

## ***Amo Ergo Sum – I love, Therefore, I am – Emotional Synchrony: A Norris’ Method of Concept Clarification***

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### **ABSTRACT**

**Background:** Nursing is an interpersonal process that requires a deeper emotive-caring and communion-encounter with a higher degree of emotional synchrony. However, the social, cultural, ethical, economic, legal, and technological demands make it intangible and indefinable.

**Purpose:** To identify and delineate the antecedents, defining attributes, and outcomes of emotional synchrony using both empirical and theoretical literature.

**Methods:** This concept analysis used the Norris’ method of concept clarification. Electronic databases such as OVID, Web of Science, CINAHL, PsychInfo, SocIndex, PubMed, and ProQuest were used to search the keyword ‘emotional synchrony.’ There were fifty-two sources included in the inductive thematic analysis to identify, analyze, recognize, and report the themes generated from the corpus. The discussion is grounded in light of the Theory of Nursing as Caring to elucidate its utility within the parlance of nursing as caring.

**Results:** The Model of Patterning Emotional Synchrony offers a new perspective toward a meaningful synchronous experience in the communion of beings that illuminates a soul-felt connectedness through the encounter, presence, and bond. The emotional synchrony’ is a phenomenon of caring integration where an intricate dance through a triadic-synchronistic rhythm of fusion, attunement, and effervescence contribute to the personhood, growth in reflection, and capacity to care. Also, as the emotional synchrony becomes an outward expression of caring, and as a manifestation of healing-caring-moment, the person embodies caring as a mode of being and views all persons as caring.

**Conclusion:** The model explicates that it is the emotional synchrony where the person develops a soul-felt connection with others. It is with emotional synchrony that refuels the synergy and transcendence towards a communion of beings to embody *Amo Ergo Sum—I love, therefore, I am*.

**Keywords:** Communion of beings; concept clarification; emotional synchrony; nursing as caring

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## BACKGROUND

Philosophers, psychologists, and other scholars' broad perspectives on emotion come to fruition. To some, emotion is a mental and physiological state that plays a central role in the lives of humans and other animals. The “basic emotions are designed to deal with inter-organismic encounters between people, or between people and animals...mobilize an organism to deal quickly with important interpersonal encounters” (Ekman, 1992, p. 171). The existence of emotion encompasses emotion families having similar characteristics or variations along with distinctive universal signals (e.g., facial expressions), unique physiology (e.g., emotion-specific physiology), and distinctive universal in antecedent events (e.g., social learning experiences) (Ekman, 1992). Emotion also encapsulates a bio-psycho-social and cultural affective phenomenon inherently manifesting in the first life-tasks for evolution, adaptation, and existence. These views on emotions contributed to other researchers to expand their field. For Ekman (1992), emotion is a by-product of human evolution experiences, whether real or imagined, explicit or implicit, is inherent, unique, and embodied in culture. The individual is a socio-adaptive system possesses a complex emotion communicated through language and develops an adaptive advantage to predict the intentionality of others, to coordinate shared experience, and to enhance social interaction (Schimmack, Oishi, & Diener, 2002; Williams & Bliss-Moreau, 2016).

Emotion is inherent to each person, manifests in different forms, and a requisite for human relations. Emotion as a subject or phenomenon of interest has received much attention in many fields, including medical neurosciences, social, psychology, behavioral sciences, engineering, and robotics. Emotion, like any other intertwining concept, plays a significant role in nursing as much as its practice is concerned. The transactional relation is inevitable between nurses and patients through pre-orientation, orientation, working, and termination phase within the context of caring, sharing, and goal orientation (Hagerty & Patusky, 2003). More often, the nurse-patient relationship (NPR) develops in a linear hierarchical progression, requires trust before initiation, time-bound, and conforms to a fix-it mechanism of doing nursing for role expectations (Hagerty & Patusky, 2003). This conventional view of NPR governs the everydayness of the nursing practice environment to date and shaped by social, cultural, ethical, economic, legal, and technological trends. These trends also contribute to NPR that changes over a period that needs a refocus on how a person should value other's humanness and value of human relationships.

How does the practice of nursing emulate emotion to elicit the communion of beings? What are the intricate ingredients for the nurse and patient to immerse in mutual and communal relationships in a shared flow of emotion? How does a nurse-patient caring

come in-synch? These questions prompted the researchers to clarify, delineate, and identify the antecedents, defining attributes, and consequences of emotional synchrony.

### **Synchrony and synchronicity in literature**

Merriam-Webster Dictionary (2018) defined synchronicity (n.) as “the coincidental occurrence of events and especially psychic events that seem related but are not explained by conventional mechanisms of causality.” Jung (1973) surmised that synchronicity is the connection between psychic factor and the flow of events and “through this infiltration of a psychic, non-material, factor into the material world that the phenomenon of synchronicity comes into play” (Jung, 1960 cited in Lawson, 2008, p. 269) but “[are] difficult to establish a manageable statistical universe (Jung, 1960 cited in Lawson, 2008, p. 274). Beitman (2011) introduced the term ‘simulpathity’ as a specific subclass of synchronicity and referred to “a simultaneous experience by one person of another person's distress but occurs without conscious awareness and at a distance” (p. 568). On the other hand, Merriam-Webster Dictionary (2018) defined synchrony as “a state in which things happen, move, or exist at the same time.” Leclère et al. (2014) defined synchrony as a dynamic and reciprocal adaptation of the temporal structure of behaviors and shared effect between interactive partners associated with mutuality, reciprocity, rhythmicity, harmonious interaction, turn-taking, and shared effect. Bernieri, Reznick, and Rosenthal (1988) classified the definition of synchrony into three criteria: (a) as biological rhythms and congruence, (b) the quality of simultaneous behaviors, and (c) as a perceptual, social phenomenon that unifies behaviors into a meaningful described whole.

Original works of nurse theorists accounted for their description of synchronicity and synchrony in general. Rogers (1970), in her Theory of Science of Unitary Human Beings, postulated the principles of homeodynamics that conveys the dynamic, ever-changing nature of life and the world (i.e., nature, process, and context of change). This theory explains the nature and process of change in the human-environmental field process grounded in resonancy, helicy, reciprocity, and synchrony. For Rogers (1970), synchrony is a change in the human field and simultaneous state of the environmental field at any given point in space-time. For Newman (1997), 'synchrony', as stated in Theory of Health as Expanding Consciousness is an interconnectedness of the entire living system towards expanding consciousness and applied through the nurse-client interaction. This theory further posits the experience of health within the illness, and disruptive situations lead to a catalytic effect that facilitates movement to higher levels of consciousness (Alligood, 2014). Parse (1987), in her Theory of Humanbecoming, postulated three principles: structuring meaning, configuring rhythmical patterns, and cotranscending with possibles. For Parse (1987), synchrony is a "facilitating transcendence through explication, dwelling with, and moving beyond" (p. 169). Hagerty and Patusky (2003) developed the Theory of Human Relatedness where humans are viewed as “relational beings who experience some degree of involvement with external referents, including people, objects, groups, and natural environments” (pp. 147-148). Based on this theory, relatedness consists of four states of relatedness—connection, disconnection, enmeshment, and parallelism, are based on levels of involvement and comfort” (p. 148). In a similar vein, Hagerty, Lynch-Sauer, Patusky, and Bouwsema (1993) also theorized in their early works four processes or social

competencies essential in establishing relatedness, including a sense of belonging, reciprocity, mutuality, and synchrony.

The practice of nursing embodies a traditional, medical, and high-technology approach to care. The nurse's competency requires the ability to manage specialized care efficiently, but the emotional connection with the patient weakens their technology, cognitive, and competent judgment (Krejci, 1995). Krejci (1995) asserts that synchrony is a quintessential element of nursing practice. Based on her interview, seasoned expert nurses agreed to have the power to facilitate synchrony by connecting with their patients, nurses, and the entire healthcare system. Krejci (1995) further defined synchrony as "movement of harmonious intraaction and interaction" while synchronicity refers to the "meaningful events unexplained by causal reality" (p. 26). Furthermore, the interview accounts, seasoned nurses associated synchrony with balance, harmony, and wholeness where greater knowledge takes a form of synchronistic events, understanding important influences of health problems even without specific objective data referring to 'just knowing.' Krejci (1992) even suggested that synchrony is a 'way of knowing' and requires nurses' actions to accomplish synchrony through "tuning in, getting clients to tell their stories, holistic listening, knowing, and moving with" (p. 189). The nurse as a 'synchroscope' is an instrument assisting the patient in moving toward synchrony.

Chinn and Kramer (2015) associated synchrony with the aesthetic and art of nursing to form the aesthetic experience using synchronous narrative and movement known as transformative art or act. Also, in synchrony, there are coordination and rhythm of the experience between intention and action to form an integral whole. This definition further refers to the ability to make moves that are transformative towards a deeper understanding of nursing (e.g., relevant theory, facts, technical skill, personal knowing, and ethical understanding) and requires rehearsal in the deliberative application (Chinn, Maeve, & Bostick, 1997). In philosophy in nursing, Brencick and Webster (2000) mentioned, "synchrony is a pattern among the changes over time that is melodic and rhythmically beautiful" (p. 174) needed for self-discovery, sensitivity, and harmony with the cosmos. Hartrick (1997) postulated the five relational capacities leading to caring-relation, which include (a) initiative, authenticity, and responsiveness, (b) mutuality and synchrony, (c) honoring complexity and ambiguity, (d) intentionality in relating, (e) re-imagining. In this sense, "mutuality refers to the experiencing of commonalities of vision, goals, sentiments, or characteristics and acknowledgment of differences [while] synchrony involves congruence between a person's internal rhythms and external interaction with other" (p. 526).

Even early studies surmised that synchrony is an important concept related to nursing. For instance, Athlin and Norberg (1987) observed helplessness, dependence, and lack of communicative skills during feeding between nurses and their demented patients. Athlin and Norberg (1987) posited that through a signal model, the patient sends cues to his caregiver who must be sensitive enough to perceive these cues through repeated interactions leading to a non-verbal mutual understanding. Norberg and Athlin (1987) also postulated clarity of cues, sensitivity, interpretation, responsiveness, and synchrony are inherent to a nursing concern. These studies contributed to a theoretical model for

different phases of interaction during the meal and focused on the socio-emotional content versus the task content of the communication. Whall (1981) mentioned that synchrony is related to the context of providing holistic care to individual and family while dysynchrony is a tension which co-exists with unprovided care. Quinn (1989) opined that a nurse is the one who moves with another to facilitate self-healing and emphasized that nurses enter health care to be healers but find themselves immersed in a technological rather than the human environment. In the context of nursing education, Tarnow and Butcher (2005) integrate the art of nursing in teaching fundamental nursing skills using art and poetry, magazines and advertisements, and videotaping grounded in the body-mind-heart concept of Chinn et al. (1997). In so doing, those integrated approaches help the students to develop synchrony, skillfulness, caring, aesthetic behaviors, and in changing less effective behaviors (Tarnow & Butcher, 2005). Synchrony has also been present in online education where Frazer, Sullivan, Weatherspoon, and Hussey (2017) surmised that effective teachers should work in synchrony with the student to achieve academic success and long-term preparation for their professional roles. However, this area is beyond the scope of this concept clarification.

Nursing is an interpersonal process (Benner & Wrubel, 1989; Hagerty et al., 1993; Leininger, 1988; Orlando, 1961; Peplau, 1988; Watson, 1985) and requires an emotive-caring and communion-encounter with a higher degree of emotional synchrony and the paucity of evidence led to this concept clarification to identify its definition, antecedents, attributes, and consequences.

## **PURPOSE**

This study aimed to identify and delineate the antecedents, defining attributes, and outcomes of emotional synchrony using both empirical and theoretical literature.

## **METHODS**

### **Norris' method of concept clarification**

The development of a concept in nursing has received much attention in the past several decades. The development of multifaceted nursing concepts strengthens its scope of practice. However, concepts need further exploration, elaboration, and clarification because nursing knowledge continues to evolve associated with the dynamic complexities and ever-changing health systems (Norris, 1982; Rodgers, 2000). Norris (1982) described a concept as a basic idea, an abstraction of particular events, or a word symbol that bridges and reconnects empirical science to the real world.

Further, Norris explicated that concepts are “generalizations about particulars, such as for cause and effect, duration, dimension, attributes, and continua of phenomenon or objects” (p. 11). Norris (1982) proposed that concepts described in the past need clarification and operationalization for updated uses. The emerging concepts can be integrated into a model as a product of critical thinking and a creative mode of inquiry. This concept clarification helps the researchers to immerse and further explore a phenomenon of interest through an inductive iterative approach (see Figure 1).

The university electronic databases (e.g., OVID, Web of Science, CINHALL Plus, PsychInfo, SocIndex, PubMed, ProQuest, Scopus, and Google Scholar) were used to search the keyword ‘emotional synchrony’ to identify the meanings and essences of the concept. We initially reviewed a total of 183 sources from a wide range of studies with no specific methodological standards, including peer-reviewed journals, dissertations, and books, research, conceptual studies, with no exceptions to a year of publication. We reviewed the titles and abstracts and selected the relevant articles addressing the definition, attributes, and consequences of the concept. Eighty sources were eligible, of which we excluded 25 because of inadequate methodological rigor, no precise definitions attribute and grounded in theory, editorial, conference paper without complete details, no available full-text, and newspaper/opinion. There were 52 sources chosen for final inclusion and analysis (see Figure 2).

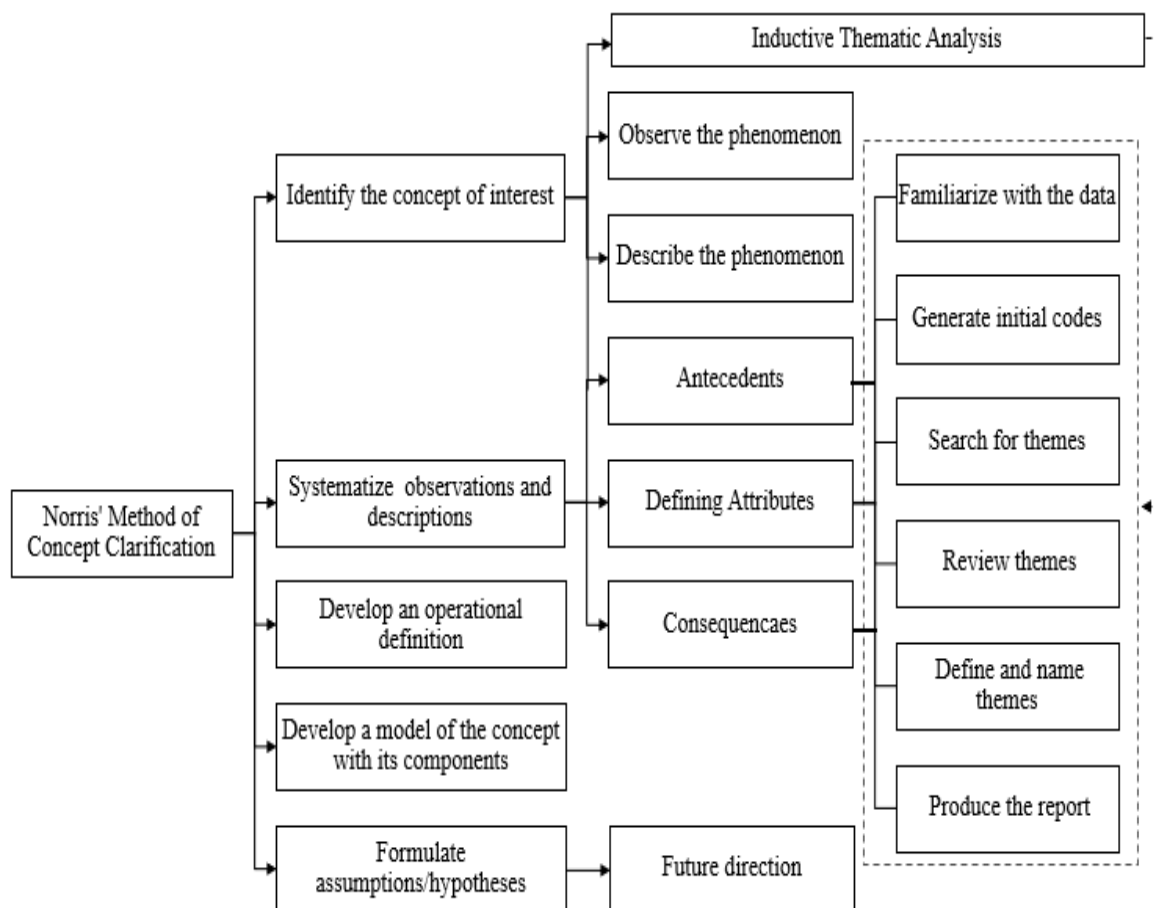


Figure 1. Norris' method of concept clarification

The inductive thematic approach was used to identify, analyze, recognize, and report the themes generated from the corpus (Braun & Clarke, 2006). We manually read and re-read each source to be familiar with the content and developed a logbook for the initially generated codes. The codes during the initial phase were tabulated, categorized, and examined continuously to identify essential themes. Words, phrases, and sentences

which contributed to the explication of the identified themes or conceptual categories were sorted, merged, and edited by retrieving, switching, entering and exiting from one document to another. Exemplars from selected sources were used to describe the meaning and essence of the concept (see appendix, Table 1).

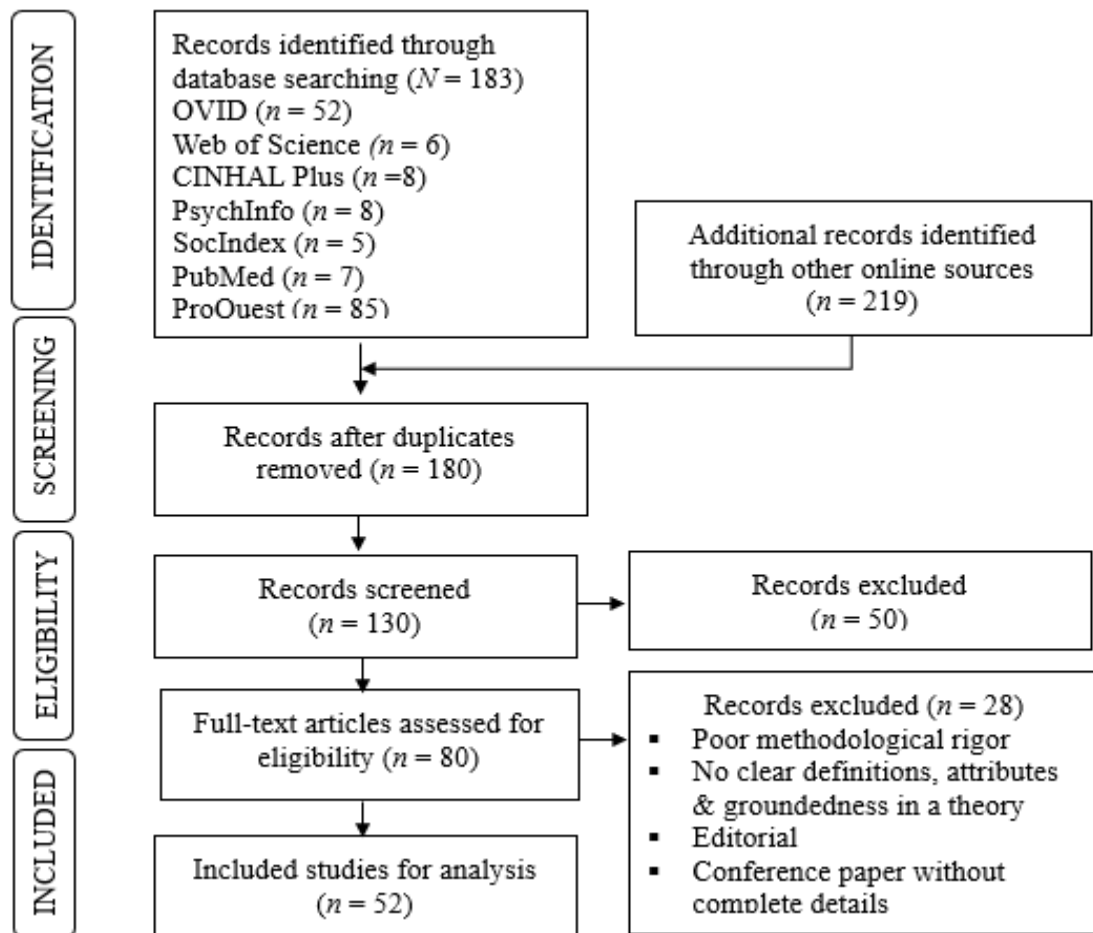


Figure 2. Flow chart detailing of studies through the review

## RESULTS

The concept of synchrony is a well-researched phenomenon across disciplines (e.g., medical neurosciences, social, psychology, behavioral sciences, engineering, and robotics), across the population (e.g., mother-infant, mother-child, couples), across ages (e.g., infants, adolescents, adults), and across human experiences (e.g., fear, anxiety). However, there is a dearth of evidence in recent years about emotional synchrony published either theoretical or empirical literature in nursing. Thus, this concept clarification offers a new perspective while it is grounded in the Theory of Nursing as Caring (Boykin & Schoenhofer, 2001) to elucidate its use within the parlance of nursing and caring. Figure 3 describes a model of emotional synchrony this study offers

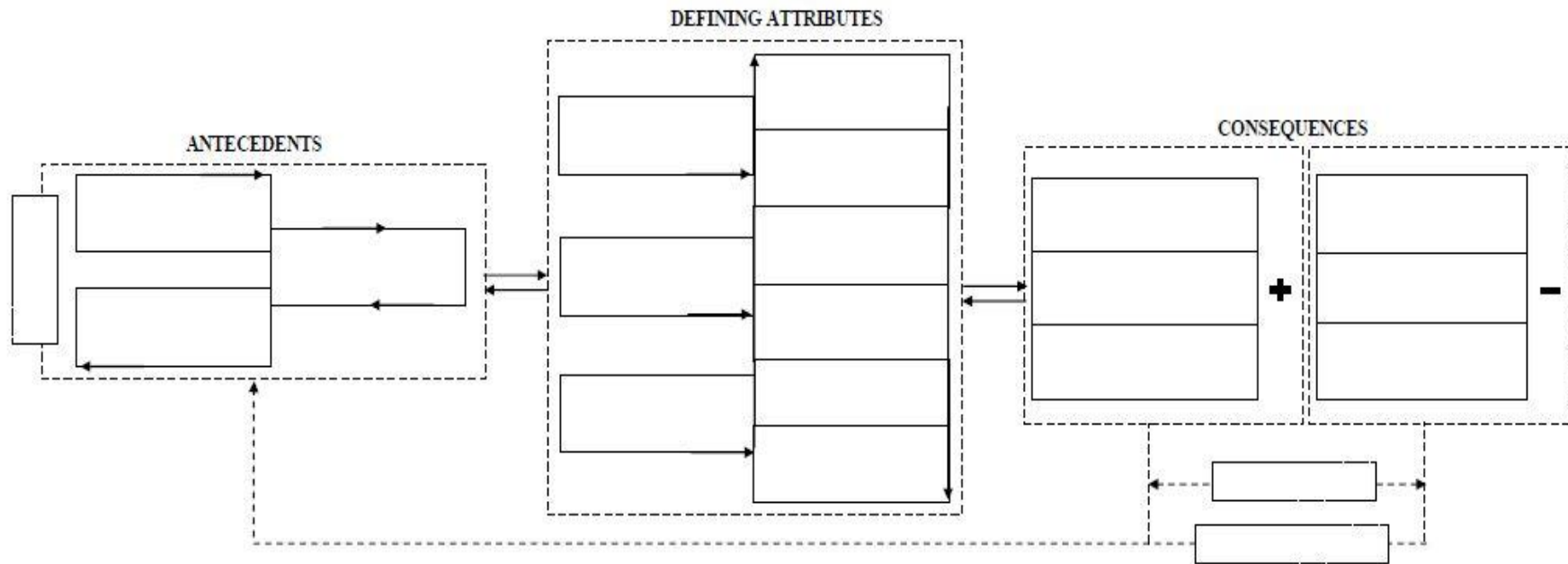


Figure 3. Model of Patterning Emotional Synchrony



### **Antecedents: Triadic experiences of person (I) – Other (You) – We**

Antecedents are the factors that precede and impact the experience of the concept (Rodgers, 2000). The emotional synchrony requires a flow of feelings, thoughts, and perceptions of meaningful experiences from moment to moment. The person forms a synchronous unity with others, events, environment, or cosmos. The person is aware that others have a distinct personality, live life in one's unique way, have mental capacities and moral attributes, and vary in age, culture, education, gender, life experiences, culture, religion, and beliefs (Kimura & Daibo, 2006). "I am aware of myself" as being-in-the-world with an integrated system of thoughts, emotions, lived events, and sense-experiences. The person's individuality becomes clear, in their values, relationships with others, emotional responses, behavior, wishes, and preferences. This awareness facilitates the person to recognize the value of self-knowing, deepens the acceptance of essential relationships, emboldens the consciousness of one's truth, and enables the recognition of factors that block authenticity.

The Other is a co-essential in existence, which also realizes the sameness to treat the other, not just by alterity but also in sameness or similarity. The Other enters in an authentic relation through one's involvement in other's being. The similarity of the structures of person and others will encounter the same feelings that they go through in their actual experiences. According to Zumeta, Oriol, Telletxea, Amutio, and Basabe (2016), in an experience where there is a shared emotion, it yields a relational involvement, achieves well-being, intensifies social integration, and builds an identity fusion. When a person and others meet through meaningful experience, it further strengthens their positive beliefs, social cohesion, interaction, and communication (Kimura & Daibo, 2006; Paez, Rime, Basabe, Wlodarczyk, & Zumeta, 2015).

The person and other as they immerse continuously, they learn to understand the dynamics of co-construction and conceptual representation of interpersonal relations (Gendron & Barrett, 2018; Koudenburg, Postmes, & Gordijn, 2017). Persons are relational beings who experience some degree of involvement with external referents (Hagerty et al., 1993; Hagerty & Patusky, 2003; Hartrick, 1997) and when they learn to affirm the sameness of each other, they influence their emotional responses to enact shared values, and sense of connection (Humphrey, Burch, & Adams, 2016). Hence, this embodied relation becomes pivotal to the formation of mutual and communal relationships (Koudenburg et al., 2017), social bonding (Rennung & Göritz, 2015), collective behaviors (Paez et al., 2015), and collective efficacy. Paez et al. (2015) further assert that in participation, they infuse emotional energy to enhance positive affect, thoughts, and emotions. As a result, they both strengthen their perceived similarity, unity, and entitativity.

### **Defining attributes**

Rodgers (2000) asserts that the identification of the attributes represents the primary accomplishment of the concept analysis and constitutes a definition of the concept. Three defining attributes of emotional synchrony emerged in the data: emotional encounter, emotional presence, and emotional bond.

The first attribute, *emotional encounter*, involves a meaningful situation, experience, or coincidence where at first, a feeling of unfamiliarity or strangeness emerges because of having no clear picture of the situation of the other. Many images from various past experiences, either positive or negative, will create an enormous toll of emotional challenges. However, the person regulates oneself in a composure that conveys trust and oscillates emotional channels as an automatic emotional response (Arizmendi, 2011; Butler & Randall, 2013; James, Andershed, Gustavsson, & Ternestedt, 2010). Also, emotional knowing becomes a vehicle for understanding various emotional rooms (e.g., normative, safe-secure, critical, affinity & closeness) (James et al., 2010) and provokes “ways of perceiving and understanding the self and the world” (Chinn & Kramer, 2008, p. 2). The person leads to imagining and later on understanding what specific situation other is experiencing at the moment. The second attribute, *emotional presence*, is the involvement of two or more people who can be fully present (Butler & Randall, 2013; Gendron & Barrett, 2018; Parse, 1987). Being present opens a way toward compassion, emotional responsiveness, and engagement. When the person chooses to be present emotionally, one feels connected to the tapestry of self-experience and other-experience, (James et al., 2010; Lindsey, Colwell, Frabutt, Chambers, & MacKinnon-Lewis, 2008; Valdesolo & Desteno, 2011). Presence lays the foundation to adapt to a complex social environment and framed by a moral vision of the self (Lee, Miernicki, & Telzer, 2017; McCarthy, Fergus, & Miller, 2016; Parse, 1987). The person says, “I am here with you,” and the presence becomes an outward expression of co-construction between self-experience and other-experience (Gendron & Barrett, 2018; Kuhn et al., 2011; Morley, Holman, & Murray, 2017). The third attribute, *emotional bond*, refers to the ties that connect between the person and others. This bond links with compassionate acceptance and authenticity to the plight of those around us interests us in their well-being, and motivates us to help on their behalf (Debrot, Schoebi, Perrez, & Horn, 2013; Valdesolo & Desteno, 2011; Whall, 1981). Wagner et al. (2015) mentioned that people have a strong tendency to affiliate with other people, especially in emotional situations, and contribute to the regulation of evolved emotions. As such, the person and the other share simultaneous movement, tempo similarity, coordination, and smoothness in their relationships (Kimura & Daibo, 2006; Wagner et al., 2015; Whall, 1981; Wiss & Tordjman, 2016). The mother-child bond is the most common form of the emotional bond created from dyadic synchrony characterizing the relationship as mutually responsive and moves beyond a focus on parent or child effects to integrate a family systems view (Debrot et al., 2013; Lindsey et al., 2008; Reyna, Pickler, & Brown, 2012; Tsai, Barnard, Lentz, & Thomas, 2011; Walker-Andrews, Krogh-Jespersen, Mayhew, & Coffield, 2011).

### **Positive consequences**

Rodgers (1989) states that the consequences follow an occurrence of the concept. The positive consequences of emotional synchrony include emotional fusion, emotional attunement, and emotional effervescence. In emotional synchrony, the *emotional fusion* draws the person to feel others, be more sensitive, and empathic. For instance, those who are emotionally fused set aside their choices to achieve harmony with others and within the system. Emotional fusion commonly exists in families, both extended and nuclear, in groups, or pairs (Wiss & Tordjman, 2016). When a higher degree of emotional fusion takes place, a high degree of sensitivity of people will reflect a state of

oneness, we-ness, and togetherness, and to some extent, that they feel alike, think alike, and behave alike (Kunst et al., 2018; Valdesolo & Desteno, 2011). When the emotional fusion takes place, the person does not merely adopt the attitude of those around us but acquires principles thoughtfully, reflectively, and autonomously. *Emotional attunement*, as another positive consequence, refers to a process of sensing the patterns, immersing to the rhythm, and synchronizing connection with others (Lee et al., 2017; Parse, 1987). For instance, when the mother responds and tunes in to the emotional states of an infant (e.g., fear, sadness, excitement), she feels being in-synch and able to communicate accordingly. The feeling of being-in-synch helps the mother to discern what the infant is feeling, doing, and thinking (Feldman & Eidelman, 2004; Jung, 2011; Leclère et al., 2014; Lindsey et al., 2008; Tsai et al., 2011). In a similar context, the person says, “I am really aware of how they are feeling and how I am feeling, and it feels like we are doing something together” (Krejci, 1992, p. 109). *Emotional effervescence* purports relatedness as a critical component of communal relations. The person becomes more focused and more aware of what each other is doing and feeling. The person and others mimic and synchronize their movements, expressions, postures, and with those of another person and, to converge emotionally (Hatfield, Cacioppo, & Rapson, 1993). Such convergence results to a higher degree of receptivity to the feelings of those to whom the person feels connected, and becomes more deeply rooted in communication, shared emotion, thoughts, and actions in a simultaneous mutually coordinating interactive rhythm (Lee et al., 2017; Lindsey et al., 2008). Also, emotional effervescence leads to melodic and rhythmically beautiful self-discovery, sensitivity, and harmony with the cosmos (Brenckick & Webster, 2000), synchrony with life's rules and emotional tranquility (Smith, 1995), self-esteem (Lindsey et al., 2008; Paez et al., 2015), empathy (Adler, 2007; Arizmendi, 2011; Finset & Ørnes, 2017), and well-being (Debrot et al., 2013; Paez et al., 2015; Valdesolo & Desteno, 2011; Zumeta et al., 2016). The person will say, “Moreover, it is at that moment, that..that..something is happening between us...finding the words and creating the mood...when that magic moment occurs sometimes ...we're thinking together..we're talking together, we're...were..feeling something together” Krejci (1992, p. 110).

### **Negative consequences**

When the person and others become emotionally out-of-synch, they will experience an emotional limit—a defense to reduce anxiety from their unresolved emotional challenges. Also, the person tends to avoid sensitive issues, uses silence, withdraws, or diverts conversations to avoid conflict, which could be a reflection of "alteration in synchrony" (Krejci, 1995, p. 29). Rennung and Göritz (2015), Norberg and Athlin (1987), McCollum (2002), Kunst et al. (2018) and James et al. (2010) noted that the chaotic rhythm of the environment, conflicting psychological structures or delineating fluctuation in the sense of ‘I’ and ‘We’, and varying emotional rooms will lead to emotional dyssynchrony (i.e., emotional labor, emotional dissonance, and emotional exhaustion). Notably, *emotional labor* may happen that “requires one to induce or suppress feeling to sustain the outward countenance that produces the proper state of mind in others, in this case, the sense of being cared for in a convivial and safe place” Hochschild (2003, p. 7). In this junction, emotional labor exists when a person cannot express one’s feelings, acting inconsistently with their true feelings, and becoming less authentic. As the person immerses in many situations, the emotional content dictates

how the person reacts by altering the emotional display and expression while feelings remain intact. The frequency of such a situation could be “overused, underappreciated, and susceptible to damage” Hochschild (2003, p. 91). The person may feel “...and sometimes you meet a patient, that you realize, that no matter what you do or say, they don't want to be in synch with you, they don't, they have made up their minds that they want somebody else to take care of them” (Krejci, 1992, p. 111). Another negative consequence, *emotional dissonance* involves incongruent with one right feeling, especially when the experience is a threat to one's identity leading to emotional strain. Any human relations involve high emotional content where the expressed emotion does not always correspond to what the person is experiencing within. Emotional dissonance can happen when the person experiences low confidence in establishing relations, emotional and mental exhaustion, overwhelming situations, or psychological difficulties (Al-Shawaf, Conroy-Beam, Asao, & Buss, 2016; Wiss & Tordjman, 2016). Also, Hochschild (2003) surmised that emotional dissonance causes one to alienate their true feelings, which leads to emotional strain and emotional exhaustion. Hochschild (2003) asked, “What happens when the emotional display that one person owes another reflects a certain inherent inequality?” (p. 19). *Emotional exhaustion* represents the “strain dimension of burnout where the person felt overextended and depleted of one's emotional as well as physical resources” (Helkavaara, 2013, p. 159). Due to the emotional demands and prolonged exposure to stress and burnout, the person develops a feeling of frustration, anxiety, and low morale. For this reason, further disengagement may happen as the person experiences emotional depletion or an escape confronting one's fragility (Debrot et al., 2013; Palagi, 2018; Parse, 1987; Tsai et al., 2011).

### **Refueling emotional synchrony**

In emotional synchrony, the cohesive-enhancing-refueling energy mediates the synchronistic events, balances the emotional content, and regulates the cognitive-emotive-social coincidences to enunciate a communion of beings. The synchrony generated from the soul-felt emotion transcends the boundary of the self to reveal its wholeness to others, affirm others as being in their true sense, and accept each person as irreducible and unique. When a person feels either synchrony or dyssynchrony, emotional energy refuels the body-mind-heart-soul to maintain a state of heightened emotional and mental awareness. As a result, the person and others moving-together-in-time and even in an experience that occurs without being together and sometimes without conscious awareness of its source (Beitman, 2011).

### **DISCUSSION**

Emotion may come from different sources of experience (i.e., self-experience, other-experience, or collective-experience) with the occurrence of synchronistic events, connecting persons, and the collective phenomenon of the human soul. The synchronistic events develop from triadic experiences profess a phenomenon of being-with and being-in-the-world generating meanings and essences. These experiences from the past, present, or future may contribute to a transcendence process on how a person views, acknowledges and accepts others. For instance, in NPR, the person-caring (i.e., nurse) and other-caring (i.e., patient) enter a relationship without ideas about each other. The nurse gets to know the patient through chart reading, during endorsement, or description from other nurses. At first, the nurse feels out-of-sync because of limited

information she has at hand. As the nurse enters the room, there is a feeling of strangeness and inadequacy (James et al., 2010). Also, the patient may feel anxious and avoidant, which can be observed through behaviors, general movement or gait, appearance, facial appearance, verbal reports, or even family behaviors (Krejci, 1992). When the nurse sees a patient, she immediately reflects, "I think it is important getting to know something about the patient's background and their past experiences...really impacts how they are dealing with their current health care? Have they had a nurse? What was that experience like? Was it positive, was it negative? Did they have a terrible hospital stay?" (Krejci, 1992, p. 94). This typical encounter refers to an emerging nursing situation that calls for nurturance perceived in the mind of the nurse as a direct invitation to initiate the relationship to true caring between the nurse and the one nursed (Boykin & Schoenhofer, 2001). Also, this encounter leads to meaningful investigation, discovery, and learning to respond to other's needs acknowledging and affirming the person living to care in unique ways (Boykin & Schoenhofer, 2001). The nurse reflects, "How might I nurse you in ways that are meaningful to you?" or "What truly matters most to you at this moment?" (Boykin & Schoenhofer, 2001). When the nurse continues to imagine and understand the patient, the presence becomes crystal clear and illuminates a rhythmic fusing movement toward a phenomenon of caring integration "in a spirit of being connected in oneness" (Boykin & Schoenhofer, 2001, p. 19). The nurse asks, "How ought I act like a caring person?" (Boykin & Schoenhofer, 2001, p. 4). The nurse becomes emotionally fused and attuned to the patient with a high degree of sensitivity, and understands what the patient is doing, feeling, and thinking. Also, the nurse achieves a sense of connectedness and outflowing compassion, empathy, and love.

On the other hand, a nurse may also encounter a patient who utters, "What am I going to do now—how will I live my life now? I am losing hope! This is my end!" The nurse becomes susceptible to a constraining situation where the patient feels burdened with the uncertainty of current illness, loss and grief, concerns, worries, and despair of the patient (Fridh et al., 2015). These situations reflect the dimensions of patients' most distressing suffering accounted in the study of Fridh et al. (2015). First, the suffering self—an expression of anger, suffering from symptoms, homesickness, discomfort, and uncertainty about the illness. Second, the suffering person in close relations—loss, sorrow, and worry about the family members' situation and their future. Third, the suffering person in a threatening world—worries about social and global concerns. In a similar context, Rowe (2003) described the threats leading to the suffering of the healer (e.g., nurse) such as "reverberation of the past, expectations, vulnerability, the high cost of empathy, inflicting pain, silence, and healer's spiritual or philosophical beliefs" (p. 17). Also, the nurse experiences work-related demands that potentiate an effortful process to alter their outward expression of their true feelings to align with work expectations (Diefendorff & Richard, 2003). From then, the nurse further sinks in severe dissonance, labor, and exhaustion—emotional dyssynchrony, yet still expected to care for many ill patients, families, and themselves simultaneously (Randall & Butler, 2013; Rowe, 2003). In light of this, the nurse responds but feels overwhelmed by the needs of others, which leads to self-protection, detachment, and callousness affecting the embodied relations. Despite the emotional limit leading to dyssynchrony, the nurse will often say, "...you just have to really find some inner resource to be in synch

yourself...it makes it very difficult to pick up the patient's ...feeling at that time” (Krejci, 1992, p. 115). There will always be a refueling of translucent emotional energy to develop a soul-felt connection to various healing stories with a context of struggle, the healing process, and continuing inspiration (Swatton & O'Callaghan, 1999). Also, the nurse remains committed to appreciating more about the self and others as caring, to develop more awareness for growth in reflection, and to immerse fully in caring as a mode of being (Boykin & Schoenhofer, 2001). As a result, the nurse becomes aware of harmony within, becomes enlivened of the importance of harmony with the patient, and learns self-to-self/self-to-other appreciation and communication (Brencick & Webster, 2000).

The *Model of Patterning Emotional Synchrony* offers a new perspective on how the nurse and patient enter mutual relations in a meaningful synchronous experience in the communion of beings, illuminates a soul-felt connectedness through the encounter, presence, and bond. This model further explicates a phenomenon of intricate dance in a triadic-synchronistic rhythm of fusion, attunement, and effervescence. The person and others share emotions in the unfamiliar-familiar pattern, and meaningful coincidences nurturing persons living to care and growing in caring, involve themselves in commitment to know self and others as caring, and as a whole and complete (Boykin & Schoenhofer, 2001). Also, in emotional synchrony, caring becomes the mode of being towards enhanced personhood, growth in reflection, and capacity to care.

## CONCLUSION

Nursing is an interpersonal process but requires a deeper emotive-caring and communion-encounter with a higher degree of emotional synchrony. However, the social, cultural, ethical, economic, legal, and technological demands make it challenging to develop emotional synchrony between nurses and patients. Also, the health system demands nurses to leverage their competence, level of proficiency, and intellectual capacities congruent with the modernization of care as service delivery outcomes. The mechanization of doing nursing remains enmeshed in a fix-it model that focuses on clinical objectivity. As a result, emotional synchrony remains intangible and indefinable.

The Model of Patterning Emotional Synchrony professes to care as a mode of being and views persons as all caring. This emerging concept is a soul-felt connection between the nurse and patient, the soul of the nursing profession, and the essence of the nursing practice. It is with emotional synchrony that will continue to refuel the synergy and transcendence in the communion of beings to embody the concept, *Amo Ergo Sum*, “I love. Therefore, I am.”

Further studies will be conducted for the following inquiries (a) Is emotional synchrony measurable? If so, what are the measures that can be developed? (b) How does emotional synchrony influence the nurse's productivity, well-being, work performance, and professional quality of life? (c) How does emotional synchrony affect a patient's recovery? (d) How does emotional energy mediate emotional synchrony? (e) Is there emotional synchrony between a faculty and student, mentor-mentee, preceptor-

preceptee, or nursing supervisor-nurse? (f) What methodological approach can be used to elicit emotional synchrony?

### CONFLICT OF INTEREST

The authors declare no conflict of interest.

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**Appendix***Table 1. Conceptual Components of Emotional Synchrony based on Consensual Validation of the Researchers\**

Literature	Antecedents		Defining Attributes			Positive			Negative		
	Definition	Experiences I-You-We	Encounter	Presence	Bond	Fusion	Attunement	Effervescence	Dissonance	Labor	Exhaustion
Adler (2007)			√	√			√				
Al-Shawaf et al. (2016)								√	√	√	
Arizmendi (2011)								√			
Brencick and Webster (2000)		√									
Butler and Randall (2013)								√			
Chinn and Kramer (2015)	√										
Debrot et al. (2013)		√	√	√	√						√
Ekman (1992)			√	√	√						
Feldman and Eidelman (2004)		√	√	√							
Finset and Ørnes (2017)		√					√		√	√	
Frazer et al. (2017)	√					√	√	√			
Fridh et al. (2015)	√	√	√	√		√	√	√			
Gendron and Barrett (2018)	√										
Hagerty et al. (1993)								√	√	√	
Hartrick (1997)		√	√	√				√			
Helkavaara (2013)											√
Hochschild (2003)						√	√			√	
Humphrey et al. (2016)		√	√	√		√	√				
James et al. (2010)	√										
Jung (2011)						√					
Kimura and Daibo (2006)											
Koudenburg et al. (2017)		√				√	√	√			
Kuhn et al. (2011)						√	√				
Kunst et al. (2018)		√									
Leclère et al. (2014)	√										
Lee et al. (2017)				√							
Lindsey et al. (2008)			√	√	√		√				
McCarthy et al. (2016)							√	√			
McCollum (2002)		√				√	√	√			
Morley et al. (2017)	√					√	√	√			
Norberg and Athlin (1987)							√				
Paez et al. (2015)								√		√	
Palagi (2018)		√	√	√							√
Parse (1987)		√	√		√				√	√	√
Quinn (1989)		√			√		√				
Randall and Butler (2013)						√	√	√			
Rennung and Göritz (2015)							√				
Reyna et al. (2012)		√				√	√				
Rogers (1970)						√	√	√		√	
Schimmack et al. (2002)			√	√	√						
Smith (1995)	√										
Stieler and Germelmann (2016)		√	√	√	√			√			
Swatton and O'Callaghan (1999)											
Tsai et al. (2011)		√	√			√	√	√	√	√	√

Literature	Definition	Antecedents			Defining Attributes			Positive			Negative	
		Experiences I-You-We	Encounter	Presence	Bond	Fusion	Attunement	Effervescence	Dissonance	Labor	Exhaustion	
Valdesolo and Desteno (2011)	√											
Wagner et al. (2015)					√							
Walker (2010)					√							
Walker-Andrews et al. (2011)					√							
Whall (1981)	√				√							
Williams and Bliss-Moreau (2016)								√				
Wiss and Tordjman (2016)				√					√			
Zumeta, Oriol, Telletxea, Amutio, and Basabe (2016)		√	√					√				

\*CPT/MDR/MGN/MGR