

REFLECTION ARTICLE

CARING FIELD: A QUANTUM AND TRANSPERSONAL APPROACH TO NURSING CARE

Moema da Silva Borges*
Daniella Soares dos Santos**

ABSTRACT

Recent discoveries of quantum physics mention that there is an energy field that is formed during an encounter between two people. This field is the result of the interaction between their consciousnesses. In this line of thought, Jean Watson's Transpersonal Caring Theory states that a person is more than his/her objective expression revealed in the physical body, also possessing subtle manifestations of light and energy connected to the cosmos. From the concepts of quantum physics and the transpersonal caring theory, this study aims to reflect about a caring field that is formed between the caregiver's consciousness and that of the person receiving care. We highlight the role of consciousness in the establishment of a biofield that is constituted by care and the intentionality of the people involved in the caring encounter. We raise the hypothesis that it is possible that the mental pattern of the caregiver can influence the outcome of who receives care and vice versa. It is concluded that the study of the interchange between matter/energy/consciousness, especially in caring actions, opens a wide range of possibilities for the conscious use of this resource in planning, implementation and evaluation of the results of nursing and health interventions.

Keywords: Knowledge. Nursing care. Complementary therapies.

INTRODUCTION

Can the changes of paradigm observed in all living fields impact directly the act of caring in nursing? Can knowledge from another area of science be important for the practice of nursing? Should care provided to human beings encompass dimensions beyond the physical body? This study proposes to reflect about the relationship between nursing practices and the formation of a caring field from the recent discoveries of quantum physics and its approximations with the transpersonal caring theory.

In the area of health, in particular, the model of healthcare based on mechanistic and fragmented principles of body-machine has shown limits because it does not meet the growing demand of healthcare

for psychosocial nature aggravations and other aspects related to health and diseases that extrapolate the physical manifestation. New approaches have pointed to a new health model based on knowledge that withdraws the universe from the category of machine and places it in what is more like a great mind ⁽¹⁾.

This change had its starting point in the ideas conveyed by Albert Einstein's Theory of Relativity, which points out that energy and matter are interchangeable. In this new context, quantum physics has collaborated for the advancement in understanding of one of the more complex aspects of conscious living: our own consciousness ⁽¹⁾. For Watson, the conscious intervention in caring favors the restoration of health and its human integrality. This action promotes "personal growth of patients and nursing, built by

*Nurse. PhD in Nursing. Full Professor, Nursing Department, Faculdade de Ciências da Saúde Universidade de Brasília-UnB. Address: Departamento de Enfermagem da Faculdade de Ciências da Saúde, Universidade de Brasília – Campus Universitário Darcy Ribeiro, Gleba A, FM/FS, Bloco C Térreo Norte, Brasília-DF, CEP: 70.910-900 – Telefone: (61) 31071756 – Fax: (61) 3274-3807. Brasília-DF, Brasil. E-mail: mborges@unb.br

**Nurse. PhD in Nursing. Full Professor, Nursing Department, Faculdade de Ciências da Saúde, Universidade de Brasília. E-mail: daniellasoares@unb.br

more significant interpersonal relationships, with help/confidence, and yet by the feeling of freedom" ⁽²⁾.

It is in this instigating context that the report of the experience that Jill Taylor went through stands out, which was narrated in her book "My stroke of insight" ⁽³⁾. The author describes an incredible experience of suffering a stroke that affected the left hemisphere of her brain. Taylor says that the change of the world perception caused by the use of the right side of her brain, which became dominant, led her to feel people like concentrated energy packages. "Doctors and nurses were massive and powerful conglomerates of energy rays that came and went" ⁽³⁾.

Devoid of language and temporal linear processing, Taylor began to perceive her body as an integral part of the universe, acquiring new distinction in the quality of care provided by nurses. In view of her new perception, she reports that while a nurse showed concern about her needs, questioning her whether she would be heated, thirsty or feeling pain, establishing eye contact and making her feel safe, another nurse did not have such concerns raising the voice when speaking and demonstrating unavailability for care, which caused her fear and insecurity ⁽³⁾.

Taylor's experiences strengthen the value of the essential relationship in nursing care and point out to the existence of an energy field in this relationship, in which the actions motivated by a genuine internal availability create favorable conditions for health restoration, whereas the internal unavailability for caring disfavors patients' recovery.

This argument meets Jean Watson's Transpersonal Caring Theory, which proposes a conscious intervention in caring, potentializing the restoration of health in its completeness. For the author, the moment of caring can release the inner power and help patients to gain a sense of

inner harmony, generating power in the process of self-healing and facilitating access to their inner reconstitution ⁽⁴⁾. Caring transcends the idea of performing a task or meeting protocols, because it involves the exact understanding of health aspects and the relationship between who provides care and who is cared for.

In this way, Taylor's experience finds echoes in Watson's Transpersonal Caring Theory, in which quantum laws of possibilities are inserted. "The thought of quantum physics reflects some of the metaphysical and human dimensions of caring, energy and consciousness, and the latter is more cause than effect within the caring field" ⁽⁵⁾.

It is essential to understand that, in the action of caring, the caregivers' energy field is able to interact with and modify the energy field of those who are being cared for, facilitating or hindering the restoration of those people. This transformative view of caring presupposes understanding that there is an intimate relationship between mind and body, and that consciousness, attention and intentionality influence this relationship.

Mind-body relationship: from separation to integration

The Cartesian thought, designed by the philosopher René Descartes in the 17th century, regarded the world as a machine and originated the dualistic philosophy that separated the mind from the body. However, the view of a quantum universe considers the existence of a relationship between consciousness and the material world, because the latter, in essence, is made up of probabilities of manifestations. From the quantum perspective, the defining element of choice of possibilities is the observer's consciousness. This mechanism, called the observer effect, determines that the world is created in accordance with our beliefs.

According to quantum mechanics, at subatomic level, objects are understood as

waves of possibilities whose movements are indeterminate and reality is created from a mechanism called the Observer's Effect. This effect, so far regarded as unconscious, determines that the physical world depends on what a person communicates to others and what that person believes to be real ⁽⁶⁾.

Within this argumentative line, the eye of the observer can be compared to nurses' consciousness and the result of interaction related to internal availability and, above all, nurses' intentionality. This phenomenon is explained by the quantum theory as an event of collapse, i.e., when there is a choice, a real event takes place and it consists of a subject observing an object. Thus, the collapse is understood as the passage from a condition of possibilities to a state of being or reality ⁽⁶⁾. "Reinforcing, there is neither time nor space under the quantum prism until the consciousness chooses the path to be traced; we are the creators of our reality" ⁽⁷⁾.

The dynamics of this phenomenon transposed into the relationship of caring indicates that the choice of caregiver's state of mind at the time of caring will strongly influence the outcome of the action, creating a real field conducive to patient's recovery or not. In other words, it can be stated that the qualitative state of the caregiver's consciousness will be responsible for the outcome of the action.

The investigative model of consciousness highlights some phenomena ⁽⁶⁾, namely: 1) discrimination, categorization and reaction abilities towards environmental stimuli; 2) integration of information through a cognitive system; 3) reportability of mental states; 4) ability to access own internal state; and 5) past experiences cover up our nature integrated to the cosmos, enveloping it in an apparent individuality—the ego—through a process that can be called conditioning ⁽¹⁾.

From the quantum point of view, what is commonly perceived as 'material thing'

is the result of the possibilities available to consciousness and which includes health, illness and recovery. According to this conception, consciousness is responsible for the existence of everything that we consider as belonging to the physical world, including our bodies ⁽⁷⁾. Consciousness is the foundation of being, matter, energy and its variations of health and disease are possibilities of consciousness at the quantum level. As we recognize consciousness as responsible for existence on the physical level and the mind as responsible for the attribution of meanings, both occupy their role in the relationship between the mind and the recovery of the physical body ⁽⁷⁾.

Therefore, if consciousness is the mediator in the interaction between body and mind, there is space for understanding that, in the mind-body connection, both the consciousness (the causative agent) and the mind (from which meaning arises) receive a certain function related to the physical body and its recovery. It is worth mentioning that the meaning here discussed is understood as the mental values that we attribute to our feelings.

It is opportune to clarify the role of intentionality and its mind-body relationship in caring. Intentionality means the projection of attention with purpose and effectiveness toward a given result ⁽⁷⁾. This understanding allows explaining the placebo effect, the influence of religious and spiritual beliefs about the recovery of health, and the effect of prayers and loving on the result of therapeutic actions, which result in a positive attitude vis-à-vis illness conditions ⁽¹⁾.

A considerable number of publications in scientific databases have pointed to the existence of evidence that spirituality is favorably associated with clinical indicators related to better quality of life, less depressive symptoms, and anxiety, among others ⁽⁸⁾. In this line of argument,

it is worth mentioning the importance of studies using rituals and family routines as important strategy for understanding complex and dynamic aspects that pertain to the daily life of people's health, including the requirements of explicit spirituality in family life over generations ⁽⁹⁾.

By understanding the variables that comprise people's health, it is possible to observe some of them that are not structural or institutionally defined, such as everyone's beliefs, values and feelings. Thus, it will be necessary to be sensitive to a relationship permeated by faith in something that transcends the concrete action and the current moment ⁽⁷⁾. This way, from the understanding that human beings are energy fields, it is possible to speculate that when a part of the energy field is affected by caring intention, the entire system is affected in its 'biofield'.

Caring field: the biofield or human bioenergetic field

Since the 1930s, several researchers have been devoted to the investigation of the nature and properties of the biofield, considered as a bioenergetic field that would involve and constitute the biological body. Studies point to the growing interest in the study of bioenergetic therapies and their effects on human health. Literature reviews on the results of interventions designed to treat clinical conditions through 'changes in the patient's biofield' reflect this trend ⁽¹⁰⁾.

Bioenergetic therapies are considered complementary and start from the premise that the biofields are formed by a kind of subtle energy, sensitive to the hands of practitioners of Reiki, therapeutic touch, Qigong and others who believe that they can assess the state of health of living creatures and manipulate their biofields voluntarily. The mechanism of action of these therapies remains under study and current research indicate the existence of

changes in brainwave patterns of people who were subjected to these practices ⁽¹¹⁾.

Starting from the premise that the biofields exist and that they can be manipulated, it is suggested that, either in promotion, prevention or recovery of health, people involved in caring can influence each other. This would happen through the interaction of their biofields, to the extent in which their own brain activity would come into synchronicity. In this perspective, it is possible to infer that the intentionality, the attention, and the mental standard of people who provide care can influence the outcome of people who receive care and vice versa.

The attention and intentionality (or conscious intention) that we must have when caring for other people, in order to influence and change their biofields positively, so that the therapeutic result manifest itself in the form of recovery, is understood as *caring field*. When sick people come into contact with the biofield of nursing professionals or any other caregiver's, those people are influenced by the intentionality of the latter. Therefore, their biofields suffer the action of the professional's fields.

It can be concluded that the practice of nursing care not only results in what is known as care/well-being, but also as a reconstitution that also comes from the inside of each person. This means that the incorporation of the concept of caring field in nursing practice requires an epistemology, a transformative science, and a model that integrates broader types of knowledge.

The act of caring involves a choice on the part of those who provide care and those who are cared for. In this special moment, both are offered the opportunity to decide their stance with respect to the outcome of this meeting. What is decided involves one way and not another. This approach to caring encourages a profound

transformation in the sense of commitment to the human evolutionary process. It contributes by making a way of providing care evident, which is relevant to the people and the field of human science. "It ensures a place for itself in academic and scientific circles as a health discipline, worthy of advanced studies, independent practice, and epistemic efforts to serve society" ⁽⁴⁾.

FINAL CONSIDERATIONS

The paradigm of science goes through a moment of change, leaving behind the unique idea of matter as a fundamental reality in the physical universe. Energy/consciousness/mind stands out within the emerging paradigm. In this new way of observing the universe, there is no absolute boundary between the physical world and the mind/consciousness world.

To the health sciences and, especially, nursing, this concept means admitting that the human body is an energy system and that, in the act of caring, a caring field is created, in which the professionals are observers responsible for the evocation of health recovery possibilities, through

conscious attention and intentionality. In this sense, we believe that by the particular attention given by nurses to a person or a group of people using their technical expertise in addition to other skills a caring field is created.

It should be noted that this caring field exists independently of nursing professionals' conscious attention and intentionality. Not using it competently implies missing a possibility that dignifies professional work morally and scientifically. In this scenario, it can be said that this new approach of science announces important changes in the field of treatment and healthcare systems and not only in nursing practice.

The exchange between matter/energy/consciousness summons health workers to be responsible for not neglecting the energy aspect in their human relationships, especially those therapeutically oriented. At the same time, it opens up a range of possibilities for the conscious use of this resource for planning, implementation, and evaluation of the results of health interventions.

O CAMPO DE CUIDAR: UMA ABORDAGEM QUÂNTICA E TRANSPESSOAL DO CUIDADO DE ENFERMAGEM

RESUMO

Descobertas recentes da física quântica mencionam que existe um campo de energia que se forma durante um encontro entre duas pessoas. Esse campo é resultante da interação entre as consciências de ambos. Em essa linha de pensamento, a Teoria do Cuidado Transpessoal de Jean Watson afirma que a pessoa é mais que sua expressão objetiva revelada no corpo físico, possuindo também sutis manifestações de luz e energia conectada ao cosmo. Este estudo objetiva refletir, a partir dos conceitos da física quântica e da teoria do cuidado transpessoal, acerca de um campo de cuidado que se forma entre a consciência do cuidador e a da pessoa que recebe o cuidado. Destaca-se o papel da consciência na instalação de um biocampo que se qualifica por meio da atenção e da intencionalidade das pessoas envolvidas no encontro de cuidado. Levanta-se a hipótese de que seja possível que o padrão mental de quem cuida possa influenciar os resultados de quem recebe o cuidado e vice-versa. Conclui-se que o estudo do intercâmbio entre a matéria/energia/consciência, sobretudo nas ações de cuidado, abre um amplo leque de possibilidades para a utilização consciente desse recurso no planejamento, implementação e avaliação dos resultados das intervenções na enfermagem e a saúde.

Palavras-chave: Conhecimento. Cuidado de enfermagem. Terapias complementares.

EL CAMPO DE CUIDAR: UN ABORDAJE CUÁNTICO Y TRANSPERSONAL DEL CUIDADO DE ENFERMERÍA

RESUMEN

Descubiertas recientes de la física cuántica mencionan que existe un campo de energía que se forma durante un encuentro entre dos personas. Este campo es resultante de la interacción entre la consciencia de ambos. En esta línea de pensamiento la teoría del cuidado transpersonal de Jean Watson, afirma que la persona es más que su expresión objetiva revelada en el cuerpo físico, poseyendo también sutiles manifestaciones de luz y energía conectada al cosmos. Este texto tiene el objetivo de reflexionar, a partir de los conceptos de la física cuántica y de la teoría del cuidado transpersonal acerca de un campo de cuidado que se forma entre la consciencia del cuidador y de la persona que recibe el cuidado. Se destaca el papel de la consciencia en la instalación de un biocampo que se califica por medio de la atención y de la intencionalidad de las personas involucradas en el encuentro de cuidado. Se propone la hipótesis de que sea posible que el patrón mental de quien cuida pueda influenciar los resultados de quien recibe el cuidado y viceversa. Se concluye que el estudio del intercambio entre la materia/energía/consciencia, sobre todo en las acciones de cuidado, abre un amplio abanico de posibilidades para la utilización consciente de este recurso en la planificación, implementación y evaluación de los resultados de las intervenciones en la enfermería y salud.

Palabras clave: Conocimiento. Cuidados de Enfermería. Terapias complementarias.

REFERENCES

1. Dossey L. All tangled up: life in a quantum world. *Explore* 2011; 7(6):335-44.
2. Silva CM, Valente GSC, Bitencourt GR, Brito LN. A Teoria do Cuidado Transpessoal na enfermagem: análise segundo Meleis. *Cogitare Enfermagem* 2010; 15(3):548-51.
3. Taylor JB. A cientista que curou o próprio cérebro. Trad. de Débora da Silva Guimarães Isidoro. São Paulo: Ediouro; 2008.
4. Watson J. Nursing: human science and human care – a theory of nursing. New York: League National; 1988.
5. Watson J. Enfermagem pós-moderna e futura: um novo paradigma da enfermagem. Loures: Lusociência; 2002.
6. Chalmers DJ. The problem of consciousness. *Discus Filos* 2011; 12(19):29-59.
7. Penha, RM; Silva, MJP. Do sensível o inteligível: rumos comunicacionais em saúde por meio da teoria quântica. *Rev esc enferm. USP.* 2009; 43(1):208-14
8. Moreira-Almeida A. Implicações dos estudos brasileiros em psiquiatria e espiritualidade. *Rev Psiquiatr Clin* 2012; 39(5).
9. Boehs A E, Manfrini, G C, Rumor, P C F e Jorge, C S G. Rituais e rotinas familiares: reflexão teórica para a enfermagem no cuidado à família. *Ciênc cuidado saúde.* 2012; 11(3):620-625.
10. Jain S, Mills PJ. Biofield therapies: helpful ou full or help? A best evidence synthesis. *Int J Behav Med* 2010; 17(1):1-16.
11. Uchida S, Iha T, Yamaoka K, Nitta K, Sugano H. Effect of biofield therapy in the human brain. *J Altern Complement Med.* 2012; 18(9):875-79. doi: 10.1089/acm.2011.0428.

Corresponding author: Moema da Silva Borges. Universidade de Brasília – Campus Universitário Darcy Ribeiro, Brasília, Brasil.

Data de recebimento: 08/05/2012

Data de aprovação: 06/08/2013