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Unitary Caring Science: Caritas Compassion Transpersonal Theory

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1　Introduction

Tumultuous times in our world require a new/old unitary worldview: an evolving consciousness about converging ideas of nursing, because we dwell in the sacred circle of life and death and beyond. Post-COVID has awakened us to the reality of oneness of all, encompassing a quantum leap for a new worldview, a worldview of unity and connectedness of all things.

In my writing I refer to this shift as unitary caring science for nursing, caring, healing and health care. We are faced with one world/one humanity/ one Planet (Watson, 2018, 2021). Transpersonal caring is guided by the underlying ethic of and worldview of unity, which connects persons, heart- to- heart with loving kindness. Transpersonal refers to an ontology of Being and Becoming, in relation beyond separation. Transpersonal also means 'beyond ego' whereby one is authentically present in the moment with compassion, open to an infinite field of possibilities (Watson, 2018). Transpersonal caring relationship transcends time, space, and physicality; it is held philosophically within the context of a unitary caring science intersects as a larger framework of science.

2　The Framework of Unitary Caring Science and Transpersonal Theory

The framework of unitary caring science and transpersonal theory includes the following principles: The Ethic of Belonging; The Ethic of Face; and The Ethic of Hands.

Each one of these informs the transformative unitary paradigm for Nursing and specifically my work in philosophy and science of caring as well as transpersonal caring theory.

2.1　The Ethic of Belonging

The Ethic of Belonging was posed by French philosopher Levinas (1969) and submitted that we all 'Belong to the Infinite Field of Universal Cosmic Love', before our Separate Being. This worldview of unity and oneness of all reflects a quantum universe of connectedness, which transcends our separate ego physical self. This ethic also represents the reality of the sacred circle of life and death to which we all belong, before birth and after death, awakening the sacred science of caring. Further, Levinas posed Ethic of Belonging as the first principle of science. Thus, it is a foundational starting point and worldview for unitary caring science and my most current theoretical philosophical perspective.

2.2　The Ethics of Face

The Ethics of Face, likewise was posited by Levinas (1996) as a core principle of human evolution

and survival of humanity. His work on Ethics of Face acknowledged that humanity either evolves further as infinite evolution to higher consciousness – or – we totalize our humanity and each other. The view is in spite of the paradox of virtual reality; in that "the only way we can survive as humans at this point in human history is through the Face -to-Face connection". When we look into the face of another person, we are looking into the mystery and infinity of human soul; when we look into the mystery and infinity of other, it mirrors back the infinity of our own soul. The face to face connection also reflects the Ethic of Belonging that unites us across time and space.

2.3　The Ethics of Hands

The third principle of Unitary Caring Science is posited by ethicist Logstrup (1997), a Danish philosopher. His philosophy highlighted the metaphorical and literal reality that we hold another person's life in our hands. This ethic is core to nursing and human caring practices. In his words he noted: "the life in our hands is a sovereign expression of life as given to us, before and beyond ego; with expressions of trust, love, honesty, forgiveness, gratitude- beyond feelings that are negative expressions of life…". (Logstrup, 1997, p.18.). He referred to this view as an Ethical Demand, to take care of the life which is in our hands. Within caring science and the infinite energy of love, it is important to highlight that our hands are connected with our heart; the heart is the very source of love, caring, compassion and our inner truth. So the ethics of hands takes on important meaning for nursing and the use of our hands in healing.

3　Ten Caritas Processes®

The Ten Caritas Processes of the transpersonal caring theory provide core language of the universals of human caring, which nurses are offering every day. However, because Caring has not been named, it has been invisible, without acknowledging, naming, documenting, researching. Further caring language has not been used as the foundational ethical, philosophical guide to micro and macro caring practices, contributing to patient and nurse caring-healing and health outcomes. It must be acknowledged in this postmodern time, that any profession without its own language does not exist. It is also important to know that these 10 Caritas Processes are located within the larger unitary caring science paradigm, the most mature level for honoring nursing's phenomenon and vicissitudes of human experiences.

3.1　Transpersonal Caring Moment

The nurse- patient relation in any given moment is affected by the presence, intentionality, consciousness, authenticity of the nurse in a given moment. Each caring moment is informed by nurse's theory, philosophy, ethic, and authentic use of self in a given moment. Unitary Caring Science is context for any and each transpersonal caring moment, guided by the professional nurse's evolution and consciousness. Such mature practice at micro and macro level can be framed as Caring Praxis, beyond usual practice of Doing, transformed toward a Relational Ontology of Being. The ten Caritas Processes provide the language and theoretical foundation and structure of nursing. However, where the theory lives is in a Caring Moment, which is transpersonal, in that each moment is unique and goes beyond two individuals; rather beyond ego of nurse or even ego of nursing profession; rather nurse being authentically present, open and receptive to see, to hear and to honor with dignity each individual.

3.2　The Ten Caritas Process

3.2.1 Caritas Process 1

Embrace – Practice of Loving Kindness, Compassion and Equanimity, for Self-first: before one is able to offer another authentic caring. Professional theory-guided practice requires informed moral action, such as honoring each of the Caritas Processes as guide for self as well as other.

3.2.2 Caritas Process 2

Inspire – Faith and Hope, through authentic presence. Honoring the subjective beliefs and inner life world of other; appreciating sacred presence. Staying within other's frame of reference. There is so much research and knowledge about the role of faith and hope; the role of religion and one's inner belief system which affects outcomes. In this process the nurse honors the whole person and their inner world beliefs even if they differ from mainstream medicine. Here the nurse works strictly from patient/family beliefs, not judging or attempting to impose own beliefs; while inspiring and enabling patient/family practices.

3.2.3 Caritas Process 3

Trust – Transpersonal Self - being sensitive to self/others- going beyond ego to transpersonal presence. Trust is immediately detected by the nurses' presence, intentionality, heart-centered awareness, holding space for pausing, listening, hearing beyond words. As soon as the nurse walks into a patient's room, the patient will know whether they can trust this nurse or not.

3.2.4 Caritas Process 4

Nurture – Relationship. Heart to heart authentic relation via trust and loving presence. Holding Caritas Consciousness in relation with other. Everything is in-relation and here the nurse moves beyond Doing Nursing to Being authentically presence. Caritas Process 3 and 4 go hand in hand.

3.2.5 Caritas Process 5

Forgive-All – Allow for expression of positive and negative feelings; non-judgmental acceptance, holding sacred space to listen to another's story. Listening to other's story may be the greatest healing gift – where for perhaps for the first time, they hear themselves beyond the usual inner script; Nurse is there holding sacred space allowing patient to hear self; result they often come up with new solutions and new options for self; for self-care, self-knowledge, even self-healing approaches.

3.2.6 Caritas Process 6

Deepen – Creative self; nurse and patient move beyond 'problems' to strengths and creative solutions; allow for creative emergence. Invite an Expanded epistemology – allowing for multiple and all ways of knowing to be considered, not just empirical data alone. It is unethical to limit our knowledge and ways of knowing to only one form of knowledge. Subjective meaning and inner life experiences also count as knowledge, as well as personal, intuitive, aesthetic, ethical, spiritual as well as empirical-scientific knowledge.

3.2.7 Caritas Process 7

Balance – Learning with authentic teaching; appreciating inner listening and subjective meaning for understanding one's inner life world, leading to heart-centered wisdom. This process results in 'coaching' other in self-caring, self-knowledge, self-control, self-choices, and self-healing approaches. Without learning, there is no teaching. It requires realizing that information is not knowledge, knowledge alone is not understanding, understanding is not the same as internalizing, internalizing leads to wisdom.

3.2.8 Caritas Process 8

Co-create – Caritas Field; create healing environment, by 'being' the caritas field of loving - trusting, heart- to- heart connections. The Caritas conscious nurse is the healing environment. We can have the most beautiful physical environment, but if the humans in the field are not caring, the environment can be toxic or biocidic for nurse as well as patients/families.

3.2.9 Caritas Process 9

Minister – humanity and basic needs with reverence as sacred acts, sustaining human dignity, viewing bodyspirit as one. Helping another with basic human needs when they are unable to do for self, is one of greatest healing acts nurses offer to humanity. A Caritas conscious nurse knows they are not just touching the body, but also the mind, the heart, and the soul of

patient. Requiring a Caritas loving consciousness to minister to another as a sacred gift.

3.2.10 Caritas Process 10

Open – to infinity and evolution of consciousness; allowing to spiritual existential unknowns, beyond conventional medical science, open to miracles and mystery of caring-healing and infinite possibilities. Conventional science and Western mindsets of medical science do not have all the answers to human health and healing. Nurses experience miracles and mystery in patient outcomes every day (Watson, 2019).

3.3　Summary Note on Caritas Processes®

It is important to note that the Caritas Processes are not linear. They are a gestalt of the whole Caritas Consciousness in any given moment. It is like a hologram. The whole Caritas Consciousness is present in any given moment. Transpersonal caring moment represents any of the Caritas Processes which transcend time, space, and physicality. A transpersonal caring moment of any of the Caritas processes lasts with the patient and the nurse as long as they live, informing the next moments of their life. Thus, the Ethic of Belonging; the Ethic of Face and Ethic of Hand are present through Transpersonal Caritas in any given moment. This dynamic is a life-giving and life-receiving exemplar of Caritas Praxis.

As a transition from overview of Caring Science Caritas Processes and Transpersonal Moment it is helpful to examine the congruence between Unitary Caring Science/Caritas Processes and Transpersonal with the latest definition of Nursing from American Nurses Association (ANA) (2021).

Nursing integrates the art and science of caring and focuses on the protection, promotion, and optimization of health and human functioning; prevention of illness and injury; facilitation of healing, and alleviation of suffering through compassionate presence. Nursing is the diagnosis and treatment of human responses and advocacy in the care of individuals, families, groups, communities, and populations in recognition of the connection of all humanity.

The highlighted areas with the latest ANA definition reflect a Unitary Caring Science Paradigm and Transpersonal Caring values as part of the evolved definition of nursing. It is the first time ANA has included caring in its definition; previously the definitions were medicalized -clinicalized views of nursing and humanity, e.g., diagnosis and treatment language.

Together Unitary Caring Science and Transpersonal Caring Theory provide a mature disciplinary foundation for Nursing for this time of change, so needed to sustain human caring and human dignity for both nurses and patients alike. Identifying the Ethics and Quantum Transformative thinking for Unitary Caring Science provide a universal timeless framework for nursing past, present and future.

In summary I have identified the essence and advantages of expanding Nursing and Unitary Caring Science Paradigm and Transpersonal Caritas as a way forward to sustain nursing's global covenant with humanity.

4　WATSON ESSENCES OF UNITARY CARING SCIENCE

The Unitary Caring Science contains the following essences:

1)　Brings infinity of LOVE back into Nursing and Health Care/Science

2)　Provides Universal Nursing Language for Universals of Caring Phenomena

3)　Introduces Transpersonal - Metaphysical –Sacred

4)　Integrates ancient and contemporary Energetic Caring Healing Arts

5)　Provides a Full Circle of Caring Science evolution: e.g. Unitary Philosophy – Ethic – Theory – Micro/macro Caritas Praxis/Education – Measurements and Research

5　Final Summary

Unitary Caring Science: Transpersonal Human Caring provides a full circle of knowledge to guide the practice, research, education, and leadership for Nursing's' future. The core Philosophy, the Ethical principles of Unitary Caring, Core Values that guide Caritas Processes as theoretical frame for micro and macro practices; combined with measures and outcomes of Caring as essential to all healthcare. Philosophy / Ethic / Values / Theory / Practice / Research-Measures / Outcomes Without nursing advancing within its own philosophical -ethical – theoretical framework, it is doomed to remain as very good technicians of a totally new quantum universe, required for caring, healing and health for all.

Declaration

This paper is based upon a conference presentation in Lisbon, Portugal, June 2023. Reprinted with permission from Dr. Jean Watson.

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整體關懷科學與超個人理論：Watson 的博愛關懷理論

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1　序言

當世界處於混沌不安的時期，我們需要一種新舊合一的世界觀：一種將護理理念趨同化的發展意識，因我們活在生死輪迴的神聖循環中。新冠病毒後疫情時代喚醒了我們，讓我們認清萬物一體的現實，更帶我們躍到新的維度看世界，看宇宙一體，萬物相連。

本文將以此轉變作為整體護理科學中，護理、關懷、治療和保健的根據，審視我們在世界/人文/星球皆一前如何自處（Watson, 2018, 2021）。

超個人關懷植根於以愛和良善連結人心的合一的倫理和世界觀。超個人是指存在和演變，而非分離和割裂；是超越本我，是此時此刻懷著激情的存在，對無限的可能持開放態度（Watson, 2018）。超個人關懷關係跨越時間、空間和肉身，本質上屬於整體關懷科學，而整體關懷科學屬於寬域科學範疇。

2　整體關懷科學與超個人理論的框架

整體關懷科學和超個人理論的架構包括以下原則：歸屬倫理（The Ethic of Belonging）、面容倫理（The Ethic of Face）和掌控倫理（The Ethic of Hands）。

其中每一項都構建了護理的變革性統一範式，特別為我在護理哲學和科學，以及超個人關懷理論方面的工作提供依據。

2.1　歸屬倫理

歸屬倫理是由法國哲學家列維納斯（Levinas, 1969）提出的。他認為，在我們獨立的存在之前，我們都「屬於宇宙之愛的無限領域」。這種萬物一體的世界觀反映了一個相互聯繫的量子宇宙，它超越了我們獨立的肉體自我。這種倫理也體現了我們所有人在出生前和死後都隸屬神聖生死循環的現實，喚醒了神聖的關愛科學。此外，列維納斯將歸屬倫理視為科學的首要原則。因此，它是整體關懷科學的基礎起點和世界觀，也是我當前的理論哲學觀點。

2.2　面容倫理

面容倫理同樣被列維納斯（Levinas, 1996）列為人類進化和存活的核心原則。他的面容倫理研究認為，人類要麼隨著無限進化而進一步進化到更高的意識，要麼我們將彼此各自的人性整合在一起。儘管虛擬現實存有悖論，但「唯有透過面對面的連結，我們才能在人類歷史的這一刻，作為人類生存下去」。當我們凝視另一個人的臉時，我們就是在凝視人類靈魂的神秘和無限；當我們凝視他人的神秘和無限時，也映照了我們自身靈魂的無限。面對面的連結同時反映了歸屬倫理如何跨越時間和空間將我們連結在一起。

2.3　掌控倫理

整體關懷科學的第三個原則是由丹麥哲學家和倫理學家羅斯特魯普（Logstrup, 1997）提出的。他的哲學思想強調我們將他人的生命掌握在手中，這是一個形義上的比喻，同時亦可按字面的意義理解。這個倫理是護理和人類關懷實踐的核心，用他的話來說就是：「我們手中掌握的生命，就是最不折不扣的生命，在自我之前，同時亦超越自我；伴隨的信任、愛、誠實、寬恕、感激 — 這一切都超越了

生命另一面的消極情感」。他將照顧我們手中的生命稱為倫理需求。在關懷科學和愛的無限能量中，必須要強調我們的手和心是相連的；心是愛、關懷、同情心和內心真理的來源。因此，掌控倫理對於護理和用手來療癒具有重要意義。

3　十大關懷照護程序

超個人關懷理論的十大照護程序為護理人員日常護理工作提供提供了一套核心語言。但是，因為「關懷」還未被命名，它不為人所見，沒有被承認、沒有被正名、沒有記錄、沒有研究，更深層的關懷語言亦尚未被用作微觀和宏觀護理實踐的基本倫理及哲學指南，以致未能對護患間關懷治療發揮作用。我們必須知道，在這個後現代時代，沒有一個專業範疇是不具備自己的一套語言的。同樣要知道的是，這十大關懷照護程序是在更大的整體關懷科學範式中進行的，盡顯在人世變遷中對護理的尊重。

3.1　超個人關懷時刻

任何特定時刻的護患關係都受到護理人員在特定時刻的存在、意向、意識和真實性的影響。每個關懷時刻都受到護理人員自身的理論、哲學、道德和他們在特定時刻真實自我所影響。所有超個人關懷時刻都是以整體關懷科學為背景，以專業護士的演變和意識為引導。這種在微觀和宏觀層面上的成熟實踐可以被歸納為「關懷實踐」，這種實踐超越一般的「行動」實踐，並向「存在」的關係本體論轉變。十大關懷照護程序為護理提供了專業語言和理論的基礎結構。然而，護理理論通常體現於超個人的關懷時刻，因為每個時刻都是獨特的，並且超越了兩個個體；非但超越護理人員的自我，甚至超越護理專業的自我；相對於自我，護士反而要真切地存在當下，用開放且接納的態度去看、去聽，並尊重每個個體的尊嚴。

3.2　十大關懷照護程序

3.2.1 關懷照護程序一

擁抱 — 展現慈愛、慈悲和平靜，以自我為先，然後才能為他人提供真正的關懷。跟從專業理論指導的實踐需要明智的的道德行動，例如遵從每個關懷照護程序作為自我和他人的指南。

3.2.2. 關懷照護程序二

激發 — 透過真切的存在激發信念和希望。尊重他人的主觀信仰和內心世界，欣賞神聖的存在，尊重別人的判斷準則。關於信仰和希望的作用、宗教的角色和一個人的內在信仰體系的研究和觀點有很多，這些都會影響護理的效果。在此程序中，護士須尊重患者整個個體及其內心信仰，即使它們與主流醫學不同。護理人員須嚴格按照患者 / 家屬的信念進行工作，而不是批判或試圖強加自己的信念；同時亦應激勵和促進患者 / 家庭對自身信念的實踐。

3.2.3 關懷照護程序三

信任 — 超個人的自我應該對自己或他人敏感，從而超越自我，達到超個人的存在。信任最能展現在護理人員當下的狀態、意圖、以心為中心的意識、停頓、傾聽、聽出對方字裡行間的意思。當護士走進患者的房間時，患者當下就會知道他們是否可以信任這位護士。

3.2.4 關懷照護程序四

培養關係 — 在信任和愛的基礎上建立心連心的真誠關係。在與他人的關係中保持博愛關懷的意識，因一切都是相關的，在這理論中，護士不只進行護理工作，而是真切地存在在一段關係中。關懷照護程序三及四是相輔相成的。

3.2.5 關懷照護程序五

寬恕所有 — 允許表達正面和負面的感受；不帶批判地接受，保留神聖的空間來聆聽他人的故事。聆聽別人的故事可能是最好的療癒禮物 — 這也許是他們第一次聽到自己內心以外的感受；護士會在這裡守護著神聖的空間，讓患者聽見自己的聲音，結果他們經常用這種方式為自己想出新的解決方法和新的選擇；這也是一種自我保健、自我認識，甚至是自我療癒的方法。

3.2.6 關懷照護程序六

深化具創造性的自我 — 護理人員和患者不應糾結於「問題」，而應集中在發掘能力和創新方法，允許創造性的出現。引入擴展的知識論- 考慮多種理論和應用所有認知方法，而不僅僅是參考經驗數據。將我們的知識和認識方式限於一種形式是不道德的，主觀意義和內在生活經驗也算知識，個人的、

直覺的、美感的、倫理的、精神的以及經驗科學的同樣也是知識。

3.2.7 關懷照護程序七

平衡 — 以真實的教學方式學習；欣賞內在聆聽和主觀意義來理解一個人的內心世界，從而獲得以心為中心的智慧。這個程序能指導他人學會自我照顧、自我了解、自我控制、自我選擇和自我療癒。沒有學習，就沒有教學。這個程序需要我們認識到資訊不是知識，而光有知識並不等於理解；理解不等於內化，皆因內化會帶來智慧。

3.2.8 關懷照護程序八

共創關愛空間 — 透過「成為」充滿愛、信任、心連心的關愛空間的一部分來創造一個療癒環境。具關愛意識的護理人員本身就是一個治癒環境。我們可以建造一個最漂亮的實體環境，但如果在場的人不具關懷的心，這對護理人員、患者及其家屬來說可能反而是一個有害的環境。

3.2.9 關懷照護程序九

協助滿足人類的需求 — 尊重人性的基本需求是神聖的行為，維護人的尊嚴，將身體精神視為一體。當他人無法自行滿足基本需求，伸出援手幫助他們，這是護理人員能為他人提供的最好的療癒行為。具關愛意識的護理人員知道，他們的行為並非只觸及患者的身體，同時也觸及患者的思想、心靈及靈魂。協助他人滿足需求這個神聖的行為需要有良好的關愛意識。

3.2.10 關懷照護程序十

接受意識的無限和進化 — 允許精神存在的未知，跨越傳統醫學，對關懷療癒的奇蹟效果以及無限可能持開放態度。傳統科學和西方醫學思維並不能解答人類健康和治療的所有問題，護士每天都會親歷患者治療結果的奇蹟和神秘（Watson, 2019）。

3.3 關於十大關懷照護程序的摘要說明

值得注意的是，關懷照護程序並非線性的，它們是整個關愛意識的完形。它就像一個全息圖，整個關愛意識在任何特定時刻都存在。超個人關懷時刻代表任何超越時間、空間和物質的關懷照護程序。這些時刻會伴隨患者和護理人員一生，並影響他們將來的生活和工作。因此，歸屬倫理、面容倫理和

掌握倫理在任何時刻都透過超個人關懷的方式呈現。這種相互作用正是關愛實踐賦予生命和接受生命的典範。

在完成關懷科學、關懷照護程序和超個人時刻概念的陳述後，現在按美國護士協會（American Nurses Association [ANA], 2021）最新的護理定義來檢視上述概念之間的一致性，會幫助我們有更深入的理解。

護理融合了照護的藝術和科學，專注於保護、促進和最佳化人類健康和功能，預防疾病和傷害、促進療癒，並透過關愛減輕痛苦。護理是對人類反應的診斷和治療，並在全人類相互連結的大前提下，倡導對個人、家庭、團體、社區和人群的護理。

ANA 最新定義的重點反映了整體關懷科學範式和超個人關懷的價值觀，是護理定義演變的一部分。這是 ANA 首次將關懷納入護理的定義；其先前的定義是護理和人性的醫療化及臨床化觀點，例如診斷和治療語言。

整體關懷科學和超個人關懷理論共同為護理學提供了成熟的學科基礎，以應對這個變革時代的需要，從而維持護理人員和患者的人文關懷和人類尊嚴。整體關懷科學的倫理和量子變革思維為過去、現在和未來的護理提供了一個通用且不過時的框架。

總括來說，本文指出了擴展護理和整體關懷科學典範和超個人關愛的本質和優勢，以此作為維持人文與護理的全球合作發展方向。

4　Watson 整體關懷科學的四項精髓

整體關懷科學包含以下精髓：

1）將無限的愛帶回到護理和健康照護／科學當中
2）為普遍的關懷現象提供通用的護理語言
3）介紹超個人—形上學—神聖理念
4）融合古今的能量關懷療癒藝術
5）提供全方位的關懷科學演化：即整體哲學—倫理—理論—微觀／宏觀的關愛實踐／教育—測量與研究

5　總結

整體關懷科學：超個人的人文關懷提供了全方位的知識來指導未來護理的實踐、研究、教育和領導能力。未來護理應將核心理念、整體關懷的道德原則、關懷照護程序作為微觀和宏觀實踐理論架構的核心價值，與所有對健康照護至關重要的護理措施和結果相結合。哲學／倫理／價值觀／理論／實踐／研究方法／結果，以上種種，如果護理學沒有在自己的哲學—倫理—理論框架內取得進步，在全新的需要關懷療癒和人人健康的量子宇宙裡，它註定只能成為一項好的技術。

聲明

本文根據在 2023 年 6 月在葡萄牙里斯本舉行的會議上的發言整理而成。經 Jean Watson 博士授權轉載。

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