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Today, in this year 2010, we celebrate the “International Year of the Nurse and the centenary of Nightingale, marking her death in 1910. Nightingale was the philosophical founder of modern nursing and the first recognized nurse theorist. I applaud all the nurses and health science students here at this university, for your continuing contributions to health care and human service work, still informed by the legacy of Nightingale.

It is indeed an honor to be awarded this Honorary Doctorate from Universitat Rovira I Virgili, upon the recommendation of the Department of Nursing, a university and nursing department with a history of leadership in nursing education, and a caring curriculum educational model, committed to scholarship and scientific contributions from nurses and nursing research and practice. Your influence here in Spain is influencing nursing education in Europe and other parts of the world.

I graciously accept the Degree on behalf of my colleagues here at this prestigious University as well as on behalf of the public recognition of my scholarship in Caring Science and the theory and practice of human caring, which has impacted nursing education and practice in this century

Nurses (and nursing) are recognized as the most trusted and ethical professional group in the world, who continue to make a difference in health care for the public; this trust and ethic is

guided by an deep philosophical orientation to preserving human dignity and sustaining human caring.

Nursing's maturity as a distinct discipline and profession in its own right, represents the largest group of health care providers in the world, and practice in all health care settings, having significant impact on quality of human caring, healing and medical outcomes.

During the past few decades, nursing theory and research have extended the ethical, philosophical, values of human caring, along with empirical scientific validation in clinical practice, including holistic caring, primary and palliative care and end-of-life care. Nurses and nursing will continue to play leadership roles in caring for the whole person and their inner healing processes, not just treatment of disease.

It has been humbling for me to witness how my work in caring science has helped to deepen and expand the human dimensions of health care and the healing experiences of patients in hospitals, homes, and community. As a new faculty member at the university of Colorado in 1979, I was disappointed with the medical-clinical orientation nursing was adopting for its advancement. My writings and career of scholarship have been my attempts to give voice and language to the phenomenon of human caring, clarifying Caring Science as the disciplinary foundation of the profession Through the Caring Science focus, nursing makes explicit the ethical, moral, philosophical and scientific orientation to the human health illness-healing experiences, helping to sustain human caring in instances where it is threatened, offering compassionate human service to humankind. The Caring Science orientation to nursing, builds upon the blueprint of Nightingale's work, which is recognized today as global nursing,

integrating the finest of nursing science and art and humanity. It also serves as a foundation for all health and human service professions.

Nightingale's mission and vision continues to serve as a guide for health care and health care reform in this time. Toward her vision of social action and a healthy world it is through Nightingale's legacy that the most contemporary and futurist work in Caring Science can now flourish;; this is a hundred year turn for transforming health care with new ethical and scientific models of human caring, local to global, in addressing wellness, prevention, healthy home and work environments.

***Watson's evolution and contribution to Caring Science Scholarship and Academic Accomplishments in Nursing science and education. (* Sections of this paper are drawn from Watson, 2008 and Watson, 2011b)**

Nursing. The Philosophy and Science of Caring (1979) ushered in a career in caring science and was my entrance in to scholarly work. This first book was published before formal attention was being given to nursing theory or focus on the discipline of nursing. It was before there was any focus on establishing a meaningful philosophical foundation for nursing science, education and practice.

My original work emerged from my quest to bring new meaning and dignity to the work and world of nursing science and patient care. The theoretical concepts were derived from my personal and professional experience, which were clinically inducted, empirically grounded; however they were combined and integrated with my philosophical, ethical, intellectual and

experiential background. My quest and life work always have been about deepening my own and other's understanding of humanity and life itself, and bringing those dimensions into nursing. Thus, the early work emerged from my own values, beliefs, perceptions and experience with rhetorical and ineffable questions. For example: what does it mean to be human? What does it mean to care? What does it mean to heal? Questions about of personhood, life, the birth-death cycle, change, transition, suffering, health, relationships, healing, wholeness and other unknowns guided by my quest to identify a framework for nursing as a distinct discipline and profession in its own right – separate from, but complementary to, the curative orientation of medicine.

My views were heightened by my commitment to the professional role and mission of nursing in society and the world; its ethical covenant with humanity in sustaining human caring and preserving human dignity, integrity, and wholeness in the midst of threats and crises of life, trauma, change and death. All these activities, experiences, questions, and processes are not just medical-clinical phenomena. They transcend illness, diagnosis, conditions, setting and so on; they were and remain, enduring and timeless philosophical and ethical human quests and questions with which nursing and nurses engage across time and space and changes in systems, society, civilization, technology, and science.

The original (1979) work has expanded and evolved through a generation of publications, other books, videos, and CDs, along with clinical-administrative positions and initiatives for transforming professional nursing.

A series of other books on caring theory followed and have been translated into at least nine languages. The other major theory-based books on caring that followed the original work include:

- *Nursing: Human Science and Human Care. A Theory of Nursing* (1985). East Norwick, CT: Appleton-Century-Crofts. Reprinted/republished (1988). New York: National League for Nursing. Reprinted/republished (1999). Sudbury, MA: Jones & Bartlett.
- *Postmodern Nursing and Beyond* (1999). Edinburgh, Scotland: Churchill-Livingstone. Reprinted/republished New York: Elsevier. Reprinted edition. (2011) Boulder, CO: Watson Caring Science Institute Pub.
- *Assessing and Measuring Caring in Nursing and Health Science* (ed.) (2002). New York: Springer (AJN Book of Year award).
- *Caring Science as Sacred Science* (2005). Philadelphia: F. A. Davis (AJN Book of Year award).

Other more recent works:

- *Nursing. The Philosophy and Science of Caring. New Revised edition.* (2008) Boulder, CO: University Press of Colorado.
- *Human Caring Science: A Theory of Nursing.* (2011) Sudbury, MA.: Jones & Bartlett.
- *Creating a Caring Curriculum: Emancipatory Pedagogies for Nursing.* (Co-author: Hills, M. & Watson, J. 2011). New York: Springer- Watson Caring Science Springer Library Series
- *Measuring Caritas: A compilation of international research on Caritas as Healing Intervention.* (Co-author: Nelson, J. & Watson, 2011) .New York: Springer. Watson Caring Science Springer Library Series.

Background

Other caring-based books, co-edited or coauthored are extensions of these works (see, for example, Bevis and Watson [1989], *Toward a Caring Curriculum*, New York: National League for Nursing [reprinted 1999, Sudbury, MA: Jones & Bartlett]; Watson and Ray [1998] [eds.], *The Ethics of Care and the Ethics of Care*, New York: National League for Nursing; Chinn and Watson [1994], *Art and Aesthetics in Nursing*, New York: National League for Nursing). See also Web site (www.watsoncaringscience.org; www.nursing.ucdenver.edu/caring) for complete citations of books and publications.

Nursing: The Philosophy and Science of Caring (1979) provided the original core and structure for the Theory of Human Caring: Ten Carative Factors. These factors were identified as the essential core aspects of caring in nursing, without which nurses may not have been practicing professional nursing but instead were functioning as technicians or skilled workers within the dominant framework of medical techno-cure science. This work has stood as a timeless classic of sorts on its own.

These evolved works places theoretical ideas more explicitly within a broader context of ethics, art, and even metaphysics as phenomena within which nursing dwells but often does not name, articulate, study, or act upon.

As has been noted in contemporary postmodern discourse, if a profession does not have it own language, it does not exist; thus, it is important to name, claim, articulate and act upon the phenomena of nursing and caring if nursing is to fulfill its mandate and *raison d'etre* for society. This accumulated scholarship in caring theory and caring science helps to make explicit nursing's covenant with the public.

The scholarship in Caring Science makes explicit some core aspects of human caring science, For

Example:

- A philosophy of human freedom, choice, responsibility
- A biology and psychology of holism
- An epistemology that allows not only for empirics but also for the advancement of aesthetics, ethical values, intuition, personal knowing, spiritual insights, along with a process of discovery, creative imagination, evolving forms of inquiry
- An ontology of time *and* space
- A context of inter-human events, processes, and relationships that connect/are one with the environment and the wider universe
- A scientific worldview that is open. (Watson 1985:16)

Thus, a human science and human caring orientation differs from conventional science and invites qualitatively different aspects to be honored as legitimate and necessary when working with human experiences and human caring-healing, health, and life phenomena. The theory of human caring incorporates notions of ‘caring occasion,’ “phenomenal field,” “transpersonal,” and the “art of transpersonal caring,” inviting the full use of self within a “caring moment” (Watson 1985: 58–72). The caring occasion/caring moment becomes transpersonal when “two persons (nurse and other) together with their unique life histories and phenomenal field (of perception) become a focal point in space and time, from which the moment has a field of its own that is greater than the occasion itself. As such, the process can (and does) go beyond

itself, yet arise from aspects of itself that become part of the life history of each person, as well as part of some larger, deeper, complex pattern of life” (Watson 1985:59).

The caring moment can be an existential turning point for the nurse, in that it involves pausing, choosing to “see”; it is informed action guided by an intentionality and consciousness of how to *be* in the moment—fully present, open to the other person, open to compassion and connection, beyond the ego-control focus that is so common. In a caring moment, the nurse grasps the gestalt of the presenting moment and is able to “read” the field, beyond the outer appearance of the patient and the patient’s behavior. The moment is “transpersonal” when the nurse is able to see and connect with the spirit of others, open to expanding possibilities of what can occur. The foundation for this perspective is the wisdom in knowing and understanding that “[w]e learn from one another how to be more human by identifying ourselves with others and finding their dilemmas in ourselves. What we all learn from it is self-knowledge. The self we learn about or discover is every self: it is universal. We learn to recognize ourselves in others” (Watson 1985:59).

This human-to-human connection expands our compassion and caring and keeps alive our common humanity. All of this deeply philosophical, ethical and theoretical process sustains our shared humanity and helps to avoid reducing another human being to the moral status of object (Watson 1985:60).

Additional scholarship has explored human science methodology as a form of caring inquiry. Transcendental phenomenology was explicated from original research in Australia. It is one

exemplar of a human science—Caring Science experience of loss and grief experienced and researched among an Aboriginal tribe in Western Australia.

Poetry and artistic, metaphoric expressions emerge within the “outback” research experience, using this extended methodology. Such an approach was consistent with the findings and experiences in this unique setting, in that this methodology allowed for a “poetic” effect in articulating experiences as felt and lived, transcending their facts and pure descriptions (descriptive phenomenology). Thus, the transcendent views were consistent with transpersonal dimensions and provided space for paradox, ambiguity, sensuous resonance, and creative expressions, going beyond the surface phenomenology (Watson 1985:90–91). For example: “In other words, how could cold, unfeeling, totally detached dogmatic words and tone possibly teach the truth or deep meaning of a human phenomenon associated with human caring, transpersonal caring and grief, and convey experiences of great sorrow, great beauty, passion and joy. We cannot convey the need for compassion, complexity, or for cultivating feeling and sensibility in words that are bereft of warmth, kindness and good feeling” (Watson 1985:91). The result is poetizing; “it cannot be other than poetic” (Heidegger quoted in Watson 1985:98).

Such an exemplar of methodology invites a union between the humanities and art with science, one of the perennial themes of my work.

Postmodern Nursing and Beyond (1999, 2011), brought a focus to the professional paradigm that is grounded in the ontology of relations and an ethical-ontological foundation before

jumping to the epistemology of science and technology. The focus of this work was the need to clarify the ontological foundation of Being-in-Relation within a caring paradigm, the unity of mind-body-spirit/field, going beyond the outdated separatist ontology of modern Era I medical industrial thinking. In this book the spiritual and evolved energetic aspects of caring consciousness, intentionality, and human presence and the personal evolution of the practitioner became more developed. This evolution was placed within the emerging postmodern cosmology of healing, wholeness, and oneness that is an honoring of the unity of all. This postmodern perspective attempted to project nursing and health care into the mid-twenty-first century, when there will be radically different requirements for all health practitioners and entirely different roles and expectations between and among the public and health care systems (Watson 1999: XIII).

Nursing itself serves as an archetype for healing and represents a metaphor for the deep healing energy that is emerging within an entirely different paradigm. What is proposed is a fundamental ontological shift in consciousness, acknowledging a symbiotic relationship between humankind-technology-nature and the larger, expanding universe.

In this work, Nightingale's original blueprint for nursing is evident and embodies all the caring healing nursing arts and rituals, rediscovered and honored for new reasons.

Metaphors of *ontological archetype*, *ontological artist*, and *ontological architect* are used to capture the roles and visions for nursing into this millennium/Era III medicine and nursing (Watson 1999: XIV-XV).

The theoretical book, *Caring Science as Sacred Science* (2005) (which received an *American Journal of Nursing* [AJN] Book of the Year award in 2006 in the category of research), expands further upon the earlier works on caring. This work places Caring Science within an ethical–moral–philosophically evolved, scientific context, guided by the works of Emmanuel Levinas (1969, French) and Knud Logstrup (1997, Danish). This specific work on Caring Science seeks a science model that reintegrates metaphysics within the material physical domain within the “Ethics-of-Belonging” (to the infinite field of Universal Cosmic Love) (Levinas 1969) as before and underneath *Being-by-Itself* alone— no longer separate from the broader universal field of infinity to which we all belong and to which we return from the earth plane.

Levinas’s “Ethics of face”—as in facing our own and others’ humanity—is explored as a metaphor for how we deepen and sustain our humanity for survival of the human, in contrast to “totalizing” the human condition and cutting us off from the infinite source of life and the great Cosmic field that unites us all. Logstrup’s “ethical demand” brings forth the notion of “Ethics of Hand,” in that he reminds us of the sovereign, unarticulated, and often anonymous ethical demand that “we take care of the life which trust has placed in our hands” (Logstrup 1997:18).

***Caring Science as Sacred Science* text identifies these basic assumptions** (Watson 2005:56):

- The Infinity of the Human Spirit and evolving universe
- The ancient and emerging cosmology of a unity consciousness of relatedness of All
- The ontological ethic of *Belonging before Our Separate Being* (Levinas 1969)

- The moral position of sustaining the infinity and mystery of the human condition and keeping alive the evolving human spirit across time, as in *facing and deepening our own and others' Humanity* (Levinas 1969)
- The ethical demand that acknowledges that we hold another person's life in our hands; this sovereign expression of life is given to us, before and beyond our control with expressions of trust, love, caring, honesty, forgiveness, gratitude, and so on, beyond ego fixations and obsessive feelings that are negative expressions of life (Logstrup 1997)
- The relationship between our consciousness, words, and thoughts and how they positively or negatively affect our energetic- transpersonal field of Being, Becoming, and Belonging; thus, our consciousness affects our ability to connect, to "be-in-right-relation" with Source: the infinite universal cosmic field of Love.

This is comparable to Nightingale's notion of putting the patient in best condition for nature to heal, acknowledging that healing draws on nature and natural processes. When we are conscious of an expanded cosmology and an expanded, deeper moral-ethical foundation, we gain new insights and awakenings; we open to the sense of humanity-in-relation-to-the-larger-universe, inspiring a sense of wonder, wisdom, awe, and humility. We are invited to accept our need for wisdom, beyond information and knowledge alone, and to surrender to both that which is greater than our separate ego-self and the outer world we think we have control over and seek to manipulate.

So, in developing concepts and practices, theories and philosophies of caring-healing that intersect with Love, we invoke Caring as part of our consciousness and intention to affect the whole with practical engagement from our own unique gifts and talents. In doing so, our part of personal and professional work is contributing to and making a difference in the moment but is also affecting the holographic universal field that surrounds us and to which we all belong. In other words, through modern science as well as through ancient wisdom traditions, we realize that what we do for ourselves benefits others and what we do for others benefits us. If one person is healed, it is helping to heal all. If others are healed, it helps us heal. The mutuality of Caring affects the universal field to which we all belong, and we energetically affect it with our consciousness and our concrete acts.

Caring Science as Context

My position is this: Caring Science as a starting point for nursing as a field of study offers a distinct disciplinary foundation for the profession; it provides an ethical, moral, values-guided meta-narrative for its science and its human phenomena, its approach to caring-healing person-nature-universe. In positing Caring Science as the disciplinary context and matrix moral meta-narrative with respect to what it means to be human, honoring unity of Being, the oneness of mind-body-spirit/universe; the discipline offers subject matter foci and a distinct perspective on the subject matter. The profession, without clarity of its disciplinary context, loses its way in the midst of the outer-worldly changes and forces for conformity to the status quo of the moment. The discipline of nursing, from my position, is/should be grounded in Caring Science; this, in turn, informs the profession. Caring Science informs and serves as the moral-philosophical-

theoretical-foundational starting point for nursing education, patient care, research, and even administrative practices.

If nursing across time had been born and matured within the consciousness and clarity of a Caring Science orientation, perhaps it would be in a very different evolved place today: a place beyond the struggles with conventional biomedical-technical science that linger still, beyond the crisis in care that haunts hospitals and systems today, beyond the critical shortage of nurses and nursing that society is experiencing at this turn in history, and beyond the non-caring communities in our life and world. Our world is increasingly struggling with wars, violence, and inhumane acts—be they human-to human, human-to- environment, or human-to-nature. In spite of an evolved cosmology for all disciplines today, including physics and basic sciences and other scientific fields, we still often find ourselves locked in outdated thinking within a separatist-material physical world ontology and an outer-worldview as our starting point.

Caring Science makes more explicit that unity and connectedness exist among all things in the great circle of life: change, illness, suffering, death, and rebirth. A Caring Science orientation moves humanity closer to a moral community, closer to peaceful relationships with self–other communities–nations, states, other worlds, and time.

Basic Assumptions of Caring Science (adapted with minor modifications from Watson 1979:8–9)

- Caring Science is the essence of nursing and the foundational disciplinary core of the profession.
- Caring can be most effectively demonstrated and practiced interpersonally; however, caring consciousness can be communicated beyond/transcends time, space, and physicality (Watson 2002a).
- The intersubjective human-to-human processes and connections keep alive a common sense of humanity; they teach us how to be human by identifying ourselves with others, whereby the humanity of one is reflected in the other (Watson 1985:33).
- Caring consists of Carative Factors/*Caritas Processes* that facilitate healing, honor wholeness, and contribute to the evolution of humanity.
- Effective Caring promotes healing, health, individual/family growth and a sense of wholeness, forgiveness, evolved consciousness, and inner peace that transcends the crisis and fear of disease, diagnosis, illness, traumas, life changes, and so on.
- Caring responses accept a person not only as he or she is now but as what he or she may become/is Becoming.
- A Caring relationship is one that invites emergence of human spirit, opening to authentic potential, being authentically present, allowing the person to explore options—choosing the best action for self for “being-in-right relation” at any given point in time.
- Caring is more “healthogenic” than curing.
- Caring Science is complementary to Curing Science.

- The practice of Caring is central to nursing. Its social, moral, and scientific contributions lie in its professional commitment to the values, ethics, and ideals of Caring Science in theory, practice, and research.

Premises of Caring Science (adapted from Watson 2005:218–219)

- Knowledge of Caring cannot be assumed; it is an epistemic-ethical-theoretical endeavor that requires ongoing explication and development.
- Caring Science is grounded in a relational, ethical ontology of unity within the universe that informs the epistemology, methodology, pedagogy, and praxis of caring in nursing and related fields.
- Caring Science embraces epistemological pluralism, seeking to understand the intersection and underdeveloped connections between the arts and humanities and the clinical sciences.
- Caring Science embraces all ways of knowing/being/doing: ethical, intuitive, personal, empirical, aesthetic, and even spiritual/metaphysical ways of knowing and Being.
- Caring Science inquiry encompasses methodological pluralism, whereby the method flows from the phenomenon of concern—diverse forms of inquiry seek to unify ontological, philosophical, ethical, and theoretical views while incorporating empirics and technology.
- Caring (and nursing) has existed in every society. Every society has had some people who have cared for others. A caring attitude is *not* transmitted from generation to generation by genes. It is transmitted by the culture of a society. The culture of nursing, in this instance the discipline and profession of nursing, has a vital social-scientific role in advancing, sustaining, and preserving human caring as a way of fulfilling its mission to society and broader humanity.

Working Definition of Caring Science (extracted /modified from Watson 2004a; Watson and Smith 2002)

Caring Science is an evolving philosophical-ethical-epistemic field of study, grounded in the discipline of nursing and informed by related fields. Caring is considered as one central feature within the metaparadigm of nursing knowledge and practice. Caring Science is informed by an ethical-moral-spiritual stance that encompasses a humanitarian, human science orientation to human caring processes, phenomena, and experiences. It is located within a worldview that is non-dualistic, relational, and unified, wherein there is a connectedness to All: the universal field of Infinity: Cosmic love. This worldview is sometimes referred to as

- A unitary transformative paradigm (Newman, Sime, and Corcoran-Perry 1991; Watson 1999)
- Nonlocal consciousness (Dossey 1991)
- Era III medicine/nursing (Dossey 1991, 1993; Watson 1999).

Caring Science within this worldview intersects with the arts and humanities and related fields of study and practice.

Language of the Theory: Carative Factors / *Caritas* Processes:

The language and structure of the theory of human caring, framed within the Caring Science context, consists of the 10 Carative Factors in the original 1979 work and later transposed to 10 *Caritas* Processes in 2008 book .

The ten original Carative Factors remain the timeless structural core of the theory while allowing for their evolving emergence into more fluid aspects of the model captured by the ten *Caritas Processes*.

In introducing the original concept of Carative Factors as the core for a nursing philosophy and science, I was offering a theoretical counterpoint to the notion of Curative, so dominant in medical science. Thus, the Carative Factors provided a framework to hold the discipline and profession of nursing; they were informed by a deeper vision and ethical commitment to the human dimensions of caring in nursing—the art and human science context. I was seeking to address those aspects of professional nursing that transcended medical diagnosis, disease, setting, limited and changing knowledge, and the technological emphasis on very specialized phenomena. I was asking, What remains as core? My response in 1979 was “The Ten Carative Factors”

Original Ten Carative Factors, Original (1979) Text

1. Formation of a humanistic-altruistic system of values
2. Instillation of faith-hope
3. Cultivation of sensitivity to oneself and others
4. Development of a helping-trusting relationship
5. Promotion and acceptance of the expression of positive and negative feelings
6. Systematic use of the scientific problem-solving method for decision making (refined in 1985 as use of creative problem-solving caring process)
7. Promotion of interpersonal teaching-learning

8. Provision for a supportive, protective, and (or) corrective mental, physical, socio-cultural, and spiritual environment
9. Assistance with gratification of human needs
10. Allowance for existential-phenomenological forces (refined in 1985 as existential-Phenomenological spiritual dimensions).

These original Carative Factors were identified as the essential core of professional nursing practice, in contrast to what I called the “trim,” that which is constantly changing and cannot be the content or the criteria with which to describe, identify, and sustain professional nursing and its timeless disciplinary stance with respect to caring in society. As indicated in the original (1979) work, “carative” was a word I made up to serve as a counterpoint to the “curative” orientation of medical science. I identified these ten factors as the core activities and orientations a professional nurse uses in the delivery of care. They are the common and necessary professional practices that sustain and reveal nursing as a distinct (caring) profession, not as comprising a group of technicians. Nurses apply the CFs constantly but are not aware of them, nor have they necessarily named them. Thus, nurses generally are not conscious of their own phenomena; they do not have the language to identify, chart, and communicate systematically and so on. This is a result of both a lack of awareness and terminology of caring and of recognized knowledge of those everyday practices that define their work. Without an awareness, additional education, and advancement of professional caring in nursing, these factors are likely to occur in an ad hoc, rather than a systematic, fashion. Nurses will not be aware or realize the importance of using them/*Becoming* them to guide their professional

caring practices. Further, without a context to hold these practices, nurses have often devalued their caring work, taking it for granted, without a common language to “see,” articulate, act on, reinforce, and advance that work.

If nurses are committed to a model of professional caring-healing, going beyond conventional medicalized-clinical routines and industrial product-line views of nursing (and humanity), yet do not have a theoretical guide to honor, frame, discuss, develop, and advance their profession, a demoralized experience and despair set in over time (Swanson 1999). If this continues, there is little hope for the survival of professional nursing and its caring-healing practices.

Moving from Carative to *Caritas* - Transposed Caritas Processes:

From the original 10 Carative factors emerged 10 Caritas Processes, making more connections between Caring –Love-Healing and transformative health care. The 10 Caritas Processes are as follows:

1. Humanistic-altruism - Practicing loving-kindness and equanimity for self and other
2. Being authentically present; enabling/sustaining/honoring deep belief system and subjective world of self/other
3. Cultivating one’s own spiritual practices; deepening self-awareness, going beyond “ego-self ”
4. Developing and sustaining a helping-trusting, authentic caring relationship
5. 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. Creative use of self and all ways of knowing/being/doing as part of the caring process
(engaging in artistry of caring-healing practices)
7. Engaging in genuine teaching-learning experiences within context of caring relationship—
attend to whole person and subjective meaning; attempt to stay within other's frame of
reference (evolve toward "coaching" role vs. conventional imparting of information)
8. Creating healing environment at all levels (physical, nonphysical, subtle environment of
energy and consciousness whereby wholeness, beauty, comfort, dignity, and peace are
potentiated (Being/Becoming the environment)
9. Reverentially and respectfully assisting with basic needs; holding an intentional, caring
consciousness of touching and working with the embodied spirit of another, honoring unity of
Being; allowing for spirit-filled connection
10. Opening and attending to spiritual, mysterious, unknown existential dimensions of life-
Death and suffering; *"allowing for and open to a miracle"**

From an academic scholarly standpoint related to knowledge development and theory evolution, one can consider that I used the technical process of concept derivation (Walker and Avant 2005) and extension in transposing and redefining Carative Factors to *Caritas Processes*. That is, in working within the original field of Nursing and Carative thinking, I sought to redefine Carative from the parent field, Nursing, to the new field of Caring Science with its explicit ethic, worldview, and so on.

Thus, once the Carative concept was transposed from nursing per se to Caring Science, *Caritas/Caritas Processes* emerged as a more meaningful concept, generating new connections between Caring and Love. The broader field of Caring Science and its expanded cosmology of unity, belonging, and infinity of the universal field of Love allowed for a more meaningful redefinition for the phenomenon of *Caritas Nursing* to result. As the transposition from Carative Nursing to *Caritas Caring Science* occurred, a new vocabulary for an ontological phenomenon was revealed, allowing for new ways of thinking about caring and inviting a new image, even a metaphor, of caring-healing practices to develop. Further, the new notion of *Caritas* offers a new vocabulary/phenomenon for an area of inquiry, leading to additional theorizing and knowledge development at the disciplinary level of nursing and Caring Science.

While each of the original Carative Factors has been transposed and extended into the new language of *Caritas*, several core principles are the most essential with respect to a change in consciousness. These five cultivated areas of *Caritas* are those that help distinguish the core differences between the notions of Carative and *Caritas*.

Core Principles/Practices: From Carative to *Caritas*

- Practice of loving-kindness and equanimity
- Authentic presence: enabling deep belief of other
- Cultivation of one's own spiritual practice—beyond ego
- "Being" the caring-healing environment
- Allowing for miracles.

In moving from the concept of Carative to *Caritas*, I am overtly evoking Love and Caring to merge into an expanded paradigm for the future. Such a perspective ironically places nursing in its most mature paradigm while reconnecting with the heritage and foundation of Nightingale. With *Caritas* incorporated more explicitly, it locates the theory within an ethical and ontological context as the starting point for considering not only its science but also its societal mission for humanity. This direction makes a more formal connection between caring and healing and the evolved human consciousness. The background for this work is available in Watson (2004a).

Emergence of *Caritas Nursing* and the *Caritas Nurse*

My evolution toward *Caritas Processes* is intended to offer a more fluid language for understanding a deeper, more comprehensive level of the work, as well as guidance toward how to enter into, interpret, sustain, and inquire about the intention and consciousness behind the original Carative Factors. Moreover, *Caritas* captures a deeper phenomenon, a new image that intersects professional-personal practices while opening up a new field of inquiry for nursing and Caring Science.

However, as one steps into this new work, it is important to consider both the original CFs and the evolved CPs holographically, in that the whole is in any and every part. So, all the factors/processes are present in a given caring moment.

What is emerging throughout this shift to *Caritas Processes* is an acknowledgment of a deeper form of nursing: *Caritas Nursing and the Caritas Nurse*. As the work evolves and as each nurse

evolves, we learn throughout this book that the more evolved practitioner (working from the higher/deeper dimensions of humanity and evolving consciousness) can be identified as a *Caritas Nurse*, or one who is practicing or at least cultivating the practices of *Caritas Nursing*. Another way to identify a *Caritas Nurse* is as one who is working from a human-to-human connection—working from an open, intelligent heart center* rather than the ego-center. This caring consciousness orientation informs the professional actions and relationships of a *Caritas Nurse*, even while she or he is engaged in the required routine or dramatic, practical-technical world of clinical practices. For example, in considering CF 1: Humanistic, altruistic value systems, one may wonder what is behind and underneath such a value system that allows it to manifest professionally in one's actions. How is such a value system to be cultivated and sustained for professional caring practices? What personal practices can prepare one for entering into and manifesting this value system throughout one's career?

My response is that this value system comes to life when one cultivates the ongoing practice of Loving-Kindness and Equanimity, a form of cultivated mindfulness awareness/meditation, a practice that opens and awakens the compassionate, forgiving love of the heart center. This preparation can take the form of daily practice of offering gratitude, of connecting with nature; the practice of silence, journaling, prayer; asking for guidance to be there for another when needed. As a prelude, *Caritas Nursing* requires cultivation of higher, deeper consciousness, working more and more to awaken the heart-centered awareness upward to the higher consciousness, bringing one's full and open self into any caring occasion.

This work is related not only to caring but also to the health and healing of practitioner as well as patient. If “health is expanded consciousness,” as Newman posits (Newman 1994), then what is the highest level of consciousness? *It is Love* in the fullest universal, cosmic sense. What is the greatest source of Healing? It, too, is Love. So, in cultivating the practice of loving-kindness toward self and other, one is opening his or her heart; one is heightened to give and receive, to be present to what is presenting itself in one’s life; to open to exercising and receiving grace, mercy, forgiveness, and so on. Thus, one can better appreciate the gifts of giving and receiving, being there for another person to offer presence, loving consciousness, and informed moral caring actions in the midst of suffering, despair, love, hate, illness, sorrow, questions, trauma, unknowns, fears, hopes, and so on. In this personal/professional caring work, one cultivates an acceptance, a level of humility, before the mystery of it all—opening to it with equanimity, compassion, and mercy as part of the human condition. This level of consciousness with which to enter and sustain professional caring in nursing, while honoring our deep humanity, is founded on a very different model than conventional nursing and medicine.

This mode of *Caritas* thinking invites a total transformation of self and systems. In this model of Caring Science, the changes occur not from the outer focus on systems but from that deep inner place within the creativity of the human spirit. Here is where the deep humanity, the individual heart and consciousness of practitioners, evolves and connects with the ultimate source of all true re-formation/transformation.

While the original Carative Factors remain relevant and accessible for first-level concrete entry into the work, once one grows with the ideas and their evolution, it is hoped that one moves more fully into a knowing that is behind the original material and enters a more profound level of insight, personal/professional growth, understanding, and wisdom. At the same time, the shift allows for nurses and nursing to evolve toward accessing a more fluid, expressive language for comprehending and articulating the deeper meaning behind the original factors.

CARING and LOVE

Caritas comes from the Latin word meaning to cherish, to appreciate, to give special, if not loving, attention to. It represents charity and compassion, generosity of spirit. It connotes something very fine, indeed, something precious that needs to be cultivated and sustained.

Caritas is closely related to the word “Carative” from my original (1979) text on Caring Science.

However, now, using the terms *Caritas* and *Caritas Processes*, I invoke intentionally the “L”

word: Love, which makes explicit the connection between caring and love, Love in its fullest

universal infinite sense developed in the philosophy of Levinas (1969) and explored in my 2005

text *Caring Science as Sacred Science*. Bringing Love and Caring together this way invites a form

of deep transpersonal caring. The relationship between Love and Caring creates an

opening/alignment and access for inner healing for self and others. While health may be

considered to represent expanding consciousness, Love is the highest level of consciousness

and the greatest source of all healing in the world. This connection with Love as a source for

healing extends from the individual self to nature and the larger universe, which is evolving and

unfolding. This cosmology and worldview of Caring and Love—*Caritas*—is both grounded and

metaphysical; it is immanent and transcendent with the co-evolving human in the universe (Watson 1999, 2004a).

It is when we include and bring together Caring and Love in our work and our lives that we discover and affirm that nursing, like teaching, is more than a job. It is a life-giving and life-receiving career for a lifetime of growth and learning. It is maturing in an awakening and an awareness that nursing has much more to offer humankind than simply being an extension of an outdated model of medicine and medical-techno-cure science. Nursing helps sustain human dignity and humanity itself while contributing to the evolution of human consciousness, helping to move toward a more humane and caring moral community and civilization.

As nursing more publicly and professionally asserts these positions from a Caring Science context for its theories, ethics, and practices, we are invited to relocate ourselves and our profession away from a dominant medical science mind-set. Further, we are asked to reconnect nursing's disciplinary source to its noble heritage, within both an ancient and an emerging cosmology—a cosmology that invites and welcomes the energy of universal caring and love back into our lives and world. Such thinking calls forth a sense of reverence and sacredness with regard to our work, our lives, and all living things. It incorporates art, science, and spirituality as they are being redefined.

As we enter into a maturing of Caring Science and evolved *Caritas Processes* as a professional-theoretical map and guide, we are simultaneously challenged to relocate ourselves in these emerging ideals and ideas, and question for ourselves how this work speaks to us as a discipline

and a practice profession. Each person is asked, invited, if not enticed, to examine, explore, challenge, and question for self and for the profession the critical intersections between the personal and the professional.

This revised work calls each of us into our deepest self to give new meaning to our lives and work, to explore how our unique gifts, talents, and skills can be translated into compassionate human caring–healing service for self and others and even the planet Earth. It is hoped that at some level this work will help us all, in the caring-healing professions, to remember who we are and why we have come here to do this work in the world.

Value Assumptions of *Caritas* (adapted from Watson 1985:32)

- Caring and Love are the most universal, tremendous, and mysterious cosmic forces; they comprise the primal and universal source of energy.
- Often this wisdom is overlooked, or we forget, even though we know people need each other in loving and caring ways.
- If our humanity is to survive and if we are to evolve toward a more loving, caring, deeply human and humane, moral community and civilization, we must sustain love and caring in our life, our work, our world.
- Since nursing is a caring profession, its ability to sustain its caring ideals, ethics, and philosophy for professional practices will affect the human development of civilization and nursing's mission in society.

- As a beginning, we have to learn how to offer caring, love, forgiveness, compassion, and mercy to ourselves before we can offer authentic caring and love to others.
- We have to treat ourselves with loving-kindness and equanimity, gentleness and dignity before we can accept, respect, and care for others within a professional caring-healing model.
- Nursing has always held a caring stance with respect to others and their health-illness concerns.
- Knowledgeable, informed, ethical caring is the essence of professional nursing values, commitments, and competent actions; it is the most central and unifying source to sustain its covenant to society and ensure its survival.
- Preservation and advancement of Caring Science values, knowledge, theories, philosophies, ethics, and clinical practices, within a context of an expanding *Caritas* cosmology, are ontological, epistemological, and clinical endeavors; these endeavors are the source and foundation for sustaining and advancing the discipline and profession.

Return to Love as the Basis for *Caritas* Consciousness and Gratitude Toward Self-Others

In a world like ours, where death is increasingly drained of meaning, individual authenticity lies in what we can find that is worth living for. And the only thing worth living for is love. Love for one another. Love for ourselves. Love of our work. Love of our destiny, whatever it may be. Love for our difficulties. Love of life. The love that could free us from the mysterious cycles of suffering. The love that releases us from our self-imprisonment, from our bitterness, our greed, our madness-engendering competitiveness. The love that can make us breathe again. Love a great and beautiful cause, a wonderful vision. A great love for another, or for the future. The love that

reconciles us to ourselves, to our simple joys, and to our undiscovered repletion. A creative love. A love touched with the sublime. (Okri 1997:56–57)

Caritas Process—Cultivating the Practice of Loving-Kindness and Equanimity toward Self and Other as Foundational to Caritas Consciousness

When love moves through us it inspires all we do. Love and compassion must begin with kindness toward ourselves. One of the greatest blocks to loving kindness is our own sense of unworthiness. Kornfield (2002:95, 101, 100)

The Carative Factor: Formation of Humanistic-Altruistic Values system continues to lay the foundation as a starting point for Caring Science.

As a given, caring must be grounded within a set of universal human values—kindness, concern, and love of self and others. As one matures into a professional model that focuses on caring-healing and health in its broadest and deepest dimensions, such as the timeless mission of nursing, one must cultivate an awareness and intentionality to sustain such a guiding vision for one's life and work. This factor in its original and evolved sense honors the gift of being able to give and receive with a capacity to love and appreciate all of life's diversity and its individuality with each person. Such a system helps us to tolerate difference and view others through their subjective worldview rather than ours alone.

Regardless of whether one is conscious of one's own philosophy and value system, it is affecting the encounters, relationships, and moments we have with our self and others. These humanistic-altruistic values can be developed through a variety of life experiences: early childhood, exposure to different languages and cultures, history, as well as film, drama, art,

literature, and other creative expressions of humanity and personal growth experiences. These emotions of love, kindness, gentleness, compassion, equanimity, and so on are intrinsic to all humans. These emotions and experiences are the essence of what makes us human and what deepens our humanity and our connection with the human spirit. This awareness is what connects us with the “Source” from which we draw our sacred breath for life itself. It is here where we access our energy and creativity for living and being; it is here, in this model, that we yield to that which is greater than our individual ego-self, reminding us that we belong to the universe of humanity and all living things. For this original Carative Factor (CF) to evolve and mature in its manifestation, we are now called, invited, and challenged to take it to a deeper level in our maturity, our awareness, our experiences and expressions. This is a path of deepening who and what we are that prepares us for a lifelong commitment to caring-healing and compassionate human service. Thus, the evolution/extension of the original CF has been both sustained and transcended. The original CFs and evolved *Caritas Processes* are considered the bedrock and most basic foundation for preparing practitioners to engage in and practice the Philosophy, Science, (and ethic) of Caring.

Seminal Theoretical- Research Foundation for Caring Science/Theory of Human Caring:

CARITAS / CARING RELATIONSHIP

Several conceptual and theoretical nursing/health-science frameworks link caring relationship with healing and broad health outcomes. The Caring Science context of my work has provided a foundation for research, practice, education, and nursing administration since the original text

in 1979. This work has continued to evolve as theory of human caring and the importance of a transpersonal caring relationship with respect to healing.

Within the context of a caring-healing relationship, the Caring Science model posits an energetic nature for *Caritas Consciousness*: that caring consciousness emanates an energy that radiates from one party to the other. It alters the field in the moment, helping patients access their inner healing potential. This healing potential is a natural process that has to do with “being-in-right-relation” (Quinn 1989). The caring relationship in this context preserves human dignity, wholeness, and integrity; it is characterized by the nurse’s mindful, intentional presence and choice, in that the nurse can choose how to be in a caring moment. That decision can affect the relationship, for better or for worse. The transpersonal nature of the caring relationship occurs when the nurse is able to connect with the spirit of the other, that which is behind the patient, thus opening to a spirit-to-spirit connection that goes beyond the moment and becomes part of the universal, complex pattern of both their lives. The nurse and the patient carry those moments into their future, which informs their next experiences, perceptions, and so forth. Thus, both the nurse and the patient are changed as a result of the relationship and the nature of the experience (Watson 1985).

The transpersonal nature of the experience is connected with the nurse’s ability to be authentically present in a way that reaches out to the other, transcending ego. This is the source of compassion, when one is able to connect transpersonally. The concepts of

transpersonal and compassion are captured by Jack Kornfield: “Compassion arises naturally as ‘quivering of the heart’ in the face of pain, ours and another’s.

True compassion is not limited by the separateness of pity, nor by the fear of being overwhelmed. When we come to rest in the great heart of compassion, we discover a capacity to bear witness to, suffer with, and hold dear with our own vulnerable heart the sorrow and beauties of the world” (2002:103).

Transpersonal Caring Relationship (Parts of this section are extracted from Watson 2004a. 79)

The theoretical views on the Transpersonal Caring Relationship are consistent with the emphasis on *Caritas Consciousness* as part of the fourth *Caritas Process* (CP), while making connections with other extant nursing theory. Other contemporary nursing theories provide a view consistent with transpersonal, *Caritas/Caring Consciousness* notions discussed here.

Newman and colleagues (1991) posited a unitary, transformative paradigm to contain nursing practice and research. In such a paradigm a phenomenon is viewed as a unitary, self-organizing field embedded in a larger, self-organizing field. Knowledge is personal and involves pattern recognition. It includes perceptions and what I would call the “phenomenal field”—the subjective and intersubjective meanings of both participants. Thus, any phenomenon has to be viewed as a whole, not as an additive sum of the parts to make a whole. These notions of interconnection, as well as holographic unitary views of the universe, are consistent with the theoretical dimensions of a transpersonal caring relationship. Newman’s views of “health as expanding consciousness” and Martha Rogers’s Unitary Science (Rogers 1970, 1994) are consistent with *Caritas Consciousness* in that caring and love call upon higher levels of

consciousness for professional nursing and make connections between caring and healing/health/wholeness outcomes, transcending conventional outcomes of curing alone.

A transpersonal caring relationship is guided by an evolving *Caritas Consciousness*. It conveys a concern for the inner life world and subjective meaning of another; that other is fully embodied, that is, embodied spirit. The notion of transpersonal invites full loving-kindness and equanimity of one's presence-in-the-moment, with an understanding that a significant caring moment can be a turning point in one's life. It affects both nurse and patient and radiates out beyond the moment, connecting with the universal field of infinity to which we all belong, and in which we dwell. Thus, the moment lives on. Such an authentic spirit-to-spirit connection in a given moment transcends the personal ego level of professional control and opens the nurse's intelligent heart and head to what is really emerging and presenting itself in the now-moment. The transpersonal *Caritas Consciousness* nurse is more open, responsive, and sensitive to what is occurring—more able to “read the field,” to pick up on subtleties in the field, to use all resources and draw upon all ways of knowing: empirical-technical, ethical, intuitive, personal, aesthetic, even spiritual knowing. She or he is more able to enter into and stay within the other person's frame of reference; to shift from the functional, often routine, set procedure, agenda, or task and “see” and “hear” verbal and nonverbal cues; to attend to what is most important for the person behind the patient and the procedure. The nurse is alert and responsive to what is present and emerging for the other in this given-now-moment.

This shift of awareness and the ability to be present-in-the-now, in *this* moment, do not preclude the nurse from performing necessary tasks or procedures. Rather, transpersonal *Caritas Consciousness* actually expands the caring; indeed, in some, if not many, instances, transpersonal *Caritas Consciousness*, this acquired skill of *being present-in-the-now*, reduces the demands for caring. The care that is offered becomes more accurate, more focused, more appropriate, and generally more fulfilling for both nurse and patient. It can be healing, life giving, and life receiving. Transpersonal *Caritas Consciousness* and relationship call for an authenticity of *Being and Becoming*—more fully human and humane, more openhearted, compassionate, sensitive, present, capable; more competent as a human; more able to dwell in silence, to engage in informed moral actions with pain, discomfort, emotional struggles, and suffering without turning away. These competencies, this consciousness, are related to the other Carative Factors and *Caritas Processes* and exist at the ethical, moral ontological level and demand for professional nursing caring practice. This consciousness offers a common search for meaning for healing, for relationships of all kinds, for illness, pain, suffering, loss, death, vulnerability, and so forth.

The common ineffable human experiences we all share are those human tasks related to how to live and how to face death and dying, whether our own struggles for living and dying or those of a stranger, a patient, or a loved one. These are the *Caritas* quests for the deep reality we face in the nursing profession. Often, these are the unstated, underdeveloped, anonymous ethical human tasks we ultimately have to face and explore from within and then call upon in the professional work of caring-healing.

These are the deep tasks and human realities all health professionals face; this work ultimately involves human ontological caring competencies. Ultimately, this work requires turning toward what Stephen Mitchell noted as “the source and essence of all things, the luminous intelligence that shines from the depths of the human heart: the vital, immanent, subtle, radiant X . . . named by the ancients as ‘unnamable reality’; ‘that which causes everything to exist’ ” (1994:xiv). A turn toward “facing our humanity” and that of another, in the deep ethical sense meant by Levinas (1969), is the only way to sustain humanity across time; in this instance it is the source for sustaining Caring and Love and perhaps even the survival of the profession we know today as nursing.

By bringing attention to *Caritas Consciousness*, *Caritas Processes*, and refined Carative Factors, we are brought full circle—back to the deeply human and spirit-filled nature of professional nursing and an acknowledgment of the spiritual, mysterious, and sacred dimensions often silently residing in the margins of our work and our life. These dimensions cannot be ignored in a Philosophy and Science of Caring with an evolved *Caritas Consciousness* toward self and all of humanity. Continual spiritual growing and maturing are part of the journey of transpersonal awareness and *Caritas Consciousness Nursing*. It is a lifelong journey.

[W]e learn from one another how to be human by identifying our self with others, finding their dilemma in ourselves. What we all learn from this is self knowledge. The self we learn about . . . is every self. It is universal 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 1985:59–60)

Assumptions of a *Caritas Nurse*: Transpersonal *Caritas Consciousness* Relationship

- The *Caritas Nurse* has a moral commitment to society and humanity. She or he is able to manifest an intentionality and *Caritas Consciousness* in relation with self and other to protect, enhance, promote, and preserve human dignity and wholeness.
- The *Caritas Nurse* affirms the subjective-spiritual significance of self and other while seeking to sustain caring in the midst of threat and despair, be it biological, institutional, or other.
- The *Caritas Nurse* honors an I-Thou relationship, not an I-It relationship.
- The *Caritas Nurse* seeks to recognize, honor, and accurately detect the spirit of the other through genuine presencing, being centered, available in the now-moment.
- Through actions, words, voice, nonverbal presence, thoughts, feelings, and full use of self, the *Caritas Nurse* connects with the other.
- The *Caritas* connection may occur through intentional yet authentic acts, movements, gestures, facial expressions, procedures, information giving, touch, voice, tone of voice, type of touch, soothing sounds, verbal expressions, and/or scientific technical skills that communicate caring to the other. All these forms of professional and personal human communications and actions contribute to the transpersonal caring connection.
- The *Caritas Nurse* is not expected to have a transpersonal caring connection or caring moment with every patient. But *Caritas Consciousness* is held as a professional ideal to guide

one's moral, ethical commitment and intentionality with each patient and sustain nursing's caring mission and covenant with society.

A Caring Moment

*With every moment's light, may something beautiful be revealed to me, and
become a part of who I am.*

(Marianne Williamson)

A central component of the theory of transpersonal caring and *Caritas Consciousness*, already emphasized, is that it manifests as a special human-to-human connection in a given *Now*, in the moment, and becomes part of both individuals who experience it. This is referred to in my theoretical work as a "Caring Moment." The caring moment in-the-Now takes place when the nurse connects at a spirit-to-spirit level with another, beyond ego, personality, physical appearance, disease, diagnosis, even presenting behavior; the nurse seeks to "see" who this spirit-filled person is as she or he "reads the field" in that instance. The *Caritas Nurse* in a caring moment is using all of his or her skill, knowledge, resources, and ways of knowing. In connecting this way, the moment becomes transcendent. This kind of moment is a focal experience in space and time, but a caring moment of connection in-the-Now transcends a sense of time and space; it has a field greater than the individuals who experience it. The connection goes beyond itself yet arises from itself in the moment, and it becomes part of the life history of each person and of the larger, complex pattern of life and the universe (Watson 1985).

Holographic Premises of *Caritas Consciousness* / Relationship (Watson 2005, 2008)

- The totality of *Caritas Consciousness* is contained and communicated in a single caring moment.
- The one-caring and the one-being-cared-for are connected with each other and the unified field of the universe to which we all belong.
- The *Caritas Consciousness* of the nurse is communicated to the other.
- *Caritas Consciousness* and the caring moment are transpersonal, in that they exist through time and space and are dominant over physical care alone.
- *Caritas Consciousness* transcends the moment; thus, it has possibilities that affect both people beyond the moment.

Extant Caring Literature: Consistent with Transpersonal *Caritas Consciousness Intentionality*

Intentions remind us of what is important. . . . [I]ntention informs our choices and our actions. . . . [O]ur intentions serve as blueprints, allowing us to give shape and direction to our efforts . . . and our lives.

Kabat-Zinn and Kabat-Zinn (1997:381)

Thinking related to intentionality connects with the concept of consciousness, energy. . . . [I]f our conscious intentionality is to hold [Caritas] thoughts that are caring, loving, open, kind, and receptive, in contrast to an intentionality to control, manipulate and have power over, the consequences will be significant . . . based on the different levels of consciousness . . . and the energy associated with the different thoughts.

(Watson (1999:121; [*Caritas*] added in 2006)

Smith (1992) conducted an elaborate analysis of the extant caring literature using a Unitary Science lens. This perspective is consistent with the transpersonal dimensions discussed earlier, in that the unitary field of infinity is the context, transcending any given separate event and connecting all the parts to the whole. Her exploration of caring within this broader unitary field resulted in the identification and description of five constituents of caring:

1. Manifesting intention
2. Appreciating pattern
3. Attuning to dynamic flow
4. Experiencing the infinite
5. Inviting creative emergence.

Basically, Smith's analysis revealed shared themes across the different theoretical-philosophical writings on caring in nursing. When caring literature was explored within the unitary field of science, these were prominent features. They transcended the different authors and theories when lifted to a higher/deeper order of examination. These dimensions and ways of seeing some of the universals of what manifests in a given caring moment can be considered transpersonal; that is, the concepts of manifesting intentions, appreciating pattern, attuning to dynamic flow (in the moment), inviting creative emergence, and experiencing the infinite are all operating as part of the holographic notions experienced in *Caritas Consciousness* and a Transpersonal Caring moment.

Notions of intentionality and its manifestation refer to a deep focus on a specific mental object of attention and awareness. Smith defined manifesting (caring) intentions as creating, holding,

and expressing thoughts, images, feelings, beliefs, desires, will (purpose), and actions that affirm possibilities for human betterment or wellbeing (1992:14–28). Within the *Caritas* context, expressions of caring intentions could further include centering on the person in-the-now moment; holding loving consciousness for preserving the person’s wholeness, dignity, integrity; having reverence for what is emerging from the subjective inner processes; and approaching others with authentic presence, open to creative participation with infinity (Watson 2005).

While it is neither possible nor likely that these features will be present all the time, what happens in a caring moment does affect both parties, for better or for worse. The next section addresses the classic research of Halldorsdottir (1991), which helps us understand the for-better-or-for-worse outcomes of caring-non-caring for patients and nurses.

Halldorsdottir Model : From Non-Caring to Caring/ Biocidic to Biogenic (*Caritas*) Caring

Halldorsdottir’s (1991) classic, clinical research led to a classification of nurse patient relationships, based on the patients’ experience, that allows us to grasp the continuum from uncaring to caring, which perhaps we can extend to *Caritas Consciousness* and add the continuum from non-healing to healing (Quinn et al. 2003).

- Biocidic—life destroying (toxic, leading to anger, despair, and decreased well-being)
- Biostatic—life restraining (cold, or patient treated as a nuisance)
- Biopassive—life neutral (apathetic or detached)

- Bioactive—life sustaining (classic nurse-patient relationship as kind, concerned, and benevolent)
- Biogenic—life giving and life receiving for both patient and practitioner the highest level of caring (consistent with transpersonal caritas views and relationship between caring and healing for self/other).

The biogenic mode is closely aligned with notions of transpersonal and *Caritas Consciousness* in a caring-healing relationship. As Halldorsdottir put it: This [biogenic; transposed here as *Caritas* model] involves loving, benevolence, responsiveness, generosity, mercy and compassion. A truly life-giving presence offers the other interconnectedness and fosters spiritual freedom. It involves being open to persons and giving to the very heart of man [sic] as person, creating a relationship of openness and receptivity, yet always keeping a creative distance of respect and compassion. The truly life-giving or biogenic presence restores well-being and human dignity; it is a transforming, personal presence that deeply changes one. (Halldorsdottir 1991:44).

She continued, “For the recipient there is experienced an in-rush of compassion . . . like a river, and there is a transference of positive energy, strengthening, inspiring. . . . This life giving presence is greatly edifying for the soul of the other” (Halldorsdottir 1991:46).

This biogenic relationship parallels Watson’s “transpersonal caring moment” (cited in Quinn et al. 2003) and its evolution here toward *Caritas Consciousness and Processes* as the basis for an authentic caring healing relationship (Watson 2004a). For example, Halldorsdottir’s research

describes one patient as saying: “[T]he sense is somehow that your spirit and mine have met in the experience. And the whole idea [is] that there is somebody in the hospital who is *with me*, rather than working *on me*” (Halldorsdottir 1991:44).

Florence Nightingale as Original Theoretical Foundation for Caring / *Caritas Consciousness* Relationship

I would be remiss if I did not acknowledge the source and origin of caring-healing relationships in the ultimate sense that it is really nature that cures. Nightingale’s well-known mandate is the common knowledge that the role of the nurse is to put the patient in the best condition for nature to act upon him or her (Nightingale 1969). It is assumed that we can now make new connections (from Nightingale forward to contemporary nursing literature to new science models): these caring, healing, loving relationships are natural; and, in Nightingale’s model, such a relationship puts the person in the best condition for nature to act upon him or her. Indeed, in this *Caritas Nursing* model of Caring Science, it is the *Caritas Consciousness* within the relationship that guides professional actions, all of which contribute to healing and wholeness.

A related theoretical research document posited that “[t]he human to human relationship has the capacity to mediate a host of psychophysiological processes for better or for worse. . . . The biogenic or healing relationship assists in creating the conditions by which the innate tendency toward the emergence of healing is facilitated and enhanced in terms of renewal, order, increased coherence and transformation—the Haelan effect in Quinn’s framework” (Quinn et al. 2003:A75).

Likewise, one can posit the opposite; that is, patient-nurse relationships in which increased fear, anxiety, anger, despair, depression, and so on are present can be thought of as “unhealing” or, according to Halldorsdottir’s research, biocidal or biocidic—the opposite of biogenic, life-giving, life-receiving relationships. In addition to the nursing theoretical frameworks that support *Caritas Consciousness* in transpersonal caring-healing relationships, there is well-established “literature in psychoneuroimmunology, social support, love, and chaos and system theories which affirm[s] this perspective. Both social support and love have been shown to affect health status” (Quinn et al. 2003:A75). A theoretical statement that seems to connect all the notions put forth here about caring transpersonal relationships, *Caritas Consciousness*, evolving consciousness, healing, wholeness, natural process, love, and so on is summarized in a quote from Quinn and colleagues: “The healing relationship might be viewed as a type of critical social support, and as a particular kind of love, offered in moments of intense disequilibrium and vulnerability. It is, perhaps, the added energy in the system that allows the patient to emerge out of the chaos into a higher order—in other words, healing” (Quinn et al. 2003:A75).

In summary, Caring Science Theory and Scholarship provide a transformative framework for the maturing of nursing as a distinct discipline and profession for this century and beyond.

It is a privilege to participate in helping to create new philosophies, ethics, theories, practices and research and clinical scholarship in Caring Science and theory of human caring. Indeed, I most proud and honored to accept this Honorary Degree from Universitat Rovira I Virgili,

Tarragona, Spain, and I humbly thank all my colleagues here and around the world for furthering their work in human caring to better serve society and the world at this time.

My deepest gratitude and sincere thanks for the opportunity to share my journey into caring science and theory of human caring and for recognizing my scholarship and its impact on nursing in this 21st century generation of nurses and health care.

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