Human beings are inherently vulnerable. Schaub (2016) defines vulnerability as “anxiety ultimately rooted in the human condition of being conscious, separate, and mortal. It is a normal emotion based in reality, an elemental aspect of our actual human situation” (p. 382). As we grow and mature in the world, we tend to nurture relationships with the people and confidants who have earned the right to hear our story (Brown, 2012). We share our struggles and worries with those who can bear the weight of our truth with dignity and acceptance. Many of us have a choice regarding who we trust, when we open up, and how we maintain authenticity throughout the course of such a bond. The willingness to share vulnerability with others implies risk without guarantees: courage in the presence of fear.

But there are those who do not enjoy the power of such choice: those who experience mental health challenges that predispose them to exposure and constant vulnerability on a momentary basis. Some battle severe mental disorders while others experience mild symptoms that go undiagnosed; many have experienced trauma. Holistic nurses and a holistic ethic of care provide the biopsychosocial support needed to embrace, guide, and effectively support these clients. From building individual partnerships...to creating healing dynamics at the group level...to transnational unitary efforts, we have an opportunity to effect change. Holistic practitioners carry with them the knowledge and skill to protect clients facing mental health challenges and ensure humanistic care on their behalf – from local to global.

The following are three case studies that illustrate my own observations of mental health and healing, as well as the lessons I have learned that reinforce holistic principles at a relational level.
**CASE STUDY #1: INDIVIDUAL CONSIDERATIONS**

During my undergraduate psychiatric rotation in nursing school, I spent time on an inpatient unit that cared for patients dealing with a host of mental health challenges. One day, I joined a woman sitting by herself in the corner of a room at a large round table. Laura had a warm smile on her face and graciously welcomed me. Having worked as a nurse in the earlier part of her career, she was overjoyed to meet nursing students. Laura had been on the unit for several weeks after she attempted suicide and was found by a friend. She talked about how kind the staff were and her gradual improvement. She inquired about my learning and the clinical experience. Throughout the conversation, she beamed with what appeared to be genuine happiness.

Suddenly tears filled Laura’s eyes and she grew quiet. As the energy shifted, she quickly became despondent, and eventually said, “You’ll have to excuse me. I have to go back to my room and find out why I keep thinking about killing myself.” Laura stood up and walked out of the room, and I grew overwhelmed by that novice feeling of confused helplessness. I later found out that Laura struggled with bipolar disorder.

**Lessons Learned:**

In retrospect, thinking of myself as a nursing student, I simply did not know how to hold the space for another person. A holistic nursing sensibility would have been quite helpful: It reminds us to remain open and nonjudgmental. It calls us to pause before we enter into a relationship so we can ground in both presence and intentionality. Back then I was too concerned about myself; my uninformed opinions about mental health challenges were unconsciously running my interaction with Laura, and I was intimidated by my own greenness. I did not understand what it meant to be truly open to another’s lifeworld – to stay available for the fluctuations of the human experience and support another throughout the spectrum of their emotional processing. If given the opportunity again, I would have listened more carefully to the clues Laura was offering about her change in mental outlook. I would have asked more reflective questions to help her manage the vulnerable moments. Laura taught me that I must be willing to confront and release my own fears in order to authentically guide another through theirs.

**CASE STUDY #2: GROUP DYNAMICS**

My cousin Jessica lives with schizophrenia. She was diagnosed as a teenager and has had a lifetime of voices and hallucinations that keep her from sleeping, eating, or carrying out many of the routine daily tasks most of us take for granted. Jessica’s treatment regimens were constantly being altered to keep up with her progressive symptoms, and it always seemed that more complex problems were arising from the side effects of polypharmacy. If the family was at dinner and Jessica started to hear voices, immediately, aunts, cousins, and grandparents would start yelling at them to go away. If she believed the bad guys were coming into the apartment through the secret door in the back of her sister’s closet, my mother would go in there and yell, loud enough for Jessica to hear, “Get out of this house before I call the police. Go! Good – get out!” She would come back and let Jessica know it was safe and that she could relax. Jessica would sit there comforted by the courage of her family and would often be able to enjoy herself again knowing she was deeply loved and cared for.

**Lessons Learned:**

Without realizing it at the time, my family was creating a healing environment by validating Jessica’s subjective experiences again and again. They did not question, reorient, or lose patience with her; they slowed down and responded to the more subtle requirements of the given moment. They were in a dynamic flow between what she needed and holistic attending. In essence, they worked together, as a team, to provide something beyond patient or person-centered care. They were delivering what has been called evolving human-centered care, defined by Rosa and Estes (2016) as:

...compassionate and empathic care that responds, attends, and conforms to the human as a living, breathing, evolving experience; human as a fluctuating phenomenological being of engagement; human as history, as story, and as narrative; human as presence, emergence, and possibility; human as fellow sojourner; human as caring-healing; and human as LOVE. (p. 336)

Many clinicians are hesitant to use the word love in describing the emotional bond with their patients. However, Goldin (2016) writes that nurses should not fear the power of love in the care we provide for patients, and she believes it to be the moral/ethical foundation of the profession. Love provides the tools and skills to embrace our clients’ mental health obstacles with both compassion and generosity.

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CASE STUDY #3: POPULATIONS AT LARGE

This past year, I worked in Rwanda as a clinical educator at Rwanda Military Hospital and as a visiting faculty member at the University of Rwanda. The government of Rwanda reports that in 1994, the Genocide Against the Tutsi resulted in the deaths of roughly one million Tutsi and moderate Hutu people, and turned millions more into refugees and forcibly displaced peoples. The genocide was the epitome of human intolerance and “othering” – the result of decades of racially divisive tribalism and colonalism manipulation. The horrific events of 1994 affected millions: Rwandans living outside the country at the time, survivors who feared future aggression and had witnessed the murder of loved ones, and the perpetrators who now live with the atrocities they contributed to or committed themselves. Though Rwanda has known political peace since the late 1990s when all insurgencies were officially stopped, depression and post-traumatic stress continue to impact the population. A new generation is now living with the sequelae of institutionalized hatred and mass violence. Rwanda is a country experiencing a socioeconomic renaissance and continuing on the road toward unity and healing. Increased efforts are needed to attend to the mental health of the Rwandan people as health care in their nation experiences increased quality, access, and delivery.

**Lessons Learned:**

We are all healing from something, all seeking opportunities to make us whole and content. In Rwanda I found that every person I brushed shoulders with – from the man at the front desk at my gym to the woman in the marketplace – were all impacted by the brutality of genocide in some way. As holistic nurses, we must make room for people’s stories, invite the shadow side of their narratives, be channels for their progress and growth, and take care of ourselves so we can be of service in a real way. Self-care was the keystone to my well-being during my time in Rwanda; I simply could not have continued to provide the lovingkindness others needed if I didn’t learn to nourish it within my own life.

In conclusion, holistic nursing provides a human-centered approach to safe and inclusive care; it is the relationships we nurture with clients that provide the haven for expressed vulnerability. Learning to hold the space, create healing environments at all levels, invite client narratives, and take care of ourselves are all vital in the care of those experiencing mental health challenges. By being open to the process and suspending judgment, we become integral to the transformation of vulnerability from something feared into something cherished. Indeed, it is in that sacred threshold of the inherent human experience where healing becomes possible.

**REFERENCES**


William (Billy) Rosa, MS, RN, LMT, AHN-BC, AGPCNP-BC, CCRN-CMC, Caritas Coach, is currently a Palliative Medicine Fellow at Memorial Sloan Kettering Cancer Center in New York. He is editor of the book, *Nurses as Leaders: Evolutionary Visions of Leadership*, and his upcoming text, *A New Era in Global Health: Nursing and the United Nations 2030 Sustainable Development Agenda* will be released in May 2017. Billy is the recipient of numerous awards and honors, and is a Fellow of the New York Academy of Medicine.