education, practice, and research.

References

Jonas, C.M. (1995). Evaluation of the human becoming theory in family practice. In R.R. Parse (Ed.), *Illuminations: The human becoming theory in practice and research* (pp. 347-366). New York: National League for Nursing.

Mitchell, G.J. (1995). Evaluation of the human becoming theory in practice in an acute care setting. In R.R. Parse (Ed.), *Illuminations: The human becoming theory in practice and research* (pp. 367-399). New York: National League for Nursing.

Naisbitt, J. (1994). *Global paradox.* New York: William Morrow.

NCIH conference on violence: In search of "a paradigm shift." (1995, August-September). *Healthlink, 1.*

Ontario Council of Hospital Unions/CUPE. (1995, March). *When patients don't matter: How government cuts are undermining health care.* Toronto: Author.

Parse, R.R. (1981). *Man-living-health: A theory of nursing.* New York: Wiley.

Parse, R.R. (1987). *Nursing science: Major paradigms, theories, and critiques.* Philadelphia: Saunders.

Parse, R.R. (1990). Health: A personal commitment. *Nursing Science Quarterly, 3,* 136-140.

Parse, R.R. (1992). Human becoming: Parse's theory of nursing. *Nursing Science Quarterly, 5,* 35-42.

Parse, R.R. (1994). Quality of life: Sciencing and living the art of human becoming. *Nursing Science Quarterly, 7,* 16-21.

Parse, R.R. (1995a). Building the realm of nursing knowledge. *Nursing Science Quarterly, 8,* 51.

Parse, R.R. (Ed.) (1995b). *Illuminations: The human becoming theory in practice and research.* New York: National League for Nursing.

The role of the future general internist defined. (1994). *Annals of Internal Medicine, 121,* 616-622.

Santopinto, M.D.A., & Smith, M.C. (1995). Evaluation of the human becoming theory in practice with adults and children. In R.R. Parse (Ed.), *Illuminations: The human becoming theory in practice and research* (pp. 309-346). New York: National League for Nursing.

Whorf, B.L. (1956). *Language, thought and reality.* Cambridge: Technology Press.