

THEORY OF HUMAN CARING

Jean Watson, PhD, RN, FAAN, HNC

The Theory of Human Caring was developed between 1975-1979, while engaged in teaching at the University of Colorado; it emerged from my own views of nursing, combined and informed by my doctoral studies in educational-clinical and social psychology. It was my initial attempt to bring meaning and focus to nursing as an emerging discipline and distinct health profession with its own unique values, knowledge and practices, with its own ethic and mission to society. The work also was influenced by my involvement with an integrated academic nursing curriculum and efforts to find common meaning and order to nursing that transcended settings, populations, specialty, subspecialty areas, and so forth.

From my emerging perspective, I tried to make explicit nursing's values, knowledge, and practices of human caring that are geared toward subjective inner healing processes and the life world of the experiencing person, requiring unique caring-healing arts and a framework called "carative factors," which complemented conventional medicine, but stood in stark contrast to "curative factors." At the same time, this emerging philosophy and theory of human caring sought to balance the cure orientation of medicine, giving nursing its unique disciplinary, scientific, and professional standing with itself and its public.

Content of the Theory

The major conceptual elements of the original and emergent theory are:

- **Carative Factors (evolving toward "Clinical Caritas Processes")**
- **Transpersonal Caring Relationship**
- **Caring Moment/Caring Occasion**

Other dynamic aspects of the theory which are emerging as more explicit components include:

- **Expanded views of self and person (transpersonal mindbodyspirit unity of being; embodied spirit;**
- **Caring-Healing Consciousness and intentionality to care and promote healing;**
- **Caring consciousness as energy within the human environment field of a caring moment;**
- **Phenomenal field/unitary consciousness: unbroken wholeness and connectedness of all;**

- Advanced caring-healing modalities/nursing arts as a future model for advanced practice of nursing qua nursing; (consciously guided by one's nursing theoretical-philosophical orientation);

Back to Top

Original and Evolving Ten Carative Factors

The original 1979 work was organized around ten carative factors as a framework for providing a format and focus for nursing phenomena. While "carative factors" are still the current terminology for the "core" of nursing, providing a structure for the initial work, the term "factor" is too stagnant for my sensibilities today. I offer another concept today that is more in keeping with my own evolution and future directions for the "theory". I offer now the concept of "clinical caritas" and "caritas processes" as consistent with a more fluid and contemporary movement with these ideas and my expanding directions.

Clinical Caritas and Caritas Processes

"Caritas" comes from the Greek word meaning to cherish, to appreciate, to give special attention, if not loving, attention to; it connotes something that is very fine, that indeed is precious. Katie Eriksson in Finland has used the word caritas in her theory of caring to convey similar meanings.

The word "caritas" also is closely related to the original word "carative" from my 1979 book. At this time I now make new connections between carative, caritas and without hesitation invoke the "L" word, which caritas conveys, that is love, allowing love and caring coming together for a new form of deep transpersonal caring. This relationship between love and caring connotes inner healing for self and others, extending to nature, and the larger universe, unfolding and evolving within a cosmology that is both metaphysical and transcendent with the co-evolving human in the universe (Watson, 1998).

"Clinical Caritas" is an emerging model of transpersonal caring and moves from carative to caritas. This integrative expanded perspective is both postmodern, in that it transcends conventional industrial, static models of nursing, while simultaneously evoking both the past and the future. For example, the future of nursing is ironically tied back to Nightingale's sense of "calling", guided by a deep sense of commitment and a covenantal ethic of human service; cherishing our phenomena, our subject matter, and those we serve. It is when we include caring and love in our work and our life that we discover and affirm that nursing, like teaching, is more than just a job, but a life-giving and life-receiving career for a lifetime of growth and learning. Such maturity and integration of past with present and future, now require transforming self, and those we serve, including our

institutions, and the profession itself. As we more publicly and professionally assert these positions for our theories, our ethics and our practices, even our science, we also locate ourselves and our profession and discipline within a new, emerging cosmology. Such thinking calls for a sense of reverence and sacredness with regard to life and all living things. It incorporates both art and science, as they are also being redefined, acknowledging a convergence between art, science, and spirituality. As one enters into the transpersonal caring theory and philosophy, one simultaneously is challenged to relocate themselves in these emerging ideas and question for themselves how the theory speaks to them, inviting them into a new relationship with themselves and their ideas about life, nursing, and theory. In this framework each one is also asked, if not enticed to examine and explore the critical intersection between the personal and the professional; to translate their unique talents, interests, and gifts into human service of caring and healing, for self and others, and even the planet Earth itself.

Back to Top

Original Carative Factor

The original carative factors served as a guide to what was referred to as the "core of nursing", in contrast to nursing's "trim". Core pointed to those aspects of nursing that potentiate therapeutic healing processes and relationships; they affect the one caring and the one-being-cared-for. Further, the basic core was grounded in what I referred to as the philosophy, science, and art of caring. Carative is that deeper and larger dimension of nursing that goes beyond the "trim" of changing times, setting, procedures, functional tasks, specialized focus around disease, treatment and technology. While the "trim" is important and not expendable, the point is that nursing cannot be defined around its trim and what it "does" in a given setting at a given point in time. Nor can nursing's trim define and clarify its larger professional ethic and mission to society - its *raison d'être* for the public. That is where nursing theory comes into play and transpersonal caring theory offers another way, that both differs from, yet complements, that which has come to be known as "modern" nursing and conventional medical-nursing frameworks.

Original Ten Carative Factors

Carative factors include the following original work:

1. Formation of a Humanistic-altruistic system of values;
2. Instillation of faith-hope;

3. Cultivation of sensitivity to one's self and to others;
4. Development of a helping-trusting, human caring relationship;
5. Promotion and acceptance of the expression of positive and negative feelings;
6. Systematic use of a creative problem-solving caring process;
7. Promotion of transpersonal teaching-learning;
8. Provision for a supportive, protective, and/or corrective mental, physical, societal, and spiritual environment;
9. Assistance with gratification of human needs;
10. Allowance for existential-phenomenological-spiritual forces.

(For the content and description of the original carative factors, see Watson, 1979/1985, 1985/1988c, 1989; also see Fawcett, 1993 for a brief overview of the carative factors).

While some of the basic tenets of the original carative factors still hold, and indeed are used as the basis for some theory-guided practice models and research, what I am proposing here, as part of my evolution and evolution of these ideas and the theory itself, is to transpose the "carative factors" into "clinical caritas processes". For example, consider the following within the context of clinical caritas, and emerging, transpersonal caring theory.

Back to Top

From Carative Factors To Clinical Caritas Processes

As carative factors evolve within an expanding perspective, as my ideas and values evolve, I now offer the following translation of the original carative factors into clinical caritas processes, suggesting more open ways in which they can be considered. For example,

1. Formation of humanistic-altruistic system of values, becomes: "Practice of loving-kindness and equanimity within context of caring consciousness";
2. Instillation of faith-hope, becomes: "Being authentically present, and enabling and sustaining the deep belief system and subjective life world of self and one-being-cared- for";
3. Cultivation of sensitivity to one's self and to others, becomes: "Cultivation of one's own spiritual practices and transpersonal self, going beyond ego self";

4. Development of a helping-trusting, human caring relationship, becomes: "Developing and sustaining a helping-trusting, authentic caring relationship";
5. Promotion and acceptance of the expression of positive and negative feelings, becomes: "Being present to, and supportive of the expression of positive and negative feelings as a connection with deeper spirit of self and the one-being-cared-for";
6. Systematic use of a creative problem-solving caring process, becomes: "creative use of self and all ways of knowing as part of the caring process; to engage in artistry of caring-healing practices";
7. Promotion of transpersonal teaching-learning, becomes: "Engaging in genuine teaching-learning experience that attends to unity of being and meaning attempting to stay within other's frame of reference";
8. Provision for a supportive, protective, and/or corrective mental, physical, societal, and spiritual environment, becomes: "Creating healing environment at all levels, (physical as well as non-physical, subtle environment of energy and consciousness, whereby wholeness, beauty, comfort, dignity, and peace are potentiated";
9. Assistance with gratification of human needs, becomes: "assisting with basic needs, with an intentional caring consciousness, administering 'human care essentials', which potentiate alignment of mindbodyspirit, wholeness, and unity of being in all aspects of care"; tending to both embodied spirit and evolving spiritual emergence;
10. Allowance for existential-phenomenological-spiritual forces, becomes: "opening and attending to spiritual-mysterious, and existential dimensions of one's own life-death; soul care for self and the one-being-care-for."

What differs in the Clinical Caritas framework is that a decidedly spiritual dimension and an overt evocation of love and caring merge into a new paradigm for the next millennium. Such a perspective ironically places nursing within its most mature framework, consistent with the Nightingale model of nursing, yet to be actualized, but awaiting its evolution within a caring-healing theory. This direction, ironically while embedded in theory, goes beyond theory and becomes a converging paradigm for nursing's future.

Thus, I consider my work more a philosophical, ethical, intellectual blueprint for nursing's evolving disciplinary/professional matrix, rather than a specific theory per sé. Nevertheless, others interact with the original work at levels of concreteness or abstractness; the caring theory has been, and is being used, as a guide for educational curricula, clinical practice models, methods for research and inquiry, as well as administrative

directions for nursing and health care delivery.

This work posits a value's explicit moral foundation and takes a specific position with respect to the centrality of human caring, "caritas" and love as now an ethic and ontology, as well as a critical starting point for nursing's existence, broad societal mission, and the basis for further advancement for caring-healing practices. Nevertheless, it's use and evolution are dependent upon "critical, reflective practices that must be continuously questioned and critiqued in order to remain dynamic, flexible, and endlessly self-revising and emergent" (Watson, Blueprint; 1996, p. 143).

Ironically, this work is congruent with recent reports on health care and health professional educational reform, which call for "centrality of caring-healing relationships" as the foundation for all health professional education and practice reform. I quote:

The central task of health professions education - in nursing, medicine, dentistry, public health, psychology, social work, and the allied health professions - must be to help students, faculty, and practitioners learn how to form caring, healing relationships with patients, and their communities, and with each other, and with themselves...the knowledge, skills, and values necessary for effective relationships... Developing practitioners mature as reflective learners and professionals who understand the patient as a person, recognize and deal with multiple contributions to health and illness, and understand the essential nature of healing relationships.

(Pew-Fetzer Task Force Report, 1994, p. 39)

Back to Top

Transpersonal Caring Relationship

Transpersonal caring relationships are the foundation of the work; transpersonal conveys a concern for the inner life world and subjective meaning of another who is fully embodied, but transpersonal also goes beyond the ego self and beyond the given moment, reaching to the deeper connections to spirit and with the broader universe. Thus transpersonal caring relationship moves beyond ego-self and radiates to spiritual, even cosmic concerns and connections that tap into healing possibilities and potentials. Transpersonal caring seeks to connect with and embrace the spirit or soul of the other through the processes of caring and healing and being in authentic relation, in the moment.

Such a transpersonal relation is influenced by the caring consciousness

and intentionality of the nurse as she or he enters into the life space or phenomenal field of another person, and is able to detect the other person's condition of being (at the soul, spirit level). It implies a focus on the uniqueness of self and other and the uniqueness of the moment, wherein the coming together is mutual and reciprocal, each fully embodied in the moment, while paradoxically capable of transcending the moment, open to new possibilities.

Transpersonal caring calls for an authenticity of being and becoming, an ability to be present to self and other in a reflective frame; the transpersonal nurse has the ability to center consciousness and intentionality on caring, healing, and wholeness, rather than on disease, illness and pathology.

Transpersonal caring competencies are related to ontological development of the nurse's human competencies and ways of being and becoming; thus "ontological caring competencies" become as critical in this model as "technological curing competencies" were in the conventional modern, Western nursing-medicine model, now coming to an end.

Within the model of transpersonal caring, clinical caritas consciousness is engaged at a foundational ethical level for entry into this framework. The nurse attempts to enter into and stay within the other's frame of reference for connecting with the inner life world of meaning and spirit of the other; together they join in a mutual search for meaning and wholeness of being and becoming to potentiate comfort measures, pain control, a sense of well-being, wholeness, or even spiritual transcendence of suffering. The person is viewed as whole and complete, regardless of illness or disease. (Watson, 1996, Blueprint: p. 153)

[Back to Top](#)

Assumptions of Transpersonal Caring Relationship

Moral commitment, intentionality and caritas consciousness by the nurse protects, enhances and potentiates human dignity, wholeness and healing whereby allowing a person to create or co-create his/her own meaning for existence. The conscious will of the nurse affirms the subjective and spiritual significance of the patient while seeking to sustain caring in the midst of threat and despair, biological, institutional or otherwise. The result is an honoring of an I-Thou Relationship rather than an I-It Relationship.

The nurse seeks to recognize, accurately detect, and connect with the inner condition of spirit of another through genuine presencing and being

centered in the caring moment; actions, words, behaviors, cognition, body language, feelings, intuition, thought, senses, the energy field, and so on, all contribute to transpersonal caring connection. The nurse's ability to connect with another at this transpersonal spirit- to- spirit level is translated via movements, gestures, facial expressions, procedures, information, touch, sound, verbal expressions and other scientific, technical, aesthetic, and human means of communication, into nursing human art/acts or intentional caring-healing modalities.

The caring-healing modalities within the context of transpersonal caring/caritas consciousness potentiate harmony, wholeness, unity of being by releasing some of the disharmony, the blocked energy that interferes with the natural healing processes; thus the nurse helps another through this process to access the healer within, in the fullest sense of Nightingale's view of nursing.

On-going personal and professional development and spiritual growth, and personal spiritual practice assist the nurse in entering into this deeper level of professional healing practice, allowing for awakening to a transpersonal condition of world and more fully actualizing the "ontological competencies" necessary for this level of advanced practice of nursing. The nurse's own life history, previous experiences, opportunities for focused studies, having lived through or experienced various human conditions, or of having imagined others' feelings in various circumstances, are valuable teachers for this work; to some degree the necessary knowledge and consciousness can be gained through work with other cultures, study of the humanities (art, drama, literature, personal story, narratives of illness journeys, etc.) along with an exploration of one's own values, deep beliefs, and relationship with self, others, and one's world.

Other facilitators are personal growth experiences such as psychotherapy, transpersonal psychology, meditation, bio-energetics work, and other models for spiritual awakening. Continuous growth is on-going for developing and maturing within a transpersonal caring model. The notion of health professionals as wounded healers is acknowledged as part of the necessary growth and compassion called forth within this theory/philosophy.

Back to Top

Caring Moment/ Caring Occasion

A caring occasion occurs whenever the nurse and another come together with their unique life histories and phenomenal fields in a human-to-human

transaction. The coming together in a given moment becomes a focal point in space and time. It becomes transcendent whereby experience and perception take place, but the actual caring occasion has a greater field of its own in a given moment. The process goes beyond itself, yet arises from aspects of itself that become part of the life history of each person, as well as part of some larger, more complex pattern of life. (Watson, 1985/1988, p. 59; 1996 p.157 reprinted).

A caring moment involves an action and choice by both the nurse and the other. The moment of coming together presents them with the opportunity to decide how to be in the moment and in the relationship as where as what to do with and during the moment. If the caring moment is transpersonal, each feels a connection with the other at the spirit level, thus it transcends time and space, opening up new possibilities for healing and human connection at a deeper level than physical interaction. I quote:

....we learn from one another how to be human by identifying ourselves with others, finding their dilemmas in ourselves. What we all learn from it is self-knowledge. The self we learn about ...is every self. IT is universal - the human self. We learn to recognize ourselves in others...(it) keeps alive our common humanity and avoids reducing self or other to the moral status of object.

(Watson, 1985/1988, pp. 59-60).

Back to Top

Caring (Healing) Consciousness

The dynamic of transpersonal caring (healing) within a caring moment is manifest in a field of consciousness. The transpersonal dimensions of a caring moment are affected by the nurse's consciousness in the caring moment, which in turn affects the field of the whole. The role of consciousness with respect to a holographic view of science have been discussed in earlier writings (Watson, 1992, p. 148) and include the following points:

1. The whole caring-healing-loving consciousness is contained within a single caring moment.
2. The one caring and the one being cared for are interconnected; the caring-healing process is connected with the other human(s) and the higher energy of the universe; the caring-healing-loving consciousness of the nurse is communicated to the one being cared for; caring-healing-loving consciousness exists through and transcends time and space and can be dominant over physical dimensions.

3. Within this context, it is acknowledged that the process is relational and connected; it transcends time, space, and physicality. The process is intersubjective with transcendent possibilities that go beyond the given caring moment.

Back to Top

Implications of the Caring Model

The caring model or theory can also be considered a philosophical and moral/ethical foundation for professional nursing and part of the central focus for nursing at the disciplinary level. A model of caring includes a call for both art and science; it offers a framework that embraces and intersects with art, science, humanities, spirituality, and new dimensions of mindbodyspirit medicine and nursing evolving openly as central to human phenomena of nursing practice. I emphasize that it is possible to read, study, learn about, even teach and research the caring theory; however, to truly "get it," one has to personally experience it; thus the model is both an invitation and an opportunity to interact with the ideas, experiment with and grow within the philosophy, and living it out in one's personal/professional life.

The ideas as originally developed, as well as in the current evolving phase (see Watson, 1999), provide others a chance to assess, critique and see where or how, or if, one may locate self within the framework or the emerging ideas in relation to their own "theories and philosophies of professional nursing and/or caring practice." If one chooses to use the caring perspective as theory, model, philosophy, ethic or ethos for transforming self and practice, or self and system, the following questions may help (Watson, 1996, p. 161):

*Is there congruence between (a) the values and major concepts and beliefs in the model and the given nurse, group, system, organization, curriculum, population needs, clinical administrative setting, or other entity that is considering interacting with the caring model to transform and/or improve practice? What is one's view of human? And what it means to be human, caring, healing, becoming, growing, transforming, etc. For example: In words of Teilhard de Chardin: "Are we humans having a spiritual experience, or are we spiritual being having a human experience?" Such thinking in regard to this philosophical question can guide one's worldview and help to clarify where one may locate self within the caring framework. Are those interacting and engaging in the model interested in their own personal evolution? Are they committed to seeking authentic connections and caring-healing relationships with self and others? Are those involved "conscious" of their caring-caritas or non-caring consciousness and intentionally in a given moment and at an individual and system level? Are they interested and committed to expanding their

caring consciousness and actions to self, other, environment, nature and wider universe? Are those working within the model interested in shifting their focus from a modern medical science-technocure orientation to a true caring-healing-loving model?

This work, in both its original and evolving forms, seeks to develop caring as an ontological and theoretical-philosophical-ethical framework for the profession and discipline of nursing and clarify its mature relationship and distinct intersection with other health sciences. Nursing caring theory based activities as guides to practice, education and research have developed throughout the USA and other parts of the world. Watson's work is consistently one of the nursing caring theories used as a guide. Nurses' reflective-critical practice models are increasingly adhering to caring ethic and ethos.

Because the nature of the use of the caring theory is fluid, dynamic, and undergoing constant change in various settings around the world and locally I am not able to offer updated summaries of activities. Earlier publications seek to provide examples of how the work is used, or has been used in specific settings.

References

Watson, J. (1988). New dimensions of human caring theory. *Nursing Science Quarterly*, 1(4), 175-181.

Watson, J. (1994). *Applying the art and science of human caring, Parts I and II* (Videotape). National League for Nursing, New York, NY in conjunction with the University of Colorado, Center for Human Caring, Denver, CO.

Watson, J. (1996). Watson's theory of transpersonal caring. In P.H. Walker & B. Neuman (Eds.), *Blueprint for use of nursing models: Education, research, practice, & administration* (pp. 141-184). NY: NLN Press.

Watson, J. (1997). The theory of human caring: Retrospective and prospective. *Nursing Science Quarterly*, 10(1), 49-52.

Watson, J. (1999). *Postmodern nursing and beyond*. Edinburgh, Scotland, UK: Churchill-Livingstone: Harcourt-Brace.

For those wishing to consider a more complete range of publications and work to date related to my theory, I am providing a master bibliography developed by Fawcett for her revised book on *Conceptual models and theory analysis* (1999; F.A. Davis Publishers). This bibliography is reprinted with permission of the author and the publisher. See attached. For further

information, the author can be reached at following addresses and details:

Jean Watson, PhD, RN, FAAN, HNC
Distinguished Professor of Nursing
Endowed Chair in Caring Science; Founder, Center for Human Caring
University of Colorado Health Sciences Center
School of Nursing
4200 E. Ninth Ave., C288-22
Denver, Colorado 80262
Phone: Voice Mail: 303-315-7787 / Staff Assistant: 303-315-4235
FAX: 303-315-5666
Email: jean.watson@uchsc.edu

Internet Information: See www.uchsc.edu then go to centers/institutes, then to Center for Human Caring/International Center for Integrative Caring Practices Selected Conferences/ Organizations/ Programs of Study consistent with Caring Paradigm and Watson's theory

American Holistic Nursing Association and Conferences

International Association of Human Caring and its conferences and Journal (Watson, one of founding members of organization)

International Reflective Practice Conferences, England, headed up by Dr. Christopher Johns, University of Luton, United Kingdom

International Conferences on Spirituality and Health. Sacred Space Foundation, Cumbria, England, United Kingdom, Headed up by Jean Sayre-Adams and Stephen Wright

University of Colorado Center for Human Caring - under the New International Center for Integrative Caring Practices - offers modular, short and long term studies within core caring curriculum and certificate program in caring-healing praxis.

Back to Top

Afterward on Future of Nursing

Nursing's future and nursing in the future will depend upon nursing maturing as a distinct health, healing and caring profession that it has always represented across time, but has yet to actualize. Nursing, thus ironically, now is challenged to stand and mature within its own paradigm, while simultaneously having to transcend it and share with others. The future already reveals that all health care practitioners will need to work

within a shared framework of caring relationships; mindbodyspirit medicine; embracing healing arts, caring practices, and processes; and the spiritual dimensions of care much more completely. Thus, nursing is at its own cross road of possibilities, among world views, paradigms, centuries and eras; invited and required to build upon its heritage and latest evolution in science and technology; but, to transcend itself for a postmodern future yet to be known. However, nursing's future holds promises of caring and healing mysteries and models yet to unfold as opportunities for offering compassionate caritas service await at individual, system, societal, national and global levels for self, profession, and the broader world community.