A Program Development toward Transforming One’s Own Lifestyle Pattern: Dialogue with Cancer Survivors and Their Families within a Unitary Perspective

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Abstract

Chronic diseases like cancer are related to one's lifestyle, so more appeal is needed for people to pay more attention to their own lifestyle.

**Purposes**: Purposes were (1) to develop a support program to help cancer survivors and their families recognize their own lifestyle pattern and make a transformation on their life pattern, (2) to work with them within the program, and to delineate the essence of this kind of support program from the result. Theoretical framework of the program was Margaret Newman’s health as expanding consciousness within a unitary paradigm. Newman emphasizes that “dialogue” in a person-environment partnership is helpful for pattern recognition, which means to speak and listen from the center of one’s own truth.

**Method**: Method was to use the design of praxis as research that Newman recommends. The method of “dialogue” was utilized within a group to facilitate pattern recognition on one’s own lifestyle pattern. The participants were 25 totally in three fields. Each participant spoke her/his own lifestyle and listened to others’ in each group and reflected oneself.

**Result**: Result was obvious that the participants had recognized their own lifestyle pattern in dialogue and made a transformation into their lives. The essence in the program was extracted, aiming at a widespread use of this program.

**Introduction**

Many years passed since cancer had been considered as a chronic disease [1,2]. Chronic diseases like cancer are related to one's lifestyle. However, this issue has not been taken up enough in clinical nursing practice as well as in nursing education. We, as nurses, need to appeal for people to have more concern about their own lifestyle and to make efforts toward transforming their own life pattern [2]. Motivation for our lifestyle change that comes from a source outside of us does not last and easily falls away [3]. Then, an important point on this issue is how to pull motivation not from a source outside but from within ourselves.

Aiming at a lasting lifestyle change, we developed a support program and worked with cancer survivors and their families within this program. The theoretical framework of the program was Margaret Newman’s [4,5] theory of health as expanding consciousness [6]. It is not within a cause-effect paradigm but within a unitary paradigm [7], trusting one's intrinsic power. We presented here our assumptions in terms of the relationship of one's lifestyle and cancer, and the characteristics of the support program which we developed. Then, we proposed the essence of the support program that would facilitate the transformation into their own life pattern through our praxis research experience with the cancer survivors and their families within this program.

**Praxis Research Questions**

When cancer survivors and their families engage in dialogue in a support program within a unitary paradigm in terms of their own lifestyle pattern, what changes will occur in their life pattern? What is the important essence in the support program toward transforming their life pattern?

**Theoretical Framework of the Support Program**

Newman [4] sees that ‘disease is a manifestation of the evolving pattern of parson-environment interaction’. That is, cancer is not as a separate entity that invades our bodies but as the meaningful manifestation of our interaction pattern with the environment. It is a meaningful sign of the person’s disharmonious interaction with environments. Therefore, we see cancer as a chance for the person to recognize her/his own pattern and to gain insights into the pattern as a whole. Through pattern recognition, she/he can make a transformation into her/his life pattern (Figure 1).

Pattern recognition is the paramount in Newman’s theory. Pattern is defined as “information that depicts the whole, understanding of

Figure 1: Cancer is a meaningful manifestation.

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the meaning of all the relationships at once’ [4]. Newman [5] proposed “the Process of Pattern Recognition” and recommended to engage in ‘dialogue’ in a person-environment partnership for pattern recognition. “Dialogue” requests to interact authentically with others, and when people recognize their own pattern in dialogue, they will find meaning into the pattern, get insights from it and find a potential action within the unitary paradigm.

Method

The design was Newman’s nursing praxis; that is, research as practice. The participants were cancer survivors and their families, who were interested in a recruitment guide in three fields in a community, and the researchers were two nurse-researchers. We utilized Newman’s proposal to engage in dialogue for pattern recognition. Data collection method was to ask the participants to speak their own lifestyle, to listen to others, and to reflect themselves within a group. Data was (1) transcriptions of tape-recorded dialogue in each group session of the program, (2) journals at the end of each session and take-home journals of both participants and researchers. Data analysis method was to trace evolving pattern of awareness, potential actions, and behavior changes of the participants and researchers within the framework of Newman’s theory.

Ethical Consideration

The praxis research proposal was submitted for approval of Human Subject Ethical Committee of Musashio University, Faculty of Nursing. The participants were people who applied voluntarily to the program. Risks and benefits of participation were explained in documents, and their questions were answered before signing of the consent form occurred. Potential risks were invasion of privacy and feeling of pressure. An anticipated direct benefit was that the participant would get greater understanding of her/his own lifestyle pattern, start searching for more harmonious lifestyle with environments and meaning in living with cancer. An approval was obtained and consent was exchanged in writing between each participant and the researchers.

Contents of the Support Program Developed Within Newman’s Theory

The focus of the support program developed was to help the cancer survivors and their families recognize their own lifestyle pattern in dialogue, get insights into the pattern and find a potential action within the unitary paradigm. The program consisted of five sessions, and the contents were in the following order. However, each session was not discrete but wound in a spiral and expanded as a whole (Figure 2).

1st session: Orientation & self-introduction; Connections of one’s lifestyle, Immune system & Cancer + Dialogue
2nd session: Pattern of foods selection & eating style (mini lecture, demonstration) + Dialogue
3rd session: Pattern of daily exercise & body thermostatic (mini lecture, demonstration) + Dialogue
4th session: Pattern of relationship & authenticity to self and others + Dialogue
5th session: More dialogue; Commencement of the support program

The follow-up meetings were planned at each field after one and two months.

Dialogue within the group was a main part in each session. The participants were asked to talk about their own lifestyle and to listen to others. In dialogue, each had reflection on her/his own lifestyle pattern in listening to her/his own body, mind, and relationships as a whole. Additionally the mini lectures and demonstrations were added in 2nd and 3rd sessions for knowledge acquisition.

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Results

The total number was twenty five participants. It came out at the first session that they had been bound tightly with the working styles, family structures, living styles, or regional conditions, and had fallen into confusions in informational diversity of contemporary society. However, in dialogue process, each realized her/his own disharmonious interaction pattern with environments and found potential actions in their lives. The changing lifestyle pattern evolved into four phases, and the final phase showed a transformational change into their life pattern. The followings showed each phase with some examples of their expressions in dialogue.

Phase 1: Expressions of regrets to have gotten cancer and strong desires to live on

• I never thought I would get cancer. I want to live longer but I don’t know what I should do from now.
• As I was so busy, I felt as if the time for eating had been wasteful in my life. I never took the time for eating seriously.
• I worked very hard only for my family and neglected myself. I want to live on.
• As I live alone, I did not pay any attention to my lifestyle. If I don’t change my lifestyle, cancer would recur.
• Now I knew that my issue was in my relationship with others. I couldn’t let go of my obstinate, so that I failed to connect with my friends.

Phase 2: Recognition of her/his own lifestyle pattern in dialogue

• I recognized my body had being yelled in my unbalanced diet. I felt good and refreshed when I ate vegetables!
The followings were our discussion on “Support programs toward the participants of cancer survivors and their families, and hoped that this kind of support programs would prevail in communities. We knew that the participants were making efforts to keep their new lifestyle as much as possible. One said that her new lifestyle became normal to her, and the other

Phased 3: Realization that living with cancer is a “gift” in one's life

- My family members got connected after I got cancer. Getting cancer is a kind of gift in my life. I should say “Thank you, Cancer.” I will take care of myself.
- First I thought “why me”, but now I see it as “I was selected”. I had many experiences which people with non-cancer cannot have. This experience is not a waste in my life.
- I hadn’t liked my mom. But now I know how much my mom loves me. This feeling is the first experience in my life. This sincere relationship with my mom developed after I got cancer. I feel I became a good person.

Phase 4: Announcements of being a designer of her/his own life since now

- Sleep well; Eat well and cut down the amount of foods; Listen to my body and mind, and be as I am.
- Make my daily life in a rhythmic pattern; Keep curiosity and enjoy my life everyday!
- Have gratitude toward people!
- Take care of myself; Appreciate relationships with others; Cherish every moment in my life.

We held one presentation gathering to inform the participants of the result of this praxis research and two class reunions, because we expected these opportunities would stimulate participants to pay more attention on their own lifestyle. We knew that the participants were making efforts to keep their new lifestyle as much as possible. One said that her new lifestyle became normal to her, and the other spoke she engaged in dialogue with her young colleagues about health and lifestyle. Some talked about a group they formed to continue their new lifestyle and to enhance motivation more. They were engaging in dialogue in groups. Other participants made connections with other cancer salons. The nurses including graduate students increased up to 22 people in three fields, and attendance in the events was good learning opportunities for them.

The Important Essence of the Support Program and Discussion

We learned that the support group we developed was helpful for the participants of cancer survivors and their families, and hoped that this kind of support programs would prevail in communities. The followings were our discussion on “Support programs toward transforming one's own lifestyle pattern with cancer survivors and their families within the unitary perspective.”

1. Cancer is not just a part of person's body. It is a manifestation of the pattern of the person-environment interaction. When survivors and their families recognize their own lifestyle pattern, they will be able to transform their own lifestyle pattern. Support programs should be penetrated with this underlining belief.

2. The important thing is pattern recognition in dialogue. It is strongly recommended that survivors and their families speak about their own lifestyle and listen to others authentically, and thereby they will be able to recognize their own lifestyle pattern. Dialogue in the group should be given the highest priority in the program.

3. Survivors and their families seem to find an important meaning in ‘the pattern of their own relationship and authenticity to self and others’ in terms of cancer diagnosis. Therefore, it is recommended to put this theme at the last session in the program and to take enough time for dialogue.

4. Reflections on their own pattern of ‘foods selection & eating style’ and ‘daily exercises & body thermostat’ are important. Moreover, any other theme (e.g., sleeping pattern) will be able to be added in the program. If there are enough resources, the demonstrations will facilitate participants’ motivation for transformation of their lifestyle pattern. But to do so, many utilities and stuff are needed.

5. Nurses should have knowledge enough to conduct this kind of support programs. It is also important that they can trust the intrinsic power and wisdom within survivors and their families to transform into their life pattern.

6. The program may not move on as planned, however, it is important to accept the pattern of survivors and their families, invite creative emergence and enjoy a new evolution in caring partnership [5].

7. The process in the program will move on as a whole toward ‘living with cancer’ beyond ‘changing one's lifestyle’. In this process, we believe the change of lifestyle pattern will be included into the transformation of the whole life pattern [8]. So, not being closed but being open-ended is important in conducting this kind of programs with cancer survivors and their families and researchers as nurses.

Conclusion

A suggestion was gotten that the support program focusing on dialogue on one's own lifestyle among cancer survivors, their families, and nurses within the group was helpful for motivating their own lifestyle change. Dialogue leads people to recognize their own lifestyle pattern, get insights into the pattern and find a potential action within the unitary paradigm. Programs created should be flexible and open-ended, because participation in this kind of programs within the unitary paradigm may transform their lives beyond their lifestyle changes.

Competing Interests

The authors declare that they have no competing interests.

Author Contributions

Both authors contributed equally writing the proposal, preparations for gatherings, mini lectures, data collections, data analysis, writing the manuscript and figures.

Funding

The authors received the funding for Grants-in-Aid for Scientific Research from 2009 to 2011 for a part of this praxis research. (Grant # 20234567, http://www.jsps.go.jp/j-grantsinaid/)
References


2. ICN (2010) Delivering quality serving communities: Nurses leading chronic care, ICN.


