

Applying Watson's Caring Theory and Caritas Processes to Ease Life Transitions

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Abstract:

This personal account of a transformed life illustrates how a clinical expert, confronted by major change, applied Watson's (2008) caring theory and caritas processes to her life. Through sustained effort and reflections she acted and ultimately integrated theory into everyday lived experience.

Key Words: Caring theory, caritas processes, personal story, transformational story

Article:

Introduction

This article describes how Marlienne has taken the time to apply Watson's (2008) ten caritas processes to heal herself and thus has transformed her life. By sharing her story our hope is that others who find their lives turned upside down can see that it is possible to take control, heal, and grow.

The central theme in Marlienne's life is her sustaining hope for the present and future. Miller (2007) defined hope as:

...a state of being, characterized by an anticipation of a continued good state, or an improved state or a release from a perceived entrapment. Hope is an anticipation of a future that is good and is based upon relationships with others. It gives purpose and meaning to life, as well as a sense of the possible. (p. 17)

Miller (2007) and others (Kautz & Van Horn, 2009; Kautz, 2008; Millner, Paskiewicz, & Kautz, 2009; Smith & Kautz, 2007; Ziel & Kautz, 2009) have described how nurses can help inspire hope in their patients and families, and in return inspire hope in ourselves. Kautz (2007) also described how to inspire hope in nursing students. In this article, Marlienne shows how we can inspire hope in ourselves and, by making choices that bring healing and growth, become better able to care for and heal others. Not only did Marlienne benefit from her actions, so too did all those around her.

Marlienne's Story

As a critical care nurse with 30 plus years of experience I had encountered death frequently in the course of my career. I had attended many seminars and conferences on grief and loss. I always responded with compassion and understanding to the families of deceased patients. When my husband became critically ill I believed that I was prepared for his death and my widowhood. Little did I know that there is no real preparation for the loss of a spouse. My husband's death was the beginning of the most stressful period of my life, a 6-month nightmare. I calculated my stress score using Holmes and Rehe's (1967) (Table 1) scale for adults and found that I had accumulated 270 points, a huge stress score, all in a 6-month period. It was not just the loss of my husband after a 40-year marriage that was causing the stress. I had lost my place in the world. I was used to going from my work place to caring for my sick husband. With his death I lost my roles of wife and caregiver. I felt I had no purpose. I was also facing the loss of financial security and a change in lifestyle. Within a few months of my husband's death I realized the extent of my financial difficulties. I could not afford to remain in our large home

in suburban New Jersey. Living through a northern winter alone produced a bleak mental image. What if I got into an accident? Who would I call?

I decided to relocate to North Carolina to be near my son and his family. I put a deposit on a small home, one mile from my son's home. Retiring was out of the question for me now. I needed to work to support myself. I had a mortgage on the new house, a house in New Jersey to empty and sell, and some of my husband's medical bills that were not covered by insurance. My life had changed drastically. In addition I had to find a job in North Carolina.

I applied online to a hospital in the town to which I was moving. I flew down for an interview and was hired as a Nurse Manager in a Neurosurgical Intensive Care Unit (ICU). I had 5 weeks before I was to start my new job. I emptied out 30 years of memories from my New Jersey house, where we had raised our 6 children, and put the house on the market. I gave a 30-day notice at my old job and said goodbye to a staff that I had come to love. On Thanksgiving Eve the moving truck pulled away from my New Jersey home, headed south, with my belongings. I followed and 4 days later I was in orientation at my new job in North Carolina. During the first few weeks there was so much to learn at work and so many boxes to unpack at home that I'd fall into bed exhausted every night. Although I had been in critical care for over 30 years, my background was cardiac care.

Table 1
The Social Readjustment Rating Scale

Directions: Place the value of the items pertaining to your life within the past year in the space provided to the right.

Life Events	Life Crisis Units		Life Crisis Units
Death of spouse	100	Son or daughter leaving home	29
Divorce	73	Trouble with in-laws	29
Marital separation	65	Outstanding personal achievement	28
Jail term	63	Spouse begins or stops work	26
Death of close family member	63	Begin or end school	26
Personal injury or illness	53	Change in living conditions	25
Marriage	50	Revision of personal habits	24
Fired at work	47	Trouble with boss	23
Marital reconciliation	45	Change in work hours or conditions	20
Retirement	45	Change in schools	20
Change in health of family member	44	Change in recreation	19
Pregnancy	40	Change in church activities	19
Sex difficulties	39	Change in social activities	18
Gain of new family member	39	Mortgage or loan less than \$10,000	16
Business readjustment	38	Change in sleeping habits	16
Change in financial status	38	Change in number of family get-togethers	16
Death of close friend	37	Change in eating habits	15
Change to a different line of work	36	Vacation	13
Change in number of arguments with spouse	35	Christmas	12
Mortgage over \$10,000	31	Minor violations of the law	11
Foreclosure of mortgage or loan	30		
Change in responsibilities at work	29		

Your Score is: _____

The world of the human brain was new to me. I had a whole new part of the body to learn about.

Three months after my move, reality began to set in. I was alone for the first time in my life, a widow, in a strange city, an unfamiliar house, no one to wake up to in the morning, and no familiar friends to run over and visit. I also experienced a marked cultural difference—500 miles might as well have been 5,000 miles. I was not prepared for the many differences between northern New Jersey and the middle of North Carolina. The stress from all of the changes in my life started taking its toll. I was unhappy all the time, having trouble sleeping at night, becoming forgetful, getting weepy for no reason—and that’s when the panic attacks started. Overwhelming feelings of fear, anxiety, and even panic about the future would overtake me with no warning. I was a mess and needed to do something to help myself, but I realized I had no coping skills left. That was when I started to practice with myself what I preach to others. I had successfully applied Watson’s (2008) caring theory and caritas process in various practice settings. I had applied it to care for my patients and to care for my staff. Why not try applying it to care for myself? That is exactly what I set out to do. I believe that as nurses we need to care for ourselves before we can effectively care for others. I took the caritas processes and applied them to my own situation.

“Caritas Process #1 - Practicing Loving Kindness of Self with Equanimity” (Watson, 2008)

I indulged myself as if I were a patient. I accepted my behavior, whatever it was. On weekends when I did not want to get up, I gave myself permission to stay in bed, knowing that I would be back at work on Monday. I ate what I liked. Grilled cheese sandwiches were a favorite comfort food for me as a child. Eating them brought back memories of being nurtured. I enrolled in yoga classes, something I had always wanted to try. I practiced loving kindness toward myself, acknowledging that I was a spiritually wounded person who was in need of gentle handling. I stepped out of my normal role of the experienced critical care nurse who frequently dealt with death. I acknowledged that I was a bereaved widow and gave myself permission to grieve. I no longer kept a stiff upper lip. I embraced the loss of my husband, honored the sacredness of our 40-year relationship, and accepted that it would never be again.

“Caritas Process #2 – Being Authentically Present, Enabling and Sustaining the Faith, Hope, and Belief System of Self and Other” (Watson, 2008)

I let myself feel whatever feelings sprang up inside me. If I felt sad, I allowed myself to cry. If I felt lonely, I acknowledged the loneliness. Throughout the day I would stop and get in touch with what was going on within me. I wanted to stay authentically present in the moment. I found authentic presence kept me from agonizing over the past and worrying about the future. I started to have hope. I knew my life would never be the same, but it would still be a life worth living. I gained faith that I would survive this bad time and become stronger from it and that God would give me the strength to make a new life for myself.

Caritas Process #3 – Cultivating One’s Own Spiritual Practices and Transpersonal Self (Watson, 2008)

I started a meditation practice to go along with my yoga classes. I re-examined my religious practices from my childhood and found that by reciting old childhood prayers I could stop the panic attacks. The minute I felt a panic attack coming on, I started reciting the same prayer over and over again. At first I was reciting it 20 times before the attack subsided, but within a few weeks the panic attack was gone before I finished the first prayer. I started going back to religious services; I found comfort in the familiar rituals.

Caritas Process #4 – Developing and Sustaining a Helping, Trusting, Caring Relationship (Watson, 2008)

I realized that I could use my own experiences to connect better to others. My suffering gave me a greater appreciation of others’ suffering. It enabled me to connect to patients’ families in ways I never could. Sure, I had comforted families who were losing loved ones, but I never fully appreciated the magnitude of their loss. I came to realize that suffering is the human condition, and only love can soften its effects. I came to see that caring is love manifested. Now that I no longer had a sick husband to care for, I started caring for me. I transferred the love I had for my old staff in New Jersey to my new staff in North Carolina and worked on building relationships with them. I deliberately looked for similarities and not differences between my northern and southern staff members.

“Caritas Process #5 – Being Present To, and Supportive of, The Expressions of Positive and Negative Feelings” (Watson, 2008)

Even though I missed my husband terribly, I had a lot of anger and resentment toward him, not only because he had mishandled our finances and savings, but also because now I was alone. Many of our old friends were moving to retirement communities with their spouses and looking forward to enjoying leisure time together, but I was alone. I felt anger, jealousy, and guilt. Caring for my husband was exhausting for the last year of his life and I felt relieved after his death. I finally accepted those guilt feelings. I accepted and forgave myself for the negative feelings and I accepted my humanness with all its failings.

“Caritas Process #6 – Creatively Using the Self, and All Ways of Knowing as Part of the Caring Process. Engaging in the Artistry of Caring Healing Practices” (Watson, 2008)

I revived my crocheting skills that I had not used in 20 years. I found a way to fill my evenings. Every one of my grown children has received an afghan that I knitted during that first lonely winter. I had always enjoyed crocheting and now it gave me comfort. Knowing which child I was creating the afghan for helped me to crochet with love instead of with sadness. I started to do craft projects for my new home. I enlarged, framed, and hung favorite family pictures. This helped me celebrate the past and incorporate it into the present. I joined a church volunteer group and started helping others. I organized fundraisers. Being of service to others is the best way to serve oneself.

“Caritas Process #7 – Engaging in Genuine Teaching and Learning Experience Within the Context of the Caring Relationship” (Watson, 2008)

I joined a bereavement group facilitated by a grief counselor. The local hospice organization held support group meetings. I read whatever I could about mourning and grieving. I started keeping a personal journal. Reading the journal enabled me to see my progress. I made friends with others in my group and we planned social activities together. We compared notes and realized that we were all experiencing many of the same feelings. Our grief counselor helped us accept our grief and find meaning in our loss. We connected with each other and formed close caring relationships.

“Caritas Process #8 – Creating a Healing Environment at All Levels” (Watson, 2008)

I applied Watson’s caring theory to my ICU staff in my new position. I asked for their help in making our work environment a healing environment, including instituting a quiet time for patients from 2 to 4 every afternoon. I also decorated my new home, to suit just me. It was the first time I could chose things I liked in my home without having to consider someone else. I created my own sacred healing space on my new patio, planted a container garden, and spent my free evenings out there in touch with nature. Now I meditate every day and surround myself with objects that are meaningful to me.

“Caritas Process #9 – Reverently and Respectively Assisting with Basic Needs” (Watson, 2008)

I let people cook for me. I realized I needed to be cared for and I appreciated their kindness. I had friends help me get rid of things I no longer wanted. I decluttered my life and learned that less is more. I had always been the helper, the giver, now I let myself be the receiver. I accepted holiday invitations so that I would not be alone. I planned weekends so that I had things to which to look forward. I started an exercise program. I met with a financial planner and started planning for my retirement. I made overdue appointments with physicians and the dentist—things I had neglected while caring for my husband. I attended conferences to learn more and I submitted abstracts to conferences. Sharing what I have learned helped restore my self-esteem and solidified my new place in the world.

“Caritas Process #10 – Opening and Attending to the Spiritual and Mysterious, Allowing for a Miracle” (Watson, 2008)

I came to terms with my spiritual beliefs regarding the afterlife. I spent time thinking about where our spirits go after our physical life is over. I gave serious thought to my own death. I compared my religious teachings to my current spiritual beliefs and came to an acceptable compromise. I started preparing for my own end of life. I discussed my feelings and plans for my death with my children. I realized that I am not in control of everything;

something much more powerful is. Coming to terms with that enabled me to start living in the present and participate in the miracle of life.

Marlienne's Conclusion

It has been 212 years since all these changes occurred. I consciously attempt to live the caring theory every day. I like who I have become. I am satisfied with my new life even though it is very different from my old one. I believe that applying the caritas processes to self has made this possible. Loving kindness starts with self.

Nurses have been jokingly described as an army of co-dependents. We often hear of nurses burning out, caring for others until they have nothing left for themselves and their families, or their own life events prevent them from being able to care for others. The authors have seen hundreds of nurses leave nursing. Our hope and goal in sharing Marlienne's work is that we will encourage others to consciously and deliberately use Watson's theory to improve their own lives. Namaste.

References

- Holmes, T.H., & Rahe, R.H. (1967). The Social Readjustment Rating Scale. *Journal of Psychosomatic Research*, 11, 213-218.
- Kautz, D.D. (2008). Inspiring hope in our rehabilitation patients, their families and ourselves. *Rehabilitation Nursing*, 33, 148-153, 177,
- Kautz, D.D. (2007). Reading children's books to awe and inspire nursing students. *Nurse Educator*, 32, 223-226.
- Kautz, D.D., & Van Horn, E. (2009). Promoting family integrity to inspire hope in rehab patients: Strategies to provide evidence-based care, *Rehabilitation Nursing*, 39, 168-173.
- Miller, J.F. (2007). Hope: A construct central to nursing. *Nursing Forum*, 42, 12- 19.
- Millner, P., Paskiewicz, S.T., & Kautz, D.D. (2009). A comfortable place to say goodbye, *Dimensions in Critical Care Nursing*, 28, 13-17.
- Smith, A., & Kautz, D.D. (2007). A day with Blake: Hope on a medical-surgical unit. *MEDSURG Nursing*, 16, 378-382.
- Watson, J. (2008). *Nursing: The philosophy and science of caring* (Rev. ed.). Boulder, CO: The University of Colorado Press.
- Ziel, R., & Kautz, D.D. (2009). The highest priority in the emergency department may be a patient's spiritual needs, *Journal of Emergency Nursing*, 35, 50- 51.