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Original article

Foundations for a human science of nursing: Gadamer, Laing, and the hermeneutics of caring

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Abstract

The professions of nursing and nurse education are currently experiencing a crisis of confidence, particularly in the UK, where the Francis Report and other recent reviews have highlighted a number of cases of nurses who no longer appear willing or able to 'care'. The popular press, along with some elements of the nursing profession, has placed the blame for these failures firmly on the academy and particularly on the relatively recent move to all-graduate status in England for pre-registration student nurses. This has come to be known in the UK as the 'too-posh-to-wash' argument, that there is an incommensurability between being educated to degree level and performing basic nursing tasks. I will argue in this paper that the diagnosis of the problem is substantively correct, but the formulation and the prescription are misguided and dangerous. I will suggest that the growing emphasis on research-based and evidence-based practice is the logical conclusion of an inappropriate scientific paradigm for nursing which is underpinned by the social sciences, by technical rationality, and by a focus on people. In contrast, I will suggest that a more fruitful way of thinking about and practising nursing and nurse education is to consider it as a human science with a focus on persons in which evidence for practice derives largely from practice itself. The history of the idea of a human science is traced from its roots in nineteenth century hermeneutics to the work of Gadamer and R.D. Laing in the 1960s, and I attempt to imagine a paradigm for nursing practice, scholarship, and education based on Laing's 'existential–phenomenological' approach with a focus on the endeavour to understand and relate to individual persons rather than to make broad prescriptions for practice based on statistical and other generalizations.

Keywords: care, hermeneutics, phenomenology, the role of nurses.

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Nursing in crisis

Nursing and nurse education in the UK is currently undergoing what can only be described as a crisis of confidence. On the one hand, accounts of neglect and wilful cruelty on the part of nurses have turned angels into folk devils, and on the other, the gradual move of nurse training into the higher education sector has led to accusations that university-educated nurses are 'too posh to wash'. The crisis came to a head with the publication of the Francis Report (Francis, 2013), which attributed a series of avoidable deaths at Staffordshire Hospital to a 'terrible standard of service' and some notably shocking failures of care, and although Francis highlighted systematic failings right across the organization, much of the blame fell on the nursing profession.

Despite a recent Royal College of Nursing commissioned report into nurse education (Willis, 2012) which concluded that there was no link between university-based education and poor-quality care, newspaper headlines such as 'Nurse refused to clean up vomit . . . because she went to university' (Borland, 2013) lead many people to suspect that there are indeed some students and recently qualified nurses who, if not too posh to wash, certainly consider themselves too educated to attend to the basics of patient care. I will suggest in this paper that there *is* a problem and it *is* linked to the move into higher education but that it is not quite as simple as the popular press and others on the 'too-posh-to-wash' bandwagon make it out to be. In my view, the cause of the problem is neither too much education nor too high a level of education but rather an overly technical rational and evidence-based focus on nursing theory, research, and practice.

Stephen Toulmin (2001) invokes the ancient distinction between rationality and reason to argue that since the Enlightenment, the reasonableness of narrative as a source of knowledge (what he calls the appeal to the *soundness* of substantive argumentation) has gradually been overshadowed in importance by the rationality of science and mathematics (i.e. the *validity* of formal arguments). Whereas the criterion of soundness makes reference to the content of the argument, validity appeals only to the logical structure through which the content is expressed. Thus, the rise of rationality is also the rise of methodological rigour as the primary criterion for making judgments about practice. The key question for rationalists when making decisions about how to act is not *how is this knowledge of use to my practice* but *how was this knowledge produced*, and judgments about best evidence for practice are made according to the research methods used to produce that evidence. Also, while higher education is not the cause of the separation of rationality and reason, it has certainly exacerbated it. That is not to say, however, that taking nurse education out of the universities and back to an apprenticeship model of hospital-based training will resolve the problem. Rather, it is time to rethink the fundamental values and assumptions of nursing practice.

When I claim that nursing has become too technical rational, I am borrowing from Donald Schön's usage of the term (Schön, 1983). That is to say, there is a schism between nurse technologists and nurse technicians, between those who work in the academy and those who work in the clinic, and between those who produce nursing knowledge and theory and those who apply it. This schism creates two problems for practice-based disciplines such as nursing. First, while researchers draw inspiration for their work from a range of sources, including practice and practitioners, their findings are simply handed down to practitioners, mostly through journal publications, with little or no opportunity for a two-way dialogue. The paradigm of evidence-based practice (EBP), or at least the way that it is usually interpreted in nursing, demands that practitioners simply do as they are told. While some of the more enlightened versions of EBP allow the practitioner to evaluate the evidence before deciding whether to apply it, any judgment is usually of the validity and reliability of the research method rather than of the findings themselves. Thus, EBP permits and even encourages the nurse to question the rigour and rationality with which the research protocol was applied and followed but allows for little or no *reasoned discussion* about the clinical wisdom of whether or how the resulting findings should be applied to practice. Second, not only does technical rationality separate out theory and theorists from practice and practitioners, but in the case of nursing, I

want to suggest that practitioners are being expected to apply the wrong kind of theory. More specifically, the social science paradigm which underpins and informs most nursing practice is quite simply inappropriate for the job at hand.

The rise of the social sciences

We can trace the origin of the social sciences quite precisely to 1824 when Auguste Comte used the term in a letter to a colleague. Six years later, Comte (1830) published the first volume of *The Course in Positive Philosophy*, where he outlined 'a positive science of society' which argued that human thought, feeling, and action are subject to fixed laws and are amenable to prediction and control in the same way that the physical sciences could predict and control the behaviour of inanimate matter. Interestingly, the word 'sociology' did not appear in *The Course in Positive Philosophy* until the fourth volume in 1838. Prior to this, Comte used the term *physique sociale* or social physics, reflecting his belief that the social sciences should be founded on the principles and practices of the 'hard sciences' such as physics.

By the end of the 19th century, sociology and the social sciences were well established across Europe, and a number of large-scale empirical studies had been published, for example, Durkheim's multinational quantitative study of suicide (Durkheim, 1897/2006). However, while philosophers such as J.S. Mill, Emile Durkheim, and others embraced Comte's positivism and set about developing and refining this new science of society based on what Comte referred to as 'social facts', others reacted against it. For example, whereas Comte claimed that the aim of the social sciences should broadly follow that of physics and chemistry in being concerned with *explanation* (Erklären) in terms of cause and effect, Wilhelm Dilthey argued for a fundamentally different approach based on a deeper and more personal level of *understanding* (Verstehen).

Dilthey drew from the tradition of hermeneutics, which was a well-established method for the interpretation and exegesis of classical and religious texts through an attempt, as Schleiermacher (1838/1959) put it, 'to understand an author as well as and even better than he understands himself'. Dilthey's project was to extend the method of hermeneutics beyond the ahistorical exploration of the mind and character of the author into a broader socio-historical understanding of the individual in general. In this way, Dilthey sought to establish hermeneutics as a science comparable to, but very different from, positivism, with its own methodology and epistemology. Dilthey's term for this was *Geisteswissenschaft*, which is usually translated into English as 'human science' but sometimes as humane or humanist science. Dilthey's intention in using the term was, at the same time, to distinguish hermeneutics from the natural and social sciences and to emphasize the fact that it was nevertheless a rigorous discipline and a science in its own right.

The problem for any scientific study of people is how to deal with the essential individuality and uniqueness of human thought and behaviour. Comte's positivism dealt with this problem by aggregating the irregularities of individual behaviour into general trends. While individual behaviour might be unpredictable, human behaviour *en masse* appeared to follow regular patterns which could be understood and even predicted in advance. The epistemological foundation of the social sciences was Durkheim's statement that 'the first and most fundamental rule is: consider social facts as things' (Durkheim, 1895/1964). This later became somewhat detrimentally known as *chosisme* or 'thingism', or more technically as reification. But if there are no social facts, or if social facts are not our primary concern, then what are the 'things' that constitute the objects of study which provide the focus for a rigorous hermeneutic human science?

Whereas Schleiermacher's hermeneutics stressed the importance of a subjective sympathetic understanding, of putting oneself in the shoes of the other in order to understand their mental life from the inside, Dilthey wanted to construct an objective, scientific method of interpretation. For this, he turned to Husserl's *Logical Investigations* (1900-1/1970) and the concepts of intentionality and objectification. Dilthey appropriated these ideas to construct an objective approach to understanding the mental life of the other based on the outer manifestations and

the observable signs of what that mental life *intends*. In other words, we understand the inner world of the other through a kind of objective, scientific subjectivity which can be applied not only to the internal mental world of the *other* but, crucially, also to ourselves. As Paul Ricoeur observed of Dilthey's intentional hermeneutics:

> Man learns about himself only through his acts, through the exteriorization of his life and through the effects it produces on others. He comes to know himself only by the detour of understanding, which is, as always, an interpretation. (Ricoeur, 1991, p. 60)

In this way, Dilthey believed that he had transformed the art of interpretation into a rigorous, objective science of *Verstehen* in which the method of what he called 'a fully sympathetic reliving' (Dilthey, 1910/1977) of the inner experiences of self and others had been put on a properly scientific footing. Hermeneutics thus emerged around the turn of the twentieth century as a *bona fide* human science to challenge Comte's *science sociale*.

By the early years of the twentieth century, then, two quite separate approaches to the study of human behaviour had been established. On the one hand, the positivist social sciences were concerned with establishing general laws to explain the behaviour of large groups. On the other, the human sciences focused on a deeper understanding of the individual based on a hermeneutic interpretation of the exteriorization of his or her inner world.

However, while Dilthey was establishing a science of hermeneutics based on Husserl's early work, Husserl himself had turned away from the phenomenological interpretation of texts and behaviour towards a direct and transcendental study of phenomena or sense data at the point at which they first present themselves to consciousness. This move began with the publication in 1913 of *Ideas*, which included a discussion of the method of phenomenological *epoché*, by which our everyday assumptions, including those of the natural sciences, are put 'in brackets'. Husserl explained this as follows:

> I do not then deny this 'world', as though I were a sophist, I do not doubt that it is there as though I were a sceptic; but I use the 'phenomenological' époche, which completely bars me from using any judgement that concerns spatio-temporal existence. (Husserl, 1913/2002, p. 59)

By this point, Husserl had moved completely away from hermeneutics and the *a posteriori* interpretation of experience towards an *a priori* phenomenological investigation of pure transcendental consciousness.

The human sciences

The next significant development in the hermeneutic human sciences was initiated by Martin Heidegger. Heidegger, who for a while was Husserl's assistant at Freiburg, published *Being and Time* in 1927/1962 as a reaction to Dilthey's attempt to put phenomenology on a rational scientific footing. As Ricoeur observed:

> After Dilthey the decisive step was not to perfect the epistemology of the human sciences but to question its fundamental postulate, namely, that these sciences can compete with the sciences of nature by means of a methodology that would be their own. (Ricoeur 1991, p. 61)

For Heidegger, our starting point is *Dasein* or being in the world, which *de facto* rules out any pseudo-scientific attempt at bracketing or separation. We can never be detached observers; *Dasein* translates literally as 'being there', and we can only come to understand the world from our standpoint as always already being situated in it. Heidegger therefore initiated the shift in the human sciences from a foundation in epistemology to ontology, that is, from questions about *what* can be known to questions of *how* we might come to know (see *Being and Time*, pp. 49–50), which are, for Heidegger, questions about *Dasein* or being.

By the 1960s, the gap had widened between the social and the human sciences to such an extent that they stood in more or less direct opposition. On the one hand, the social scientists had refined and adapted the scientific method to meet the needs of a generalizable science of large numbers, including developments in sample selection, questionnaire construction and validation, and statistical analysis. On the other hand, Gadamer in particular emphasized the importance of language as the key to understanding and stood in opposition to the idea that truth could be established through the rigorous application

of method. Thus, in the introduction to *Truth and Method*, published in 1960, Gadamer stated:

> The hermeneutic phenomenon is basically not a problem of method at all. It is not concerned with a method of understanding by means of which texts are subjected to scientific investigation like all other objects of experience. It is not concerned primarily with amassing verified knowledge, such as would satisfy the methodological ideal of science – yet it too is concerned with knowledge and with truth. (Gadamer, 1960, p. xxi)

He continued by stating that his aim was

> To seek out the experience [Erfahrung] of truth that transcends the domain of scientific method wherever that experience is to be found, and to inquire into its legitimacy. Hence the human sciences are connected to modes of experience that lie outside science: with the experiences of philosophy, of art, and of history itself. These are all modes of experience in which a truth is communicated that cannot be verified by the methodological means proper to science. (*Ibid*., p. xxii)

Gadamer's idea of a human science therefore stood in more or less direct opposition to the positivist and neo-positivist social sciences in several respects. First, as we have seen, Gadamer places great emphasis on language as the medium through which meaning is made and, hence, through which understanding occurs. More than this, our language defines the limits of our world; our language *is* our world. Thus,

> Language is by no means simply an instrument or a tool [. . .] Rather, in all our knowledge of the world, we are always already encompassed by the language which is our own. (Gadamer, 1976, p. 62)

The distinction between the social and the human sciences is therefore much more than that between quantitative and qualitative methodologies, both of which arguably derive from the positivist tradition. When social scientists collect qualitative data in the form of text, even when they mistakenly claim to be doing phenomenology, they are treating language instrumentally as blocks of data that can be sliced and diced, rearranged, categorized, thematically sorted, and objectively analysed for their essential meaning or core concepts. We should not forget that the qualitative data analysis method of content analysis was originally developed as a *quantitative* method by Harold Lasswell in the 1930s. But as Gadamer tells us, we cannot use language in order to examine language, any more than we can use a microscope to look at itself. As a mode of inquiry immersed in language, then, human science is quite distinct and separate from social science. For the former, inquiry occurs in and through language; for the latter, language is simply the means of communication of its findings.

Second, *Verstehen* does not result from the rigorous application of method; it is not an operation that we perform on the world. For Gadamer, hermeneutic understanding arises from relationships and is primarily dialogic:

> To understand what a person says is, as we saw, to come to an understanding about the subject matter, not to get inside another person and relive his experiences. (Gadamer, 1960, p. 383)

To understand is *to come to an understanding*, that is, to reach an agreement on meaning. Understanding is not an analytic procedure; it is not even an empathic process; it is primarily a human encounter. Thus, whereas the social scientist collects data, the human scientist builds relationships.

Third, Gadamer rejects completely the objective stance of the social sciences. In its place, he offers the idea of prejudice, which needs to be rehabilitated from what he calls the Enlightenment prejudice against prejudice. For Gadamer, any inquiry that claims to take a neutral or objective stance, including scientific research, is in denial. We always and inevitably bring with us our biases, our prejudices, and our traditions:

> Prejudices are biases of our openness to the world. They are simply conditions whereby we experience something – whereby what we encounter says something to us. (Gadamer, 1976, p. 9)

Our prejudices may or may not be unjustified, unfair or erroneous, but whether they are or not, they provide a starting point from which to begin the process of coming to an understanding.

By the 1960s, then, the human sciences had rejected completely the values and presuppositions of the social and physical sciences and had reasserted the

importance of *Verstehen*, of deep, subjective, situated understanding in opposition to *Erklären*, the explanation of the world in terms of causal laws and associations between objectively produced facts. As such, they offered a coherent and well-reasoned alternative to the paradigm of the natural and the social sciences.

The emergence of the science of nursing

The practice of nursing has, since Nightingale's time, been pulled in two directions. On the one hand, it can be regarded as a profession allied and often subservient to medicine. Some nursing duties involve assisting doctors or acting as proxy medics, for example, in administering medication, taking blood samples, or assisting in the operating theatre. However important these roles might be, and however great a proportion of nurses' time that they take up, I suggest that these are not the activities that define and delineate the practice of nursing. On the other hand, nursing practice distinguishes itself from the practice of medicine by its emphasis and focus on individual, therapeutic caring relationships. If this latter aspect is missing from the role, then it is arguably not a nursing role at all. As Hildegard Peplau (1952) suggested more than 60 years ago, nursing is defined in terms of the relationship between a nurse and her patients, and as Kirby (1995) later added, the practice of nursing 'is carried out within relationships; it is, in essence, a special form of relating'. As McKee (1991) pointed out, rather than asking the nurse 'what did you do?' in a nurse–patient situation, a more relevant question is 'what happened between you?' Seen in this way, nursing is not merely *one of* the caring sciences; it emerged during the 1950s and 1960s as *the* science of caring, that is, it is the science of caring *for* by caring *about*.

In order to establish itself as a practice in its own right distinct from medicine, nursing began at this time to develop its own unique knowledge base. As an emerging academic discipline, it could have adopted any one of the existing research paradigms or traditions, including the medical model, the natural science paradigm, the human science paradigm, or the social science paradigm. Since nursing wished to distinguish itself from medicine and since many of the first wave of nurse academics had degrees in anthropology and sociology, nursing opted for the social sciences. Certainly, by the time that nurse education moved into the university sector in the UK during the 1980s, the term 'nursing research' was more or less synonymous with 'social research'. If we examine almost any nursing research textbook from the past 30 years, we will be confronted with chapters on social survey methods, interviews, focus groups, and observational studies. Also, although we might also find a chapter on phenomenology or even on hermeneutics, as Michael Crotty (1996) and John Paley (1997, 1998) have each pointed out, it will almost certainly not resemble anything written or envisioned by Dilthey, Husserl, or Heidegger.

In retrospect, it is difficult to understand why the theories, methods, and epistemological assumptions of the 'science of society' were ever considered to be relevant to nursing. Nursing, I have argued, should be concerned *not* with the social, *not* with what it means to be a member of a social group, but with the human, with what it means to be a person. That is not to say that nurses should not take into account the social forces and political impact on what they do but that the practice of nursing is, at the point of contact, an interaction between unique and singular individuals.

The decision to adopt the social science research paradigm is not merely an issue for academics and researchers. In a research-led or evidence-based discipline, the very idea and definition of practice is shaped and determined by the epistemological assumptions of the dominant research paradigm. In the case of nursing, a research paradigm that was designed by and for academics to produce general theories about the behaviour of large social groups will inevitably lead to the ideal of best practice as being based on the 'gold standard' of large-scale empirical studies whose findings can be applied to any patient in the population from which the research sample was drawn. In other words, the empirical social science research paradigm will produce a certain kind of technical, generalizable knowledge, which will inextricably result in technical, generalizable practice in which the technologists who produce nursing knowledge are, by and large, removed from the technicians who apply it.

While this technical rational approach to EBP might be appropriate for performing the medically oriented tasks that nurses are often asked to undertake, I believe that it downplays the primary function of interpersonal nursing. In a discipline where practice is expected to be based on best evidence, and where the gold standard for producing evidence is large scale, preferably quantitative empirical research, personal and experiential knowledge almost always finds itself at the very bottom of the hierarchy of evidence. Arguably, then, academic researchers are providing practising nurses with the knowledge and skills required for the technical aspect of their roles but have little or nothing to offer them for the humanistic caring side. Worse still, the growing emphasis on practice based on 'best evidence' is de-emphasizing and detracting from the primary focus on what nursing is or should be, and is shifting the discipline towards a purely technical approach to practice. One of the possible effects of this shift is the tendency to regard patients instrumentally as sources of data and as passive bodies to be acted upon, as objects rather than subjects.

I am suggesting, then, that in opting for the social science research paradigm, nursing not only made a wrong choice, but also more importantly, the consequences of this choice have been, and continue to be, detrimental to good nursing practice and harmful to patients. Indeed, as I claimed at the outset, I believe that the adoption of the social research paradigm is in part responsible for the state that UK nursing currently finds itself in.

Towards a science of persons

So what is the alternative? Is it even possible to think about a practice of nursing based on a hermeneutic human science of caring rather than an empirical social research paradigm? What would the practice of nursing be like if experiential and personal knowledge was located at the top of the hierarchy of evidence rather than at the bottom? Or, to put it a different way, what if the millions of pounds, euro, dollars; the millions of hours; and the vastly huge effort of thought and action that is put into empirical research each year were used instead to allow nurses more time to think, to talk with one another, to read, to attend lectures and discussions, to give and receive clinical supervision, to spend more time with patients, and generally to enable them to become more rounded practitioners? We are nowadays so directed towards thinking of nursing as a research-driven EBP that it is extremely difficult to imagine it any other way, and we are so used to thinking of nursing research solely in terms of structured empirical data collection in the tradition of the social sciences that it is sometimes hard to remember that there are other traditions, other ways of producing and accessing knowledge that do not require research grants, rigorous methods, and academic researchers.

In beginning to explore what the practice of nursing might look like had it adopted the hermeneutic human science paradigm rather than the empirical social science paradigm, if it had privileged reason over rationality and the study of individual persons over the study of people as a social group, I will start, rather perversely, with the practice of medicine rather than nursing and, in particular, with the work of the psychiatrist R.D. Laing.

In his first major work *The Divided Self*, written in 1959, Laing applied ideas from continental philosophy to his work on schizophrenia, which he considered to be an existential problem of ontological insecurity. However, the basic tenets of his argument apply equally to any professional practice that involves working with persons. His starting point for what he called 'the existential-phenomenological foundations for a science of persons' is with Martin Buber (although Laing does not actually reference Buber's writing). Laing's complaint about psychiatry in the 1950s is essentially the same as my complaint about nursing today: it privileges the scientific over the personal. Laing explains that we can see the patient in front of us through many different lenses:

> Now, if you are sitting opposite me, I can see you as another person like myself; without *you* changing or doing anything differently, I can now see you as a complex physical-chemical system, perhaps with its own idiosyncrasies but chemical none the less for that; seen in this way you are no longer a person but an organism. Expressed in the language of existential phenomenology, the other, seen as a person or seen as

an organism, is the object of different intentional acts. (Laing, 1959, p. 21)

As Laing points out, the patient is not doing anything differently; we are dealing here with a change in perceptual intention on the part of the doctor. Furthermore, different perceptions result in different actions. He continues,

There is no dualism in the sense of the co-existence of two different essences or substances there in the object, psyche and soma; there are two different experiential Gestalts: person and organism. (*Ibid*.)

As with the well-known illusion of the vase and the faces, seeing the patient as a person or as an organism requires a Gestalt switch of intentionality, and like the vase and faces, it is an 'either–or' situation; we cannot readily perceive both at the same time:

One's *relationship* to an organism is different from one's relation to a person. One's description of the other as an organism is as different from one's description of the other as a person as the description of side of vase is from profile of face; similarly, one's theory of the other as organism is remote from any theory of the other as person. (*Ibid.*, his emphasis)

Thus,

The science of persons is the study of human beings that begins from a relationship with the other as person and proceeds to an account of the other *still as person*. (*Ibid.*, my emphasis)

In Buber's terminology, the distinction is between *I–Thou* and *I–It*. Buber (1937/2004) makes the distinction between having an experience and being in a relationship:

Man travels over the surface of things and experiences them. He extracts knowledge about their constitution from them: he wins an experience from them. He experiences what belongs to the things [. . .] As experience, the world belongs to the primary word *I-It*. The primary word *I-Thou* establishes the world of relation. (Buber, 1937/2004, pp. 12–13)

This distinction between having an experience and developing a relationship can also be applied to the fundamental distinction between social science as the study of people and human science as the study of persons, that is, between doing empirical research on *people* by extracting knowledge from them and coming to understand individual *persons*.

Laing argues that the practice of psychiatry presupposes an *I–It* relationship (or, more accurately, a *lack* of relationship) between doctor and patient and points out that in a branch of medicine where patients can be certified as insane for believing themselves to be automata, bits of machinery, or animals, 'why do we not regard a [psychiatric] theory that seeks to transmute persons into automata or animals as equally crazy?' (Laing, 1959, p. 23). Thus,

It seems extraordinary that whereas the physical and biological sciences of it-processes have generally won the day against tendencies to personalise the world of things or to read human intensions into the animal world, an authentic science of persons has hardly got started by reason of the inveterate tendency to depersonalise or reify persons. (*Ibid.*)

More than 50 years later, we can level a similar complaint at nursing. While nursing research has made great strides in studying and treating people through it-processes, in extracting knowledge and winning experiences from them as we would for inanimate objects, an authentic nursing science of persons, built on the *I–Thou* relationship, has hardly got started.

As we have seen, a year after Laing's book was published, Hans-Georg Gadamer published his seminal work *Truth and Method* and arguably laid the philosophical foundations for the modern idea of a human science or *Geisteswissenschaft*, a term which Gadamer attempts to claim back from J.S. Mill and the positivists. As did Laing, Gadamer reacted against the alienating distanciation (*Verfremdung*) of the natural and social sciences in favour of a humanistic, dialogic process of 'coming to an understanding' (Gadamer, 1960, p. 385) through what he calls a 'hermeneutical conversation' (p. 388). Later, in a collection of essays entitled *The Enigma of Health*, Gadamer sets out the challenge for a human science of medicine, which, by altering a single word, is also the challenge for nursing:

Once science has provided [nurses] with the general laws, causal mechanisms and principles, they must still discover

what is the right thing to do in each particular case, and this is something which hardly seems to be predictable or knowable in advance. Clearly we are here concerned with a task of a quite different nature. But how is this task to be met? (Gadamer, 1996, p. 95)

As Gadamer said, the right thing to do in each particular case cannot be predicted or known in advance but can only be worked out on the spot through a hermeneutical conversation with oneself, with the situation, and with the patient.

But of course, there is far more to a hermeneutics of caring than simply the task of working out what to do in any particular case, important though that is. A hermeneutics of caring grounded in a human science paradigm should strive to improve the practice of nursing and the patient experience through an authentic *I–Thou* relationship supported by a broad humanistic nursing curriculum and an approach to research that is founded in the humanities rather than the empirical sciences.

Foundations for a human science of nursing

A note on terminology

Gadamer points out that the term *Geisteswissenschaften*, which is usually translated into English as 'human sciences', was itself first employed as a translation into German of J.S. Mill's term 'moral sciences', and as such, it carries distinct positivist overtones. As we have seen, there is no direct translation of the term: *Geist* means 'spirit' in all senses of the word (ghost, vital force, state of mind); *Wissenschaft* is loosely rendered into English as 'science', but it is perhaps closer to the idea of scholarship. When employing the term 'human science' in a nursing context, we run into an additional problem because it invokes echoes of Watson's 'human caring science' and Parse's 'human becoming'. The use of the term 'hermeneutics' also presents difficulties when used in a nursing context. Many nurse researchers who claim to be conducting Heideggarian hermeneutics in the human sciences tradition are, as Paley (1998, 2014) has pointed out, doing nothing of the kind. Although several writers are advocating Gadamerian-based hermeneutic research in nursing (e.g. Fleming *et al.*, 2002; Ortiz, 2009), these approaches are somewhat narrower than the broad synthesis of research, scholarship, education, and practice being proposed here. If forced to offer an English term for the approach to the *Geisteswissenschaften* taken in this paper, I would suggest that 'Gadamerian hermeneutic scholarship' comes closest to capturing its meaning. However, for the sake of simplicity, I will stick with 'human science' in Gadamer's understanding of 'cultivating the human' (Gadamer, 1960, p. 9).

I have already suggested that the therapeutic *I–Thou* relationship is at the core of a human science of nursing. *I–Thou*, Buber tells us, is one word, a single entity, a relationship. The task of hermeneutics is not to arrive at a technical rational understanding of the other, not to possess a knowledge of her/him, but to *come to a shared understanding* through dialogue, discourse, and reason. While the technical rational social science paradigm separates and distinguishes between practice, research, and education and between those whose job it is to undertake them, a human science of nursing regards them as aspects of the single act of coming to an understanding. This is equally the case for all the human sciences. For example, there is no distinction between (say) *doing* history, *researching* history, and *learning* history. Coming to an understanding of a historical event or text entails all three. Similarly, coming to an understanding of a nursing situation involves thinking, theorizing, researching, and doing in partnership with the patient.

Practice

As an approach to the practice of nursing, *coming to an understanding* allows us to experience the other as a person with wants, needs, dreams, desires, strengths, and weaknesses that are unique to her or him. Knowing a patient in this way attunes us to their specific needs as a person and makes it far less likely that they will suffer the kinds of neglect and ill treatment brought to light in the UK by the Francis Report. *Coming to an understanding* with the patient about their wants and needs means that together, we are able to make good practical, aesthetic, and moral

judgments regarding their care. Gadamer refers to this as therapeutic dialogue:

> In which diagnosis, treatment, dialogue and the participation of the patient all come together. What takes place here between doctor and patient is a form of attentiveness, namely the ability to sense the demands of an individual person at a particular moment and to respond to those demands in an appropriate manner. (Gadamer, 1996, p. 138)

The foundation of nursing practice is the ability to sense the demands of an individual patient through the *I–Thou* relationship. If, in caring for our patient, we also require technical knowledge, we can turn to medical science; if we require social knowledge, we can turn to social science, but this should *supplement* the core practice of therapeutic nursing rather than override or replace it. If we have no personal knowledge, no shared understanding of the patient's wants and needs, then we have no choice but to fall back on general and generalizable knowledge from the lower reaches of our inverted hierarchy of evidence, but this will not tell us very much about the person in front of us.

Research

As an approach to research, human science does not inform practice in a technical–rational, one-way process. *Coming to an understanding* occurs through relationships, not through empirical research. Knowledge *for* practice arises *from* practice and is reflexively fed back into practice. Research occurs *in situ* as part of practice itself. The anthropologist Clifford Geertz wrote that 'The locus of the study is not the object of the study. Anthropologists don't study villages (tribes, towns, neighbourhoods . . .); they study in villages' (Geertz, 1973, p. 22). Similarly, human scientists do not study clinical settings (wards, teams, patient groups); they study *in* clinical settings. Whereas the social researcher collects data, the human scientist builds and nurtures relationships.

We can see, then, that the fundamental difference between regarding nursing as a social science and a human science lies in the relationship between research and practice and, more importantly, between researchers and practitioners. The social science paradigm separates them and arranges them in a hierarchy where research directs practice and researchers direct practitioners. In contrast, the human science paradigm regards them as aspects of a single approach to *praxis*, in which practitioners attempt to come to an understanding with the practice situation by engaging with it 'experimentally' (to use Donald Schön's term). The practice of nursing is therefore also the practice of research; the practitioner of nursing is also a practitioner of research. I am hinting here at a link between German hermeneutics and the American Pragmatist school, particularly the work of John Dewey. This is not a novel idea: Richard Rorty indentifies Heidegger and Dewey, along with Wittgenstein, as the three most important philosophers of the twentieth century (Rorty, 1979, p. 5) and devotes the final two chapters of his book *Philosophy and the Mirror of Nature* to the close link between hermeneutics and pragmatism.

Education

In the same way that nursing praxis entails a therapeutic conversation, a 'coming to an understanding' between nurse and patient, so education is a series of conversations, a 'coming to an understanding' between professor and student. It is also, of course, an ongoing conversation in which we come to understand ourselves. The educational focus of a human science of nursing is first and foremost on Gadamer's idea of *Bildung*, the cultivation of our talents and capacities, and on *sensus communis*, saying the right thing and speaking the truth. As we have seen, Gadamer believed that the human sciences are rooted in philosophy, art, history, and the humanities, which deal in truths that cannot be verified by the methods of empirical science. That is not to say that nurses do not also need access to the knowledge and skills of medicine and science. However, this alone is not enough: It is quite likely that the nurses whose failure to care was so heavily criticized by the Francis Report were well trained and technically competent. Their failure was not because they *could not* care but because they *would not* care. I do not believe that they were necessarily cold, callous, and emotionally deficient human beings. They were let down and subse-

quently let their patients down, in part by an education system that reflects larger technical rational approaches to care, an educational system that values, promulgates, and rewards rationality more than reason, technical knowledge more than human understanding, and training more than education. Contrary to the reactionary voices in the UK who are blaming the crisis in care on too much education at too high a level, the problem is actually *too little* education.

I would suggest that the technical rational approach to nursing and to nurse education encourages an *I–It* relationship with patients which, in some cases, can lead to them being regarded as less than human, as things, and as means to the end of getting the job done or collecting research data rather than as ends in themselves. Of course, nurses need to be trained in the technical knowledge and skills necessary to perform safely and competently, but they also require an education in what it is to be fully human, an education which, as Gadamer noted, is far broader in content and scope than what is currently being offered. If nursing is to become a fully *human* science, then education is the key. As Michael Oakeshott tells us,

> Education is not acquiring a stock of ready-made ideas, images, sentiments, beliefs and so forth; it is learning to look, to listen, to think, to feel, to imagine, to believe, to understand, to choose and to wish. (Oakeshott, 1972/2001, p. 67)

As both a manifesto and a curriculum for a human science of nursing, learning to look, listen, think, feel, imagine, believe, understand, choose, and wish provides an ideal starting point.

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