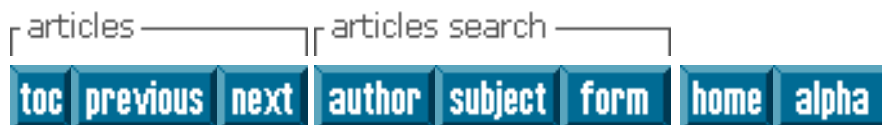


s theory of human caring and subjective living experiences: carative factors/*caritas* processes as a disciplinary guide to the professional nursing practice.

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ARTIGO ORIGINAL  
REFLEXÃO TEÓRICA

### **Watson s theory of human caring and subjective living experiences: carative factors/*caritas* processes as a disciplinary guide to the professional nursing practice<sup>1</sup>**

**A teoria do cuidado humano de Watson e as experiências subjetivas de vida: fatores caritativos/*caritas* processes como um guia disciplinar para a prática profissional de enfermagem**

**La teoría del cuidado humano de Watson y las experiencias subjetivas de vida: factores caritativos/*caritas* processes como una guía disciplinar para la práctica profesional de enfermería**

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### ABSTRACT

This article provides an overview of Watson's theory of Human Caring, the notion of *Caritas* and human emphasis is placed upon the theoretical structure of human caring theory referred to as 10 Carative Factors and subjective living processes and experiences. These core conceptual aspects of the theory and human grounded within the philosophical and ethical foundation of the body of my caring theory work. Together for professional practice, as well as a disciplinary blueprint for the Science of Care.

**Keywords:** Nursing theory. Professional practice. Nursing care. Nursing.

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### RESUMO

Este artigo fornece uma visão geral da teoria de Cuidado Humano de Watson, a noção de *Caritas* e o foco ênfase especial é dada sobre os 10 Fatores Caritativos / *Caritas Processes*, os processos de viver humano e subjetivas de vida que fazem parte da estrutura da teoria. Estes aspectos centrais dos conceitos da teoria são desenvolvidos na fundamentação filosófica e ética do corpo da Teoria de Cuidado. Juntos, eles se aplicam à prática profissional, bem como, um esquema disciplinar para a Ciência do Cuidado.

**Palavras-chave:** Teoria de enfermagem. Prática profissional. Cuidados de enfermagem. Enfermagem.

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### RESUMEN

El presente artículo ofrece una visión general sobre la teoría del Cuidado Humano de Watson, la noción de fenómeno humano. En este estudio se da un énfasis especial a los diez factores Caritativos / *Caritas Processes* de vivir humano y a las experiencias subjetivas de vida, los cuales forman parte de la estructura de la teoría de los conceptos de la teoría y los procesos del vivir son desarrollados en el fundamento filosófico y ético de la teoría de Cuidado; todos esos aspectos juntos sirven como una guía para la práctica profesional, así como un esquema disciplinar para la Ciencia del Cuidado.

**Palabras clave:** Teoría de enfermería. Práctica profesional. Atención de enfermería. Enfermería.

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## INTRODUCTION

The origin of the original theory of human caring was my first book – *Nursing: the philosophy and science of nursing* work was published before there was formal attention to nursing theory as the disciplinary foundation for nursing education, and practice.

The origin of the theory of human caring was first work "emerged from my quest to bring new meaning to the science of nursing and patient care" and to the inner subjective life experiences of self and other.<sup>2:49</sup> It also seeks to provide an ethical- philosophical foundation for the deeply human dimensions of nursing.

The theoretical concepts were derived and emerged from, my personal/professional experiences; they empirically grounded and combined with my philosophical, intellectual, and experiential background emerged from my own values, beliefs, perceptions and experiences about rhetorical and ineffable questions: What does it mean to be human? What does it mean to care? What does it mean to heal? What does it mean to develop practices about life phenomena and subjective human experiences? What is a living philosophical core and life meaning in health and illness?

Questions and views of personhood, life, death, change, health, healing, caring, wholeness, pain, suffering, guiding my quest to identify a framework for nursing as a distinct entity, profession, discipline and science separate from, but complementary to medicine.<sup>1</sup> My views were heightened by my commitment to the mission of nursing; its ethical covenant with society as sustaining human caring; in honoring the lived other; in seeking to preserve humanity, even when threatened; attending to and helping to sustain human oneness of being, to hold the other in their wholeness, even when they could not feel whole themselves, which transcend illness, diagnosis, condition, setting, and so on, and are enduring and timeless across changes in society and science.

Since then, the original work has expanded and evolved through a generation of other theory-based books followed:

- "Nursing: human science and human care, a theory of nursing". Connecticut (USA): Appleton/Century Reprinted/republished, New York (NY/USA): National League for Nursing; 1988. Reprinted/republished Jones & Bartlett; 1999.<sup>3</sup>
- "Postmodern nursing and beyond". Edinburgh (Scotland): Churchill-Livingstone. Reprinted/republished Brace/Elsevier; 1999.<sup>4</sup>
- "Caring science as sacred science". Philadelphia (USA): FA Davis; 2005.<sup>5</sup>

The first book "Nursing: the philosophy and science of caring"<sup>1</sup> provided the original core and structure Human Caring: 10 Caring Factors. These factors were identified as the essential aspects of caring in a perhaps nurses were not practicing professional nursing, but were functioning as technicians or skilled dominant framework of medical techno-cure science. The second book "Nursing: human science and nursing"<sup>3</sup> expanded upon the philosophical, transpersonal aspects of a caring moment as the core framework the ideas more explicitly within a broader context of ethics, art and even metaphysics-spiritual, as deeper within which nursing dwells, but often does not name, nor articulate, nor act on.

As it has been pointed out in postmodern discourse today; "if a profession does not have its own language thus it is important to name, claim, articulate and act upon the phenomena of nursing and caring and living experiences of self and other; this focus for nursing and caring science is essential if nursing is to have a *raison d'être* for existing in science and society. This work makes more explicit that if nursing is to survive then it has to sustain and make explicit its covenant with the public which includes knowledge, values and practices of caring, healing, health, and living phenomena of human experiences.

The third book "Postmodern nursing and beyond"<sup>4</sup> brought a focus to the professional paradigm which ontology of relations and an ethical-ontological foundation before the conventional epistemology of science. The need to clarify the ontological foundation of Being-in-Relation within a Caring paradigm; the unit of care was the focus of this work, going beyond the outdated separatist ontology of modern, Era I medical in

It is here in this book that the spiritual and evolved energetic aspects of caring consciousness and interpresence and personal evolution of the practitioner became more developed. This evolution was placed in a post-modern cosmology of healing, wholeness, oneness which is an honoring of the unity of all, and life phenomena in which nursing dwells.

My most recent theoretical book "Caring science as sacred science"<sup>5</sup> was selected as an AJN Book of the Year in the category of research; it expands further upon the original work on caring, now placing Caring Science

moral-philosophical – evolved scientific context, guided by the works of Emmanuel Levinas (French) (Danish).<sup>7</sup> This latest work seeks a science model that reintegrates metaphysics with the physical domain of Belonging, (to infinite field of Universal Cosmic Love) as before and underneath Being-by-Itself and separate from, the broader universal field of infinity, to which we all belong and return to from earth brings a decidedly sacred dimension to the work of caring, making more explicit that living human experiences with spiritual and philosophical-ethical-moral dimensions; reminding us that we dwell in mystery because we are working with the living processes, the life force, life energy, the soul if you will.

This focus makes more explicit that relational, existential-spiritual human caring dimensions and the deeper meaning of life are part of the inner healing journey we make with self and others on this earth. It happens when we are practicing within a caring-healing model. When we are conscious of an expanded deeper moral-ethical foundation as the nature of caring and human living processes, we have understanding and humility. We are asked to acknowledge a need for wisdom, even to surrender, to the Self, and the outer world controls, that often we think we have.

With that background of my major books on Caring theory, Philosophy, and Caring Science the rest of several of the conceptual aspects of the work; the core of the original work in context of its evolution; and Factors (CF).

## **DEVELOPMENT**

The *Caritas Processes* (CP) are juxtaposed against the original Carative Factors. The *Caritas Processes* are other which have evolved; CP are intended to offer a more fluid language for understanding a deeper the deeper dimensions of living processes of human experiences. The original terms and concepts of CF needed to evolve as they seemed too set in the language of the earlier era, although still relevant.

Nevertheless, in this article, I am using the two forms almost interchangeable. However, *Caritas* makes connection between Caring and Love and human living processes. These aspects are more prominent in science.<sup>5</sup>

Some exemplars of how the work is used as a guide to transforming practices within the context of living are included in [Box 1](#).

### Box 1 – 10 Carative factors and caritas processes.

Original 10 Carative Factors, juxtaposed against the emerging <i>Caritas Processes</i> / Carative Factors	<i>Caritas Processes</i>
1. Humanistic –Altruistic Values.	1. Practicing Loving-kindness & Equanimity for self
2. Instilling/enabling Faith & Hope.	2. Being authentically present to/enabling/sustaining deep belief system and subjective world of self/other
3. Cultivation of Sensitivity to one's self and other.	3. Cultivating of one's own spiritual practices; deep awareness, going beyond "ego self".
4. Development of helping-trusting, human caring relationship.	4. Developing and sustaining a helping-trusting, authentic caring relationship.
5. Promotion and acceptance of expression of positive and negative feelings.	5. Being present to, and supportive of, the expression of positive and negative feelings as a connection with spirit of self and the one-being-cared-for.
6. Systematic use of scientific (creative) problem-solving caring process.	6. Creatively using presence of self and all ways of multiple ways of Being/doing as part of the caring process; engaging in artistry of caring-healing practices.
7. Promotion of transpersonal teaching-learning.	7. Engaging in genuine teaching-learning experience; attend to whole person, their meaning; attempting to understand within other's frame of reference.
8. Provision for a supportive, protective, and/or corrective mental, social, spiritual environment.	8. Creating healing environment at all levels (physical, subtle, energetic, spiritual) whereby wholeness, beauty, comfort, dignity and peace are potentiated.
9. Assistance with gratification of human needs.	9. Assisting with basic needs, with an intention of consciousness of touching and working with embodiment of individual, honoring unity of Being; allowing for emergence.
10. Allowance for existential-phenomenological spiritual dimensions.	10. Opening and attending to spiritual-mysterious, universal existential dimensions of life-death; attending to soul of self and one- being- cared- for.

These 10 original Carative Factors remain as the timeless structural core of the Theory, while allowing for emergence into more fluid aspects of the model captured by the 10 *Caritas Processes*.

In introducing the original concepts of Carative Factors as core for a nursing philosophy and science, I provided a theoretical counterpoint to notion of **Curative** so dominant in medical science. Thus, the Carative Factor framework to hold the discipline and profession of nursing; they were informed by a deeper vision and awareness of the human dimensions /living processes of caring in nursing; the art and human science context. I was aware of aspects of professional nursing that transcended medical diagnosis, disease, setting, limited and changing technology of specialized foci. What remains as core? 10 Carative Factors (embellished by philosophical *Caritas* consciousness).

In moving from the concept of **Curative**, to *Caritas* I was making an overt evocation of love and caring paradigm to connect with the existential-spiritual dimensions and living processes of human experience; ironically places nursing in its most mature paradigm, while reconnecting with heritage and foundational the spiritual living processes of our humanity.

With *Caritas* incorporated more explicitly into my work, it locates the theory within an ethical and ontological point for considering not only its science, but its societal human caring mission. This direction makes

connection between caring and healing and the evolved human consciousness of living subjective experiential phenomena. The background for this work is published on my website. See [www.uchsc.edu/nursing/](http://www.uchsc.edu/nursing/) for more information.<sup>8</sup>

## **CONTEXT FOR CARATIVE/CARITAS PROCESSES**

The Carative Factors/Caritas Processes are not complete without acknowledging the worldview and philosophy which holds the concepts. For example: a cosmology of oneness of Being; phenomenal field which holds the intersubjective inner life world, transpersonal caring relationship, caring occasion and caring moment. These dimensions serve to remind that any nurse – patient encounter can be considered a caring occasion and a "caring moment" can be created and experienced, depending upon the consciousness, intentionality, and philosophy which is guiding the nurse.<sup>2</sup> A caring moment transcends time and space and continues as a pattern of life of both nurse and patient.

### **Narrative related to Ten Carative Factors<sup>1</sup>**

#### *Humanistic: altruistic system of values*

Caring is grounded on a set of universal humanistic altruistic values. Humanistic values include kindness and love for self and others. They derive from childhood experiences and are enhanced by beliefs, cultural values arise from commitments to and satisfaction from receiving through giving. They bring meaning to one's belief and relationships with other people. Humanistic-altruistic feelings and acts provide the best way to promote the best professional care, and as such, constitute the first and most basic factor for science and practice.

#### *Enabling and sustaining faith and hope*

The history of medicine is replete with documentation of the importance of a person's belief in faith and hope. Hippocrates thought that an ill person's mind and soul should be inspired before one's illness was treated. In these examples, medicine itself was secondary to magic, incantations, spells, and prayers. In this Carative Factor, faith and hope are encouraged, honored and respected as significant influences in promoting and maintaining health. Regardless of the scientific regimen is required for medical care of a person, the nurse should nurture faith and hope and hope of the one-being- cared for. Even when there is nothing left to do medically, the nurse nurtures a patient with something or someone beyond his or her self.

#### *Sensitivity to self and other*

To be human is to feel. All too often people allow themselves to think their thoughts, but not feel their feelings. To develop sensitivity to one's self and to others is to recognize and feel one's feelings.

The development of self and the nurturing of judgment, taste, values, and sensitivity in human relationships are essential to emotional states. The development of feeling is encouraged by the humanities and compassionate life.

Sensitivity to self is the recognition and acknowledgement of feelings – painful as well as happy ones. It involves turning into oneself and a willingness to explore one's own feelings. People who are not sensitive to and repress their feelings will be unable to allow others to express and explore their feelings. Sensitivity to self not only leads to self-actualization and psychological growth, but to sensitivity and acceptance of others.

Nurses who are sensitive to others are better able to learn about another's view of the world which, such as their concern for others' comfort, recovery, and wellness. Nurses who recognize and use their sensitivity promote their own and self-actualization, and are able to encourage the same growth in others. Without this factor nursing is incomplete.

### **Developing helping: trusting, caring relationship**

The human caring relationship is transpersonal. In that it connotes a special kind of relationship: a caring relationship.

person, a high regard for the whole person and their Being-in-the-world. In the transpersonal human nurse enters into the experience of another person, and another can enter into the nurse's experiences intersubjectivity in which both persons are involved. It is an art in which the nurse forms a union with the spirit-filled person, behind the patient, that transcends the physical. This connection honors human dignity and preservation of humanity.

### *Promoting and accepting the expression of positive and negative feelings and emotions*

Because feelings affect thoughts, behavior, and experiences, they need to be acknowledged and human caring process. A focus on feelings and the "non-rational" emotional aspects of an event is needed and engaged in the human caring process. The caring relationship can move to a deeper, more honest and nurse allows for this CF. Further, in listening to and honoring another person's feelings we honor their meaning and importance for them and their healing. By listening to another person's story, it may be that can offer. It may be the nurse who is the only one who listens to and honors another's story and all the that accompany it.

### *Engaging in creative, individualized, problem-solving caring process*

Professional nursing employs the nursing process, which is a creative, problem-solving method to assist in all nursing situations. A creative approach acknowledges that nurses use all ways of knowing/being/doing clinical caring. Nursing problem solving is not a linear one-to-one process, but often the nurse walks and grasps the "gestalt" – reading the field, in the instant. This process involves full use of self and all of one's instincts, intuition, aesthetics, technology, skills, empirics, ethics, personal and even spiritual knowing model for practice, all knowledge is valuable and accessed for clinical caring. The process invites creativity as systematic scientific logic and technology.

### *Transpersonal Teaching-Learning*

Nurses have a long history about the educational-teaching role; however there has been more emphasis on information rather than a conscious intentionality to engage in authentic processes and relationships reciprocity, in that the nurse seeks to work from the patient's frame of reference, grasping the meaning and information for the person, as well as the readiness and timeliness for the person to receive the information explicit that learning is more than just receiving information and data. It involves a caring relationship teaching learning. This CF evolves toward more of a coaching role in which the person becomes their own contrast to a conventional imparting- of- information role.

### *Provision of supportive, protective, and/or corrective mental, physical, societal, and spiritual environment*

The purpose of providing such an environment is quality care and also healing/wholeness. The areas are: comfort; privacy; safety; clean; aesthetic surroundings.

Nurses often have a great deal of control of the environment, but without a consciousness of their obligation systematical responsibility for the environment to protect, support and/or correct the patient.

More recently this factor has taken on entirely new meaning. In addition to acknowledging the environment physical place to attend to in conventional way, one now is invited to consider the nurse as influencing the environment. For example, using theory as guide to environment one can think of the nurse as repatterning the environment for harmony, and use of caring-healing modalities to assist in patterning a more healing environment; e.g. relaxation, music-sound, intentional touch, art and so forth.<sup>9,5</sup> An even more expanded view of environment Quinn<sup>9</sup> and expanded by Watson<sup>5</sup> suggests and invites us to consider the nurse as the environment. In this view we are invited to consider the practitioner and his/her evolved caring consciousness, presence, intent as the critical ingredient in the environment.<sup>5</sup>

In this view, then we have to turn toward the practitioner and the Nurse Self as an energetic, vibrational presence for patient and outer environment. This is a unitary, caring science view of environment and raises new questions.

- If *I am* the environment, how can *I Be* a more caring-healing environment?
- How can I *Become* a safe space, a sacred vessel for this patient and his/her inner healing journey?
- In what ways can I look at, into this person (how am I to *face* this other) to draw out healing/wholeness?
- How can I use my consciousness, my *Being*, my presence, my voice, my touch, my face, my hands, my

Environment now takes on entirely different meaning with this evolved view, moving beyond physicality, having to pay attention to the nurse and his/her caring consciousness affecting the entire field.

*Assisting with gratification of Basic Human Needs, while preserving human dignity and wholeness*

Assistance with another's basic needs gives nurses access to the physical body in a very intimate way. It is a great gift to society to take care of others when in need of care. In a Caring Science model it is acknowledged however is not just touching one physical body or meeting physical needs, but noting that when touching is touching just the body, but embodied spirit. It is also made explicit in this work that all needs are unified and all needs are equally important and must be valued and responded to for caring-healing.

*Allowing for, being open to, existential-phenomenological and spiritual dimensions of caring and healing*

This last CF brings up the phenomenon of the unknowns, which cannot be explained scientifically, the limits of modern medicine. This CF allows for mystery and philosophical, metaphysical aspects of human existence and phenomena which do not conform to conventional views of science and rational thinking. Nevertheless, these are real to those affected. This CF allows for spirit-filled meanings and unknowns to emerge open to in the form of miracles. This CF honors spirit-filled meanings, cultural beliefs, myths, and metaphors and inner subjectivity of patients and families, allowing cures and miraculous cures and healings.

## CONCLUSION

Finally this framework for Caring Science and practices proposes that nursing, individually and collectively, seeks the preservation of humanity and seeks to sustain caring in instances where it is threatened. The Carative Model serves as structure and order for a theoretical – philosophical foundation for the discipline and professional practice. The ideals and caring factors and processes proposed foster the evolution and deepening of humankind and humanity.

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Spirituality in the academy, inheritance due to the predominance of mining is striking.  
s theory of human caring and subjective living experiences: carative factors/caritas processes as a disciplinary guide to the professional nursing practice, apodeictic, without the use of formal signs of poetry, is undeniable.

