Book Reviews

To provide various perspectives on this scholarly work, three critical analyses are published.

WATSON, J. (1985). *Nursing: Human Science and Human Care, A Theory of Nursing.* Norwalk, CT: Appleton-Century-Crofts.

BY

JACQUELINE FAWCETT, RN; PHD*
JULIA B. GEORGE, RN; PHD†
LORRAINE WALKER, RN; PHD‡

Fawcett's Analysis

Watson's book is about her theory of nursing, which she calls the theory of human caring. Watson's work is appropriately classified as a theory. More specifically, it is a middle-range descriptive theory that deals with the caring actions taken by nurses as they interact with others. This review of the book will, therefore, take the form of an analysis and evaluation of a theory, following the format presented by Fawcett and Downs (1986). Analysis of a theory encompasses explication of the conceptual model from which it was derived as well as identification of the concepts, definitions, and propositions constituting the theory.

As a middle-range theory, Watson's work provides greater specificity than a more abstract conceptual model of nursing that provides a global frame of reference for viewing phenomena of interest to the discipline. Yet, like any theory, Watson's work is derived from a conceptual model. Analysis of the content of Watson's book reveals that the values and assumptions of the conceptual model reflect a metaphysical, phenomenological-existential, and spiritual orientation that draws upon Eastern philosophy.

The values espoused by Watson:

> are associated with deep respect for the wonder and mysteries of life and the power of humans to change; a high regard and reverence for the spiritual-subjective center of the person with power to grow and change; a nonpaternalistic approach to helping a person gain more self-knowledge, self-control, and self-healing, regardless of the presenting health-illness condition (p. 73).

The assumptions of the conceptual model underlying Watson's theory deal with human life, nursing science, and the process of nursing. With regard to human life, Watson states:

> My conception of life and personhood is tied to notions that one's soul possesses a body that is not confined by objective space and time. The lived world of the experiencing person is not distinguished by external and internal notions of time and space, but shapes its own time and space, which is unconstrained by linearity. Notions of personhood, then, transcend the here and now, and one has the capacity to coexist with past, present, future, all at once. . . . The individual spirit of a person or of collective humanity may continue to exist throughout time, keeping alive a higher sense of humankind (pp. 45–46).

Watson assumes that nursing is a human science and that human care is the process of nursing. She states:

> Preservation and advancement of human care is a critical issue for nursing today in our increasingly depersonalized society. The mandate for nursing within science as well as within society is a demand for cherishing of the wholeness of human personality. It is thus that I regard nursing as a human science and the human care process in nursing as a significant humanitarian and epistemic act that contributes to the preservation of humanity (p. 29).

Watson's assumption that nursing is both science and art and her incorporation of Carper's (1978) notion of various patterns of knowing in nursing are evident in the following statement:

* University of Pennsylvania School of Nursing, Philadelphia, PA.
† California State University at Fullerton, CA.
‡ University of Texas at Austin, School of Nursing, Austin, TX

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> Nursing . . . may be defined as a human science of persons and human health-illness experiences that are mediated by professional, personal, scientific, esthetic, and ethical human care transactions (p. 54).

The content of the theory of human caring is clearly derived from the values and assumptions of its parent conceptual model. Analysis of several chapters of the book revealed that the main concept of the theory is transpersonal caring. This concept is best understood within the context of three ancillary concepts: life, illness, and health. Watson's definitions of the concepts of her theory, given below, constitute the major nonrelational propositions of the theory.

> Human life . . . is defined as (spiritual-mental-physical) being-in-the-world, which is continuous in time and space (p. 47).
> Illness is not necessarily disease. Illness is subjective turmoil or disharmony with a person's inner self or soul at some level or disharmony within the spheres of the person, . . . either consciously or unconsciously (p. 48).
> Health refers to unity and harmony within the mind, body, and soul. Health is also associated with the degree of congruence between the self as perceived and the self as experienced (p. 48).

Transpersonal caring is viewed as a multidimensional concept with four components: self, phenomenal field, actual caring occasion of the patient and the nurse, and intersubjectivity. Transpersonal caring is defined and described in terms of transactions and relationships. Watson states:

> Transpersonal human care and caring transactions are those scientific, professional, ethical, yet esthetic, creative and personalized giving-receiving behaviors and responses between two people (nurse and other) that allow for contact between the subjective world of the experiencing persons (through physical, mental, or spiritual routes or some combination thereof) (p. 58).
> A transpersonal caring relationship connotes a special kind of human care relationship—a union with another person—high regard for the whole person and their being-in-the-world. Caring, in this sense, is viewed as the moral ideal of nursing where there is the utmost concern for human dignity and preservation of humanity. Human care can begin when the nurse enters into the life space or phenomenal field of another person, is able to detect the other person's condition of being (spirit, soul), feels this condition within him- or herself, and responds to the condition in such a way that the recipient has a release of subjective feelings and thoughts he or she had been longing to release. As such, there is an intersubjective flow between the nurse and patient (p. 63).

The adjective, transpersonal, in the concept transpersonal caring, is defined as:

> an intersubjective human-to-human relationship in which the person of the nurse affects and is affected by the person of the other. Both are fully present in the moment and feel a union with the other. They share a phenomenal field which becomes part of the life history of both and are coparticipants in becoming in the now and the future. Such an ideal entails an ideal of intersubjectivity, in which both persons are involved (p. 58).

Relational propositions also are evident in the theory of human caring. The major relational propositions as stated by Watson are:

> The goal of nursing . . . is to help persons gain a higher degree of harmony within the mind, body, and soul which generates self-knowledge, self-reverence, self-healing, and self-care processes while increasing diversity (p. 49).
> This goal is pursued through the human-to-human caring process and caring transactions that respond to the subjective inner world of the person in such a way that the nurse helps individuals find meaning in their existence, disharmony, suffering, and turmoil and promotes self-control, choice, and self-determination with the health-illness decisions (p. 49).

The descriptive naming theory of human caring moves toward a descriptive classification theory (Stevens, 1984) by inclusion of a typology of interventions that Watson refers to as carative factors. The carative factors, refined from those first presented in Watson's 1979 book, *Nursing: The Philosophy and Science of Caring*, are:

1. Humanistic-altruistic system of values
2. Faith-hope
3. Sensitivity to self and others
4. Helping-trusting, human care relationship
5. Expressing positive and negative feelings
6. Creative problem-solving caring process
7. Transpersonal teaching-learning
8. Supportive, protective, and/or corrective mental, physical, societal, and spiritual environment
9. Human needs assistance
10. Existential-phenomenological-spiritual forces (p. 75)

Evaluation of a theory involves judgments about its significance, internal consistency, parsimony, and testability.

The significance of the theory of human caring lies in its contributions to the understanding of a process nurses can use to affect positive changes in patients' health states. The theory is a comprehensive description of a form of caring that can be used by nurses as they interact with patients. The orientation that undergirds the theory is a relatively new way of thinking about the world in Western society, but is in keeping with efforts that nurses have been making for several years to advance a science that reflects the complexities of human life. It is likely that not all members of nursing's scientific community will agree with the orientation that guides Watson's work, but no one should fault her for her efforts.

The theory of human caring is logically con-

sistent. Semantic clarity is evident in the explicit definitions provided for the concepts of the theory. Semantic consistency is evident in the consistent use of terms. One area of potential confusion does exist, however, in the interchangeable use of transpersonal caring and human care relationship throughout the book and the subsequent discussion of the *components* of transpersonal caring as self, phenomenal field, actual caring occasion, and intersubjectivity (pp. 60–61) and the *concepts* of the human care relationship as phenomenal field, actual caring occasion, and transpersonal caring (p. 72). Structural consistency cannot be evaluated inasmuch as there is no discernible inductive or deductive structure for the propositions at this time in the development of the theory.

Watson's presentation of her theory is elegant in its simplicity and economy of words. The main ideas are conveyed clearly and concisely. Watson's restatement of the theory in the form of a structural overview underscores the parsimony of concepts and propositions used to convey her thoughts.

Watson's theory of human caring is testable. Indeed, Watson goes beyond what is typically seen in a book about a theory in any discipline in that she presents a methodology for studying the theory. She maintains that the "optimal method for studying the theory is . . . through field study that is qualitative in design . . . a phenomenological-existential methodology" (p. 76). Watson goes on to explain the method of empirical phenomenology and presents examples of descriptive phenomenological analysis and transcendental or depth phenomenology, the latter expressed in poetry. To her credit, Watson cautions that a method should not supercede the research question. Thus, although she encourages investigators to consider "creative-paradigm transcending" (p. 76) methods that are consistent with human science rather than methods that are more consistent with natural and medical sciences, she is not dogmatic about a particular method. This is an especially important point to consider as investigators struggle to identify the best ways to not only describe human life and human conditions from a human science perspective, but also to further develop theories so that predictions may be made with some degree of certainty about the effects of nursing interventions on human life and human conditions from a human science perspective.

Watson's work is a substantial contribution to the discipline of nursing. Her sensitivity to human life and the beauty of her thinking as expressed on the pages of the book can easily transform the reader. One wishes that one could express response to the book poetically, so as to convey more clearly the feeling of awe that comes from understanding this theory of the essence of nursing as a human science and art.

References

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Fawcett, J., & Downs, F. S. (1986). *The relationship of theory and research.* Norwalk, CT: Appleton-Century-Crofts.

Stevens, B. J. (1984). *Nursing theory: Analysis, application, evaluation* (2nd ed.). Boston: Little, Brown.

Watson, J. (1979). *Nursing: The philosophy and science of caring.* Boston: Little, Brown.

George's Analysis

Reading Watson's second book on her philosophy and theory of nursing has parallels to reading a mystery novel. One can peek at the last chapter and learn something of the theme. However, to gain the whole picture it is best to start at the beginning and read systematically from front to back. Watson's presentation of her theory, and the bases for it, in this book are carefully developed to build one idea upon another. She builds with care and skill to provide the reader with an understanding of her belief system and the theory which she proposes from that belief system. Although some aspects of her presentation are most fully understood only if one has also read *The philosophy and science of caring*, (1979) *Nursing: Human science and human care* does provide a coherent whole.

Watson begins by providing a model for theory development which presents the idea of a need for theory which begins neither with the purely concrete or static nor with the purely abstract or dynamic. She points out the importance of starting somewhere in the middle, which allows room for movement and growth. This approach has continuity with her later discussion of the need for a mixed qualitative/quantitative approach to research to study and develop theory in nursing.

In developing her beliefs about nursing as a science and an art, Watson connects her thoughts and ideas with other published sources. She clearly identifies that she is proposing a theory derived from phenomenological-existential thought with the addition of a spiritual component. She supports the addition of the spiritual component with a chapter on the importance of metaphysical thought. Those aspects of the presentation which are the result of her synthesis and development of the views of others are clearly labeled. Watson documents and discusses her sources from the phenomenological-existential literature outside of nursing. Her presentation of this material is done in a manner which should facilitate the development of understanding of this school of thought by those who are unfamiliar with it. She has avoided the common error of using language in an unfamiliar manner to explain an unfamiliar topic. However, she makes very limited connections to others in nursing who have developed theory based in phenomenological/existential thought. She

briefly refers to Leininger, Newman, Parse, and Paterson and Zderad among others but includes essentially no discussion or comparison of her work with theirs.

Watson writes with unusual clarity in presenting this phenomenological-existential-spiritual theory. She carefully builds one thought upon another throughout the book. She defines her terms as they are presented and remains consistent in her use of terminology and definitions throughout the book. In spite of this consistency, the chapters are not repetitious of one another; each builds on the previous ones. Also, she maintains a fairly consistent level of abstraction throughout. This can be a particularly difficult challenge when dealing with the abstract concepts involved in phenomenology and existential thought. The consistency is due in part to the parsimony with which she presents her materials. The book itself is relatively short—an afternoon's careful reading. Each chapter is carefully constructed around a particular thought, with that thought presented concisely. Chapters are brief and clearly focused with apparent transitions between chapters. Each chapter articulates with the preceding chapters and builds a foundation for the next chapter.

As the chapters build on one another, so do the thoughts which are presented. There is a logical precision to the terminology which is used. For example, Watson begins with a discussion of the importance of caring as the moral ideal of nursing, an ideal which requires a commitment to human dignity and the preservation of humanity. She then discusses the soul as not being confined by objective space or time and moves on to present the concept of transcendence—that the body and the mind need not occupy the same place. From these ideas she posits that, when nurse and patient are together, through transcendence there may be a union of these two persons. Finally, she defines and discusses transpersonal caring as involving the moral commitment to human dignity and a human to human relationship which involves mutuality and the nurse's ability to detect what the other is feeling. Watson leads the reader by the mental hand, as it were, to develop an understanding of the components of transpersonal caring before presenting the theory itself. This is done so skillfully that one may not realize how the structure has risen until looking back at the process!

Pragmatically, Watson provides examples of the research she has conducted in relation to transpersonal caring. Before presenting these examples she discusses the research methodologies needed for studying these particular phenomena of interest to nursing. As is indicated in the early portions of the book and in her other writings, she is a strong advocate of the need to have alternative views of science and not be limited to positivistic, reductionistic methods of investigation. She speaks with fervor of the need for naturalistic, qualitative, phenomenological methods of studying the subject-world connection as well as the need to delve beneath the observable surface to investigate what is felt and to find meanings. She supports the inclusion of esthetics, creativity, faith, inspiration, human relationships, context, and patterns.

The research examples which she presents use and support the methodologies she recommends. She provides an example of how she used a phenomenological approach to collect and analyze data on loss and caring. She provides examples of the data, the analysis, and the conclusions which were derived. In support of her stance for the need for new and creative ways of conducting research and of reporting her results, she concludes the book with poetry which developed as a tangible result of her phenomenological research on loss-caring.

Also in keeping with her theme of the necessity of viewing human beings as wholes seeking not to separate mind, body, and spirit, (although in discussing these concepts she reveals a dualistic view) Watson speaks of the need for scholar-clinicians in nursing. Just as humans should not be split into mind and body as separate entities, research in nursing and practice in nursing should not be separate.

Through *Nursing: Human science and human caring*, Watson has made an important contribution to the advancement of nursing science. She presents a cogent argument for the need for a new worldview in nursing. She discusses why we should not accept a view of the world as settled and strictly ordered. In this argument she includes the importance of viewing the person as an end rather than a means and of recognizing that human life is both a gift and a mystery. Based in part on the need for a new worldview, she clearly differentiates the need for the use of a broad variety of research methodologies. She strongly supports the need for methodologies which will pursue discovery rather than seek rigid verification of preconceived ideas.

Watson describes nursing as moving toward a paradigmatic shift. This shift involves movement away from a traditional approach which views humans from an organismic standpoint and toward the view of humans as wholes. She supports the study of the experiential inner worlds of individuals rather than relying on observations of the visible outer world of behavior.

Perhaps the major unique areas of Watson's theory are her emphasis on the soul, (as a part of the human) the spiritual aspect of human beings, and on nursing as the profession which has a moral and ethical responsibility to be the caretaker of caring. Watson attri-

butes to the soul the ability to shape time and space, to move beyond the constraints placed on physical life. Her focus on the soul as different from the physical is inconsistent with others who write about humans as wholes. It is the inclusion of the concept of soul which differentiates Watson's theory from other phenomenological-existential theories of nursing. Also, Watson indicates that caring has become submerged by "curing" and that transpersonal caring as the moral ideal of nursing is needed to restore humanness to the human being.

Watson has presented nursing as a human science which focuses on human care through transpersonal caring. Caring is the moral ideal of nursing and involves the nurse as a coparticipant with the patient. As have many others, Watson indicates that it is the patient who is the agent of change. Transpersonal caring allows the nurse to share self in a way which is helpful to the patient and which can result in greater self knowledge for both the patient and the nurse.

Watson has provided a concise, clearly written introduction to the science of human caring. For a full understanding of this theory, the reader needs to read carefully, be mindful of the concepts of the theory and seek self-knowledge in order to be able to provide transpersonal care. This book provides an excellent introduction for the individual nurse who is interested in beginning, or continuing, the journey to self-knowledge which is needed to be a full coparticipant in transpersonal caring.

References

Watson, J. (1979). *The philosophy and science of caring.* Boston: Little, Brown.

Walker's Analysis

In what way should or do the values and philosophical views of nurse relate to its science? More specifically, are nurse scientists free to explore phenomena of concern, or should their work be constrained by current values expressed within the profession? Are values and science separate and distinct inputs into the formulation of nursing theory? How should the diverse ways of knowing (empirical, ethical, personal, esthetic) found in nursing influence its theory and science?

Each of these questions points to an unsettled problem within the discipline of nursing—how nurses' shared values in the practice and profession of nursing often fail to be reflected in nursing science research. This is, in my judgment, the problem context in which Watson's book takes on meaning. The aim of Jean Watson's book "is to solve some conceptual and philosophical problems about nursing that exist in my mind." She acknowledges her quest "to elucidate the human care process in nursing, preserve the concept of person in our science, and better our contribution to society" (p. ix). At the outset, Watson identifies her approach as phenomenological-existential and spiritual . . . Following upon Watson's (1979) earlier book on this topic, this book "represents the development of a nursing theory" (p. 1).

In chapter 1, Watson acknowledges that her work will not be a hard scientific theory, but one that permits her to see more broadly. Her definition of theory is congruent with such a broader perspective and with her rejection of traditional notions of science. Thus, Watson states that: ". . . I view nursing as both a human science and an art, and as such it cannot be considered qualitatively continuous with traditional, reductionistic, scientific methodology" (p. 2) and "The human-to-human caring transactions of nursing cannot be explained or understood with a positivistic, deterministic, materialistic mind set" (p. 8). At a personal level, I found Watson's polarizing of nursing/human care and traditional science incongruent with my lived experiences as a scientist studying maternal empathy by microanalytic methods. However, her dichotomies make the point that what follows clearly will not be a traditional scientific theory.

In chapter 2, Watson explicates the idea of nursing as human science. Among her points is a particularly noteworthy one: ". . . [N]ursing has submerged both its scientific and artistic heritage in its scientific quest" (p. 13). Citing six themes from nursing's heritage, Watson argues that: "The problem today seems to be that nursing has not developed the *science* of nursing in accordance with its *theories*" (p. 14). Briefly, these themes stress the valued person, human relationships, care transactions, and health. Watson's idea of human science *seems* to center on the concept of the whole person. From that follows a number of concepts and methods for an alternative nursing science, including emphasis on intersubjective human experiences (pp. 17–18).

Watson begins chapter 3 by asserting that: "A human science approach to health care is required for nursing practice now and in the future" (p. 27). A believable rationale for this conclusion is provided. In chapter 4 the values underlying human care and human science in nursing are presented. Notable among these are: "Care and love are the most universal, the most tremendous, and the most mysterious of cosmic forces" (p. 32) and "Caring is the essence of nursing and the most central and unifying focus for nursing practice" (p. 33). In chapter 5, Watson places nursing within a metaphysical context wherein nursing is seen as "a human-to-human care process with spiritual dimensions" (37). In that metaphysical context, Watson argues that caring, an intersubjective process, is the moral ideal for nursing (p. 39).

In chapter 6, Watson presents her basic beliefs about human life as these relate to nursing. Watson posits that humans transcend nature while remaining a part of it. She introduces her concept of the human soul. Personally, I found the references to the soul trite and reminiscent of college theology classes I had had. For me, Aristotle and St. Thomas Aquinas were more compelling than Watson's exposition. However, others might have different tastes in such matters than I. Additionally, Watson states that health and illness are understood in terms of harmony or disharmony within the person's mind, body, and soul. Correspondingly, the goal of nursing is to "help persons gain a higher degree of harmony with the mind, body, and soul" (p. 49). The relations among body, mind, and soul is clearly manifested throughout the work.

In chapter 7, more detailed aspects of Watson's thinking are presented. The idea of person is further clarified as possessing "three spheres of being—mind, body, and soul—that are influenced by the concept of self" (p. 54). The self, the subjective center of experience, is the modality, apparently, through which one experiences the phenomenal field, one's individual frame of reference. One can never perfectly know the phenomenal field of another (p. 55). The discussion points to a dual isolating view of human beings.

In chapter 8, the moral ideal of nursing represented by the transpersonal caring relationship is explicated. Such a relationship is founded on mutuality, but nurse and client differ in their focus, intensity, and perspective. The art of transpersonal caring is based on the capacity of one person to receive another person's "expression of feeling and to experience those feeling for oneself" (p. 67). More specifically, the nurse consciously indicates his or her feelings to another person, that person then also experiences those feelings, and the union of feelings is therapeutic (my word). The success of caring transactions is premissed on the nurse's ability to accurately detect the other person's "condition of soul" (p. 68). This step is made chancy by the point made earlier that one can never know another's phenomenal field perfectly. Because feelings are the medium of exchange in Watson's transpersonal caring, cognition and its expression in language apparently are not employed to validate if the nurse has accurately diagnosed the "condition of soul." This is a troubling point.

The book ends with a chapter synopsis of the theory of human care and a chapter on methodology for studying transpersonal caring and human science. The methodology to be used in the new human science was not helpful to me as a novice looking for guidance in this new form of science. The book ends with a poem written by Watson following her phenomenological research with an Aboriginal tribe in Western Australia.

In my opinion, the author struggles to present a philosophy (metaphysics, ethics, epistemology, esthetics), a theory, and a new research methodology in one source. This is no small order for a 110-page book. It is not always easy to decide where one begins and the others end. My philosophic and scientific training intuitively leads me to believe that each of these should be evaluated separately since their criteria are different. One could presumably have a good scientific theory extrapolated from bad metaphysics! Watson might well disagree with me on this. However, a thorough critical analysis of each exceeds the limits of this review.

In addition to a few troublesome points in the book that I have already mentioned, one additional issue was left unsettled in my mind. That is whether caring is equally the moral ideal for all helping relationships: minister-sinner, doctor-patient, therapist-client. If so, then Watson's work is relevant to all these relationships not just nurse-patient ones. I would like to see more clarification of this point in the future.

I found reading much of this book to be a tedious experience. At times the author was obscure, preachy, or redundant. But the poem at the end was powerful and a suitable ending for the book. More importantly, the book warrants consideration because it confronts us with important unsettled conceptual and philosophical problems in the nursing discipline.

References

Watson, J. (1979). *Nursing: The philosophy and science of caring.* Boston: Little, Brown.

Erratum

In the article by J. F. Quinn, entitled, "Therapeutic Touch as Energy Exchange: Replication and Extension" (1989) *Nursing Science Quarterly, 2*, 79–87, T. C. Meehan was inadvertantly referred to as T. Connell-Meehan on pages 84, 85, and 87. The author regrets the error.