Transcendent Pluralism
A Middle-Range Theory of Nonviolent Social Transformation Through Human and Ecological Dignity

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Transcendent pluralism is a middle-range theory that focuses on the emergence of human dignity within relationships among diverse peoples through nonviolent social transformation. The theory proposes that contemporary social problems that negatively influence health are rooted in human and ecological devaluation and that healing is needed through the advance of dignity. The theory has been developed through both deductive and inductive processes including 4 research studies. The theory of transcendent pluralism provides a framework for nurses seeking to advance dignity. This article provides an overview of the theory’s development and components. Keywords: human dignity, human rights, Lonergan, peace, social determinants, social justice, transcendent pluralism

This article describes the theory of transcendent pluralism, a middle-range theory that addresses nonviolent social transformation in conditions of human and ecological devaluation that influence health. Transcendent pluralism focuses on the emergence of dignity within relations among human persons and between humans and other living beings in the natural environment.1 The theory has been used in several studies within a variety of social contexts, which is consistent with middle-range theories. Middle-range theories have less abstraction and a more limited scope than grand theories but are broad enough to address a variety of contexts for nursing engagement.2 While the theory has been used to address issues at the community level such as social justice, human rights, and peace, it is envisioned that this theory has applicability for transformation in other settings such as within patient care organizations. This article first addresses the rationale for nursing theory on social issues impacting health and provides an overview of the theory’s development including empirical studies. This is followed by a discussion of the components of transcendent pluralism using the process of theory description outlined by Meleis.

BACKGROUND/RATIONALE

The magnitude of global suffering due to social problems has profound implications for human health. Issues such as group bias, poverty, environmental degradation, disempowerment, and violence are critical factors influencing poor health outcomes for disadvantaged populations. The report of the
World Health Organization’s Commission on Social Determinants of Health makes clear that inequalities in the social sphere and underlying political and economic forces are significant factors affecting inequitable health outcomes.5

The entrenched problems underlying health inequities demand thoughtful approaches with sustainable long-term solutions. The philosopher Bernard Lonergan4 has emphasized that practical “common sense” knowing, while important for day-to-day tasks, has an inherent bias against addressing long-term issues. This focus on immediate concerns leads to a neglect of deeper problems, resulting in what he calls a “longer cycle” of decline in society. The bias of common sense dismisses theoretical knowledge as having little practical benefit. Lonergan’s work emphasizes the importance of theoretical and scientific knowledge and calls for the development of a human science that understands and takes responsibility for the unfolding of human history. Indeed, theory-guided science is essential to understand the broader conditions that influence the emergence of human health.

Noting the complex issues facing humanity, Kagan et al call for the advancement of nursing knowledge and assert that “it is the ethical obligation of the profession to work towards establishing alternative forms of knowledge capable of capturing both the roots and complexity of contemporary problems.”5(p3)

In this era of new and critical global challenges, Meleis calls the role of theory “even more urgent and more compelling.”6 Meleis places theoretical nursing within a historical context and points out that disciplines need to use theory to “respond to emerging and changing needs of societies” guided by a common lens and core values.6 It is critical that nursing interventions that address social conditions have a solid theoretical base that is grounded in the values of the discipline of nursing.

Within the theory of transcendent pluralism, I have proposed that the many contemporary social problems that negatively affect health are ultimately rooted in human devaluation, the failure to fulfill the human potential for dignity. The theory has been used to address the problem of human devaluation through understanding how people make decisions and undertake actions that advance dignity in society.1

Human dignity is a central value in nursing ethics.7 Indeed, Jacobs8 has suggested that human dignity could be viewed as the common sea by which nurses sail on different ships. Similarly, Willis et al have identified “facilitating humanization” as the “central unifying focus of the discipline.”9 Nursing is critically attentive to human devaluation and provides a unique voice to transform the devaluation of human persons in society. This article focuses particularly on transcendent pluralism’s applicability as a framework for nurses working to advance dignity within institutions, communities, and global society.

**THEORY DEVELOPMENT**

The theory of transcendent pluralism was inspired by historical and research accounts of individuals who rescued Jews as well as members of Nazi resistance groups during World War II. Two compelling phenomena emerged from analysis of this literature. First was the decision by the so-called Righteous Gentiles to help individuals different from themselves, even at the risk of their own lives. Many of these individuals expressed a moral view of a universal humanity and the equal value [or dignity] of all persons.10 The second phenomenon was the decision by some individuals to willingly risk death in order to convey a moral message to society about ethical human behavior, in contrast to Nazi atrocities. The conveyance of such a message, through words and deeds, reflected an evolutionary emergence of human dignity within society.1

Thus, a central component of the theory is a view of the moral evolution of humanity and the role that each person and society plays in advancing human dignity within that historical unfolding of the human spirit. The theory was further influenced by (a) the philosophies of Husserl and Lonergan,
which helped expand the conception of human consciousness, (b) social psychology research on bias formation and peace building along with (c) teachings of nonviolent leaders such as Gandhi and Dr Martin Luther King. Ongoing contemporary issues also influenced my thinking as well as personal experiences with global health and teaching cultural competency to health care providers. Throughout the process, I was guided by my core values and experiences as a nurse.

The earliest formulation of transcendent pluralism was as a concept developed through a doctoral class assignment using an integration of Walker and Avant’s approach to concept analysis, derivation, and synthesis. Sister Callista Roy’s early encouragement in that class was very critical to my path in theory development as was the support of my dissertation chair, Dr Dorothy Jones, and other committee members.

With further explication and research, the concept of transcendent pluralism evolved into a theoretical framework. Early descriptions of the theory aimed at demonstrating a solid philosophical basis and a broad vision linking health with world peace. This presented challenges to its early acceptance by some nursing colleagues who critiqued the approach as too abstract and impractical. While determined not to give up on this work, after much self-reflection, I decided to frame the early studies using the context of health disparities. This topic was at the forefront of the national health care agenda and something that nurses could relate to. Many years later, I have been able to return to the broader context of peace and health. Those early experiences, while difficult, were a valuable lesson in learning to communicate in relation to one’s audience.

EMPIRICAL WORK IN TRANSCENDENT PLURALISM

The theory of transcendent pluralism was further developed and refined through a series of 4 studies. The first was a mixed-methods pilot study examining the influence of nursing testimony on environmental justice legislation in the state of Massachusetts. Subsequently, 3 in-depth qualitative studies were conducted that contributed substantially to development of the theory and refinement of concepts. Qualitative research can be particularly helpful in concept development that is directed toward “synthesis of new insights and theory generation.” All of the studies used a research method that I had developed called Transcendental Method for Research with Human Subjects. This approach is a transformative phenomenology based on Lonergan’s cognitonal philosophy, which offered strong congruence between the theory and the method. These studies explored different contexts that suggested that qualities of transcendent pluralism would be present. Inquiry focused on understanding how individuals made transformative decisions to advance human dignity in relationships with the “Other.” The topics were as follows: (a) Catholics who chose to support same-gender marriage in Massachusetts despite Church teachings to the contrary; (b) Israeli and Palestinian former combatants who renounced violence to work for peace; and (c) health care providers at a US academic medical center who chose to provide humanitarian health care for disadvantaged populations overseas. Next steps in theory development include generating measures to test the concepts and propositions. A tool is being developed called the Dignity and Nonviolent Social Transformation instrument.

THEORY DESCRIPTION

The definition of transcendent pluralism has undergone several iterations. The current definition is as follows: “The evolution of the spirit of living beings within mutually transformative relationships leading to a loving community through human and ecological dignity.”

Meleis’ approach to theory description, which includes structural and functional
components, is used as a framework to describe the theory. Structural components comprise assumptions/values, concepts, and propositions. Functional components include the theory’s purpose, anticipated consequences, and role of nursing.¹⁸

**STRUCTURAL COMPONENTS**

**Values**

While values can be included as part of assumptions, there are distinctions between the two in this theory, so they are described separately. A judgment of value, for Lonergan,¹⁹ is an affirmation of the good. The values that have influenced the development of transcendent pluralism are as follows:

1. The dignity of each human person.
2. The intrinsic worth of the natural world and fellow living beings.
3. Plurality as a potential for expansion of horizons.
4. The spiritual realm of sacred mystery and unity.

**Reasoned assumptions**

Through reflection I recognized that the assumptions of the theory were not a priori but rather grounded in a process of deductive and inductive reasoning. So they are more aptly called “reasoned assumptions.” These assumptions are interrelated and represent a logical flow of affirmations based on prior experiences, readings, and careful reflection.

1. The collective consciousness of humanity is mutually evolving and part of a historical process. Each person’s life is an expression of consciousness and a message to others.
2. Health is influenced by human and ecological relations and the larger social structures and interactions that arise from those relationships. These relations emerge from individual and collective consciousness.
3. Many contemporary social problems that impact health are rooted in devaluation of the Other, a failure to fulfill the human capacity for dignity. Often this devaluation is manifested in biases that result in misunderstandings, inequities and violence. To understand these processes we must listen to the Other and honor the meaning of personal experiences.
4. A transformation of humanity through the promotion of mutual dignity can help bring global healing in which peace, social justice, human rights, and ecological harmony are more fully realized.
5. To advance human health and dignity, we must understand the conscious processes of individual and social transformation.

The progression of these reasoned assumptions has informed my program of research within the theory of transcendent pluralism. The research investigates the processes by which individuals and groups make socially transformative decisions in which human and ecological dignity is advanced. I have focused particularly on transformative processes within intergroup relations.

**Key concepts**

Definitions and descriptions of the concepts are provided in the following text, and example quotations that illustrate each concept are listed in Table 1. While a single quote does not express the full multidimensional scope of each concept, the examples do illustrate that the concepts are grounded in empirical research findings.

**Human dignity** in transcendent pluralism is defined as “value in personhood.”¹⁹(p 61) As a value, dignity refers to the good of the human person. Each person is good in himself or herself, by virtue of his or her existence, and therefore has value in being. Each person, through his or her intelligence and will, has a developmental potential to make choices that realize good in the world or, value in becoming. Honoring dignity means honoring the good in personhood of both ourselves and
Table 1. Concepts and Example Quotations From Research

<table>
<thead>
<tr>
<th>Concept</th>
<th>Illustrative Quotation</th>
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<tbody>
<tr>
<td>Human dignity</td>
<td>“. . . when you experience a sense of your own dignity it becomes reflected in everything you do and who you are. It gets expressed in a way about your own sense of self-care, self-love. I think it affects the kind of choices you make that it works towards the good in life and it promotes that which is hopeful and healthy.”1(p311)</td>
</tr>
<tr>
<td>Dialectic of dignity</td>
<td>“People just live and die in squalor and they never have really any opportunity to make their life better . . . I spent a lot of time trying to understand how this could happen and how this makes sense. And I finally came to the conclusion . . . These things don’t make sense and that’s why you need to fix them.” (Unpublished data, Humanitarian Health Care Study, 2009)</td>
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<tr>
<td>Vertical liberty</td>
<td>“I want to do those things and I can’t live in fear for the rest of my life. And I think that we need . . . to stop being afraid if we want peace . . . You just need to, to [pause] to decide it.”16(p111)</td>
</tr>
<tr>
<td>Self-affirmation</td>
<td>“First that I own myself and I keep my dignity and I started feel no fears.”16(p205)</td>
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<tr>
<td>Effective purpose</td>
<td>“. . . even though . . . some of the things I was doing seemed small and insignificant to me, it meant a huge difference to them . . . I know that I was helping people in need.” (Unpublished data, Humanitarian Health Care Study, 2009)</td>
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<tr>
<td>Group bias</td>
<td>“I never expected to be able to marry or to be treated equally. Because your whole life you’re not treated equally, you’re just not! Part of the deal. And you just come to accept it . . . . The whole notion of human dignity is kind of new to us.”1(p909)</td>
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<tr>
<td>Genuine encounter</td>
<td>“Getting to know Palestinian society . . . I had the chance to see it—close. To see as a whole rather than say, through television. To be in the houses of Palestinians, to eat with them, to talk with them, to drive, to stand on the checkpoints with them . . . .”16(p124)</td>
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<tr>
<td>Knowing personhood</td>
<td>“I guess it’s just like any other relationship. One of my very best friends is gay and I’ve known him since he was eleven and I was thirteen . . . . I’ve just been so influenced by exposure to gay people and just the knowledge that they’re just like any other people.”1(p355)</td>
</tr>
<tr>
<td>Affective transformation</td>
<td>The gratification that people expressed to us was . . . a tremendous rush. A lot of pent up anxiety was released that day by people who came to us, not knowing what to expect and with tears in their eyes they just said, they just couldn’t say thank you enough.”1(p289)</td>
</tr>
<tr>
<td>Transformative effect</td>
<td>“People’s hearts are changed, and people seem somehow lighter and more open and more mutually understanding.”1(p290)</td>
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<td>Transformative risk</td>
<td>“There are different types of risk. There is a risk of exposing oneself to public opinion, which is I think, of all risks is most unnerving to me . . . . Being attacked in the most degrading ways, in the Internet, for example. I remember these experiences from the time you feel it . . . .”16(p108)</td>
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<tr>
<td>Sustaining elements</td>
<td>“The biggest challenge that I faced was right after I joined the group, is sitting together with the Israelis because [it] wasn’t acceptable. But I defended from my thoughts and my deep belief in nonviolence to overcome this challenge.”16(p95)</td>
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Table 1. Concepts and Example Quotations From Research (Continued)

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<thead>
<tr>
<th>Concept</th>
<th>Illustrative Quotation</th>
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<tbody>
<tr>
<td>Transformative solidarity</td>
<td>“There’s consequences to speaking out for justice . . . You’re going to make enemies because you’ve said, everybody’s welcome. It just—works that way . . . yeah we will suffer lots of consequences; we’ll do it together though. We’ll—we’ll have each other.”1(p177)</td>
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<td>Peace</td>
<td>“I believe that through our activities, which mostly depend on telling our personal stories, we discovered that a lot of things are hidden inside our minds and inside our memory . . . When you all the time speak about our story, about your experience, discover things are neglected in the memory. And it’s make a big effort . . . You can sleep with yourself again.”16(p87)</td>
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others, reaching fulfillment in our potential as human persons. When I act to promote the dignity of another, I am helping fulfill my own capacity for dignity. Unfulfilled capacity to select the truly good leads to human devaluation and a loss of dignity.1 Honoring dignity is central to nursing practice.

**Dialectic of dignity** is the gap between the potential for dignity and its actual manifestation in a particular situation. When we hold human dignity as an ideal, the recognition of this gap creates a tension within our consciousness that calls us to determine why dignity is lacking in a particular situation and what can be done about it. Addressing this dialectic of dignity is the work of transcendent pluralism.1 Given that nursing holds human dignity as an important value, nurses are particularly attentive to that gap. Nursing holds a unique and critical role in bringing attention to the need for human dignity.

**Vertical liberty** is a concept that has been adopted from Lonergan’s work. Citing de Finance, he contrasts horizontal liberty in which a person acts within a set range of beliefs and behaviors with vertical liberty in which dedication to an ideal draws one beyond one’s prevailing horizon.19 Thus, when human dignity is held as an ideal, a person can be inspired to move beyond his or her current patterns of knowledge and actions in order to realize that ideal. Vertical liberty often involves transcending fears and discomforts for the sake of a larger ideal.1,16

**Self-affirmation** is the acknowledgment of one’s personal sense of dignity and includes affirming oneself as a person of worth with the ability to know and to make good choices.1,16

**Effective purpose** encompasses awareness and achievement of deeply meaningful goals. It is “the valuing of and desire to realize a particular human good; selection of that good as a deeply held goal; fulfillment of internal and external conditions needed to achieve the goal and perception of having been able to contribute meaningfully in bringing about the desired good.”17

**Group bias** is a negative value judgment by people in one group about members of another group. These negative judgments may be associated with harmful actions committed toward 1 or more individuals in that group. Group bias negatively impacts the positive effects anticipated by transcendent pluralism on the levels of the 3 outcomes (see later). On the level of physically sensible outcomes, group bias results in negative direct outcomes such as violence. It also has negative indirect sensible outcomes when knowledge from certain peoples is disregarded such an indigenous wisdom about environmental sustainability. On the level of the self-constituting effect, it results in diminishment of one’s own dignity. And at the level of interpersonal influence, it has a deforming rather than a transformative effect on society.1
Genuine encounter is a 3-fold process of engagement that involves self-reflection, respectful intersubjective dialogue, and commitment to action consistent with human dignity.16

Knowing personhood is an understanding and affirmation of the other that includes 7 components: affirmation of the person’s humanity; knowing the person as an individual; appreciating the good in the other; empathizing with the other’s suffering; rejecting myths about the other and understanding true qualities; realizing that the other has the capacity to change; and having a personal relationship with the other. The process of knowing personhood is a mutual unfolding in which the other plays a role in being known.1,16

Affective transformation involves the feelings by which values are perceived. Transformation of the person and community involves a transformation of feelings.1,16

Transformati ve effect is a critical component of transcendent pluralism, as it involves the influence of one person on the transformation of others. The studies have suggested a number of pathways by which this effect occurs. These include bridging horizons through sharing stories and meaning; raising questions; speaking the truth; communicating values; helping others to overcome fears and discomfort; setting an example as a role model; and human presence, solidarity, and love.1,16

Transformati ve risk is the potential for harm that an individual may face when trying to transform a community or society toward greater dignity. Types of risk include physical, psychological, reputation, employment, and repercussions on one’s family. Assuming risk involves a process of risk awareness, risk weighing and modification, and risk acceptance.1,16,17

Sustaining elements are the personal qualities and actions that allow a person to persevere despite challenges such as inner determination, spiritual strength, and reflective journaling.16,17

Transformati ve solidarity is the support from other individuals in undertaking the risks and challenges associated with personal and social transformation.1,16

Peace is a genuine and healing relationship with self and other that maximizes human dignity through good will.16

Supported propositions

The propositions of this theory are evolving and expressed within individual research studies. Some of the key propositions that have been supported are as follows:

1. Mutual understanding is expanded through genuine encounters between diverse persons.1,16
2. Processes of genuine encounter help diminish group bias and expand knowing the personhood of the other.1,16
3. When human dignity is held as a strong value, perception of a dialectic of dignity will stimulate actions to advance dignity through vertical liberty.1,16,17
4. Human decisions include physically sensible, self-constituting, and transformative outcomes.1,16
5. Nursing actions can be effective in influencing outcomes through the transformative effect.13

FUNCTIONAL COMPONENTS

Meleis18 indicates that the functional components of a theory include its purpose and anticipated consequences as well as the relationship between the theory’s structural components and the domain of nursing.

Theory purpose

The focus of transcendent pluralism is on identifying situations of devaluation that influence health and developing interventions that advance human and/or ecological dignity through social transformation. This may include devaluation within a society or within an institution such as a hospital. Therefore, the target of action is a system, community, or society while realizing that to effect
transformation within a community one must address both individual and collective changes. The nurse acts on behalf of and in partnership with individuals or groups that are subjected to devaluation.

Outcomes

In their seminal paper on nursing theory, Dickoff and James20 note that theory development is directed toward a purpose and that nursing needs to have practice-oriented theories. Therefore, it is critical to understand the projected outcomes of theory-guided research and practice. In transcendent pluralism, 3 types of outcomes of human action are considered. These include (a) the physically sensible effect, (b) the self-constituting effect, and (c) the transformative effect.1 The physically sensible effect encompasses an outcome that we can perceive through our senses in the world. For example, what impact will a proposed intervention have on specific health parameters?

The self-constituting effect is derived from the work of Lonergan, who argues that every choice influences one’s development as a human person. With each decision we are shaping our habitual willingness, building or diminishing our ability to make future good choices.19 It is important to note that for Lonergan, the will includes the intellect, so this conceptualization includes both knowing and doing.1

The transformative effect is a third type of outcome and a key dimension of transcendent pluralism because of the theory’s focus on the evolution of human consciousness. This effect relates to the influence that a person has on others. Every action has the possibility of influencing transformation in others.1 Our words and deeds become a message that is transmitted to others. Collectively, each society will influence the unfolding of human dignity for future generations.

These outcomes are interrelated because even the choice of a sensible object in the world also has self-constituting and transformative potential. Furthermore, sensible outcomes are rooted in individual and community consciousness. For example, health disparities cannot be resolved at the level of the health care encounter alone but must be addressed through deeper individual and cultural changes.1 Paying attention to deeper outcomes is especially important for social change because physically sensible outcomes may take time to become realized.

Research findings using this framework have supported the proposition that individuals do undertake decisions based on these 3 types of outcomes (see Table 2). However, participants’ expressed understanding of the goals and outcomes of their actions seemed to evolve over the course of research interviews with deeper questions. For example, in response to a question as to how they made their decision, Catholic supporters of same-gender marriage primarily cited reasons consistent with the sensible effect, such as having equal legal benefits. With further reflective questions, such as why they undertook risks or how their decision influenced personal development, participants expressed a deeper understanding of the significance of their decision in a historical and existential context.1

These findings would suggest that the questions we ask are important in terms of the outcomes that we seek—and achieve. Are we asking the deeper existential questions about our identity, purpose, and direction? Lonergan asserts that it is important for a community to critically reflect on its identity, “... a group can function as a group only by possessing an identity, knowing itself and devoting itself to the cause, at worst, of its survival, at best, of its betterment.”21 This has implications for us as nurse scientists. In the quest for evidence and outcomes, are we raising the further questions that reflect the fullness of the human journey?

Patterns of transformation

Research using this theory suggests that human knowledge and actions evolve through patterns.16 Pattern evaluation has a solid history in nursing inquiry introduced by
Table 2. Examples of 3 Outcomes in Transcendent Pluralism

<table>
<thead>
<tr>
<th>Catholic Supporters of Same-Gender Marriage Study</th>
<th>Sensible Effect</th>
<th>Self-constituting Effect</th>
<th>Transformative Effect</th>
</tr>
</thead>
<tbody>
<tr>
<td>This study investigated the decision by Catholics who chose to support same-gender marriage despite Church teachings to the contrary during the debate over legalization in Massachusetts</td>
<td>“Laws that promote equality…”1(p295)</td>
<td>“It’s made me stronger.”1(p74)</td>
<td>“I’ve had a part to play in the history of the human family growing wiser.”1(p482)</td>
</tr>
<tr>
<td>Combatants for Peace Study</td>
<td>“…people doing the actual fighting put down their guns and worked together.”16(p134)</td>
<td>“It’s very important for me to live up to my … values.”16(p159)</td>
<td>“If you could change somebody maybe you give him more power…. He could be a better person.”16(p235)</td>
</tr>
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</table>

Rogers22 and used by contemporary theorists such as Newman.23 A brief description of the pattern evolution in transcendent pluralism, which has been refined over time, is provided (Figure). The patterns are overlapping and interrelated. They suggest a movement of human consciousness that is developmental and even transformative, without being automatic or predetermined.

The first pattern is the formation pattern in which the individual is acculturated within a particular tradition, receiving its accumulated knowledge and values—as well as its biases. In the devaluation pattern, individuals experience devaluation of self and/or others that may include participation in violence. In the reconsideration pattern, new experiences lead individuals to question the validity of their beliefs through “dialectic of dignity” or gap between ideals and reality. A threshold of readiness is reached in which the individual realizes the need for a new course of action but has not yet undertaken further steps. At this point a “synergy opportunity” can facilitate change if a supportive structure is present to help individuals realize their desire to take a new path. As individuals choose new actions reflective of human dignity, they enter the revaluation pattern in which they experience self-dignity along with deepening relationships of knowing the other. In the action and challenges pattern, individuals begin to engage in behaviors to transform their communities toward greater human dignity, often encountering challenges and risks. Both inner and external resources such as solidarity with others can help transcend these barriers. Finally, the mutual transformation pattern encompasses realizing change in oneself and the broader community. These patterns are
The domain of nursing in transcendent pluralism

Melcs\textsuperscript{18} discusses the importance of describing the relationship between a theory and the domain of the discipline. In nursing, the key metaparadigm concepts are nursing, person, health, and environment.\textsuperscript{11} The definition of "personhood" has been provided earlier. The concepts of health, environment, and nursing are discussed below.

Health

Health in transcendent pluralism is understood as being broader than physical wellness. It involves the fullness of human well-being as manifested by dignified living for both the individual and the larger community. Health is defined as "a broad and dynamic state of well-being in which the potential for dignified living reaches fulfillment for all members of the human and ecological community." A healthy society is one in which the potential for dignified human living is maximized for all.

Environment

In this theory, the environment is defined as the context of space and time in which a being is situated. The environment is relational and includes natural, humanly created, geographical, historical, sociopolitical, and spiritual dimensions. These dimensions may enhance or diminish dignity.

Nursing as a medium for healing transformation

Within transcendent pluralism, nursing is defined as "the conscious use of transcendent self and science as a medium for the healing transformation of human and ecological dignity." The nurse acts as a healing medium of transformation. A number of nursing scholars have addressed the artistic or aesthetic dimension of nursing.\textsuperscript{24,25} A medium is defined

Figure. Emerging patterns of human dignity in transcendent pluralism.

Image: Emerging patterns of human dignity in transcendent pluralism.
as "the material or technique with which an artist works."\textsuperscript{26} In painting, a medium is a liquid substance mixed with paint so that the paint can be applied to the canvas. A medium is also defined as "an intervening substance . . . through which a force acts or an effect is produced . . ." and "an agency, means or instrument."\textsuperscript{26} Nurses are conscious mediums who use nursing knowledge to influence healing transformation. In an artistic process, the medium is itself transformed. The nurse too can be transformed, freely and consciously in this encounter, through self-reflective inquiry and practice.

Addressing issues of human devaluation will require a creative and healing transformation of global consciousness and collaboration among diverse peoples of all disciplines. Nursing knowledge can and should be an integral part of a consciousness-based solution to the social problems impacting health.

Willis et al\textsuperscript{27} assert that nursing has a strong social mandate grounded in its ontological, epistemological, and moral foundations. Indeed, Thorne\textsuperscript{28} argues that social justice has been an important normative ideal of the nursing profession since its inception. Roy\textsuperscript{29} views nursing knowledge as grounded in an altruistic heritage and positioned to shape the next stage of the evolution of the universe. Transcendent pluralism can be used as a framework for nurses to study and support transformative change through partnering with individuals and communities. This includes but transcends policy.

Transcendent pluralism has been developed from a nursing lens with the intent for use both within nursing and as an interprofessional theory. This expansive focus is built on the recognition that social change requires broad collaboration and nursing science has much to contribute in the interprofessional realm. Nursing knowledge has undergone several stages from a "receptive phase" in which knowledge was largely influenced by other disciplines to a "self-generative" phase in which nursing knowledge was developed by and for nurses. We have now entered a "transformative phase" in which nursing knowledge informs other disciplines in a mutual process of knowledge exchange. It is in this transformative phase of genuine interprofessional engagement that transcendent pluralism can play a critical role.\textsuperscript{30}

The first research project with transcendent pluralism was a pilot study examining the effectiveness of nursing testimony on legislators’ attitudes toward environmental justice legislation. After a nursing presentation about the impact of the issue on human health, there was a small but significant increase in legislators’ favorability toward the bill. However, in a separate question, legislators indicated that they perceived nurses as lobbying more often for issues related to the nursing profession than general health issues. This study suggested that nursing knowledge may effectively influence sociopolitical change. But to do so, nurses must broaden advocacy efforts to encompass the larger issues influencing health.\textsuperscript{13}

As noted earlier, research using this framework has identified a number of approaches of the “transformative effect” including bridging horizons by sharing stories and meaning, raising questions, speaking the truth (which includes scientific knowledge), communicating values, helping others overcome fear and discomfort, setting an example as a role model, and human presence, solidarity, and love.\textsuperscript{1,16} These are all activities that nurses can and do engage in. We need to think more purposefully about bringing these skills to a broader horizon of transformative change.

While research using this theory has focused on the societal level, it is envisioned that the theory could be applied to change within institutions as well. Further research can be conducted to expand understanding and test interventions. It is critical that nursing students are taught not only the value of human dignity but also transformative strategies to address human devaluation both individually and collectively. In each decision, students can be guided to ask themselves 3 critical questions that reflect the outcomes of transcendent pluralism:
• Will this action achieve good in the physically sensible world?
• Will this action help me develop my ability to make good choices?
• Will this action influence others to make good choices?

CONCLUSION

We live in a world where suffering abounds from humanly inflicted wounds and harmful social conditions. Transcendent pluralism is a theory to guide knowledge development for nonviolent social transformation and healing. Transcendent pluralism is deeply rooted in nursing because of nursing’s understanding of and commitment to the dignity of the human person. Nurses can raise awareness about situations of human and ecological devaluation and advance knowledge and action for social change. The theory of transcendent pluralism can contribute to nursing knowledge to effect change in social problems that negatively impact health and to build communities where dignified living is a possibility for all.

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