

## CHAPTER NINETEEN

# *Caritas Arts for Healing*

Mary Rockwood Lane

### CARITAS QUOTE

*Upon awakening each day, begin with spiritual practice, even if it is being silent to receive the day and to give gratitude for life. Be open to receive the day and all the universe wishes you to receive and give in return. Set your intentions. Bring your full self, your presence in the moment. Establish your intentions. Be guided by caring, compassion, tenderness, gentleness, loving kindness and equanimity for self and others. (Watson, 2002, p. 18)*

*For many years, my personal and professional lives have been guided by Caring Science. In this chapter, I describe my own healing through painting and how that experience informed the first-of-its-kind Arts in Medicine program, of which I was the cofounder and codirector. The program, which began from a bone marrow transplant unit at Shands Hospital, expanded to other units and became a national model for integrating the arts into health care. I am an associate faculty at the Watson Caring Science Institute and University of Florida School of Nursing, where I teach Creativity and Spirituality in Healthcare. To learn more, see [www.maryrockwoodlane.com](http://www.maryrockwoodlane.com).*

## ■ OBJECTIVES

*The objectives of this chapter are to:*

- *Describe my journey to Caritas*
- *Demonstrate how once I experienced the healing power of art, I created the first-of-its-kind Arts in Medicine program that became a national model*

## ■ JOURNEY TO CARING SCIENCE AND CARITAS

I remember when the journey began. There was a moment of recognition, and simply no words. It was like seeing a shooting star fly across the vast spacious dark night-time sky. I saw her radiance. I was in awe. It was magical. An exquisite beauty that takes your breath away. In that moment I recognized something incredible and rare.

That moment evolved during a conference in Toronto, Ontario, Canada, in 1984. It was a large nursing theory conference in the heyday of theory in nursing academics. There were literally thousands of nurses in attendance. I was thrilled to be at the theory conference in Canada. Martha Rogers, Virginia Henderson, Rosemarie Parse, and many nursing giants were there. I was motivated and felt really excited about my whole future in the nursing profession. During the conference, I was just open and listening to the lectures.

I remember the moment I wandered into a large auditorium and looked up on the stage to see a woman surrounded in a soft, radiant light. The room was large, dark, and crowded. I stood in the back, and suddenly the soft light expanded into the room. The energy was peaceful. There was a deep sense of quiet, trust, and calm as she spoke. I listened to the primal sound of her voice as she spoke in the midst of chaos of a large conference that was filled with so many speakers and participants. I listened with my heart, not my mind. I remember how I felt—calm, centered, and quiet. I do not remember her words; I simply remember her presence. I stood still and watched; she was glowing and surrounded in soft translucent white light. The light was shining from her and around her form, about 3 to 4 ft. in a sphere of light. It was beautiful. Somehow it filled the whole room. It was like an invisible light that flowed from an energy field that expanded and reached across the entire space and touched everyone in the room. She stood up, bringing in the light. All I felt was love and light. I did not know who she was. I remember asking a woman standing near me who she was. She spoke her name but I did not remember; I had seen a light like that around a person before. It was beautiful. She was a holy and blessed human being. The light was vibrating at a higher frequency. I felt touched by her presence. It was so subtle, soft, and tender. The time slowed down. I took a deep breath. That was my first memory of her. Many, many years later, when I looked back, I realized that was the first time I ever saw Dr. Jean Watson.

## BEGINNINGS

I graduated from the University of Florida in 1977. As a new graduate nurse, I worked at Beth Israel Hospital in Boston. I loved nursing and discovered a great profession. When I returned to graduate school at Boston College, I discovered theory, research, and how much I loved learning. Nursing was a rich and evolving science.

There was a thrilling intellectual community in Boston. At that time in my life, I worked directly with Joan Borysenko, PhD, a leading authority on stress, spirituality, and the mind/body connection. Dr. Borysenko was then completing her third postdoctoral fellowship in psychoneuroimmunology with Dr. Herbert Benson, author of *The Relaxation Response* (Benson, 1975). In 1978, Bernie Siegel, MD, originated *Exceptional Cancer Patients*, a specific form of individual and group therapy utilizing patients' drawings, dreams, images, and feelings (Siegel, 2011). Jon Kabat-Zinn, PhD, founding executive director of the Center for Mindfulness in Medicine, Health Care, and Society, as well as the founding director of the Stress Reduction Clinic at the University of Massachusetts Medical School, was just beginning his work in stress management and mediation (University of Massachusetts Medical School, 2014). So, within that context and rich intellectual history, I conducted my master's thesis on the relaxation response, stress management, and making images with patients suffering from chronic pain. It was the cutting edge of a paradigm shift in pain and stress management. It was the most exciting place and time to be a new nurse.

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## FALL INTO DESPAIR

I returned home and literally disappeared into my life. My husband and I left Boston when he finished his residency and we settled back to Gainesville, Florida, my home town. I found a job as an instructor at the University of Florida College of Nursing, where I taught for about a year and a half before delivering my second child. I decided to stay home to be a mother. It was the hardest thing I ever had done.

That job at home was my first failure; I was not happy. I was not cut out for the intensity of motherhood. My husband worked constantly as he was starting his new surgery practice. My children were 2 years apart and I needed help. We built a new home and I managed the best I could.

As a nurse, I had become someone. I was capable, confident, and highly motivated. I had met my husband when he finished medical school. I moved away to Boston. I got a fabulous job at the Beth Israel hospital in primary nursing. I worked on a step-down cardiac unit. I loved my patients. I loved being a nurse. My master's degree at Boston College prepared me to become a primary care clinical specialist, having expertise in alternative holistic therapies. I became a certified nurse practitioner in primary care. I worked as a health care provider in my own

nursing practice in the out-patient gynecology clinic. I loved working, loved learning, and loved the beauty of a structured and consistent life pattern. I found my strength, my creativity, and my independence.

When I was home with two small children, my life changed. My life unraveled and I was struggling to keep my head above water. I entered a place of deep despair and profound depression. I wanted to be a good mother more than anything. But, I needed help for the first time in my life. And, I collapsed. I was not good enough to be a mother. I was ashamed, unequipped, and inadequate. This created shame and disappointment in myself, which I was not prepared for.

## PAINTING MY WAY TO WHOLENESS

Eventually, I went through a severe depression during a 2-year marital separation. I felt like I was drowning as the therapy was not helping. I always dreamed of being a painter but I did not feel I could ever be good enough. But, in the depths of my outrage and depression, I decided to abandon all of my fears of being a painter. My first painting was inspired by a photo in a magazine of a woman who was distorted; this began a series of self-portraits in which I painted my pain with purely emotional intensity. Later, when I saw the first self-portrait, I realized that the painting captured the genuine expression from a moment in time that was now *behind me*. As I immersed myself in painting, I realized that I was healing. “By seeing my pain on canvas, I could step away from it” (Rockwood Lane, 2010).

## IN DIVINE ORDER

My professional journey was born out of the power of that experience, that suffering, and the despair. After that period, my life transformed from the void of darkness to something larger than myself. Everything was in Divine order. I discovered my life’s work out of a personal healing experience. This was how I discovered my calling and my life’s purpose. The experience of becoming and being a Caritas nurse/person comes from this personal story and living the theory.

When I began my doctoral studies, I discovered Dr. Watson’s work. During the first call I made to inquire about the doctoral program, I discussed my interests with Dr. Sally Hutchinson, who would become my dissertation chair. In our first conversation, I was telling her about my experience of art and healing, and that I wanted to expand nursing practice and do phenomenological research. Dr. Hutchinson listened and said, “First, go visit Jean Watson.” So I did.

Caritas became the guide of my whole life and the work has cultivated my way of being and knowing. The theory became my very foundation and my philosophy in life, my spiritual practice, and the essence of my being. It was essential for me to *practice* to become caring with my whole being so I could evolve as a human being. It was a process to become healed, empowered, and to make a

contribution to my profession. My intention was to become a better human being, and finally forgive myself for not being the mother I wanted to be. Caring Science became my religion, my understanding, my lens to see the world, and what I wanted to accomplish as part of my life destiny.

## ■ HEALING WITH THE ARTS

The overarching tenet of Caring Science that impacted my life and nursing practice was that caring happens in the energetic unitary field of consciousness and that field is love (Watson, 2012). My life's work had become Healing With the Arts. I had healed myself by creating art and painting a series of self-portraits. This powerful creative healing process led to my vision to create an Artist in Residence program at the local teaching hospital at the University of Florida. The universe was calling on my life to manifest this dream of integrating the arts into health care. I was inspired and guided by creativity, compassion, and love.

When I met Jean Watson in 1991, her work resonated deeply. I knew it as my reality and the Theory of Caring Science was the language to describe what I already knew to be true. Jean introduced me to Alex Grey's visionary art. I read all her books, and went to see Alex's work in NYC. I studied extensively. My destiny unfolded in a moment. I was connected to something larger. Jean Watson was the dean of the School of Nursing at the University of Colorado. All I needed was affirmation and I got it. I was ready to change the world. The theory was my grounding, my secret knowledge, my empowerment, my strength, and my understanding of how to move forward. Caring Science provided the moral, metaphysical, ontological, philosophical, and scientific worldview (Watson, 2008). It presented working assumptions to relocate my professional knowledge and myself in practice.

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## LOVING-KINDNESS

The major element of the Theory of Human Caring that has impacted my life the most intensely has been the practice of loving-kindness (Watson, 2008). This would be my greatest challenge to transform my being. My commitment was to embody Caritas with my whole being: in my mind, emotions, body, and spirit. This has become my practice for personal and professional growth. This would become my deepest spiritual commitment that would require my whole life to practice every single day. This Caritas Process became my guidepost and my mantra. Centering and practicing with my singing bowls would become my daily touchstone. This is my spiritual practice; deepening my heart connection is my starting point to begin each day. I know what I hold in my heart is important. Jean's words and Caritas Processes (Watson, 2008) are my daily intentions. Dr. Watson is a real human being, a living mystic, and the Oracle returning. She is my teacher and a best friend.

## ■ CARING–HEALING ACCOMPLISHMENTS

### ARTS IN MEDICINE

My initial theory-guided project was creating the first-of-its-kind *Arts in Medicine* program in 1991. Described in the following text, this became a national model of arts integration into health care and was based in Caring Science.

Caring Science views the cosmos as sacred. Nursing practice would create the sacred space in the health care delivery system. It would be the umbrella of the clinical practice model. The inspiration to bring the arts back into the health care/healing process was a return to an ancient path; remembering another way of being. This was a dream larger than any one person; the time that had come. There were many people—artists, nurses, physicians, social workers, and hospital administrators—called to return and to create this re-patterning of the health care field. It was about the return to the Divine Feminine, in the midst of a hard scientific medical business masculine model of health delivery (Watson, 1999). This Caring Science, joined to the arts, was about a new mystic/spiritual worldview. The unitary field of consciousness was evolving, opening, and reorganizing for change to emerge.

The *Arts in Medicine* program began in the nursing department of a teaching hospital; a contemporary patient care initiative. For more than a decade, Caring Science guided my contribution as the codirector of the artist in residence program. My program evolved because caring was the essential foundation for health care; the art/artist events were embraced by the clinical nursing staff. The *Arts in Medicine* program demonstrated the power of caring. Caring was the underlying disciplinary, philosophical, theoretical base encompassing art as part of the clinical environment.

The *Arts in Medicine* project was co-led by John Graham Pole, MD. Our nurse/physician partnership extended to the hospital's chief operating officer, chief nursing officer, and the nursing director of the bone marrow transplant unit. As an interdisciplinary leadership team working with the nursing staff, we explored many possibilities such as introducing the art activities as *advanced nursing therapeutics*. We conducted unit-based workshops and sought nurses' feedback about how to integrate the art activities with families and patients. Nurses were our gate keepers and reviewed all new ideas. They identified and invited patients to participate in the activities while they remained ready to intervene if patients suddenly became critically symptomatic. Each week, I met with the artists and guided their introduction to the nursing units. The nurse director managed the logistics, creating a safe environment where the artists were free to create their art. Importantly, this interprofessional team opened the doors to the clinical areas where artists worked at the bedside with patients and families for the first time ever.

When the beautiful dancer arrived, she walked into the first patient's room. She moved like an angel, floating with colorful scarves twirling around the room; the child opened his eyes in awe, and there was magic. They danced in a new reality



of beauty, of connection, of caring through art. The artist painted and created mosaics; the musician played the harp and sang; the poet created poems with patients. The storyteller sat and told stories with families in the waiting rooms. The playback theater group created a clown troupe. Everyone arrived from all over the country. We seized the day! Caring, loving, healing; it was happening.

## ARTS AS ADVANCED NURSING INTERVENTIONS

The integration of the arts into health care was actually advanced nursing intervention therapeutics, described by Dr. Watson as “advanced practice.” The artistic activities could, in fact, become part of patient care. Dr. Watson described the arts as healing and caring modalities, encouraging me to bring the arts into the health care system. These arts included painting, music, poetry, dance, meditation, and guided imageries. The theory provided the foundation to expand nursing practice and integrate the arts as nursing modalities to offer at the bedside.

Nurses were the facilitators for the artists who coexisted in their sacred space. Nurses provided leadership and clinical expertise, emerging as the liaisons with the artists and their allies to bring arts into the hospital space. The theory provided a vision, the framework to orchestrate the artists in healing through their art. The artists entered patients’ rooms as they were receiving their chemotherapy or engaged in other treatments. The artists played music, danced, drew, and sculpted. The patients could watch and listen or ask the artist to do what they wanted them to do; the patients could engage in creating art with the artist. It began as one artist in the bone marrow transplant unit (where the average length of stay was 6 weeks) and grew until there were 23 at a time, and then 250 artists. As the program gained statewide recognition, we were asked to help others start similar programs. There are at least five other programs in the state that began with our handbook and training for Shands Hospital’s Arts in Medicine.

Staff converted an office space into an art studio for the art supplies, music boxes, music, guided imagery tapes, and the art carts. Nurses initiated patient referrals and invited artists into their patients’ rooms. The relationship between artists and patients was part of the therapeutic nursing relationship and the clinical care provided by nursing. In reality, an art session was a caring moment, an encounter between the nursing staff, artist, and the patient/family. It was majestic. When we began this program, about 50% of our patients died in the course of bone marrow transplantation. The *Arts in Medicine* program honored the expression of both positive and negative feelings (Caritas Process #5; Watson, 2008) that patients/families face amidst the challenges of difficult side effects of therapy and/or end-of-life care.

So what happened? The art encounter created a sacred space for caring—healing at the deepest level. The intention was to make art in whatever way it was expressed. There was no agenda, just an openness to be present and authentic in the moment. It provided the patient with an opportunity for honesty, for

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engagement, or not. It was based on the readiness of the patient, and each artist/nurse approached the patient without pressure to make art. Sometimes it was simply a time to sit together in silence or to sing a song. It was revealed to be an act of loving-kindness, to be present, to be open, to trust and have faith in the person's abilities and choices. There was a focus on honoring the individual's spiritual expression of faith and desires. For example, the Healing Wall project was created by patients with thousands of tiles that expressed the multiple faiths in the community. The art allows the freedom of expression, of faith, of hope, and of creativity.

The program thrives because it is grounded in this caring–healing arts reality. Theory is a way “to see” (Watson, 2008), to know, and to understand. Caring Science allowed me to see what was happening, to know the truth, and to empower nurses. Since this remarkable project, UF Health nursing chose Caring Science as their nursing theory. Caring Science dwells in the hearts of nurses. It is already what we know to be our practice. The theory merely reminds us of what we are, of what we do, and of who we are.

Nurses are the leaders and the caregivers in the hospital setting. They are constantly at the bedside as all the care is offered in the energetic field of nursing practice. The nurses are the environment of caring. The nurses create the unitary field of consciousness, which resides within each patient encounter and is embraced and embodied in caring consciousness. It is about compassion. The integration of the arts into the institutional darkness of hospitals, with the isolation, fear, illness, science, outcome markers, and now the business-driven system, brings in the light.

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## DR. JEAN WATSON—HIGH PRIESTESS OF THE DIVINE FEMININE

How did this theory change my life? It has become my daily spiritual practice that I practice with my whole being. It is my intention to be more caring, more compassionate, and more loving. It is not easy. My nature is strong. I want to dance to my own music, to be outspoken, and to be defiant. When I discovered art as my way to healing, I had an inspiration to bring it into health care. I had a vision of bringing artists into the hospital rooms to invite everyone to make art. Everyone is an artist and a healer of themselves! In 1990, when I flew to Denver to study Jean's work, my life, my work, my whole being changed. It was a gradual process of living and becoming, being, and knowing. I have grown in so many ways.

Memories are precious. In the remote beautiful country of Bhutan, I was on a pilgrimage with Jean Watson and a few companions. It was a trek up the mountain to visit a sacred monastery, Tiger's Nest, which was built on the side of a cliff. It was going back in time; we carried prayer flags and lit our candles. The younger monks carried bundles of wood up every day. It was a holy place.

We found the inner chamber when the first monk had meditated and become an eternal body of light. I crawled into the small room, found a place among the

AQ5: Could we replace “practice” here with another term, maybe “ritual,” to avoid using practice twice in the same sentence?



others, sat down, and prayed. I experienced a moment of total enlightenment; I found the deepest peace I had ever known. I never wanted to leave. It was eternal bliss. Soon, I felt a small tap telling me it was time to go. I took a deep breath. I had discovered a place inside so deep, so vast, and so peaceful. I turned to go; I paused at the door looking out over the incredible beautiful valley. This was not my place to live; I had to go home. I was so happy, the happiest I ever felt. I became so excited that I started to run down the mountain, playing with my companions to chase them down. As I was running down the mountain, I tripped over a rock and fell down. Jean reached out her hand to catch me. She said, “Mary, be careful. Be full of grace and care.” I took her hand. She led me the way back home into the light of caring, peace, and my life. The wind twirled around both of us; this is what I heard.

You are the Light. Listen to the return of the Oracle. The Voice of the Divine Muse; she dances, she sings, she plays, she makes art, she gives birth, she takes death. She is the radiance of the Divine. She is an Oracle that was lost thousands of years ago. Her voice has returned from the depths of lost memories. Her voice speaks to us once again. We can remember what we always knew to be true but had forgotten. She speaks to us today. Listen. She speaks. She teaches us about caring. . . .

Dr. Jean Watson is a Distinguished Professor Emerita, Founder of the Watson Caring Science Institute, and High Priestess of the Divine Feminine.

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AQ6: The highlighted references are not cited in the chapter. Please cite them in the chapter or delete them from the references list. Thanks.

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