



COMMENTARY

From Conatus (Spinoza) to Caritas (Watson): An Ontology of Nursing Care

Lassad Gharbi, PhD¹, Mohamed Hajri, MD^{1,2}, Elmontessar belleh Zaafour, MD¹, Nefaa Arfa, PhD¹*

¹ University Tunis El Manar, Faculty of Medicine of Tunis, Department of General Surgery, Mongi Slim University Hospital, Tunis, Tunisia. * Corresponding Author. Mohamed.hajri@fmt.utm.tn

² Laboratory of Genetics, Immunology, and Human Pathologies LR05ES05, Faculty of Sciences of Tunis, University Tunis El Manar, Tunisia.

Background

Baruch Spinoza (1632–1677) came from a family that fled the Iberian Inquisition to settle in Amsterdam. The name Baruch means “blessed” in Hebrew and corresponds to Baraka (“blessing”) in Arabic. Both languages share a Semitic origin. At the age of twenty-three, he was excommunicated by his community, notably on account of his pantheistic views. Far from any academic recognition — which he deliberately declined — Spinoza continued his work in the Netherlands, supporting himself by polishing precision lenses. He died on 21 February 1677, and his work was published the same year by his friends under the title *Opera Posthuma*. Spinoza occupies a foundational place in modern thought through his philosophy of immanence. His thought rests upon five central concepts: the conatus, substance and its attributes, the affects, determinism, and intuitive knowledge (Spinoza, 1994). Central to his framework is the conatus, generally defined as the innate and continuous drive of any entity to persist in its own being and enhance its vitality (Spinoza, 1994).

Two centuries after his death, Jean Watson was born in 1940 in Virginia. She is a nursing theorist who holds a doctorate in educational psychology. Her approach to care is fundamentally humanistic. Her work privileges the connection between the caregiver and the patient, conceiving of care as a foundational ontological commitment. She situates nursing within an ontological dimension (being) rather than a merely technical one (doing) (Watson, 1979).

Her personal experience contributed greatly to this theoretical orientation. At the age of fifty-six, she lost the sight of her left eye in a sporting accident, and her husband died by suicide one year later. These experiences of vulnerability drew her toward the humanist tradition. She was named a living legend in 2013 by the American Academy of Nursing. Her theory rests upon ten caritas processes: loving-kindness and equanimity, authentic presence, cultivation of spiritual practices and the transpersonal self, development of trusting relationships, support for the expression of feelings, creative use of self, authentic teaching and learning, creation of healing environments, sacred care of fundamental human needs, and openness to spiritual and existential dimensions (Watson, 1979, 2012).

Jean Watson explicitly cites Martin Heidegger, integrating Heideggerian thought in order to provide a philosophical and ontological foundation for her Theory of Human Caring. She never cited Spinoza. This encounter between the two thinkers appears to us as indispensable, and, this work is an attempt to bridge these perspectives, seeking to unify Spinoza’s conative vitality with Watson’s holistic equilibrium. Synthesizing Spinoza’s conatus with Watsonian caring reveals nursing as an ontological catalyst, elevating the patient from existential depletion to restored agency.

Main Text

The philosophical Interlinks: The theoretical bridge between Spinoza and Watson is fortified by their common understanding of suffering, which they perceive not as an

end, but as a gateway to deeper ontological connection. While it is both impractical and reductive to establish a direct, one-to-one correspondence between Spinoza's pillars and Watson's *caritas* processes, the two frameworks are deeply enmeshed.

Conatus: The Drive to Persist and the Restoration of Agency

The conatus, as Spinoza conceptualized it, is an ontological drive that precedes psychological adaptation (Spinoza, 1994). The conatus is the foundation of homeostasis. Nursing care aims to augment the patient's power to act — their conatus — by reinforcing their autonomy. In nursing practice, this principle is enacted at every level of clinical intervention. For example, during patient mobilization, the patient rises not because they are complying with an external order (external constraint), but because their power to act has been restored through the quality of the relational encounter (internal care). For Watson, care protects the integrity of the person and assists the patient in achieving self-actualization (Watson, 1979). Watson advocates for an authentic nurse–patient relationship that enables a heart-to-heart connection. A continuity between Spinoza and Watson thus emerges: through the authentic relationship (Watson), the conatus is restored (Spinoza).

Monism: The inseparability of body and mind

Spinoza's rejection of Cartesian dualism in favor of a single substance (Nature/God) aligns with nursing's holistic paradigm, which views patients as integrated bodily and mental entities. This philosophical position contests reductionist biomedical frameworks by stressing the inseparability of physiological and psychological conditions as concurrent manifestations of a unified reality. From this perspective, Spinoza's philosophy (often described as “dual-aspect monism” or “parallelism”) holds that the human body and mind are two attributes of a single, infinite substance (God or Nature) (Spinoza, 1994). His philosophy moves beyond binary opposition toward a more complex and unified vision: reality possesses a richness that exceeds our conventional models of representation. For Watson, the nurse does not treat an organ, but a whole person — body, soul, and spirit (Watson, 1979). Spinoza's monism thus corresponds to Watson's holism, where the part and the whole are seen as mutually constitutive.

Affects: Emotion as Clinical Compass

Spinoza's theory of affect — particularly his contrast between joy, which increases the body's potential for action, and sadness, which diminishes it — finds a parallel in nursing practices, such as therapeutic touch and empathetic dialogue (Spinoza, 1994).

For Spinoza, joy is not a luxury; it is a compass. For Watson, care constitutes a space of affective resonance. Watson also retained the notion of the therapeutic use of self - that is, the self as a therapeutic instrument (Watson, 1979). The role of the emotions is therefore recognized by both Spinoza and Watson.

Determinism: From Moral Judgment to Causal Understanding

Spinoza's determinism interprets all events as causally necessitated. By considering illness as a necessity in the Spinozist sense of the term, one absolves the body of guilt. Illness is no longer a “dysfunction”, but a logical, mechanical process. Free will becomes the reasonable comprehension of what comes to pass. The Spinoza maxim: not to laugh, not to lament, nor to detest, but to understand, transforms nursing practice from judgment to understanding (Spinoza, 1994). Watson, for her part, acknowledges the context and the social determinants of health in the life of the patient.

Intuition: Seeing the patient beyond the symptom

Spinoza links intuitive knowledge to the highest degree of wisdom (Spinoza, 1994). Spinozist intuition is Gestalt-like in its capacity to perceive the patient as an indivisible whole. Watson, similarly, insists upon “intuitive practice” and the sharing of the subjective world as a means of healing (Watson, 2012). From a Watsonian perspective, intuition is a manifestation of unitary consciousness, where the nurse detects disharmony within the patient's healing environment.

Implications for Nursing and Health

The transition from a monistic ontology to a holistic praxis suggests that health is an emergent property of the whole system.

This perspective aligns with nursing's holistic paradigm, wherein interventions, such as mindfulness-based stress reduction or somatic experiencing, treat psychological and physiological symptoms as interconnected phenomena. Accordingly, the nurse's touch approaches the patient as an integrated, singular

expression of life. By decoding facial expressions, the nurse can intervene to transform sadness into joy (hope, relief), augmenting the patient's power to act. Humor acts as a relational catalyst, reducing clinical apprehension.

Furthermore, Spinoza's determinism reframes patient denial or non-adherence. When nurses frame illness as a causal sequence rather than a moral failing, they instill reasoned acceptance, fostering resilience and improving patient education. This shift from blame to causal understanding reflects the tenets of trauma-informed care (Abuse, 2014) and may lessen clinician frustration.

Finally, clinical intuition becomes life-saving, as predicting clinical deterioration through nursing intuition (Douw et al., 2015) bridges the gap between metaphysical "seeing" and physical safety.

In conclusion, while Baruch Spinoza conceptualizes health as a dynamic balance of power, Jean Watson

defines it as a transpersonal harmony between the body, mind, and soul (Spinoza, 1994; Watson, 1979, 2012). The synthesis of their work establishes that the caring moment transforms the patient's passivity into renewed emotional power and the nurse into an artisan of joy.

Acknowledgments

The authors have no acknowledgments to declare.

Conflict of Interests

The authors declare no conflict of interest.

Funding or Sources of Financial Support

This work received no specific grant from any funding agency in the public, commercial, or not-for-profit sectors.

REFERENCES

- Abuse, S. (2014). *SAMHSA's concept of trauma and guidance for a trauma-informed approach*.
- G. Douw, L. Schoonhoven, T. Holwerda, G. Huisman-de Waal, A.R. van Zanten, T. van Achterberg, & J. G. van der Hoeven. (2015). Nurses' worry or concern and early recognition of deteriorating patients on general wards in acute care hospitals: A systematic review. *Critical Care*, 19(1), 230. <https://doi.org/10.1186/s13054-015-0950-5>
- Spinoza, B. de. (1994). *A Spinoza reader* (E. Curley, Ed.). Princeton University Press. <https://doi.org/10.1515/9780691209289>
- Watson, J. (1979). *Nursing: The philosophy and science of caring*. Little, Brown.
- Watson, J. (2012). *Nursing: The philosophy and science of caring*. In *Caring in nursing classics: An essential resource* (p. 237). Springer Publishing Company.