

## Opinion

# “Cancer” as a meaningful manifestation of lifestyle disharmony: Exploring oncology nursing for the prevention and early detection of cancer in the context of Margaret Newman's theory of health as expanding consciousness

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The belief that “cancer is a meaningful manifestation of lifestyle disharmony” is quite controversial and elicits a range of responses from medical practitioners and patients alike. Margaret Newman's theory of health as expanding consciousness (HEC)<sup>1,2</sup> in a unitary paradigm in nursing does not view “cancer” as a problematic, separable entity that invades our body. Rather, cancer manifesting as a disease is only the tip of the iceberg; that is, it is the visible symptoms that arise from an invisible base that includes a weakened immune system and decreased natural healing power resulting from a disharmonious lifestyle (Fig. 1). This is the complete view of the person with “cancer” as a whole.

From the perspective of HEC, “cancer” stemming from the above-mentioned base is a manifestation of an evolving pattern of person-environment interaction. Newman defined this pattern as “information that depicts the whole, understanding of the meaning of all the relationships at once.”<sup>1</sup> Moreover, she believed that “... illness reflected the life pattern of the person and that what was needed was the recognition of that pattern and acceptance of it for what it meant to that person.”<sup>1</sup> The basis of what we assert herein is that the person can transform one's own life pattern to a higher order by getting insights from the meaning of the pattern. The core of HEC is not about science in the traditional sense, but rather about “meaning”; thus, the importance of our opinion to oncology nurses is to guide them in bringing about “meaning” in prevention and early detection to reduce the global cancer burden.<sup>3</sup>

## Cancer is a pattern that evolves from one's lifestyle

It has been realized over the years that cancer is related to lifestyle.<sup>4</sup> It is known that cancer develops for more than ten years before an individual is officially diagnosed with cancer.<sup>5</sup> During these years, an individual was pursuing an integrated lifestyle, which included all daily habits relating to diet, exercise, hygiene, sleep, and bowel regularity, authentic relationships, among other factors, each of which was comprised of person-environment interactions. We believe that cancer

evolves from the person's lifestyle over time, and we translate this belief from HEC as follows. The pattern that evolves into cancer, which can be imagined as a sea spray in the ocean (Fig. 2), is information that is depicted all at once and informs us that the patient's lifestyle is somehow or other disharmonious in its person-environment interactions.

Many oncology nurses are interested in care related to cancer treatments (eg., operations, chemotherapy, or radiation therapy) to remove “cancer” as an invasive entity.<sup>6</sup> However, we believe that oncology nurses should spend more energy supporting clients so that they can recognize their pattern and understand the meaning reflected in it. That is, we need to support clients in discerning the meaning from the pattern of their lifestyle to gain insights into how to transform it such that they begin to move toward a more harmonious lifestyle.

We are now searching for how to support clients in recognizing their lifestyle pattern and deriving meaning from it. Newman proposed initiating a client-nurse dialogue to support them in the practice of pattern recognition. The dialogue is about “tell [ing] the practitioner about meaningful event or relationship” and supporting them in finding the meaning reflected in that pattern.<sup>2</sup> We refer to this type of care as a “caring partnership,” or a nursing intervention within a unitary paradigm. The participant in the dialogue talks about her/his story honestly and the practitioner listens to the partner sincerely. We worked with many cancer survivors and oncology nurses in utilizing this method in combination with the above two figures. We will present our experiences below, and then explore how to utilize this caring partnership in cancer prevention and early detection.

## Our partnership with participants with cancer

Our first experience was in partnership with seven participants with early-stage lymphoma who were living in a community. At the beginning of our collaboration, we asked, “What do you think when you hear that cancer is the manifestation of a disharmonious lifestyle?” Their first reaction was an expression of anger. They said, “I don't want to deny my

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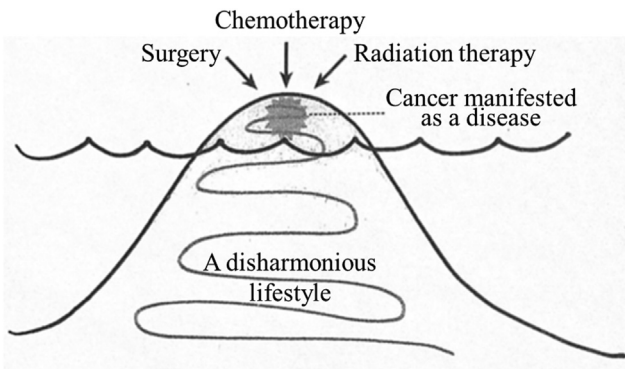


Fig. 1. A person with "Cancer" as a whole.

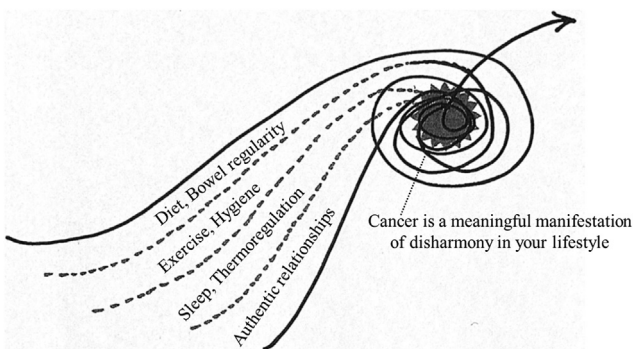


Fig. 2. "Cancer" shows a client's disharmonious lifestyle.

lifestyle." We explained the meaning of the manifestation of cancer by showing them two figures, and then we held a dialogue within the group to help with their pattern recognition. Each talked about their own lifestyle. Then, we realized that their patterns had been bounded by their families, workplaces, daily routines, and an excess of information about what is and is not good food. The participants gradually recognized the pattern of their own lifestyles, and finally asserted that, "We will be able to design our lifestyle for our own sake!" and "We needed to learn these things when we were younger!" We worked with more than 30 participants, and several years later, most of them sent us messages of gratitude to let us know that this experience was so helpful in moving their lives forward.

### Our partnership with hospitalized patients with cancer

Our next experience was to enter into a partnership with hospitalized cancer patients. Many cancer survivors who have completed their initial treatment are unsure how to prevent recurrence.<sup>7,8</sup> The patients we partnered with were only concerned with how to remove the "cancer" (as the tip of the iceberg). We showed them the above two figures and held a dialogue in the form of a patient-nurse relationship by asking them to tell us about a meaningful event and relationship. All patients were actively involved in the dialogue, in which questions included: "What does it mean to you that cancer is an indication of a disharmonious lifestyle pattern?" And "Please tell me about what you learned from this experience." Some oncology certified nurse specialists (OCNSs) who had learned HEC reported that the dialogue in combination with these figures helped make the patients' cancer experience more meaningful. The following is an example of the dialogue between Mrs. A and one OCNS.

Mrs. A was a housewife in her thirties living with her husband and two-year-old daughter. She underwent an operation for colorectal

cancer. It was successful but she couldn't shake her fear of her cancer recurring. She was very glad to have the opportunity to engage in dialogue. In looking at the two figures, she understood that cancer was a lifestyle-related disease. The OCNS went on to ask her about her meaningful events and relationships in terms of her lifestyle. She said, "My children and husband always come first in my life. The meals I eat and the exercises I do are not my priority—there is no time to think about myself. But I never rely on others."

At our second meeting, the OCNS gave a feed-back on what she mentioned in the first dialogue. She immediately recognized her own pattern of "neglecting her own health". In discovering her pattern recognition, she promptly found a new direction in her lifestyle. She started to seek support from her parents and husband, and in response, her family was happy to support her. Mrs. A realized that she could enjoy meals more and sleep better. She was much less tormented by the stress caused by the fear of her cancer recurring.

### Our partnership with oncology nurses

Our next partnership was with oncology nurses involved in cancer and recurrence prevention. We strongly believe that for the prevention and early detection of cancer, nurses need to know how to help clients recognize their lifestyle pattern. Therefore, we conducted dialogue with a group of nurses to discern each nurse's most meaningful personal events and their relationship to their own lifestyle. What most nurses recognized in their pattern was "pouring all [their] energy into their work without listening to their own bodies." The lesson from this pattern recognition was that they became more sensitive to the voices of their own bodies, and most of them began to transform their lifestyle habits. The nurses each presented their experiences in the group setting. Some of their claims included the following: "I realized that the taste of ready-made foods I always bought at stores was too salty for me and my elderly family members"; "By performing stretching exercises, I recognized I had never fully relaxed my body before." They had surely become aware of the importance of this transformation in their lifestyles.

Moreover, after sharing their experiences with the group, the nurses mentioned that they also became more sensitive to their clients' lifestyle. One nurse said, "Before, I paid little attention to my patients' lifestyle." Another nurse said, "I realized many patients had been sending us information about their lifestyle through vague words and gestures." Others emphatically agreed: "Yes, it is true! Whether or not we can receive their information depends on our concern for the importance of patients' lifestyle. We can connect our patients and discuss the importance of their lifestyle in cancer prevention even in a short time." All in the group fully mastered the topic in HEC dialogue.

### What we as nurses need to know

We, as nurses, need to recognize our own care patterns in oncology nursing. That is, we are used to focusing on assessing cancer as a cause-and-effect relationship and searching for a problem-solving method within a particulate-deterministic paradigm.<sup>9</sup> We also choose to do something to patients instead of searching for meaning with them involved. When we successfully let go of such common practices, we can better understand what Newman expressed as the responsibility of nurses; that is, "not to make people well, or to prevent their getting sick, but to assist people in recognizing the power that is within them ...."<sup>2</sup> Clients willingly understand that "cancer" is a meaningful manifestation of lifestyle disharmony after participating in a dialogue with nurses. Therefore, oncology nurses' perspectives, thoughts, and actions are of paramount importance.

We learned from our experience that a caring partnership based on HEC is helpful in the prevention and early detection of cancer. As such, we

recommend that oncology nurses view the clients with cancer and their lifestyle as a whole from the perspective of a unitary paradigm (as shown in the figures) and invite their clients to talk about their most meaningful events and relationships in the context of their lifestyle to support them in their pattern recognition efforts. In doing so, their clients will be more likely to discern the meaning reflected by their lifestyle pattern and make a personal transformation by harnessing their internal power.

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### Declaration of competing interest

None declared.

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