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Concerning Care in the context of the Nursing Profession: a phenomenological investigation

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I, Neal Garth Mandy O'Donnell, 201317334, hereby declare that I am fully aware of the University of Fort Hare's policy on plagiarism and I have taken every precaution to comply with the regulations.

Signature :

A handwritten signature in black ink, appearing to be 'N. G. M. O'Donnell', written over a faint grid.

DECLARATION

I, Neal Garth Mandy O'Donnell, do hereby declare that this dissertation, entitled **Concerning Care in the context of the Nursing Profession: a phenomenological investigation**, is my own work and that it has not been submitted for assessment to another university or for another qualification.

30 June, 2015

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Preface

The journey to this point of my research can, like so many journeys, be compared to a birthing process: it started with a conception of an idea of concern for a perceived situation in healthcare that seemed to exhibit some dysfunctionality, gestation was both invigorating and painful as I searched frantically through international journals for clues on why this dysfunctionality may be the case; and actual delivery was accompanied by uncertainty, resolve, joy and, to some measure, relief at being able to find some answers.

In all this I was fortunate to have certain people to assist in many ways. There was, and still is, Joan O'Donnell, my mother, and Dr Colin Boting, MBChB, FCA, who were constantly beside me with both emotional and financial support in the years of research. Then there is Professor Abraham Olivier of the University of Fort Hare who saw some merit in my proposal and insisted that it must be brought to the light of day; he, with my colleagues at the university, were particularly supportive in slipping odd moments of teaching duties that served both to enrich my life and provide some stability, enough for me to concentrate on the dissertation.

To these people, and not to forget the students who insisted on challenging me, I say thank you.

Neal O'Donnell

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Abstract

This dissertation is concerned with the phenomenological question of lack of care in the face of Martin Heidegger's placing care as a base for being.

More specifically with the question: How is Heidegger's ontological notion of care to be understood from within the contexts of healthcare, in general, and nursing in particular? Furthermore, deep within this notion of care there is always the option to not care which, although care is always contained in the various modes of Heidegger's Dasein, can be a contemporary enigma demanding investigation.

In approaching the interpretation of what it is to care, the question will be confronted on three fronts: (a) to interrogate, in the context of healthcare, Heidegger's conception of the phenomenological situation of care in his writings up to and including his *Being and Time*; (b) then to delve into the phenomenon of lack of care that seems to have appeared in the provision of healthcare in recent times; and, in an attempt to explain this lack, (c) to expand on Heidegger's early conception of care more broadly out into the world by postulating a diachronic emphasis by introducing elements from the developmental psychology of Erik Erikson. It is argued that this is necessary in order to begin to understand provenance of the notion of lack of care within the sphere of healthcare.

As nursing is considered an epitome of caring, the profession will be used as a vehicle to illustrate the phenomenon of lack of care and how this is possible when care is the basis of Being in the world. Thus the final section will bring out through the lens of lack of care the predicates of caring as they apply to the healthcare professions, and, just as importantly, other areas of human endeavour, for that matter. These predicates, it is postulated, are an accretion of five elements: development of the care-of, assumption of some level of authority, introduction of curiosity into the engagement with the world of people and things, an understanding of the role of empathy, and, finally, advocacy in the face of disturbance. It is further postulated that none of these predicates are a given, that, in an enabling environment, they unfold out of each other to create a caring person.

Chapter 1: Introduction

In 2002, on completing a Master's degree, I stumbled upon Werner Brock's commentary on Martin Heidegger's *Existence and Being* in the university library. I was so impressed with the content that I immediately bought a copy of Macquarrie & Robinson's translation of Heidegger's *Being and Time* and started a study. Soon after this, though, I had to return to the world of nursing and was employed in the 'recovery room' of a private hospital. What I found there was disturbing: there were many instances when the anaesthetised patient would be subjected to what amounts to a decided lack of care, or what John Paley refers to as 'compassionate deficit', on the part of nurses and doctors alike (O'Donnell, 2014). Further, I found that this attitude was, in varying degrees, extended to the pre-operative patient.

With my study of Heidegger I began to wonder why this should be the case. So, after 10 years of pondering, observing and failing to engage nursing colleagues in some sort of discussion, I am now at the point of bringing my researches to the forum.

In doing so it must be made clear that what follows is my own analysis of a perceived situation with support gleaned from those available sources that refer to the problem. I recognise that the overall tone of the dissertation may be adjudged pessimistic, however I would reply to this by positing that the analysis of the polemic of lack of care has begun only recently to appear to the extent that it has, and then only in terms of caution. As will be seen certain developments around the world in recent years justify the sort of direct approach that I am taking. In the end I will place much emphasis on how the nurse may be able to rise up from these developments through an understanding of Heidegger's uncovering of the meaning of care.

In addition, there is a tendency amongst people who are not Heidegger scholars to interpret many of his terms in their own way; this is not to say that they are wrong in any way but it does give rise to a responsibility to make sure that the reader is able to discern the way his terms are used in this dissertation, especially as some may be regarded as something of a variation on the accepted usage by Heidegger scholars in order to fit in with the thrust of the dissertation. In short, this and the next two chapters lay a foundation for the discussion of lack of care which has been perceived in the province of healthcare, and which constitutes chapters four and five.

Questions arising from the research

The purpose the dissertation is to highlight a phenomenon that can be labelled 'lack of care' that has appeared in the nursing profession, as indeed many others, in recent years. In setting out on this journey there are initial questions that are posed from these observations are: is it possible for the nursing profession to exhibit personal and institutional degrees of lack of care for the patient? Is it possible to exhibit a lack of care in the context of a profession which is seen to exemplify caring in its purest sense? At an extreme, a polemic inherent in the literature consulted to date is that, as will be seen, there is a possibility that nurses and doctors can no longer be freely described as caring, that there are elements in the care of healthcare that can be seen to interfere with Heidegger's vision of care, even in his outlines of the dysfunctional aspects of care. In delving into the nursing literature the criteria used to describe care are fuzzy, to say the least: there are just so many rules, at times contradictory, to apply to the meaning of care and caring that it is difficult to discern the *how* of any form of lack of care, if that is possible in the Heideggerian mould, can be isolated: one has to resort to the dubious practice of gathering implications.

Moving on to another question: if caring is a fundamental possibility which our being human necessarily entails, and which is a basic Heideggerian postulate of being, how does one become that possibility to care in the face of many other options of which one is to lack of care?

Heidegger goes some way to answering this last thus:

Dasein always understands itself in terms of its existence – in terms of a possibility of itself. Dasein has either *chosen these possibilities itself, or got itself into them, or grown up in them already*. Only the particular Dasein decides its existence, whether it does so by taking hold or by neglecting. (B&T:33, italics added)¹

Obviously this crucial quotation, taken on its own, can offer a number of simplistic solutions. Out of this comment comes a second vital question: What does Heidegger mean by '...taking hold or by neglecting'? Again this question raises many others which are inherent in much of the literature on caring, such as: to what extent are contemporary views of caring unclear if it is assumed that Heidegger's explication of the structure of care as fundamental to being in the

¹ As Inwood (1999:42-6) points out, 'Dasein' is a complex notion that was used by Heidegger to indicate various facets of the ontology of the human. In general it is translated as 'being-there' and, more specifically, being human in the world. Some of these facets will appear as the dissertation unfolds.

world has been in the public domain for the past 80 or more years? How far is it falsely assumed that caring is inherent in that, because a person enters into the nursing or medical profession, he or she has already taken hold of a caring possibility so that the caring possibility is 'automatically' exhibited and maintained? This in the face of the opening remarks above.

It is also possible that the charges outlined at the beginning of this preface are because the people being referred to have chosen to 'neglect' the ontological possibility to care authentically. So how this neglect is possible remains a vital part of the investigation.

In confronting these basic questions and those others that have arisen, and continue to arise, the investigation will track a path through three of Heidegger's texts from the 1920s: principally his 1927 publication, *Being and Time* (B&T henceforward), with elements from his 1923 lectures now published as *Ontology—the Hermeneutics of Facticity* (OHF henceforward), and references to his 1927 winter semester course, later published as *The Basic Problems of Phenomenology* (BPP henceforward)², in order to build a structure within nurse-Dasein that supports her journey into caring (or lack of care, as the case may be).³ From this caring is seen at best as a process of choosing a mode of being with others in the strange world of healthcare that places a special emphasis on an unusual mode of engagement with those others. The mode of engagement envisioned is one in a manner that promotes a phenomenological suspension of the impersonal view of the other-as-object, a facet discerned in contemporary healthcare; a suspension that leads towards the personalised approach toward the experiencing 'subject' being intimately engaged with the experienced 'object'; that the delimitation of subject and object is dissolved to allow access to a caring discourse. But then there is the converse in which the other remains an object as will be seen as the dissertation

² This dissertation is being restricted to these publications as the purpose of the dissertation is to lay a ground for a larger work on what it is to be a nurse (or teacher or manager, for that matter); in short, a phenomenological theory of nursing (or teaching or managing). It is intended that this larger work will be informed by Heidegger's explorations after what is known as the *Kehre* or Turn, and will of necessity include other phenomenologists such as Maurice Merleau-Ponty, Emmanuel Levinas, even perhaps Dan Zahavi.

³ I introduce the notion of 'nurse-Dasein' in order to ensure that it is this mode of being in the world of nursing that is under the spotlight. The term Dasein will be used to refer to a more general aspect of being in the world, in presenting Heidegger's formulation of being. Furthermore, the female form will be used when referring to nurse-Dasein (although there are many males in the profession) and the male to the patient or doctor: this is simply a device of convenience to distinguish between the two beings in their relationship.

unfolds.

A basic premiss from this point forward is that over the past few decades a mode of institutional being in the world has arisen that produces a blurring of the 'boundaries' in Dasein's modes of care that Heidegger speaks about; there has been a deflection from solicitude to mere concern where people are accorded the status of equipment.

In order to explain quite what this means it is necessary to enter into a survey of Heidegger's views of care and caring as they impact on the course of exploring the world of nurse-Dasein in this dissertation.

The aim and structure of the dissertation

This dissertation undertakes an analysis of Martin Heidegger's phenomenological concept of care with special reference to its role in the context of healthcare, especially the care associated with the nursing 'sciences'. The challenge inherent in this dissertation is to take a close look at Heidegger's assertion that care (thus caring) is fundamental to being, and then explore what may be described as a perceived contemporary trend towards a lack of care in the context of healthcare. To achieve this objective, the profession of nursing in South Africa, and occasionally the medical profession generally, is the vehicle for the investigation as both these professions are held in the public eye to be caring.

In reaching for this aim the dissertation takes the following form: Chapter 1 will situate caring in the literature dealing with the subject in the nursing press: what are nurses and others saying about care and caring; Chapter 2 will establish the primacy of phenomenology as a vehicle for exploring care and caring; Chapter 3 will continue the thrust by opening up Heidegger's notion of being, Dasein, and Dasein's world in terms of healthcare and nursing; Chapter 4 will present an analysis of how nurse-Dasein may come into being, and how she may be deflected from her own authentic mode of care; Chapter 5 will discuss various observed interferences being brought to bear on the nursing profession; Chapter 6, the conclusion, will propose a structure for a lack of care that is being perceived in contemporary healthcare and nursing, and lay a foundation for proposing a structure of the caring nurse.

A survey of Heidegger's care

In this section reference will be made to certain features of Heidegger's explication of care that are immediately relevant to the discussion in the following pages so it is necessary to give an outline for the sake of clarity.⁴ There is a tendency amongst people in the field of nursing research, as indeed other areas, who are not Heidegger scholars to interpret many of his terms in their own way; this is not to say that they are wrong in any way but it does give rise to a responsibility to make sure that the reader is able to discern the way his terms are used in this dissertation, especially as some may be regarded as something of a variation on the accepted usage in order to fit in with the thrust of the dissertation. In short, this and the next two chapters lay a foundation for the discussion of lack of care which has been perceived in the province of healthcare, and which constitutes the following chapters.

So to begin, in *Being & Time*, Heidegger closes the first paragraph of his *Preparatory fundamental analysis of Dasein* with the words, "Its [Dasein's] existential meaning is care" (B&T:65, interpolation added) and later he gives a more substantial summary of care: it is the "formal existential totality of Dasein's ontological structural whole ..." (B&T:239). Thus care, according to Heidegger, supports a foundation of Dasein, being-there. It arises, on the one hand, out of the facticity of simply being in its world with all its bits and pieces, then, on the other hand, it is also involved with people who, as it happens, are also Dasein (B&T:226 & 237). Thus, Dasein finds itself in its world (*Befindlich*), it has been thrown there and not necessarily from choice (*ibid*:237, 322, 345), and is impelled to do something about it. In its *thrownness* (*Geworfenheit*) it finds itself at a particular level of being in the world, that of the common denominator of *everydayness* (*Alltäglichkeit*). It also finds that there is an infinite range of possibilities open to it in its being in its world. It is, however, according to Heidegger, its own 'possibilities' towards which Dasein must reach out towards in ensuring an *authentic* (*eigentlich*) existence, and this entails finding those possibilities with which it can be comfortable, 'at home with', in the world in which it finds itself. Needless to say, some possibilities are supplied by the world at large, by society, and these are valid but regarded as being inauthentic in their contingency (more on authenticity below).

⁴ Words in this section that are presented in italics are significant and will appear regularly through the analysis. They are highlighted to indicate that they will be used in ways different to Heidegger's usage. German words presented in this section are converted to italics out of respect for the conventions for the use of foreign words.

Quite how Dasein goes about this reaching towards its possibilities is influenced by a basic *state-of-mind* (*Stimmung*), or *mood* or, preferably, *attunement*, that comes with finding itself in its world.⁵ Just at the level of basic survival this attunement in turn creates an idiosyncratic way of dealing with the world as it presents itself to Dasein; it influences the way Dasein pays attention to the entities, both organic and inorganic, ensuring that they can be 'used' effectively, or ineffectively, as the case may be, in its going forward in its world. As such attunement is the mechanism with which Dasein finds its 'perspectival horizon', or, to use Karl Jasper's term, 'worldview', a term which doesn't sit well with Heidegger (OHF:50). Dasein's perspectival horizon is also created by Dasein's particular ontological *interpretation* (*Auslegung*) of an ontological *understanding* (*Verstehen*) of being cast into its world.⁶ Naturally, understanding is not a rational something that is created at some point or another, it arises ontologically out of finding itself in the world, it has grown into it, it emanates from the way its world has reacted to it. In this process of growing into its world Dasein understands its existence and this understanding is further enhanced one way or another by the way Dasein interprets this understanding of the things and people around. Additionally, ontological understanding is a competency over its possibilities in its world, its existence; it is not an ontical how to do such and such or what fact relates to which, this is reserved for the more ontic aspects of existence. From this, Dasein's understanding of its existence contains a *projection* (*entwurf*) of its being onto its possibilities; it is constantly moving towards its possibilities, be they given by society or itself.

Herein lies the structure for the introduction of care. In this understanding and interpretation a certain mode arises in distinguishing between care-of the things in the world and a care-for for people: this distinction is pertinent to the discussion of nursing lack of care that follows. This is necessary as both categories are to be treated differently within Heidegger's structure of being

⁵ The noun phrase 'state-of-mind' denotes a view of the world that Dasein develops in its dealings with the things and people in its world. It refers to an ontological affective 'background' from which Dasein sees its world, and assigns significance to that which matters. It is the way Dasein is 'tuned' to its world, hence the preference for the translation of attunement.

⁶ In this ontological context understanding is described as that which Dasein finds it is '...capable of...' in being in its world (B&T:184). It is the disclosure of the potential that lies in Dasein's existence in the world, its '...Being-possible' (*ibid*:183).

and so care.

To begin with, and rather basically, Heidegger gives the term *concern* (*besorgen*) to delineate care-of for things which he groups into a category of *equipment* (*Zeug*). Equipment are those items in Dasein's world that are to be used in its projection into the world of work in its various forms that is part of being in the world. In all this the *dealings* (*Umgang*) Dasein has with these entities are 'not a bare perceptual cognition, but rather that kind of concern which manipulates things and puts them to use ... they are simply what gets used, what gets produced ...' (*ibid*:95). They provide an ontological foothold in the world. So these things are tools to be used to manipulate its world, to produce which is entailed in being in the world of work. The term 'work' is used here to denote activity; the apparently innocent play of the child is work, the apparently leisured play of the adult on a surfboard is work; the play of the amateur thespian is work. It is only the ontic, the mundane motivation for 'leisure' that inauthentically separates this form of activity from the 'work' of the office, the workshop, the hospital theatre. That, however, is another issue; for the moment Dasein's work-world is simply one of activity within its world as it reaches for its possibilities.

In its projection into its world there is a measure of concern for those things it finds in the world; it has concerned dealings with these things, the dealings must needs be concerned if the manipulation and producing of the things, the 'equipment' as Heidegger describes these 'things', in the world is to lead Dasein towards its possibilities. These items of equipment are not merely things outside of Dasein but have a part to play in the 'aliveness' that Dasein experiences in its world. Thus equipment represents an 'in-order-to' for Dasein (*ibid*:97), so is a part of Dasein. The purpose of the syringe is to inject a medicine into the patient and this is known and accepted by the nurse without any thought as she complies with the anaesthetist's orders and draws up the medication. However, it is not the use of the syringe that is uppermost in her dealings, it is the work involved in dealing with the patient of which the syringe is a concerned part. In nurse-Dasein's going about its work the syringe is merely *ready-to-hand* (*Zuhanden*), is simply there, available for use, as an in-order-to. At one time in nurse-Dasein's training it was *present-to-hand* (*Vorhanden*) which means that it had to be inspected in order to find its characteristics and the significance of those characteristics, but this exploration having been completed the usefulness of all syringes recedes into the background, into a

generalised in-order-to, into a background of circumspective (*circumspection: Umsicht*) orientation in the world of work (*ibid*:110).⁷ Much of the equipment in its world has become inconspicuously *familiar* (*ibid*:137) and is relegated to the in-order-to, to everydayness of a routine that is the nurse's routine experience of her nurse-world. Things are alongside Dasein, and vice versa, to facilitate its projection into its world.

The situation changes in Dasein's dealings with people. Heidegger acknowledges that they are not equipment (although I intend to show below that this is not quite the case at the moment in the world of healthcare). People are not equipmental objects of concern, rather they, being also dasein, are the locus of another form of care – *solicitude (Fürsorge)* (B&T:157).⁸ The factor of being 'with' people in solicitude contrasts with the being 'alongside' of equipment in concern. This being-with, however, does not mean that all other people are deserving of a constant stream of solicitude; it simply points more to a mode of care that is different to that of concern for things.

It is through solicitude in particular that, for instance, the others introduce sociality to Dasein (Dreyfus, 1991:4); the toddler will learn to gain the smiles of its parents by stroking the cat instead of pulling around the house by the tail; it learns that censure is to be avoided, approbation is sought. Even more importantly it is in being with people that Dasein has another vehicle for reaching out towards its possibilities; the reaching out, after all, is the vehicle for Heidegger's concept of projection, and the other has the power to facilitate or hinder Dasein's progress towards its possibilities in its projection.

With this distinction then, while the nurse is concerned in her proper use of the thing called a cannula (such as maintaining sterility), she is also expressing solicitude, in the form of Heidegger's 'considerateness', towards the anaesthetist in knowing which make of cannula is

⁷ Ready-to-hand: equipment (or people, as will be seen) in Dasein's environment that does not require special attention, it is simply there to be used. Present-at-hand: equipment (or people) that requires special attention. Circumspection: the moment-to-moment usual dealings with the world that does not require special attention, a simple manoeuvring through the world in an ontological reaching for possibilities. These distinctions are vital to the discussion below.

⁸ Later I will query the use of the word 'solicitude' as being the Macquarrie & Robinson translation of *Fürsorge*, I prefer to keep to the literal translation of the word, being 'care-for', as this more poignantly contrasts with the care-of of much healthcare activity.

preferred, and why, and, in a contribution to efficiency, making sure that it is available for him when he needs it.

Then there is the question of an authentic form of nursing solicitude, being that of not regarding the 'what' of the patient as an object but rather assisting the patient to be his own dasein in a way that he is allowed to participate in his treatment.⁹ In Heidegger's terms this is known as 'leaping forth and liberating' (B&T:159). Relating this to the medical and nursing context, the nurse-Dasein understands ontologically that in her being a nurse she is in a position of being with the patient in his distress; as part of her being a nurse she will be in a nurse mode in which she uses her skills to ensure that the patient himself is able to cope with his situation while the prescribed treatment runs its course. Needless to say, this use of her skills is not in any way reflective: she being properly trained and educated, these skills have been incorporated into her being in her nursing world and so are ontologically available as she goes about her work, her activities as a nurse. In a way these skills are like things or equipment as they have faded into her nurse-beingness and are made available from her nurse-beingness when required.

But are all her dealings with the patient a form of solicitude? It is here that the first note of dissonance appears in Heidegger's explication of solicitude: he brings in notions of *considerateness* and *forbearance* as being guides for the more enabling form of solicitude (*ibid*). In fact the singular situation of being a nurse caring for a number of patients (other people who are also dasein and who are in distress) means that other forms of care need to be brought to the fore, forms such as firmness in denying the patient his immediate wishes, which can be legitimately incorporated into the notion of 'leaping-forth' in the way Heidegger has introduced the notion.

Heidegger's 'deficient' modes of care

Heidegger acknowledges lack of care when discussing the deficient modes of care, Both modes of care, *viz.* concern and solicitude, are not separate ways of acting in the world, but are closely intertwined as Dasein is projected into its world of possibilities, although it is not a given (a)

⁹ It will be shown later that often the patient is expected by the nurse to simply submit to the treatment prescribed without any participation in the actions.

that its possibilities will be manifested (B&T:183) or (b) that concern and solicitude as described in their fundamental form will always be evident in the way Dasein conducts itself in the world. According to Heidegger, care is modulated by the existentials known as *everydayness* which he insists is the starting point for discussing Dasein.¹⁰ By this is meant that Dasein finds itself in its world of things and people and as time goes by the things and people around become familiar; they don't require any special attention. As a result Dasein's activities are 'leveled down' to a plane of 'averageness' (*Durchschnittlichkeit*).¹¹ As much as Dasein is unique to itself and so its world, everydayness tends to thrust itself to the fore in luring Dasein into a public existence of the 'they'.¹² Put another way, Dasein is enticed away from its own possibilities towards the public averageness of the possibilities offered by the 'they'.

This introduces another facet of being in the world of everydayness, being that of *fallenness*. As Dasein finds itself in its world it finds that the everydayness around it captures it into its thrall; Dasein is enticed away from its own possibilities, from being itself, towards the enticements of the world (B&T:394). It becomes immersed in the things and people in the world, which hold a *fascination* for Dasein. As will be seen later in the early days of Dasein's growing into its world this fascination is instructive. Fallenness, however, intrudes when the fascination with the things in the world persists beyond childhood. This is to be distinguished from the 'fascination' the natural scientist has for 'nature', or the sociologist for elements of society, or even the wonder of the nurse in looking for novel ways of being with her patient; it refers more to the superficial, contingent elements in the world, such as 'apps' for the cellphone. In fact Dasein has grown into its everydayness in such a way that actually it is difficult to not be drawn into the 'they'-possibilities of its world.

It is not all doom and gloom, however, as, for instance, the 'they' have much to impart to the nascent nurse-Dasein in the form of training and education. It is only when nurse-Dasein is

¹⁰ An existential is a feature which is a characteristic of the structure of Dasein.

¹¹ In *Unweaving the Rainbow*, Richard Dawkins describes everydayness as an 'anaesthetic of familiarity' which is rather apt in the healthcare context of this essay (Dawkins, 1998:6).

¹² The 'they' refers to society and its members. Heidegger uses the term 'Das Man' which Macquarrie & Robinson translate as 'they'. Dreyfus (1991) objects to this and uses the 'one'. I prefer to remain with this term in preference to those offered by others more knowledgeable as, for me, 'they' implies a 'subject-object' distance of which more below.

irretrievably sucked into the turbulence of the superficiality of the 'they', is unable to detach from the lure of the 'they' to the detriment of her own possibilities, that a problem arises as will be argued later.

So concerned dealings with the equipment in Dasein's world of endeavour are influenced by what 'they' think or do or judge suitable; the 'they' provide the interpretations that Dasein could be making from its own understandings. As an aside, important in this inauthenticity is a loss of creativity, as Heidegger points out when discussing the existentials of idle talk, curiosity and ambiguity; creativity is a vital component of projection as Dasein finds ways to bring its own possibilities to the fore, as it finds ways to replace the possibilities of the 'they' with its own. Such creativity being shown by the way nurse-Dasein is able to imagine other ways of being in with her patient. The value of imagination in the creative impulse will be argued later in the dissertation.

It is this everydayness that introduces another side of care. As Dasein has found itself in the world it finds that its world has an effect on how Dasein sees and acts in its world, on Dasein's perspectival horizon. Everydayness lies at the base of much that Dasein experiences, does or thinks as it goes about its way in the world; in other words, it existentially, surreptitiously shapes Dasein's perspectival horizon by placing limits on Dasein's ability to turn towards its own possibilities. It is the way each Dasein ordinarily encounters the things and people in its world, hence Heidegger's note that everydayness is not to be denigrated or overlooked (B&T:69). As Dasein engages with its business in its world, a familiarity with many of the people it encounters creeps in. In its 'looking' about itself, its circumspection, it 'sees' a number of things and people, many of which are not immediately part of its projection onto its possibilities. They are there and do not warrant attention. Equipment is simply available and is to be used, people are simply there doing whatever they are doing. This is the everyday way that Dasein 'sees' its existence, and the significance of this facet of existence is the way it *averages* both Dasein's being in its world and the way it projects itself into its world.

With regards to equipment the deficient modes of concern include '... leaving undone, neglecting, renouncing ...' and it is in these modes where Heidegger says that possibilities of concern are kept to a 'bare minimum' (B&T:83). Herein lies a danger accompanying familiarity: while, on the one hand, it reduces the stimuli from the world to manageable proportions, on

another hand, there is a 'laziness' that can arise in discriminating between the necessary and the unnecessary. These ways are, of course, not to be denigrated: they are merely a sign of the familiarity that Dasein develops in its work within its world. Dasein only enters into a deficient mode of concern when it takes the last cannula in the box and neglects to replace it for the next person; she has left undone, even neglected. Unfortunately, the 'bare minimum' allows much of life to slip by unnoticed.

Similarly with solicitude, there are deficiencies in the way Dasein can interact with other people. Here Heidegger simply refers to inconsiderateness or perfunctoriness. Many people pass in and out of its sphere, some of them may even be greeted with a routine prescribed by the everydayness of her culture, but they do not form part of Dasein's immediate project so are passed and forgotten; there is a marked superficiality in any interaction that may occur. Of note is that the leaving undone mentioned in the past paragraph also exhibits a perfunctoriness in that Dasein's being with others while leaving undone. Here is a clue to the intertwining of Dasein's dealings with both things and people.

Also contained in everydayness is a reliance on the generalised attitudes of the 'they'. If the 'they', for instance, holds that all that is required in order for a nurse to be a nurse is to be registered with the Nursing Council, then it is possible that a measure of hubris will enter into that self-understanding nurse-Dasein has of being a nurse. She has passed various examinations which have established her competence in the ontic aspects of care-of and this carries an ontological understanding of the 'dynamics of nursing' as has been given her by her teaching 'they'. This is allowed by law and her immersion into the 'they'-being of her superiors and colleagues supports this deficient understanding of who she is as a nurse, as will be seen below.¹³ In other words, by entering into this 'they' mode of being, nurse-Dasein is covering her beingness, of her own possibilities with a veneer of some sort of 'they'-sanctioned authority; this may in fact be an inauthentic authority in that nurse-Dasein is acting, not with an authority emanating from her own possibilities, but that ascribed by the 'they' which may express a

¹³ By 'being allowed by law' is meant that the focus of the governing body, the Nursing Council, is on the ontic care-of, how to do this or that, with what practical knowledge any nurse is required to have. As a rule the more ontological care-for of nurse-patient dynamics is sadly glossed in the statute books which are no higher than the ontical averageness of the Council's standards of care-of.

deficient form of caring which is expressed by the way she has been educated into that mode.

Worthy of note on the subject of authority in this context of healthcare is another facet of the deficient modes of solicitude that Heidegger introduces into the equation: dominance. This is a pole within the nature of solicitude, one which Heidegger refers to as 'leaping in' when dealing with an Other. It is an alternative to the 'leaping-forth' mentioned above. It is a situation where nurse-Dasein (and the doctor, for that matter), in her 'they'-sanctioned authority, will simply take over the interactions she has with her patients, using her knowledge, experience and authority as a motivation. In so doing she removes all responsibility the patient has for his own well-being. This in some way tends to make the patient dependent on the nurse for his well-being; dependency makes the nurse's tasks easier in that she doesn't have to interact too closely with the submissive patient. In creating a dependency nurse-Dasein has withdrawn from a mode of being-with to one of being opposite to the patient (which can be drawn from Heidegger's notion of distantiality).¹⁴ Her solicitude has changed, not necessarily to perfunctoriness but another shade of deficiency which will emerge later.

Heidegger established everydayness as the baseline for his investigation into being, a starting-point for his delving into the beingness of Being, and from this I would argue that other deficient modes of care given by Heidegger have become so entrenched in the contemporary society as to be indicative of an institutionally pervasive lack of care. The introduction of certain methods for conducting business into the present healthcare system and the uncritical acceptance of these modes by the nursing sorority is a step beyond the usual understanding of Heidegger's everydayness.

A baseline for an investigation into contemporary caring

¹⁴ In referring to distantiality I am keeping to Heidegger's criteria of 'lagging behind', or of 'having priority' (B&T:163ff), to which I would add 'of wanting to have priority'. I add this to illustrate the search by the nursing profession for a measure of autonomy that would lead to authentic professionalism, one that would put the 'submission' experienced by many in the profession to rest which clears a space for professional autonomy. Submission is a historical artifact and is shown by the nurse having to 'follow orders' from the doctor and management, and often having their nursing 'diagnosis' ignored. Distantiality is, of course, opposed to Intimacy and an interpretation of the Eriksonian concept of Intimacy includes a meaning of a Heideggerian being-with the Other. It is the shift from the 'confusion' and generalised ego-orientation of adolescence towards an Other-orientation of being-with. This import of this will emerge as the dissertation progresses.

As Heidegger used everydayness as a baseline for investigating being, so there is a need to establish a baseline here for investigating lack of care. In *Being and Time* Heidegger closes the first paragraph of his *Preparatory fundamental analysis of Dasein* with the words, 'Its [Dasein's] existential meaning is care' (B&T:65, interpolation added) and Dreyfus sums up Heidegger's reasoning on care as the "formal existential totality of Dasein's ontological structural whole"... ' (Dreyfus, 1991:239, quoting B&T:239). Despite this it is possible to discern areas of individual and organisational endeavour which indicate an aspect of human conduct that could be termed a lack of care; variously, a lack of care for equipment, for other people around, a lack of care for procedures, both legal and organisational, and more. If Heidegger's analysis of being insists that care lies at the base of being, how does one account for a perceived lack of care that seems to dominate the home and workplace at the moment? If care is fundamental to being, as Heidegger insists, then something must be in place to hamper its expression, and it is proposed that it is 'covered over' by a pre-ontological reaction to the world, that the levelling down influence of the mundane world opposes any expression of authentic manifestation of care on a greater scale than generally accepted. Thus a hypothesis that any lack of care is a privative mode of care and so any ontological obstacle to caring will have to be drawn out of the background in order to understand the phenomenon. In short, what constitutes a lack of care, and what effect this has on a mode of being experienced by the individuals working in the various parts of the healthcare.

The noun phrase, lack of care, poses a problem if care is to be the '... formal existential totality of Dasein's ontological structural whole...' As such then one needs to look more closely at how it may be possible. Such possibility is best addressed by differentiating between care, as Heidegger describes Dasein's existence, and the expression of that care. When Heidegger describes such 'deficient' modes of care such as indifference or perfunctoriness they are to be translated as deficient expressions of care. This then leads to the notion that lack of care as a negation of care is not part of this discussion: the term will have to denote not a negation but a privative sense that points towards an activity. Thus, it is not possible to be in an ontological existential mode of non-care, but care can be set aside in some situations to present an expression of lack of care. It is in this active sense of a privative form of care, the active mode of the expression of not being in a position to exhibit caring that is the focus of this dissertation.

Next one needs to take a look at Heidegger's thinking on this phenomenon of lack of care. To begin, it is postulated, for instance, that Heidegger's term '*Indifferenz*' is taken to refer to the undifferentiated nature of everyday objects in Dasein's environment. Even if this has some application to lack of care, it is not a term of choice in that it carries notes of apathetic disregard. Further, amongst other factors, this interpretation of the word entails elements of an attunement to the world of ontological distance from the task or other person. Although this distance can be promoted in the 'scientific' mode of being a nurse, it cannot generally be the case that a nurse is apathetic *per se*. It is more that her scientific distance precludes being able to appreciate the patient for what he is, a person who is also Dasein, yet there is no indifference to the task on the part of the nurse, especially when nurse-Dasein is conscious of her legal obligations. It can, though, be the case with she is often sheltered from legal obligations by the *modus operandi* of the organisation: this will be discussed later. Hence on a general level there is only an appearance of indifference or apathy towards the beingness of that patient. It is the case that the doctor, and, by extension, many nurses, has been trained and educated into a way of being distant from the patient, or it is possible that other lack of caring factors are at play (again these will appear as the discussion evolves).¹⁵

More particularly, lack of care is used here in the nursing context to denote a particular inability to engage ontologically with the needs of the person being encountered, be it patient or colleague or even equipment. It is not an apathy that is being projected as nurse-Dasein may give the patient some professional attention but in a manner that, for instance, projects a superficiality of that attention; although superficial there is still a form of care in the superficiality. Lack of care is meant to indicate a more active 'indifference' as the nurse has adopted an attitude which reflects a privative form of care at some time or another; it is to be argued that lack of care is a reflection of a pre-reflective professional attitude that has been given them in training and education. As such the attitude is not fixed in its hold on nurse-Dasein, it can be reversed when taking special note of an object or person, but this can be seen to not often be the case if nurse-Dasein lacks the creative impulse to look beyond the

¹⁵ It can be argued that nurse education is heavily biased towards the scientific nature of medicine which promotes distantiality. There is also the notion that distantiality is in part as a hedge against 'burn-out', whatever that is (Hammarschlag, 1997; Rafii *et al*, 2004).

appearances being presented by the 'they'; this will be enlarged upon in the chapter on shades of grey of caring in the nursing world.

In summary, the baseline is that care is a fundamental existentials of being in the world, but its expression can show a lack of care. This by no means indicates some defective facet in nurse-Dasein's being in its world but rather some way of being that is contingent upon many factors such as upbringing and education, or the lack thereof. As such an ontological lack of care is more of an overlay covering care; it is a porous overlay through which levels of something approaching authentic care can be exhibited on occasion.

Heidegger and Erik Erikson on a psychosocial development of Dasein

Now I would move onto a difficulty that can be discerned in Heidegger's work of the 1920's. In approaching the contemporary polemic of care in healthcare, it is worth noting that Heidegger's analysis does not allow for a developmental entry of Dasein into its world; it is simply stated that Dasein 'finds' itself in the world and moves on from there. It is this difficulty that prompts the introduction of psychologist Erik Erikson (1902–1904).¹⁶ To some extent then Heidegger's Dasein can be seen to be developmentally ahistorical. Dasein is simply there, has found itself there, and Heidegger sets about bringing it out of its 'hiddenness' towards Heidegger's 'authenticity', what Erikson calls 'individuality'. Of course, Heidegger has a strong historicity in his exhibition of the temporality of Dasein; past, present, and future are all carried with Dasein in its projection into the world of its possibilities. What was being suggested with the inclusion of Erikson is that Heidegger is not clearly *developmentally* historical. In short, there is a question that can be raised about what factors or routes, if any, can influence Dasein in its making a choice from its available possibilities. It is proposed, for instance, that Erikson may provide some clues to why it is that a nurse-Dasein might 'choose' to 'neglect' a consistent authentic caring. This can be inferred if the apparent 'dichotomies' of his crisis resolutions are treated as continua. In other words, crisis resolution implies that, throughout its being in its world, Dasein has ontologically placed itself at some point between the poles of the resolution continua described by Erikson. This then contributes to the attunement that Dasein has

¹⁶ Although some psychologists have discarded Erikson in favour of more recent theories, I still find the paradigm useful in dealing with how Dasein deals with its thrownness and subsequent fallenness. See Appendix for a chart of the elements pertaining to the various stages of his schema.

towards its world; not necessarily 'the' world, but its world as experienced. Such attunement being brought with nurse-Dasein as she enters into the profession; it is an attunement that may or may not change during the course of her experience of being a nurse. In this I suggest that Erikson is helpful in explaining the choices that nurse-Dasein makes in her professional life.

Who was Erik Erikson and what will he contribute? He was trained by Sigmund Freud in a rather strange manner—he had no formal medical qualifications, he was, in fact, an artist, yet Freud accepted his candidacy, and he went on to specialise in child psychology. Erikson contributed to the discipline of psychology by taking Freud's developmental schema beyond the period of Freud's latency to cater for early, middle and late adulthood. He proposed a series of 'dichotomies' that incorporated various stages of development, each involving a 'choice', so to speak. The 'choices' are not conscious but, as alluded to by Heidegger, '... either it has chosen these possibilities itself, or got itself into them, or grown up in them already...'; so these choices are more a matter of an accumulation of experiences in Dasein's timeline from conception, or at least birth. They are an accumulation of experiences that may be seen superficially as 'choices' but are, in fact, simply reaction to the possibilities available at the time.

How would Erikson fit with Heidegger? Although no evidence has been found that Erikson was familiar with Heidegger's work it is felt that the call to Erikson is justified as there are implicit traces of Heidegger to be found in his *Childhood and Society* (1950) and *Identity: Youth and Crisis* (1968), the two books used here. For instance, Erikson talks of 'distantiation' (IYC:136) which describes the separation of self from other as in Heidegger when he speaks of the deficient modes of being (B&T:164); he speaks of the developing person (a 'Dasein') being subjected to the stereotyping influences of 'society', a similarity with Heidegger's 'das Man' or the 'they' (*ibid*:128). Additionally, he, Erikson, talks of moving away from the they-ness of the morality imposed by society in the stages leading up to and including early Adolescence towards a authentic ownness of ethicality that may be available in post-adolescence stages of Intimacy and Generativity (*ibid*:136).¹⁷ It is with little difficulty to see that both Heidegger and

¹⁷ A standpoint taken here is that morality indicates the norms of society that are imposed on the individual by society in general, the 'they'; it has the effect of ensuring Dasein is leveled down to the norms dictated by the 'they'. Ethicality, on the other hand, are those norms that are contained in Dasein's authentic being in the world; it is an expression of Dasein's authentic being with the other in its world. The latter may be informed by the former but not to the point of being the final word; in the latter there are grey areas of normative conduct in which the quality of the relationship with the other is paramount. Furthermore, while morality is concerned

Erikson are concerned with authenticity and individuation respectively. This translates into an ontological movement away from the dictates of society, the possibilities being offered by society, a form of inauthentic care contained in the everydayness of the 'they', and taking on a journey of letting one's own possibilities for authentic care come to the fore. This last bearing in mind that Erikson's 'stages' of Intimacy and Generativity are heavily invested in care: care for the other as mate, or potential mate (Intimacy), and another mode of care for the issue resulting from being with that other (Generativity).

If one is to concentrate on the 'choices' available at the stages of 'adulthood' it is plain to see how it is possible that Dasein is able to make an ontological 'choice' to continue to be held in the thrall of society (Heidegger's 'everydayness') and so eke out an inauthentic life, or, on the other hand, to find a road towards individuality (Heidegger's 'authenticity').¹⁸ Much of this depends on the attunement Dasein has 'grown into' as it has made its way through the various early Eriksonian stages of childhood. If, for instance, Dasein's journey through the stages has resulted in 'below the mean' resolutions, its existence is skewed towards the lack of positive stage resolution as Dasein's attunement to its world, it is possible to see that the world is regarded as threatening; it can be assumed from this that there is a constant pressure towards an egotism that promotes a lack of caring – I must make the best of my existence in whatever way possible, including violence towards my fellow-travellers if it aids my survival.

Heidegger and Erikson: investigating contemporary caring

Finally, in deference to Heidegger in the 1920's, he conducted an analysis of being as such and did not have access to the work that was subsequently generated by his concern for that

with factual bases for the good, ethicality veers towards possibility of shades of the good.

¹⁸ Although, in IYC, Erikson tends to highlight the genitivity of the phase of Early Adulthood, which has the 'goal' of Intimacy, he does also note the search for a being-with that accompanies that genitivity. Two activities in this part of sociodevelopment, the finding a workable task orientation and an other-centrism, are vital in the transformation of nascent nurse-Dasein into a professional caring nurse who is able to recognise her own possibilities.

So Intimacy, in the Heideggerian sense of being with, is not to be confused with the genitivity generally expressed by Erikson. It is more to do with a shift from being concerned with finding a place in the world in general (Adolescence) to finding a place with an other. As will be discussed later a Heideggerian Intimacy is concerned with bringing the other in from a 'there' on the horizon of Dasein's dealings with the world, a being amongst, so to speak, to a 'here' of the present so that Dasein is able to become attuned to the 'here' of the other. This correlates with Erikson's shift from ego-centricity to other-centricity.

particular project of explicating being, and more precisely being in the world. With this in mind, this investigation is not about being as such, it is about a closer investigation of the possibility of expression of a lack of care that nurse-Dasein may have within herself as a result of the facticity of her existence in her world. Moreover, the investigation sets out to explicate a journey that a nurse-Dasein travels in making a choice to care or, more importantly in the contemporary setting, the journey she travels in making a 'choice' to be caught up in a state of lack of care.

Thus the dissertation will consist of a rendering of Heidegger's structure which will be subjected to certain later developments in phenomenological thinking seen in the psychosocial developmental studies of Erik Erikson.

The structure of the dissertation takes the following form: Chapter 1 will situate caring in the literature dealing with the subject in the nursing press: what are nurses and others saying about care and caring; Chapter 2 will establish the primacy of phenomenology as a vehicle for exploring care and caring; Chapter 3 will continue the thrust by opening up Heidegger's notion of being, Dasein, in terms of healthcare and nursing; Chapter 4 will present an analysis of how nurse-Dasein may come into being, and how she may be deflected from her own authentic mode of care; Chapter 5 will discuss various observed interferences being brought to bear on the nursing profession; Chapter 6 will propose a structure for a lack of care that is being perceived in contemporary healthcare and nursing, and lay a foundation for proposing a structure of the caring nurse.

In the end the purpose of the dissertation is to explore some of the factors that deflect nurse-Dasein's journey towards achieving an authentic being with her patient. One does need to bear in mind that these factors are at play in Dasein's endeavours in the wider play of being with the other, such as management, the relations 'human resources' has with the employee, government has with its electorate, and so forth.

If one keeps to the province of the nurse, it is hoped that this analysis of lack of care will bring out certain valences that bedevil the provision of healthcare in the modern world.

Chapter 1 : Situating Caring in Nursing

As much as the term 'caring' is regularly used in common parlance in the context of healthcare, little attention has been given to a satisfactory ontological nursing enquiry into its meaning in terms of a potential lack of care in the context of medicine and nursing, and so healthcare in general, where it would be expected to be most important. Yet, as will be seen below, increasing attention is being given to institutional attempts to improve care in healthcare; all of which implies the existence of lack of care.

Is it possible that this lack is possibly more pervasive than would be generally believed? If this can be shown to be the case then it is possible that Heidegger's ontological care and the ontic expression of care, *viz.* caring, need to be clearly delineated; that in fact Heidegger's care and its expression are two different aspects of the human condition. It is intended to show that a deflection of Heidegger's ontological care in some way or another leads to a mode of being that carries a distinct ontic lack of care. As such it will not be so much a question of what is it like to be a nurse but more to looking for a form of nursingness that may or may not be extant in contemporary healthcare; nursingness is translated as being the mode of being a nurse that nurses may understand to be the case. Included in the understanding is a hermeneutics in which a nurse will interpret what is before her in a particular way that may or may not encompass a form of caring that is revealed in nursingness.

Why be concerned with lack of care in healthcare?

In 2010 Robert Francis, QC, issued a report in England on what was described as the appalling conditions extant at the Mid Staffordshire NHS Foundation Trust hospital. It is worth quoting a section from Mark Hayter to illustrate the gravity of the situation:

The range of problems in this large public hospital is reported more completely elsewhere (Francis 2013), but include failings in the most essential aspects of nursing care: for example, patients left to lie in excrement for lengthy periods, a widespread lack of recognition of patient dignity and privacy, failing to hydrate and feed patients adequately and a pervasive lack of compassion. This was compounded by a management culture that valued financially driven care targets over genuine patient care, the lack of a 'caring and compassionate' culture and also management styles that discouraged staff from expressing concerns about poor standards of care. (Hayter, 2013)

Then in 2012 the Royal College of Nursing asked Lord Willis to conduct an inquiry into a perceived decline in nursing standards of care with the emphasis on how nursing education can alleviate the situation.

In 2012 reports about the Tonga hospital in Mpumelanga were investigated by the Sowetan newspaper. The hospital had been dubbed with the nickname of *Emvakwakho*, local slang for "just after you left", after a spate of deaths in the hospital that always seemed to occur after the family had left (SowetanLive, 2012).

In 2013 the North Gauteng High Court awarded an amount of R2.8 million to the parents of three-year old Thembisa Kometsi. She had been admitted to the Far East Rand hospital to be treated for burns to her hands and after intravenous infusions had been inserted into her feet the insertion sites became infected and later gangrenous. Both legs were later amputated. The judgement was based on evidence that the hospital staff (i.e. nursing staff) had ignored her parents concerns about the infected sites (eNCA online report).

In 2015 a caregiver was arrested after video evidence was presented of her abuse of an 85-year old resident in an up-market old age home in East London, South Africa. Again in 2015 it is reported that the Eastern Cape Department of Health is being faced with massive litigation. 'Masualle revealed that between 2012 and this year, the province paid out more than R296-million in court costs and R208-million in settlements, giving a total of R504-million' (both DispatchLive reports).

While these may be seen as isolated incidents considering the number of nurse and doctor hours, there is an impression that they are on the increase (Phillips, 2007). I have within the last three years had anecdotal evidence from a nurse in the UK, another experienced nurse and a patient in Australia that points to a more widespread problem (see also Appendix 2 for a personal experience in a South African hospital). The causative factors that were highlighted by both Phillips, Francis, and Willis are complex and various, it seems that, broadly, it can be said that nursing has undergone a metamorphosis from a multifaceted care of the patient (and doctor and organisation, for that matter) to simply getting done whatever routine tasks are placed in the path of the nurse; more so, getting the tasks done as quickly as possible (Uys & Naidoo, 2004; Domino, 2005; Shields, 2014). In other words, it is possible that there has been a

nursing shift from care-for to a dominance of care-of the patient; care-for denotes an ontological immersion into caring, that singular form of caring that implies an openness to the plight of the patient which, in turn, is aligned with an ontological being with, and care-of denoting that of the more ontical and mundane aspects of caring, seeing to the physical needs of the patient, ensuring the correct medicine in the correct dosage at the correct time, for instance.¹⁹ While both dimensions are necessary for the nurse to do her work, it is the care-for that is to come under scrutiny in juxtaposition to a lack of care which may be an outcome of a non-reflective and so simple, duty-bound reduction of the nurse-patient relationship to an inordinate emphasis on care-of. This impinges on concerns being expressed all over the world on factors such as patient safety, quality of nursing care, conditions under which nurses have to work (Matthews, 2011 in Ghana; Rinkoo, 2013 in India; Pine, 2014 in Honduras; Qahtani, 2015 in Saudi Arabia). It is contended that, with the diversity of views within the nursing profession on the meaning of care, the proposed investigation into quite what it means to care, as introduced by Martin Heidegger, would be a major contribution to the welfare of healthcare in South Africa, and other forms of human endeavour, such as teaching or even commercial customer care, even industrial management. The diversity of views within the profession with regards to the meaning of care may be a contributing factor to a transformation of the nurse away from a caring-for mode as will be seen below in the survey on nursing literature on care.

How lack of care is seen in nursing literature

As was stated above, the nursing press has not paid attention to this problem, although in the last 20 years or more nursing research has taken up the question of how nurses conduct themselves as a profession, as a category of professionals, thus alluding to a lack of care that has been creeping into the praxis of the profession. This questioning is particularly so in the United States, Britain, Scandinavia and other overseas countries where these problems have been most noticeable and are being addressed (AACN, 2002; Emanuel *et al*, 2002; Hawkesley-Brown, 2007). Unfortunately, despite what may amount to a wholesale acceptance of the

¹⁹ It must be noted that Macquarrie & Robinson give a literal translation of the German word, *Fürsorge*, as 'caring-for'. This they reject, preferring the English word, solicitude (B&T:121, n4). However, the translation of caring-for will be retained to illustrate a specific form of nursing caring in this dissertation. Curzer (1993) reports that the American Nurses Association made this vital distinction between care-of and care-for in 1965; he also continues to give an analysis of the concept of care in the face of much ambiguity extant at his time of writing.

American healthcare business model of privatisation, South African nursing has yet to contribute to this impetus of inquiring into the state of the profession, apart from the articles and presentations published by myself in the local nursing press (see, for instance, O'Donnell, 2010, 2011a, 2011b), and this research lacuna can be seen to constitute a change in nursing care-for in the nursing and healthcare environments in South Africa.²⁰

Deep within the fabric of these concerns, as indeed the apparent transformations that are being highlighted, is the polemic of 'care': care for the employee, care for the patient, care for the organisation, care for the doctor, care for equipment, amongst other dimensions. All of this is being investigated by the overseas nursing profession as those researchers note that their practice may have d/evolved into a confusing new mode of professionalism dominated by marked imbalances in favour of the 'for-profit' healthcare organisation (Emanuel *et al*, 2002); a mode where care can be regarded as a 'virtue' to be adopted and not a mode of being with the patient (Curzer, 1993).

Even more disturbing is a pervading theme of a generalised muddle concerning the *meaning* of the infinitive, to care, what it means to care. It seems that there are just so many rules for interpreting the notion from which one can choose an approach to the other, to the cared-for, be it another person (doctor, patient, manager, colleague) or the tools one has at one's disposal. Of note is that within authentic caring-for is the question of responsibility, a peculiar responsibility of responding appropriately, a respons-ability, when in a potentially caring context (von Dietze & Orb, 2000). It is a response-ability that is being carried towards that other. As such then it is possible that within the ambivalence and multitude of interpretations of care that allows a shift of response-ability for the patient to some other entity, such as the organisation. The ambivalence regarding the meaning of care seems to result in an infinite series of regressions that may be inferred as an outcome of a response into what is being termed lack of care of the sort suggested in the opening paragraphs.

It is with this aporia in mind that the investigation into quite what it means to be in a state of lack of care is being launched. How is it that a person can choose the option of lack of care

²⁰ There is in fact only one nursing journal of any repute dealing with South African issues but this is unfortunately not listed in the list of acceptable journals by the South African government's Department of Higher Education and Training. It may be the case that it's association with the nursing 'trade union' counts against it. This, of course, can be argued.

while ostensibly engaged in the demand for a professional context of caring-for? This question will be posed in the light of Heidegger's assertion that caring is central to Dasein as it encounters the world in which it finds itself.

So to delve into a sample of the literature. Firstly, finding literature on the phenomenology of lack of care can be a daunting task (Reich, 2007). In fact although there is much written about care, just quite what *this* means is also not clear. The fundamental metaphysical question of lack of care has been neglected in much nursing philosophical research until recently. In nursing and medicine, for instance, caring as a philosophical subject is generally incorporated, and peripherally so, into other areas of focus such as management, research methodology, ethics. As a result there is a preponderance of *how-to* exhibit caring behaviours without attempting to show what caring is. In fact many of the results are based on prejudices immersed in tradition, religion, folk psychology, and the like. In addition, much thinking on caring, when it is broached, stems from a functionalist perspective in that caring is deemed to serve some common, deontological purpose within society. It is to do more with a transcendental or overarching, even moralistic, Good which is prescribed as a Good while discounting the particular goods of the patient and nurse; thus one is faced with varying levels of moralistic prescriptions. The basic premiss in present literature is that in order to care one has consciously to do or feel or think such and such in that moment in accordance with a prescribed set of rules. This means that references to caring are nuanced with what is seen in behaviours, in what caring looks like to the observer: there is little to say what caring is from a phenomenological perspective of being human in the world, of being a nurse-Dasein in a healthcare setting. There is little to show what it is like to be a caring-for person or even a person being cared-for. However, it is interesting and heartening to note a small but significant move towards a phenomenology of caring in some nursing journals, although the methodology of the human sciences persists in much of the literature.

The trend of prescribing certain learned or consciously adopted behaviours to illustrate caring unfolds through most of the papers examined, ranging from justice-based theories of moral reasoning, and '... nursing ethics with a moral-point-of-view of caring...' (Fry, 1989), to behavioural and motivational elements (van Hooft, 1996), to '... preservation of human dignity.' (Sourial, 1996), to '... caring moments, caring occasions ...' (Watson, 2006), to care being '...

deeply rooted in Christian philosophy.' (Austgard, 2008), to '... an existential condition of life *demand*ed from all human beings' (Skærbæk, 2011, italics added).

As an example, Sylvia Määttä (2006) uses Edith Stein's 1916 doctoral thesis as a basis for discussing the role of empathy and so, by inference, caring in the health sciences. In her article she places particular emphasis on the dilemma of closeness and distance in caring praxis (I will address this later when talking of Heidegger's *deseverence*). However, whilst using Stein's analysis of empathy, Määttä is unable to determine the phenomenological whence of empathy, and her paper devolves into a set of prescriptions taken from contemporary research into the how, as opposed to the what, of the empathic process. In her description of this *how* she quotes L. Fredriksson (1999):

In a connection the nurse is listening, using caring and connective touch and is present as "being with" the patient. In a contact, the nurse is hearing, using task orientated touch and is present as "being there" for the patient.

Unfortunately, what is meant by 'caring', 'connective touch', 'task orientated touch', and 'being there' is not addressed in the narrative space available to her. One does need to bear in mind that Stein's PhD was supervised by Husserl in 1916 when her colleague Heidegger was developing his notions of the ontology of being.

There is another jarring note in this article by Määttä. She unfolds the onset of empathy in this way: "Davis (1990) describes this moment as *being surprised* or overcome by a *sudden feeling* of actually being in the other person's place." (italics added). Immediate critique of this notion of a momentary character of empathy is considered to be more related to sympathy which, although similar, is a more contingent emotion or feeling that is predicated by the moment in a specific situation. It is possible in nursing, for instance, to have sympathy for the female victim of a motor accident, but in the next moment be dismissive of the pain experienced by a woman undergoing an elective breast augmentation for purely cosmetic reasons, simply because the nurse cannot 'identify' with the need for a change in body-scape. *Contra* writers such as von Dietze & Orb (2000), in this discussion empathy is considered phenomenologically to be an enduring mode within being attuned to the world; it is an integral characteristic of human interactions into which that nurse enters – if so 'chosen'. Heidegger, of course, casts another light on the question of empathy when he points out that, and this is loosely translated, it is

only in authentic being with one's self that one can be in a position to authentically be with, i.e. Be in empathy, with the patient. In other words, and this will be argued later, empathy cannot be taken out of the context of Dasein's being with itself; it is not a given simply because one has entered into the 'caring' professions.

Then again, even the much-quoted (in many nursing articles) Nel Noddings is seen to apply a moralistic base to the concept.²¹ In this, she goes further to differentiate between care-of humans, on the one hand, and care-of animals/plants/etc., on the other; the former in some way constituting a 'higher' level of caring. Moreover, the title of her book informs of a differentiation between masculine and feminine modes of caring. This is poignantly illustrated in this manner:

Here I wish to concentrate on the caring itself—on particular examples of feminine courage in relating and remaining related and on the *typical differences between men and women* in their search for the ethical in human relationships. (Noddings, 1984:40, italics added)

Nowhere, for instance, does Noddings concede that a male nurse can also display 'feminine courage'. It seems that Noddings takes for granted that the female has exclusive rights to the feminine; it is almost as if female and feminine are synonymous and highly prized to her. In the end she focuses on the care-of and it is also difficult to find any acknowledgement of the care-for in her writing. Additionally, Curzer (1993) informs that Noddings advises that '*... we should feel some sort of emotional attachment to people, empathizing with them, emotionally supporting them, etc...*' Needless to say, Curzer dispels this thinking by saying that '*... Noddings' version of care is neither impartial nor unemotional. Both partiality and emotional attachment cause serious problems in the nursing context.*' These problems are raised by Bradshaw (2009) when she refers to Noddings when describing a 'McDonaldised nurse' who is being subjected to narrow and confusing moralistic paradigms on what it is to care as a result of the standpoints adopted by nursing theorists like Noddings. Dyson (1997), in fact, remarks that Noddings' theoretical stance could be detrimental to promoting caring in nursing, '*... as she strongly promotes caring as a female attribute...*' She goes on to say that it is possible to see this in the context of a pervasive patriarchy in healthcare.

²¹ The term 'moralistic' is used here in the sense of values being imposed on the individual. It is in the sense that Noddings is seen to adopt a prescriptive, hence moral, approach in the question of caring.

From another perspective, Holly Covington (2003) explains an authentic mode of caring in terms of presence:

The concept of presence has been viewed as an important phenomenon to nursing because of its position within the nurse-patient relationship. Literature regarding presence can be traced to the mid to late 1960s when Ferlic (1968) and Vaillot (1966) acknowledged presence as an *existential* phenomenon. According to these early nursing leaders, the nurse has a way of being authentic and committed to a helping relationship that involves mutual giving and receiving to promote the health of the patient (Covington, 2003, italics added)

Presence has been acknowledged on a number of occasions, yet there is still some ambivalence as to what it might mean; the ambivalence being supported by a tendency to accept presence as a given, a 'natural' aspect of the profession in that it is the physical, the ontical presence of the nurse in the proximity of the patient that is paramount. It seems that there is a synergy here with Määttä's closeness and distance. Any ontological 'presence' in Heidegger's sense of being there has not been acknowledged in this and many papers.

Moving now to the area of philosophy, philosopher of mind David Chalmers has collected a truly impressive array of online papers and articles on the diverse subject of consciousness which he describes as the final frontier in human endeavour. In this list there are articles on empathy and sympathy, but nothing on care or caring as a phenomenon within Being as such.

In the list one finds that Evan Thompson, for example, concentrates on empathy in his wide-ranging paper, 'Empathy and Consciousness.' Unfortunately, the word, care, appears only once: "... that the care infants receive regulates the synaptic and chemical properties of the brain ... "

However, Thompson does bring out an important facet of the common interpretation of empathy thus:

Cognitive empathy emerges as a further step, in which there is recognition of the other's experience as belonging to the other, without losing the distinction between self and other in *emotional contagion*. (Thompson, 2003; italics added).

This distinction of self and other is a major concern that will be addressed in this dissertation, but this quote is coloured by the mention of the notion of 'emotional contagion'. Emotional contagion implies a shift from the ontological dimension of care-for to a more conscious, cognitive or intentional choice of care-of and the stressors associated with caring for the afflicted. Emotional contagion implies an introduction, perhaps conscious, of personal values

into the comportment of oneself towards the patient in such a way that there is a shift from an authentic beingness of care-for to something less authentic, a movement towards a possibility of caring-of in its varying levels of closedness to the world; towards an attitude of care-of which can subject the caring-for carer to mundane influences that may upset her emotional equilibrium. As von Dietze and Orb (2000) suggest, it is not an immersion into the 'suffering' of the patient that is required, it is a being with that actively promotes comfort in some way. This will be argued more fully in the chapter below concerning shades of grey hindering in the expression of care.

Then again, there has been a steady growth of articles in the nursing press that have various phenomenological authors at the bases: as a sample, authors like

- Martin Heidegger – Almerud, 2008; Bradshaw, 2013 & 2009; Converse, 2012; Curzer, 1993; Elstad & Torjuul, 2009; Hooft, 1996; Johnson, 2000; Määttä, 2006; Mackey, 2009; McBride-Henry, White, & Benn, 2009; Rashotte, 2005; Reich, 2013; Wynn, 2002; Zitzelsberger, 2004;
- Hans-Georg Gadamer – Austgard, 2008; Austgard, 2012; Bradshaw, 2013; Converse, 2012; Elstad & Torjuul, 2009; Johnson, 2000; McBride-Henry, White, & Benn, 2009; Mitchell, 2007; Rashotte, 2005;
- Maurice Merleau-Ponty – Elstad & Torjuul 2009; McBride-Henry *et al*, 2009; Santana & Jorge, 2007; Ross *et al*, 2005; Kvigne & Kirkevold, 2002;
- Michel Foucault – Elstad&Torjuul, 2009; Lewis, 2003; Wynn, 2002;
- Phenomenology in general – Mulhall, 1998; Rafii, Oskouie & Nikraves, 2004; Santana & Jorge, 2007; Sourial, 1997; Wynn, 2002;
- Like Richard Rorty – Isaacs, 2009.

Yet despite many attempts at grounding in various aspects of phenomenological nursing 'theory' there is still the opacity of what it is to care. Almerud *et al* (2007), for instance, draw on Heidegger's confrontation with technology when commenting that '... [T]aken for granted, devices dictate the comportment of the caregivers and determine simple clinical decision as whether the patient might leave his bed to go pee in private'. From another angle, McBride-

Henry *et al* (2009) turn to Heidegger, Gadamer and Merleau-Ponty when considering the objectivity of the nursing breast: in terms of this objectivity –

'... pre-existing meanings are taken-up as we exist in accordance with our 'thrownness'... a world that already contains commonly formed meanings. Examples of this are found in the interpretations of the 'always-alreadyness' of breastfeeding, the breast as sexual, and breastfeeding as an intrinsic function of mothering ...'

In their research, however, there is little to say about the caringness of the mother for the child through the breast.

As another example, Sheila Lewis explores 'caring as being':

Numerous authors (see for example, Campbell, 1984; Taylor, 1991) have likened caring to love, and as such have presented the ubiquitous nature of caring as a call for each person, not just nurses. Expressions of caring can be seen in loving relationships among all persons (Lewis, 2003) .

Earlier she had written, 'As we take the time to reflect and contemplate with thoughtful intent about caring as *being*, we are able to respond with humor, wisdom and personal authority to the challenges Coyote brings to us.' In this instance one is not sure of the relevance of Coyote (a mythical American-Indian 'trickster') to the South African, German or Nepalese situations; one also wonders how contemplation on '... caring as *being*' introduces wisdom and personal authority.

In the end though, one is still left with the lacuna of what is the *ontological* nature of caring in the context of healthcare; even more so the ontological predicates for lack of care. Being sought here is a relation of nurse-Dasein to nursingness: what is it like for nurse-Dasein to be able to care for another who is in need of care in some form or another. This situation of being responsible for the care of someone in need of care is a singular form of being in the world which nurse-Dasein has chosen for herself. It could be argued that this particular provision of care is in some way similar to the mother-infant relationship, except that the 'infant' is not necessarily an infant; except in the discipline of paediatrics the 'infant' is an older person, but, it is postulated, the need for the special care is still there. This is not the end though: as the patient, being an older person in distress, is in need of both the somatic care-of in the continuation of life, and also a care-for in his emotional distress. It is in this dual sense of care that demands a clarification of the meaning of care in nursing. It is the expression of care that is singular in the world of nurse-Dasein. Part of the expression of care is a responsibility to ensure

that one of the 'tools' at her disposal, her knowledge-base, is continually updated in keeping with improvements in ways of acting, in ways of responding, in embracing new technologies that assist, for instance, with her nursing diagnosis that are continually being introduced into the profession. Again part of the expression of care is to be also introducing improvements into patient care, even if only within her immediate environment; of being, as mentioned above, a producer and not only a consumer.

Thus in the search for any privative modes of care one has to turn more fully to the discipline of phenomenology, and particularly Martin Heidegger's interpretation of the notion. His famous book, *Being and Time*, and other writings of the 20's and early 30s are crucial in any study of the nature of care; so delving into the ontology of care one has to start with this work. As pointed out in the Introduction Heidegger makes a unique claim: care denotes the essential structure of being human in the world (denoted by him as Dasein, 'beint-there').

As no philosophical study has put such emphasis on care as Heidegger did, or conducted a study of Heidegger's notion of 'care' or of 'caring' as such with specific reference to healthcare, the dissertation aims to fill an important gap by focussing on a critical analysis of Heidegger's contribution to this sector of human endeavour.

Summary

In sum, this chapter has set out to show that few philosophical studies have put such emphasis on the ontology of care as Heidegger did; this particularly so when considering Heidegger's notion of 'care' in terms of healthcare, and as an extension from that lacuna there has been only recently a consideration of the possibility of lack of care. If this last assertion is intellectually respectable it is vital to make an attempt phenomenologically to clarify the concepts of care and lack of care with especial reference to healthcare, in general, and, more specifically, to nursing as a 'caring' profession.

The critical analysis of Heidegger's contribution thus aims to fill an important gap in the present nursing literature in that it will put caring in another light both within philosophical discussions and within contexts of healthcare. Additionally, discussing Heidegger in relation to lack of care will add to a growing focus on caring in the world of nursing and medical philosophy.

The next chapter will attempt to justify the choice of phenomenology as a vehicle for

investigating care in healthcare and will introduce Heidegger's critical notion of being-in-the-world which is his principal deviation from the transcendental phenomenology of his mentor, Edmund Husserl.

Chapter 2 : Underpinnings of Heidegger's phenomenology

Thus these two inevitable defects in every purely physical, *i.e.*, causal, explanation show that such an explanation can only be *relative*, and that its whole method and nature cannot be the only one, the ultimate and thus the sufficient one, *i.e.* cannot be the method of explanation that can ever lead to the satisfactory solution of the difficult riddle of things, and to the true understanding of the world and existence; but that the physical explanation in general and such requires further a *metaphysical* explanation, which affords us the key to all its assumptions, but just on this account must necessarily follow quite a different path.

Arthur Schopenhauer, 1818, *The World as Will and Representation*

The last chapter showed that, while there is an increasing phenomenological concern for the question of caring in the literature, there is little to acknowledge the presence of the phenomenon of 'lack of care'.

This chapter develops an argument as a step towards this phenomenon for making the choice to employ a phenomenological approach to the question of lack of care, rather than that of the human 'sciences'. It is intended to show that the phenomenological 'method' is important in being most suited for achieving the goal of reaching for a fundamental ontological basis for caring or, equally, a lack of care. Thus the chapter will give a brief overview of the beginnings of phenomenology, followed by a section answering the question: what is phenomenology? Then I will explain the assertion that philosophical phenomenology is ontological and not epistemological to support the choice to not engage in an exercise designed by one of the human sciences. Finally, it is well to explicate what the word 'phenomenology' means to Heidegger as his use of the 'discipline' differs from his mentor, Husserl.

Human Science versus Phenomenology?

A guiding principle in this dissertation is always what is it to phenomenologically exhibit a lack of care. In order to step out towards this phenomenon it is vital that the question of care be addressed, more particularly that exploration of the phenomenon by Martin Heidegger. His philosophical focus on care began in his 1923 lectures (published as *Ontology—the Hermeneutics of Facticity*) where he laid the groundwork for his later explication of the question in his famous *Being and Time* of 1927. While there are many references to this aspect

of his development of the phenomenology of experience in the world, the converse, lack of care, has received scant attention of the sort that can explain contemporary conditions; it is possible that, in the subsequent secondary literature, care has been taken as a given since 1927 and lack of care is denied the detailed attention it deserves. It is granted that Heidegger does, in fact, discuss the matter in terms of *Indifferenz* which will be discussed in a later chapter, despite this it is felt that this term needs more exploration and also revision in the light of changes in the world since 1927 as will be postulated below.

This neglect of lack of care is particularly noticeable in the secondary phenomenological literature in the nursing profession which, as has been said, is the vehicle for this investigation. In the this literature caring is taken generally for granted; all nurses care, it seems, and lack of care in its many forms, although often thinly implied or more recently exposed, is not broached as a philosophical problem at all, being alluded to in discussion on such ontical aspects as staffing and inter-professional ethics. Even the upsurge of discussion as a result of the Francis report in the UK in 2010 has been restricted, as a rule, to questions of how the conditions in the Mid Staffordshire Trust could have happened, and who may be responsible (Hayter, 2013; Paley, 2014; Rolfe & Gardner, 2014).

Part of the reason for this omission may lie in the fact that much of the discussion on care in the nursing and medical press is based in the analytical tradition of, for instance, deontology or utilitarianism (Allmark, 1995). In Heidegger's phenomenology it is shown that care is a fundamental characteristic of being. As this is the case, then, Heidegger would argue that non-care is impossible, there is always an expression of care even in its privative forms. The task that has been set for this dissertation is to show that care in its privative sense, lack of care, and not as a negation, non-care, has become entrenched in contemporary society, in the 'they' of the organisation, so as to seriously disrupt the relations of care Dasein has with its world, to an extent greater than Heidegger may have considered.

Before this happens, however, the first step is to make equally clear the choice of phenomenology as a vehicle for conducting the investigation. The question being: why not simply construct a survey or some such instrument to be put to a number of participants and gather the information into a conclusion? If there is a sufficiently large sample of respondents the result should be quite clear; caring is to be adjudged as this or that, and the exercise would

then be open to validation and replication if interesting. Surely this will reveal the nature of care? Not really, as will be shown. In setting out on the route to finding answers and using the 'scientific' mode one is faced with an objection, one taken here, that this approach is generally a part of the positivist approach to the human condition; an approach that was initially opposed by Dilthey and Husserl. It would result in a mere appearance, a simulacrum of a meaning of care; irrespective of the design of the protocol it would be a summation of the statements made by many people, statements of what many people *thought* was that meaning.²² This approach to the exploration of the human condition carries an ever-present slide into Kantian or Millian ethics with the focus being on universality and such.

One can turn to John Hughes for some explanation of this objection from a sociological perspective:

The question is, though, whether each of these statements, while implying the truth of a host of statements about individuals, their behaviour in the market place ... and so on, is reducible simply to a listing of such individual statements however large? (Hughes, 1980:45).

Heidegger had already objected in 1927 thus:

Our distinctions will necessarily be inadequate from the standpoint of 'scientific theory' simply because the scientific structure of the above-mentioned disciplines (not, indeed, the 'scientific attitude' of those who work to advance them) is today thoroughly questionable and needs to be attacked in new ways which must have their source in ontological problematics (B&T:71).

Hughes again remarks in respect to the epistemological 'wholes' that social research creates from these statements: an

[o]ntological reality is attributable only to individuals while social wholes are regarded as *abstract or theoretical entities* not observable but having an *explanatory* usefulness rather like similar kinds of theoretical concepts in physics and other natural sciences (*ibid*, italics added).

He continues to describe this positivistic approach to society which was noted by Heidegger, and which prevails today still: in positivism

²² The problem is highlighted in a short report of a survey conducted in the United Kingdom in which 63 000 employees were interviewed to reveal the presence of a phenomenon of what was termed the 'toxic employee' (Bloomberg, 2015). While the presence of the phenomenon was brought to light the reporting of the report was unable to show the whence of the phenomenon. I would moot that this would be the task of a phenomenological inquiry.

The world, whether natural or social, operated according to strict laws and therefore possessed a determinist structure which could be revealed by the appropriate research instruments ... [M]oreover, this structure could be described quantitatively and formally ... empirical research amounted to discovering those properties of the things of the world which exhibited invariant regularities with other things; the properties being described, as far as possible, in terms of what is rigorously observable (*Ibid*:39).

What is not directly observable is discounted or ignored and it is the regularities found in the research experience, not the experience itself, that is paramount. From this it is said that there is much left out of empirical research.

Hubert Dreyfus adds to this when he explains that the minute the researcher begins the process of observation he has to experience himself as a subject contemplating objects (Dreyfus, 1991:45). If we step back from involved activity as an integral part of the world and become reflective, detached observers, we cannot help seeing ourselves in this role, even if this seeing is not in the forefront of our minds.

The whole array of philosophical distinctions between inner subjective experience and the outer object of experience, between perceiving and the perceived, and between appearance and reality arise at this point, and 'it becomes the 'evident' point of departure for problems of epistemology or the 'metaphysics of knowledge' ...' (Dreyfus, 1991:45, quoting B&T:86).

In other words, the divide between the researcher, the object and the researched results is useful in generating an epistemological knowledge required to negotiate with the world in the sense of what the human does to move around in the world. (This problem, that of the perceiver, the perceived and the being-perceived is alluded to in Heidegger's discussion of Kant in BPP:49ff.) But this is not the kind of knowledge that is being looked for in this investigation because '[O]nly by exposing the derivative character of the detached, reflective stance, Heidegger holds, can we see the limits of subjective consciousness and the objects it knows' (Dreyfus, 1991:45, quoting B&T:86).

Continuing this theme, Charles Guignon writes:

Since fundamental ontology is supposed to lay a foundation for such regional sciences as biology and psychology, taking over their assumptions about the nature of man. In particular, it must set aside the presuppositions of traditional epistemology which compress human existence into the status of *a knowing*

subject collecting and processing "experiences" (Guignon, 1984:324, italics added).²³

So in order to reach 'through' positivist view of the epistemology of 'care' one must take a second road, the roots of which were laid down by Edmund Husserl at the beginning of the last century and a look at the genesis of the 'discipline' is useful in understanding phenomenology as the choice for this road of research. This more so in being able to appreciate the singular contribution Heidegger made to the discipline, that of placing knowledge firmly and ontologically in the world from which it comes.

Husserlian beginnings

Husserl developed his phenomenology in a burgeoning movement against the positivism of the human sciences in the 19th century when he made a case for including phenomenology in the investigation of the human condition. One of his main arguments is that science, and especially human 'science', is bedevilled by what he calls the 'fallacy of naturalism' which is well described by Dan Zahavi as accepting '... the immediate givenness of the object, it is how it appears to us, it is how it *apparently* is' (2008:675, italics in original).²⁴ Husserl set out to show that the natural attitude of the natural sciences were not able to address questions such as 'how does experience come to be *of* or *about* objects?' (Cerbone, 2006:17). Put another way, Husserl claims that the natural sciences are unable to fathom quite how consciousness, therefore intentionality, is able to 'contact', to grasp objects as they are (*ibid*:18). In this way the naturalism of the human sciences differs with phenomenology in that the former is supported by a host of presuppositions that includes one of the field of inquiry spread before it being taken as a given, a given that is simply accepted and not queried by science itself; the nuances being continually given up by the field are ignored in an act of reductionism in favour of a previously well-defined section of the field (Zahavi:668). In a nutshell, the natural sciences are

²³ The 'regional' sciences mentioned by Guignon relate to the a category of ontology in which these sciences are seeking the ontological bases of the phenomena under investigation. They are regional in that these bases are carefully circumscribed to discrete aspects of the human condition; they are '... concerned with ontologies of particular domains' (Wheeler, 2011). These ontologies are concerned with the worlds of the ontic, or mundane. This is ultimately to be predicated by the fundamental ontology developed by Heidegger which is seeking the being of all beings..

²⁴ Terry Eagleton brings up a notion that Husserl was also reacting to a perceived stalemate in philosophy at the end of the 19th century; one that was exacerbated by the events leading up to the terrible disruption of the First World War and an ideological crisis that preceded and followed it (Eagleton, 1983:54).

accused of being unable to account for experience as being the experience of being engaged with the object under review before them. Zahavi goes on to comment that the search for the 'real' part of the object requires a transcendence from this apparentness that is given by the object under investigation (*ibid*:675). This anomaly is further explained as a propensity for an object to present itself in a number of ways in what Husserl calls the eidetic variation (*ibid*).²⁵

To replace this, he pointed out that 'phenomenon' refers to *all* the changing modes of being conscious of something; one isn't merely conscious of an object at that moment but also the way it changes, however subtly, in the researcher's being conscious of that object. Thus the objection to naturalism is that the 'scientific' researcher takes a discrete 'slice' of life while tending to ignore the temporality, the flow of time in which the object of study presents itself in its various modes of being in view. This viewpoint is summarised in Husserl's inaugural lecture at Freiburg in 1917, and repeated in his Encyclopaedia Britannica article in 1927, in which he raises the idea of the use of 'free fantasy' in looking at other worlds of possibilities. Thus phenomenology is concerned with finding the forms of the appearance of things that exist in our world while recognising the validity of the use of fantasy in the seeking.²⁶

In essence, it is not a case of merely having an isolated object being presented to consciousness at a particular moment but, so to speak, a number of facets of the object that are really the same thing presenting itself in a series of presentations. This Husserl regards as being the 'first and most primitive concept of the phenomenon' which includes all the senses (sight, smell, touch, and so on) mingling together in the presentation by the thing which is not necessarily a conscious, in the sense of attentional apprehension of that thing; the senses supply a pre-reflective apprehension of the thing. These sensory consciousness' are incorporated into a being consciousness of the thing during which time the images are synthesised into a representation of the thing as a whole; it is this that makes up the thing of which one is conscious. In this way, contra the psychologism, the role of logic in the field of psychology, he is

²⁵ Eidetic variation refers to the multitude of *eidōs* or forms of a thing available for contemplation at a given moment.

²⁶ Fantasy refers to 'caprice, whim, fanciful invention'; Phantasy refers to 'imagination, visionary notion' (Partridge:117, quoting the Oxford English Dictionary). This is a subtle distinction, one that serves to enrich the English language, and one that is necessary to grasp in a phenomenological investigation with its reliance on language. In fact, phantasy could be regarded as central to the curiosity that will be proposed later.

opposing (see note 26 below), Husserl is maintaining that it is not a simple thing that is being apprehended by a consciousness of the thing, but a series of facets of the thing over time, however short, all of which accumulate to present the thing to consciousness; this is to counter the role of epistemology in psychology referred to earlier in the Zahavi quote. He also points out that both fantasy and phantasy can be included in this finding objects that appear to the consciousness thus expanding the idea of thing in its possibilities.

To add to this, Maurice Merleau-Ponty is harsh when he maintains that science, and especially human 'science', is, in the final analysis, naïve and dishonest in its insistence on remaining within the naturalistic mode. The dishonesty arises '... because they take for *granted*, without explicitly mentioning it, the other point of view, namely that of consciousness, through which from the outset a world forms itself round me and begins to exist for me' (Merleau-Ponty, 2002:iv, italics added). In this way the naturalistic scientists are unable to see, even less appreciate these nuances given to them by the world around them: they are simply there and must be uncritically accepted in the way that they are immediately presented.

The scientific method is, of course, an essential part of the natural sciences, like zoology and palaeontology, but Husserl and those who followed him cast grave doubt on its applicability in trying to understand the phenomenal nature of the human condition.

By its very nature the natural sciences reduce the object to some level at which some 'sense' may be grasped, from which scientific inductions can be made. For one thing this reductive movement is necessary in order that the 'experiment' can be replicated by others and so either validated or falsified. As particularly apparent in the case of 'health science', as is being pointed out, it is a reductionism in that only the given, that which is measurable, is regarded as suitable for inquiry. It is Husserl's 'apparently is', as emphasised by Zahavi, that is of concern to phenomenology, and Husserl's formulation of phenomenology is just the form of opposition that a more humanistic face of science needed as it strove to create a dimension more appropriate for reflecting on what it is to be human.

What is phenomenology?

In 1945 Merleau-Ponty asks:

It may seem strange that this question has still to be asked half a century after the first works of Husserl. The fact

remains that it has by no means been answered (Merleau-Ponty, 1962:vi).

How was he able to arrive at this description of a subject that 'has by no means been answered'?

He follows this with the explanation:

... phenomenology is also a philosophy which puts essences back into existence, and does not expect to arrive at an understanding of man and the world from any starting point other than that of their 'facticity'. It is a transcendental philosophy which places in abeyance the assertions arising out of the natural attitude [embedded in the practices of regional-ontology], the better to understand them; but it is also a philosophy for which the world is always 'already there' before reflection begins—as an inalienable presence; and all its efforts are concentrated upon re-achieving a direct and primitive contact with the world, and endowing that contact with a philosophical status (Merleau-Ponty, 2002:vii, interpolation added).

The term 'phenomenology' was introduced into philosophical discourse in 1736 by one Christoph Oetinger and had been used by Kant, Fichte and Hegel. Originally it pertained to a "theory of appearances fundamental to empirical knowledge" (Woodruff Smith, 2008:4), but Franz Brentano and Edmund Husserl altered this to denote a 'descriptive psychology' as opposed to 'explanatory' psychology in the case of Brentano, and to provide a term for a new theory of consciousness in the case of Husserl (*ibid*).

In order better to understand Heidegger's use of the term and how he deviated from his mentor, as he did, it is useful to explore more of Husserl's contribution.

... it is important to realize that the stated purpose of *Logische Untersuchungen* was not to establish a new foundation for psychology, but rather to provide a *new foundation for epistemology*. Thus, instead of merely paying attention to the objects, we need to *reflect on, describe, and analyze* the intentional *experiences* (Zahavi, 2000:666, italics added).

We need to describe and analyse quite what it is that allows us, draws us to experience the objects around us. It is in this mode that Husserl criticised the naturalism of the psychology of the day, the tendency of that psychology to be blinkered to the transcendental dimension of subjectivity, a tendency of psychology to accept the immediate as the thing, to reduce the basis of psychological investigation to the simplicity of being contained in mind; what Husserl called the fallacy of psychologism, an outcome of Descartes' rationalism (Zahavi, 2000:667; Beyer,

2013:1).²⁷ The very act of regarding the 'object' of the investigation immediately introduces an 'un-natural' distance between the researcher and object being researched and it is this distance that worried Husserl who was looking at describing the phenomenon before him.

Then finally, and this is crucial to Husserl's phenomenology, the concept of the thing has to include all the ways in which one is conscious of any thing. This means that, in the construction of the perception of the thing, subjective elements such as 'every sort of feeling, desiring, and willing' are included in the comportment towards the object (Husserl, 1917: #12 and #13; also see Husserl's Encyclopaedia Britannica article,#2). Thus an emotional content is part of the apprehending of the object which must also be included in the description of the object. Here one finds a synergy with Heidegger's concept of attunement to the world.

This leads to a question: Why is one conscious of that thing in the first place when there are so many images being sensed in the moment? To illustrate: I could be admiring a painting on a wall at an art gallery; why am I regarding the painting and not the light above or the little posy of flowers on a half-moon table below and slightly to the right? Why not the marks on the wall left by the previous painting? Husserl would explain that the viewing of the picture is the basis of my intentionality, there is a part of my consciousness (love of art-nouveau, for instance, which I see in the picture) that impels me towards that picture, the picture is the object intended at the moment. This does not mean that the light, flowers and marks are not in my consciousness, they are there on the periphery and may on occasion be subjected to momentary intentionality; perhaps the light is too bright and casting a halo on part of the surface of the picture and I glance at it in irritation and move to another viewing position; perhaps the posy is a clever reflection of the one in the painting and I note with a sense of wonder the skill of the gallery owner in replicating the posy in the picture as my eyes jump from painting petal to flower petal and back. My consciousness contains a personal element of wonder that motivates to a comparison that can lead to understanding. In other words, there is no real objectivity that is taken out of the stream of consciousness for examination; in my

²⁷ Michael Dummett, in a Preface to a 2001 edition of Husserl's *Logical Investigations*, describes psychologism as 'attempts to explain concepts by reference to the inner mental operations supposedly involved in attaining them or grasping them' (Dummett, 2001:xvii). By this is meant that the focus is on the mental processes of acquiring the concepts; put another way, it is the focus on the mental processes of the researcher in the investigation, rather than that of describing the object of the investigation.

spending time (tarrying, as Heidegger puts it) in front of that picture I am not aware of being drawn to that picture—until that is I enter a reflective mode and question my intentionality, question my preference for that picture and not the one across the room.

Surely it can be the case in much of naturalistic psychological research that I would be viewed at that moment as consciousness (a subject) gazing at the picture (an object) and deductions may be drawn from that moment. However, this binary splitting of me as viewer and object of my viewing would entail removing an essential element of intentionality in its broadest sense out of the equation that is life, it would be an interference in the description of my consciousness of the thing in its entirety. It would not be able to explain, in the first place, why it is that that particular picture is being appreciated.

This brief sojourn into intentionality has significant relevance to nurse-Dasein as she goes about her duties: her intentionality is in one direction but, as a professional nurse, this does not preclude her from being with the other elements in her environment. As she walks through the theatre reception area nurse-Dasein will be pre-reflectively aware of the patients lying there and an anomaly, a patient weeping silently, may intrude into the periphery of her intentionality enough for her to turn towards the patient.

It is this inclusion of much-maligned subjectivity or intentionality into consciousness that sets phenomenology apart from empirical psychology. It is not a subjectivity of solipsism, a charge that has been offered to Husserl, but one of the impossibility that any consciousness can usefully be split into subject and object for the acquisition of knowledge of the human condition *qua* experience. Husserl was explicit in showing that subject and object are intertwined in the act of intentionality; this was later taken up by Heidegger and Maurice Merleau-Ponty: 'It comes neither from 'outside' nor from 'inside', but arises out of Being-in-the-world ...' (B&T:176) and 'there is no direction, no inside and no outside' (Merleau-Ponty, 1958:236). Ronald McIntyre and David Woodruff Smith explain the situation thus:

... that intentionality is something we know about first and foremost from our own, "first-person" knowledge of our experiences and their "internal" character; that it is a property our experiences have *in themselves*, as subjective experiences, and independent of any of their actual relations to the external world; and that therefore intentionality cannot be explained from a purely objective, "third-person", point of view if such a viewpoint cannot accommodate this internal and subjective character of our experiences (McIntyre & Woodruff

Smith, 1989:152, italics in original).

This admission of the importance of a first-person narrative is one basic phenomenological deviation from the epistemology of empirical psychology. The other being that phenomenology is not conjuring up apparent 'essences' but is looking *for* the 'essences' within the apparentness: ultimately phenomenology is not concerned with the colour red but with the form or *eidōs*, redness, in all its variations. Husserl gave the term 'eidetic reduction' to a process in which

... the investigator "freely varies" his experience, using his imagination to introduce series of changes in the course of his experience ... [T]his second reduction is a kind of distillation, removing any of the arbitrary or contingent features of the experience so as to isolate the necessary form or structure of experience (Cerbone, 2006:35).

The thing being experienced appears in a certain number of ways at a certain time. Phenomenology insists that the 'looking' at the thing takes more than just that precise moment, that there is a measure of reflection on the form of the thing that must accompany the looking, a reflection that will eventually cut through the 'appearance' of the thing to a position closer to what lies behind the 'covering' that is the appearance of the thing, as the thing appears at first sight. In the end there is a measure of imagination brought into the equation that enriches the experience, as I as the viewer penetrate the covering of the appearance of the thing to reach towards the thing as it is. Imagination is a key element in the way nurse-Dasein is able to be with her patients; in her being with them she uses her imagination to be able to be aware of what may be the problem that has intruded in from the periphery of her intentionality.

The problem of appearance will be covered in more depth later when discussing of Heidegger's rendition of 'world'.

So, with this out in the open one is now able to shift towards Heidegger.

Phenomenology is ontological, not epistemological

To move from Husserl to Heidegger is to move from the terrain of pure intellect to a philosophy that meditates on what it feels like to be alive (Eagleton, 1983:62).

Naturally this is not the end of Husserl but it is useful to introduce here quite how Heidegger

was able to move away or, rather, beyond his mentor.

The divergence had begun already in 1919 when Heidegger began to question certain directions taken by Husserl in the *Logical Investigations*. At that time, for instance, '... while Husserl was moving phenomenology towards transcendental idealism, Heidegger was imagining it as a 'hermeneutics of facticity', and 'Husserl disputed Heidegger's view that research in the categories of factual life was the ultimate task of primal science' (Crowell, 2005:51-2).²⁸

There are a number of angles to the differences between Husserl and Heidegger in the development of phenomenology. Dreyfus says that Heidegger had 'opposed' Husserl (and the latter's alleged staying within the 'Cartesian' tradition) by 'rejecting' Husserl's focus on '... *epistemological* questions regarding the relation of the knower and the known...', he instead went on a route of addressing '... *ontological* questions concerning what sort of beings we are and how our being is bound up with the intelligibility of the world.' (Dreyfus, 1991:3, italics in original). Heidegger was replacing Husserl's epistemological phenomenology with his own vision of an ontological phenomenology (*ibid*:2). Where Husserl, in his development of the notion of intentionality in the *Logical Investigations*, was concerned with how the individual mind as a consciousness is directed towards objects, Heidegger insisted that the individual mind had a 'mind-less' (in terms of being pre-reflective) mode of being in the world as a fundamental basis of being in the world; by mind-less is meant that he points to his assertion that the everydayness of being in the world is not necessarily a constant stream of being mindful—it can just as well be a simple being-in that does not attract any special attention in any special direction (Dreyfus, 1991:3). In short, it was not so much a question of the human subject being the centre of the world (as would be the case in solipsism), as can possibly be deduced with Husserl's brand of intentionality,²⁹ but, with Heidegger, it was more being immersed in the world with all the other things and people and environments and regarding

²⁸ As a side-note, one could ask if it is possible that some of the 'disagreement' between the two derives from their backgrounds: Heidegger came from a background of Catholic religion and being content in the countryside, in contrast to Husserl's training in logic and psychology, and being more urban. Palmer alludes to this interpersonal contrast when he points out Husserl's training in mathematics and Heidegger's in theology (Palmer, 1969:126).

²⁹ See Dreyfus, 1991:155 for a discussion on how Heidegger viewed Husserl's 'solipsistic transcendentalism.'

this world from the centre of a primordial consciousness that he gave the name of Dasein; he held this is actually the only point from which one can view the world in phenomenology in general.

Dermot Moran raises another dimension in this trajectory when he refers, for instance, to Heidegger's Marburg lectures where, so Moran asserts, '... Heidegger appears to be more or less endorsing Husserl's account of intentionality, while at the same time calling for ontological clarification ...' (Moran, 2000b:41).³⁰ In calling for this clarification Heidegger was highlighting a problem that had been inherent in intentionality since the time of Twardowski, who was, like Husserl, a student of Brentano in the 1890s. Certainly Heidegger finds issues with Husserl's phenomenology but, in the finding, it could be proposed that he is attempting to introduce what he perceived as Husserl's theoretical shortcomings. One of the principal criticisms, as he saw it, was Husserl's overstressing of the cognitive side of intentionality, and Heidegger's solution was to create the notion of Dasein to give phenomenology a '... more historical, worldly, and 'existential' slant' (*ibid*:48). It is a slant that brings the human out of his mind into a world that is his creation; it is this slant that beckons when considering lack of care in the context of healthcare.

Then there is the question of being that occupied Heidegger since his review of Kant and Aristotle in 1914 and later, and Moran raises a point of agreement between Heidegger and his mentor:

Indeed, Heidegger himself repeatedly acknowledged Husserl's account of categorial intuition in the Sixth Investigation as having provided a stimulus to his own thinking on the nature of being (*ibid*:40).

It was to be a stimulus that raised a point that Husserl and those before him had not inquired into the nature of the being of consciousness, and more specifically '... the question of the being of the intentional' (*ibid*:42). It seems to be the case that Heidegger was simply stretching out towards his solutions of an aporia he saw in Husserl's work.

³⁰ Moran gives a reasoned argument to show that Heidegger wasn't 'opposing' his mentor, rather he was adding to the debate on the what and whence of the new-born discipline. This is, according to Moran, what could be said of Husserl when he discarded much of the theoretical base of Brentano, his mentor, retaining only the notion of intentionality (Moran, 2000b:40). Indeed, Crowell points out that in his early years Heidegger was heavily influenced by his mentor, and Husserl's standpoints were the launching pad for Heidegger's critique of Natorp particularly and that fueled his move from Husserl's 'transcendental phenomenology' to his eventual ontological phenomenology (Crowell, 2005:49ff).

Husserl's transcendental consciousness (the irreducible thinking ego or subject that makes possible objective inquiry) will have been transfigured into *Dasein* (the inherently social being who already operated with a pre-theoretical grasp of the a priori structures that make possible particular modes of Being)... (Wheeler, 2011:SEP3)

As appears to be the case Heidegger had used his lectures of the period of the turn of the decade into 1920s, particularly his seminars on early Greek philosophy (and, more generally, the influence of Wilhelm Dilthey prior to and at that time) to find the apparent lacunae in the phenomenological setting of the time.³¹ He had concluded that one cannot really investigate intentionality if the question of being – what it is to be – has not been addressed. What does the *am* of 'I am looking at ...' mean?

Being and Time burst into academia in 1927 and made an instant impression. In the book Heidegger set about ensuring that the route to the 'thing-in-itself' was not through Husserl's 'mere being directed towards' which lies in the realm of theory but through consideration of the question of being—the copula *is* of the 'what is...'

The problem is how one deals with the question 'what is...'? From an epistemological perspective the focus is on the whatever is being sought in the *what* of 'what is ...', whereas Heidegger insists that the thrust of phenomenology, certainly his phenomenology, is towards the "is" of the question and how one approaches that 'is'. In this way he argues for a shift from epistemology, the study of beings or groups of beings leading to knowledge, to ontology, the study of the form of being which is inherent in all phenomena. His was not a viewing of discrete elements of phenomena, his was a looking for an understanding of the beingness that lies hidden within the appearances of all phenomena, hidden within the discipline of epistemology (a theme of hiddenness as being covered over is a constant in Heidegger's phenomenology). As Heidegger points out: 'A scientific investigation constitutes itself in the objectification of what has somehow already been unveiled beforehand' (BPP:320). Science, in its empiricism, has to deal with what has already been found before it, whereas phenomenology has placed a

³¹ 'Here Dilthey pushes Husserl's notion of the intentional object out of the realm of logic and into the sphere of the lived experience of the practical and cultural world' (van Buren, 1990:12). This 'pushing' influence from Dilthey was evident in Heidegger's thought from as early as 1916.

different agenda on the table.³² It is the study of being as such, that which is as yet unveiled; it is this that lies at the heart of Heidegger's approach to phenomenology and moves towards a new mode of ontological inquiry that extends out from where Aristotle left off.³³

This is continued in this dissertation as it is held that it is not really possible to understand the caring capacity of an individual or institution unless, in the first place, one attempts to understand beingness itself of which caring is a primary characteristic; it is the inquiry into the experience of being caring that is paramount and from that experience the beingness of lack of care can be found. In this way it is not epistemological knowledge that is being sought, but rather that of the ontological. Furthermore, the quest is not so much knowledge as such but understanding of the structure or structures of that knowledge in terms of the human condition.

It was the raising of the question of ontology as a primary necessity that was one of the major contributions that Heidegger made in the development of phenomenology.

In promoting his thesis he states that 'With regard to its subject-matter, phenomenology is the science of the Being of entities—ontology' (B&T:61), and that '[O]ntological inquiry is indeed more primordial, as over against the ontical inquiry of the positive sciences' (B&T:31). Later he declares that in saying that the phenomenological understanding of phenomena is nothing more than what goes to make up the being of all entities in its essential form and it is the task of phenomenology to ensure that it is being in its ontological sense, not *a being* in its ontic

³² Heidegger distinguishes between the scientific and phenomenological enterprises as that which is the inquiry into the ontological aspects of beings or groups of beings; for the former, being itself tends to be presupposed. The phenomenological enterprise is termed by Heidegger as a 'fundamental ontology' in that it is the being of beings that is being confronted; it is this beingness, and not the beings, that is being teased out of being (B&T:30ff).

³³ Heidegger was looking for a new ontology as he maintained that even Aristotle hadn't quite made the measure. He wrote: 'With this discovery [the 'transcendental 'universal' as a *unity of analogy*]', in spite of his dependence on the way in which the ontological question had been formulated by Plato, he put the problem of Being on what was, in principle, a new basis. To be sure, even Aristotle failed to clear away the darkness of these categorial interconnections' (B&T:22).

sense, that is considered (*ibid*).³⁴ In this light it is a search for those fundamental aspects of experience that demand attention but they are aspects which have been and are largely ignored in favour of the more apparent, the ontic. Concern is not with this or that of the object of the inquiry, the object that presents itself to the world as a part of a confused whole, but with the beingness that is inherent and hidden in that object and all others around; it does not so much entail a scientific objectifying distance from the phenomenon or phenomena so as to reduce bias, for instance, but 'subject' and 'object' 'engage' equally with the world and each other in an open manner which demands being clearly mindful of preconceptions, Husserl's *epoché*, or at least acknowledging whatever preconceptions may be present so as to place them into context.³⁵ As Heidegger explains:

Thus the term 'phenomenology' expresses a maxim which can be formulated as 'To the things themselves!' It is opposed to all free-floating constructions and accidental findings; it is opposed to taking over any conceptions which only seem to have been demonstrated; it is opposed to those pseudo-questions which parade themselves as 'problems', often for generations at a time. (B&T:50).

And earlier:

This expression [phenomenology] does not characterise the what of the objects of philosophical research as subject-matter, but rather the *how* of that research (*ibid*, interpolation added).

Needless to say, it is difficult ontologically to consider being if one is restricted to the mode of epistemologically creating a disinterested subject viewing a preconceived object. To overcome this drawback and justify his peculiar approach Heidegger views the apprehension of being in a special way. He

... saw that humans are primarily caught up in living their lives, wrapped up in moods and emotional commitments, in cares and worries, falling into temptation, projecting themselves into possibilities, seeking to

³⁴ Heidegger's predilection for ontology appeared early in his career: in his 1923 lecture course, *Ontology—the hermeneutics of facticity*, he opened the course by giving a number of examples of what ontology is not; by taking the route of what is not he arrives at what is.

In a rather perplexing manner (for the new Heidegger student) he insists that '[T]he terms 'ontology and 'ontological' will be used in the ... empty sense of nonbinding indications. They refer to a questioning and defining which is directed to being as such' (OHM:1). More of this 'empty sense' in what follows with reference to openness.

³⁵ It is not necessary that one is constantly and consciously mindful of any preconceptions, it is more that one has already become conscious of any preconceptions and has already taken steps to subdue them till the suppression becomes 'second-nature', invisible.

make themselves whole (Moran, 2000a:228).

As it turns out Zahavi holds that this was also inherent in Husserl's project. Husserl had also promoted the idea that 'emotional commitments' were to be included in a phenomenological investigation, but a difference between him and Heidegger was that the latter was concerned with the view from the world while the latter concentrated on the view from the experiencing subject, albeit that the subject is alive to and in the world. It is precisely this 'living their lives' that entails being, and so the beingness of humans that must be viewed necessarily as being part of the world. (This line of description was a carry-over from Dilthey.) Phenomenology is not so much about 'observing' the world or discrete aspects of the world as objects; it is more about allowing the phenomenon to reveal itself from behind the imperspicuity of life. It is concerned with '... a disclosure of a more original relation to the world than the one manifested in scientific rationality' (Zahavi, 2008:664). Zahavi continues

Phenomenology is not concerned with the psychological question of how a pre-existing reality (objectivity) is subjectively apprehended by psychical beings; rather it is concerned with the question of what it means for something to be real and objective in the first place and in particular with the transcendental questions concerning the very condition of possibility for manifestation (*ibid*:667).

In other words, where the investigations of science, and more particularly those of the human 'sciences', are inherently subject to flux, to challenge, to temporary verification or falsification, the phenomenological thrust is more in keeping with the sense of a search for fundamentals of the phenomenon of being, as opposed to beings, that are 'universal' and 'stable', of what existence itself means. Mulhall puts this problem of the onticality of science another way:

Neither ... does Heidegger want to rely upon the deliverances of any ontic science ... we have no guarantee that the existential underpinnings of their existentiell investigation were reliably derived from Dasein's true nature ... (1996:18).³⁶

The point being made here is the problem of givenness. Where Brentano and those before him assigned a meaning to 'appearances', to how phenomena 'appear' to consciousness, to their view of what constitutes the study of phenomenology, and where Husserl narrowed this

³⁶ Simply put, the concepts 'existential' and 'existentiell' relate, respectively, to being in the world and how a being views its being in the world (B&T:33; Dreyfus, 1991:20). Existentiell is how Dasein has interpreted itself within its existence in the world. In his translation of *The Basic Problems of Phenomenology*, Albert Hofstadter comments that '... the existentiell is what happens or is given in and by existing. It is to the existential as the ontical is to the ontological' (Hofstadter, 1982:277, fn*).

meaning down to a search for the 'essences' of existence with a scientific bias of consciousness, Heidegger went off metaphorically on another path through the woods.³⁷

This discussion is vital in bringing out what is to follow in the remaining sections. The task at hand is not to examine the why's and wherefore's of a perceived lack of care but rather to unveil how it is possible in the first place. This can be most effectively accomplished when one places oneself under the umbrella of Heidegger's structure of existence.

What the word 'phenomenology' means to Heidegger

Heidegger is unique in his bringing the phenomenon out of the clouds of Husserl's idealism, of cognition, and placing it squarely within the world. Additionally, there is a constant theme of hiddenness that flows through his work. To begin, he set out to reveal what is hidden in the word itself; if phenomenology is not a Kantian 'theory of appearances fundamental to empirical knowledge' then it is incumbent on Heidegger to show what it is. To do this he chose to base phenomenology in the world. He does this on a number of levels. Firstly, to lay a basis of this view of the human condition he deconstructs Descartes' assertion that the *cogito* is a '*fundamentum inconcussum*', a stable, a universal foundation which is one that places undue emphasis on mind or spirit (B&T:46). As Descartes was dependent on the Scholastics for his approach to being, Heidegger remarked that this contributed to the problems being experienced with coming to grips with the ancient forms of ontology since the times of Plato, Aristotle and the others like Herakleitos. This extreme of Cartesian rationalism has the effect of removing the human as an entity from the world in which he finds himself (as illustrated by Descartes' his search for the *cogito* in his pyjamas in the chosen aloneness of his room). Descartes' manoeuvre created another world that has dubious foundations, that can arguably be said not to exist in the broader scheme of the world. By reducing human existence to the narrow confines of the *cogito* Descartes

... kept later generations from making any thematic ontological analytic of the 'mind' ... such as would take the question of Being as a clue and would at the same time come to grips critically with the ancient ontology (*ibid*).

³⁷ Although Heidegger had shifted conceptually from Husserl's idealism, he was still bound by the academic rigour of university life. But then there must have been a more 'spiritual' side to the man as indicated by his insistence on ontological slant to phenomenology, possibly implied in the fact that his wife, Elfride, built his hut retreat in Todtnauberg in 1922, 5 years after their marriage, for him to be able to think and write in a 'worldly' environment.

In his return to the Ancient Greeks and their ontology, Heidegger disagrees with the Scholastic conception of '[G]od, as *ens infinitum*, was the *ens increatum*.' He argues that all 'createdness ... in the widest sense of something's having been produced ... was an essential item in the structure of the ancient conception of Being' (*ibid*). In other words, in returning to the Greek conception of being he removes the Scholastic vision of being being created by an entity outside of being. All being is part of creation, perhaps even God. Being, as Heidegger argues, then becomes simply *is* and is within the world, thus createdness is heavily invested in and from the world. In his course, *Ontology—the Hermeneutics of Facticity*, he shows how the religiose from Augustine to the Scholastics to Protestants like Calvin and Zwingli confused the issue with their other-worldly emphasis; a confusion that prompted Heidegger to broach the subject in his novel manner of being-in-the-world (OHF:17ff).³⁸

Both these strategies are steps to ensure that the elucidation of being is placed squarely within the realms of world; any other Cartesian or Scholastic reference to being transcendent or to a transcendent being is set aside while being is placed on a new footing.

In finding that footing, he re/interprets the word phenomenology. To do this he simply splits the word into its two components, phenomenon and -ology, and traces them back to the original Ancient Greek. This is necessary if he is to ensure that phenomenology is not mixed in with the other 'ologies' of the various branches of natural science. It is not the 'study of the phenomenon' as was usually held, it is something more fundamental.

To develop this approach, he takes the -logy of phenomenology to mean 'discourse'. As early as 1923 he warned against the notion of the common translation of 'a being endowed with reason' (OHF:17). So he rejects the popular translations of Λόγος <Logos> as 'reason', as with 'logical', for instance. He equates it with the word δηλοῦν <déloun> which is given as to 'make manifest' (B&T:56; Liddell & Scott:182). For Heidegger logos means discourse in the sense of letting something be seen as a result of verbal interaction. This unusual way of looking at -ology means that there is an engagement with a part of the world, that part which is taken up in intentionality, such that that part has an opportunity to 'show' itself, that the interlocutor is able to 'see' what is appearing out of the discourse with or about the thing or other person. This is much the same as seeing discourse between two people as an attempt to let the thing

³⁸ Also worth noting in this course is a comment that is not answered: 'Problem: what is woman?' (OHF:18).

being talked about appear as itself: '... lets us see something from the very thing which the discourse is about' (B&T:56).

This view of the word is important in Heidegger's phenomenology, and in letting the phenomenon of nursingness appear in the discourse with the nursing world, for instance, it illustrates the relationship one has with the phenomenon which affords the phenomenon the opportunity to 'show itself in itself', the purpose of phenomenology (B&T:51). However, the discourse here implies an 'embracing' of the phenomenon and not so much, as will be seen later, to do with speech or talking or communicating or, even, understanding by means of the usual forms of analysis, although these can be part of, even a purpose of the 'embracing', especially in the form of the allusive character of such literary devices as metonymy, meiosis and so on.

Essential in the 'embracing', the discourse, is an openness to the world and its phenomena, and this being open entails being in a mode of being able to 'listen' to it. 'Listening to ... is Dasein's existential way of Being-open as Being-with for Others' (B&T:206). In terms of healthcare, for instance, listening is a crucial element which is distinguished from hearing. Hearing in this context is taken in its physiological sense of having a functioning auditory mechanism; it is a passive mode of the more active mode of listening. It is the 'listening', and not so much the intricacies of the research design, that underlies the mode of discourse with the phenomenon with which one is engaging or embracing. It can be seen that 'listening' may be a vital part of the *epoché* that Husserl brought to phenomenology in that the act of bracketing is intended to provide a platform for 'listening' to the phenomenon; in similar fashion it will be shown below just how the act of being with the other in listening is vital in the mode of caring.

So much for an overview of 'logos'; the concept of 'showing itself' pertains also to the first part of the word—phenomenon. The linking concept is the φαίνεσθαι <phainesthai> which is the derivative verb for the Greek expression of phenomenon. Phainesthai is related to délouv in the sense of making manifest. Thus a phenomenon is a thing that allows itself to be shown, to come to the light of day in various ways (B&T:51). A contrast is that δηλοῦν entails creating a space into which the phenomenon can show itself, and φαίνεσθαι refers to the phenomenon allowing itself to become visible.

At base Heidegger's phenomenology insists that a characteristic of the phenomenon is its hiddenness from mundane view; at first glance it tends to show itself as something else, it is not necessarily itself. So Heidegger is not concerned with the conscious contemplation of a 'phenomenon' as would be the case with the regional ontologies, but an engagement with it in such a way that it is allowed to appear out of its hiddenness in its own way into the light of understanding.

But it is not as simple as that: Heidegger goes on to point out that there are a number of ways that the thing can show itself out of its hiddenness, and the phenomenologist must be aware of them (this also applies to the medical and nursing professions who have to deal with the phenomena of distress). It can emerge as something which in itself it is not: this is known as 'seeming'. It is something '... which looks like, but 'in actuality' is not...' what it gives itself out to be. It merely looks like the thing, and can be mistaken for the thing. There is another related sense in that the manifestation of the thing could be in a manner of 'semblance', which depends on our seeing how what is designated as the thing in itself and what is seeming or is a pretension of the thing in itself are interconnected (B&T:51). In other words, it is necessary to be able to differentiate between the seeming or semblance and the phenomenon as it is.

There is a crucial difference between the showing itself in itself and seeming in that Heidegger reserves the term 'phenomenon' for that which shows itself and the seeming for a privative understanding of a phenomenon; this last being a real danger in scientific investigations of the human condition. In this the investigations into the narrower aspects of the human condition and beingness made by the social sciences can be regarded as 'seemings' (regional ontology as mentioned above). This is not what is being looked for in this instance of considering lack of care. What is central to this exercise is to creep past the seeming to approach the phenomenon itself.

Then there is another sense, however, that of 'appearance'. This is a 'phenomenon' that appears and points to another phenomenon. This denotes a letting out of a showing that is itself in its way but not the itself of the underlying phenomenon, it is an indication of, a pointing towards. An indication of 'here I am—in disguise', and invitation to devote one's intentionality more closely to the phenomenon. Heidegger uses the medical model of a symptom announcing the presence of a disease process (*ibid*:52): jaundice appears to announce, to point to severe

liver disease, it is not a disease process in itself; right-sided chest pain in the young could be 'pointing' to appendicitis and not the lungs or liver. That which is the announcement, the appearing, is showing-itself but it is not the phenomenon itself as itself; in the showing-itself it is indicating something that is not showing-itself. The appearing may be termed a subset of the phenomenon itself and it is the duty of the practitioner to recognise this and look deeper. Another example of this is the 'joviality' expressed by some pre-operative patients, in some instances it could be an indicator of a deep-lying anxiety which will have an effect on the effect of the anaesthetic. The sensitive anaesthetic nurse will know about this pointing 'appearance' of the phenomenon of joviality and be able to take steps to counter it in an act of caring.

In the section entitled *The preliminary conception of phenomenology in Being and Time* Heidegger enlarges on these showings:

... that which remains *hidden* in an egregious sense, or which relapses and gets *covered up* again, or which shows itself *'in disguise'*, is not just this entity of that, but rather the *Being* of entities ... (B&T:59, italics in original).

Here we have a reminder that it is being itself that is being investigated; not *a* being.³⁹ It is the character of being to be hidden⁴⁰ and it is the task of phenomenology to bring being out of its hiddenness. In order to manage this Heidegger makes us aware of a number of ways that the hiddenness can exist: (a) it can be as yet undiscovered; (b) it could have been discovered at some stage but, in being forgotten or incompletely grasped, has become covered again, this he terms 'buried over' (this is a theme he takes from his lectures on Aristotle's version of being and the subsequent treatment by the Scholastics); the final mode, that of disguise, he regards as being the most stubborn and 'dangerous' in that there is the potential for being misled (B&T:60).

So the mode of showing itself implies a mode of having been hidden, and this characteristic of hiddenness accompanies all phenomena. It is this hiddenness that must be dealt with, but in the right way, as he says, which is that of employing his method of hermeneutical inquiry. The search for understanding of being ushers in another side of Heidegger's phenomenology, hermeneutics or 'interpretation'. It will be shown later that this peculiar mode of phenomenal

³⁹ The delineation of Being and beings is known as the Ontological Difference (B&T:31; BPP:319)

⁴⁰ One is not sure in what sense the word 'egregious' is used by Macquarrie & Robinson. Is it in the archaic sense of having a singular form of hiddenness, or in the modern sense of some form of denigration?

hiddenness has more than a little bearing on how nurse-Dasein understands her nursingness, how she is able to interpret her understanding of her encounter with nursingness.

In 1923 he opens his lectures with an exposé of hermeneutics which entails a return to Aristotle and others of the time, such as Augustine and Philo:

The expression '*hermeneutics*' is used here to indicate the unified manner of the engaging, approaching, accessing, interrogating, and explicating of facticity' (OHF:6).

And then in 1926, when he presented his first draft of *Being and Time* to Husserl, he again insists

Our investigation itself will show that the meaning of phenomenological description as a method lies in *interpretation*. The λόγος <logos> of the phenomenology of Dasein has the character of a ἑρμηνεύειν <hermeneuein>, through which the authentic meaning of Being, and also those basic structures of Being which Dasein itself possesses, are *made known* to Dasein's understanding of Being (B&T:61-2, transliteration added).

Thus hermeneutics must be the key to understanding being; this and quite how Heidegger sees the role of hermeneutics will become clear as the dissertation unfolds. For the moment it is sufficient that he takes hermeneutics to be an essential mode for understanding being in itself.

The import of the essence of Heidegger's phenomenology is being able to look, and then to look further through these modes of hiddenness. The point is brought in here to indicate the phenomenological task of reaching towards the phenomenon itself as opposed to accepting the appearance of what 'seems' to be as the phenomenon; in other words, Husserl's 'To the things themselves!' (*Ibid*:50) or '... let that which shows itself be seen from itself in the very way in which it shows itself from itself.' (*Ibid*:58). It is being able to reach past the symptom of a disease in recognising that it indicates something hidden; in recognising that it does not even faintly resemble the thing it is indicating; in this way it is something announcing itself through the presentation of something else (B&T:52, and note 1 of the previous page). Even more it is about being able to pick up subtle cues from the pre-operative patient in order to find the basic mood of that patient: as mentioned it is possible for the patient to present as hale and hearty but something in his eyes may belie this 'seeming' to a nurse-Dasein intent on a care-for.

These distinctions are more than useful in the consideration of caring. It will be seen later there can be a semblance of caring that covers a deeper lack of care. Equally, as in psychotherapy,

there can be an appearance of a form of caring that indicates something else, perhaps a lack of some sort, that is hidden deep within the psyche, and makes an 'appearance' to point to that lack.

To return for a moment to the 'embracing', there is a fundamental aspect of being open to the world—wanting to 'listen' to the phenomenon that is being presented in its various forms, and listening at the deepest level possible. This is a basic fundamental in what is to follow in this dissertation and can be seen to be one reason for preferring the phenomenological approach to caring to that of the human 'sciences' of psychology, sociology or anthropology. It is proposed that caring is largely allied to the ability to listen, and to listen without bias or prejudice.

Summary

It has been argued that the phenomenological method is particularly appropriate to an investigation of the question of caring and its corollary, lack of care, because the method, in this instance, is not concerned with the more mundane aspects of caring elicited with a scientific method or interpreted from some common morality, rather it has the focus of 'what it is like' to care; more specifically, what is it like to be a caring person caring for people who are not fully participating in physical life for some reason, who are at a disadvantage.

It has been argued that the methodology of the 'human' sciences is not adequate to the task for the reason that it tends towards a reductionism that, while adding to ontical knowledge, is not able to bring the phenomenon of lack of care to light. Furthermore, it was shown that Heidegger altered the focus of phenomenology from Husserl's transcendental consciousness to his placing being in the world. The principle being that, to use that quote from Heidegger again, we do not 'want to rely upon the deliverances of any ontic science ... we have no guarantee that the existential underpinnings of their existentiell investigation were reliably derived from Dasein's true nature ... (1996:18).

Chapter 3 : Dasein in it's world

In the last chapter an argument was presented to show that Heidegger added to the phenomenological movement by taking a different route to his mentor, Edmund Husserl. Heidegger's task was to continue Husserl's work of bringing a phenomenological focus to the experiencing subject, but his particular contribution was to place the experiencing human firmly into the world. It was a specific aspect of the experiencing human subject as a whole that was to be Dasein, being-there; the being there indicating a world in which Dasein finds itself and not necessarily in another world of, say, Platonic Ideas or Husserlian transcendentalism. Being-there also means being there in the world with other things, alongside, amongst other things, some being objects (like tables and iPads), others being other people with dasein like Dasein. In sum, being there in all of worldly createdness.

In this chapter Heidegger's concept of Dasein and so 'world' will be explored in order to set a background to what it is to care, bearing in mind that the underlying thrust for the investigation is to phenomenologically consider how it is possible to express a lack of care. Discussing the possibility of lack of care is particularly necessary when considering the nurse's role in healthcare. Although the role will be discussed in more detail in the next chapter, for the moment it is useful to point out that the nurse is 'expected' to be caring, certainly by the patient. From this perspective it is possible to surmise that contemporary nursing practices, practices that have become entrenched in contemporary life, in the contemporary 'world', are interfering with a commonly expected mode of nursing caring. So the route to a discussion on caring must lead through the explication of world, of nurse-Dasein, of nurse-Dasein's encountering the things and people in her world; all of which are broached in this chapter.

Finding oneself in the world

Dasein enters the world, a strange world that is a horrific contrast to the oceanic world of the womb, as Stanislov Grof (1980) maintains. Immediately, one could say, the newborn Dasein begins to incorporate the world into a gestalt of sorts. But more of this later. For the moment it is enough briefly to introduce a way that the newborn encounters the world. It is not necessary to enter into the debate of whether or not the neonate brings an 'attunement' with it, although

careful observation of these beings will indicate enough differences to point to the possibility that there is something there in each new being. Psychology has shown that the world, the environment is encountered from the moment of birth and that the child begins to 'ingest' many modes of being in the world.

It is in this sense that Heidegger's notion of 'thrownness' is of relevance. Heidegger explains this concept thus: 'The expression "thrownness" is meant to suggest the *facticity of its being delivered over*' (B&T:174). The newborn is 'delivered', the midwife term for the process of birthing, into a world not of its choosing so finds itself in a noisy and bright world, a world that has to be incorporated into the new Dasein's gestalt, a world that expresses its facticity in the noise and brightness and, in turn, delivers over the possibility of threat or nurturance. The newborn is not at home in this strange world (Mulhall:xii) and has to carve out a home to the best of its ability; 'it [Dasein] has been thrownly abandoned to the 'world', and falls into it concernfully' (B&T:458); it has been '[a]bandoned to the 'world' which is discovered with its factual "there", and concernfully submitted to it, Dasein awaits its potentiality-for-Being-in-the-world...' (B&T:465).

However, as the newborn lies in this strange world it gradually finds that the world is not only a passive ready-to-hand, although this may seem to be the case in the first instance; gradually it finds itself engaging with the world, one which will become present-to-hand for a while and can be used for its own purposes. The newborn finds itself alone in the world and so begins the task of ensuring that this world provides for its immediate needs, and the quality of the world's responses to demands further contributes to a burgeoning understanding of its place in its world. Open eyes and a stretching of the mouth elicits 'coo's' of delight from the world; a puckering of the mouth and squeezing shut of the eyes relieves the discomfort in the nether regions. In all this, understanding takes on a particular flavour in keeping with the perception of whether or not it is a cooperative or non-cooperative world. Of course, the interactions with its world may not be nurturant, and the world may continue to be threatening. This is not to quarrel with Heidegger when he states that only a fearful state of mind will find the world threatening (B&T:176), it is more to emphasise that the helplessness of the infant renders the world threatening—there is always the potential of neglect when one is helpless in one's world. It is at this time that the element of trust or mistrust in the world, as proposed by psychologist

Erik Erikson, fo which more in the next chapter, arises. This is an important point in the later development of Dasein into nurse-Dasein as will be seen.

But in all this talk of world one must ask what is this world which is vital in the understanding of a world of nursingness.

What is 'world'?

... Dasein's understanding of Being pertains with equal primordiality both to an understanding of something like a 'world', and to the understanding of the Being of those entities which become accessible with the world (B&T:33).

In its sense of being-there, Heidegger's use of the word Dasein is a vital acknowledgement that all humans are each part of a world and that world is, variously, part of each Dasein. In this sense Dasein is Heidegger's shift from a Husserlian cognitive phenomenological 'world' to being part of the particular world or worlds in which it finds itself. As Wheeler describes the situation:

... the Husserlian notion of formal ontology (the study of a priori categories that describe objects of any sort, by means of our judgements and perceptions) will have been transformed in *fundamental ontology* (a neo-Aristotelean search for what it is that unites and makes possible our varied and diverse senses of what it is to be); Husserl's transcendental consciousness (the irreducible thinking ego or subject that makes possible objective inquiry) will have been transfigured into *Dasein* (the inherently social being who already operates with a pre-theoretical grasp of the a priori structures that make possible particular modes of Being ... (Wheeler, 2011:SEP3, italics in original).

In order to make sense of Heidegger's concept of world it is necessary to make sense of how Being is to be investigated. In the course of the discussion so far various concepts have emerged; concepts such as subjectivity, intentionality, consciousness, and hermeneutics, Dasein, facticity, existential/existentiell and Being-in-the-world. The first three of this list are used in one way or another in ordinary philosophical life, particularly philosophy of mind, but it must be stressed that they take on special significance in Heidegger's phenomenological parlance. The last four are special to Heidegger's phenomenology, and will be dealt with throughout the course of the dissertation; it is the last, the noun phrase, being-in-the-world, that must be considered now.

Being-in-the-world, a structural whole and the founding principle of Dasein, is made up of four movements: a. 'Being', which is the focus of Heidegger's whole enterprise; b. 'in' denotes a non-

spatial sense of a totality of Dasein, other co-existing beings, and people who are also dasein in their own right; c. 'the' is the use of the definite article to insist that it is not any world but *its* world in which Dasein finds itself; and then d. an enigmatic term, 'world'.

Surely, though, it must be said that the enigma of 'world' is not an enigma at all, it is self-explanatory—is it not simply a collection of things and people out there, around, all existing in space and time on a ball called Earth which is in the Universe? Perhaps, but phenomenology demands a more subtle interpretation if one is to consider the structure of being, and Heidegger goes to great lengths to lift the curtain concealing Dasein's world. 'Is it the sum of what is within the world? By no means ... [t]he world is not the sum total of extant entities,' he says in BPP:165. So all these elements will have to be the focus of the rest of this part of this chapter, which, it will be shown, will provide a base from which the nuances of caring or lack of caring in terms of healthcare can subsequently be viewed; from which the peculiar nature of a nursing world will be uncovered.

Being-in-the-world shall first be made visible with regard to that item of its structure which is the 'world' itself. To accomplish this task seems so easy and trivial as to make one keep taking for granted that it may be dispensed with (B&T:91).

As will be seen in a moment, although the word 'world' is generally treated in a dispensed-with manner, taken for granted, especially in the human sciences, it is crucial that it is taken more seriously within the ambit of phenomenology, especially if one is to consider it as a characteristic of Dasein's being.

In unravelling this, one starts by removing the notion of world being a collection of things on a large ball. This is a common-sensical interpretation of the world as it appears to all entities – the world is in space (time will be considered later), and this is recognised by Heidegger (B&T:93) as are the various 'worlds' that enclose disciplines such as Heidegger's example of mathematics (*ibid*). Yet

"World" can be understood in another ontical sense—not, however, as those entities which Dasein essentially is not and which can be encountered within-the-world, but rather as the '*wherein*' a factual Dasein as can be said to 'live' ... "world" may stand for the 'public' we-world, or one's 'own' closest (domestic) environment (B&T:93, italics in original).

One way of illustrating Heidegger's novel approach of cementing the 'in' with 'world' could be

to watch the way that a drop of dye, such as potassium permanganate, reacts in water. The water changes colour as the crystal dissolves and merges with the water; however it is still potassium permanganate despite its diffusion, and can be extracted again.

Heidegger builds on this sort of picture by saying that Dasein is bound up in itself and, simultaneously, with other entities around.

Whenever Dasein is, it is a Fact; and the factuality of such a Fact is what we shall call Dasein's "*facticity*" ... The concept of 'facticity' implies that an entity 'within-the-world' has Being-in-the-world in such a way that it can understand itself as bound up in its 'destiny' with the Being of those entities which it encounters within its world (B&T:82).

In this way Dasein's facticity, an existentials of its being in the world, is a remarkable multivalent contact with itself and those around.

Thus Heidegger's focus is on the 'wherein'; just as the potassium permanganate becomes part of the water and remains potassium permanganate, so Dasein is a part of its world, although not lost in it. He adds to the characteristic of the structure with the admission of the 'public we-world' with that of '... one's 'own' closest environment'. As Husserl held, when considering a phenomenon, one must include the inner 'environment' of the consciousness as well as the influences from the outer world (Husserl, 1917:#13), so Heidegger is describing Dasein's world as being a totality of being in the world; Dasein as 'inner' is just as much a part of world as any 'outer' that is not Dasein. In addition to the common or ontic concept of world 'out there', Heidegger is including the 'within' world in the 'outer' world that each Dasein encounters from moment to moment. One does have to be careful, though, to be sure that the loose terms 'inner' and 'outer' are not taken in the form of entities, are not treated in the same way as the Cartesian *res cogitans* and *res externa*; there can be no objectification of the inner life of Dasein. The inner here refers to the 'I' that is part of the understanding Dasein has of its place in the world, in addition to seeing its place in the ontic world.

But then even this last can be misleading as the 'outer' is not associated with the things extant in the world but more to do with Dasein's activities in the world, and Dasein's place in those activities. At all times Dasein's ontological attunement to its world is tied in with its engagement with the equipmentality, as Heidegger refers to the functionality of things, in its world of activity. It is in this sense that Nurse-Dasein lives in the world of the operating theatre

with its stream of patients, with its machines, drugs, procedures and other paraphernalia, and she also carries with her a private world, a world of memories, aspirations, feelings in which she also lives as she goes about her duties. The two go together to make nurse-Dasein's world at large at any time. There are other times in which the physical theatre-world will be absent when she is at home, although in the background of memory; her theatre-world is still with her in her home-world. While at home the theatre-world will lie in the immediate past as she engages with the immediate present of preparing dinner, for instance, in her home-world. There is nothing to be gathered from these two worlds as they are part of the every day life of nurse-Dasein, she simply dwells in them without a thought *per se*. Both worlds are not primarily separate physical worlds, but are worlds making up a web of relationships which comprise nurse-Dasein's being in her world.

In understanding this web of relationships Inwood is helpful in his explanation of the crucial distinctions that Heidegger makes when he

... differentiates between our relations to people and to things by using different prepositions: Dasein is *mit*, 'with' others, but *bei* things ... (*das Mitsein*, for 'being-with' others. He does not use *Beisein* for 'being alongside' things, but *Sein-bei* (BT:236, 169, 157) or *Sein bei* (BT:169), perhaps because *Beisein* already has a meaning too restricted for his purpose, 'presence' ('in his presence'). *Sein bei*, *Mitsein* and *Selbstsein* ('being-one's-self) are three coordinate constituents of being-in-the-world, corresponding to the *Umwelt*, the 'world around one', the *Mitwelt*, the 'with-world, people around one' and the earlier *Selbstwelt* (Inwood, 1991:31, referring to BT:154; italics in original).

Relationships or involvements			
	<i>Self as Dasein</i>	<i>Things</i>	<i>Other Humans</i>
<i>Mode of being</i>	Selbstsein Being Dasein	Sein bei Being <i>alongside</i> things	Mitsein Being <i>with</i> others who are also dasein
<i>Coordinate constituent in World</i>	Selbstwelt	Umwelt	Mitwelt

It is vital to understand that these three coordinate constituents are not separated, are not constituents that can be isolated as might be the case in a psychological investigation, for instance, but, rather like the potassium permanganate above, are intertwined, diffused within each other to create 'world'.

The term *Umwelt* has particular significance which is brought out by Macquarrie & Robinson

when they point out that the German word '... is customarily translated as 'environment', means literally the 'world around'...' (B&T:93, n1). But here 'environment', as Heidegger stipulates, is not to be taken in the usual terms of spatiality, instead it can be seen to be made up of the ready-to-hand, available entities, that allows Dasein to be active in its world around it. In other words, the involvements that Dasein has with the things in its world. In this sense, Dasein's *Umwelt* is such that the '... entities are not thereby objects for knowing the 'world' theoretically; they are simply what gets used, what gets produced, and so forth' (B&T:95). In short, the entities are known in the way that they are part of Dasein's 'dealings', as Heidegger describes the world of activities. The *Mitwelt*, on the other hand, are those relationships Dasein has with other people who are also dasein; they too enter into the equation in that they are able to assist or hinder Dasein in its engagement with its world. For instance, the manager of the hospital who insists that nurse-Dasein only work when needed by the hospital acts as a hindrance in that nurse-Dasein is not able to project onto her own possibilities in that hospital world, and so is hindered in her reaching for her own possibilities that lie within her *selbst-sein* while in the world of being a nurse. All three facets of world are thus at play at all times in nurse-Dasein's understanding of being in her world of worlds.

Any understanding Dasein has of its world is not anything out of the ordinary: it is simply that into which Dasein has grown (B&T:33) and that in which it dwells at any one time. This then raises another basic concept in Heidegger's schema. In starting out towards finding the world, Heidegger insists on beginning at the most general level possible, 'And this means that it is to be shown as it is *proximally and for the most part* – in its average *everydayness*' (*ibid*:37, italics in original). As he says later it is unwise to attempt an analysis of Dasein by differentiating it from its existence (*ibid*:69), that the starting-point must be Dasein in its most primal mode of projecting into its world, as it pre-reflectively, or even reflectively, meanders around in its activities in its normal course of events that are part of Dasein's mode of being in its world, its existence.

In fact it is not just entities (a commonsensical notion of what world comprises) with which Dasein finds itself amongst, it goes further than this: it is an everyday network; as mentioned it is a web of relations which are carried by these entities, a web that is the relations that Dasein itself carries as a result of understanding its world and being active in it. In this Dasein tends to

find an 'identity' from within these networks—'it defines itself from out of and on the basis of what one in advance comes to appearance as with the others and in contrast to them' (OHF:72).

So the patient that the nurse-Dasein is taking care-of has relatives with which she must interact; the patient has his surgeon and anaesthetist who is to perform the operation and nurse-Dasein must interact with them; the bed on which the patient is lying has to be maintained by a technician who she has called because it is dysfunctional; the anaesthetic drugs that she is laying out for the anaesthetist has to be supplied by the storekeeper who has to buy it from the supplier, and so on. Each interaction or set of interactions contain subtle differences, alternating modes of being, which are influenced by the way nurse-Dasein has interpreted and continues to interpret her world.⁴¹ Furthermore, she is shaped by the degree to which she has accepted her mode of being in her everydayness: if she has uncritically accepted her everydayness as her only 'reality' then it is this that moulds her being in her world. The uncritical nature of this acceptance will be a vital feature in a nurse-Dasein's life which will be discussed in the next chapter as an ontology of lack of care is approached.

So, at this point, 'Dasein' describes a pre-theoretical way of being in the world that is characteristic of the human. Rocks, trees and tigers in Africa are also in the world but only Dasein has a pre-theoretical grasp of being-in-the-world which includes being able to acknowledge the characteristic of its beingness, i.e. Dasein is ontologically aware of knowing it is in its world, and knowing the various modes it has of that beingness.

The distinction is crucial in the argument for lack of caring that follows in which it will be argued that this clear distinction between modes of being in the world can be blurred in the context of contemporary healthcare; there can be a confusion between *Umwelt* and *Mitwelt* which will work against the health-restoring ethos of the healthcare endeavour. Heidegger does mention this blurring when he discusses inconsiderateness and perfunctoriness (B&T:159) but this is considered weak in the face of contemporary practice. As will be shown later it is an institutionalised blurring that signals an institutionalised lack of caring which impacts on nurse-

⁴¹ Heidegger distinguishes between the space-time categories into which entities are grouped in the activities of those engaged in regional-ontological research. Having shifted away from spatial categories and adopting a viewpoint of activity and relationships, he denotes the different modes of being as being *categorial*. More will be said of this in the next chapter.

Dasein in a way that restricts her possibilities. Additionally, this also creates a flight from *selbstsein* into the lure of the possibilities offered by the 'they' of the everyday world.

Dasein as structure of Being

Now to turn to the notion of Dasein: what is this? It is directly translated as 'there-being' which is Heidegger's term to illustrate his contention that phenomenology deals best with existence and specifically this in terms of existence within the world. It is the da- aspect of the term that must be explained now.

This entity which each of us is himself and which includes inquiring as one of the possibilities of its Being, we shall denote by the term "Dasein" (B&T:27).

Dasein does not exist as an ontical entity *per se*, an 'object' amongst objects, rather it is an 'being' created by Heidegger to allow him to describe the ontological basis of Being. '... its essence lies rather in the fact that in each case it has its Being to be, and has it as its own, we have chosen to designate this entity as "Dasein", a term which is *purely an expression* of its Being ..." (B&T:32-3, italics added).

One of the dilemmas encountered in any ontological investigation of being is having a plausible vehicle on which to travel, and Heidegger's stratagem is to create an 'entity' that cannot exist except that it describes a human in its existence. His argument for this creation is that, while there has been previous explorations into being (by, for instance, Aristotle and the Scholastics), being has suffered from not having 'a *concept* at its disposal' (*ibid*), apart, that is, from the abstraction called being and, in the case of the Scholastics, referring to beings; thus there is the problem that being has generally been ascribed to persons. Macquarrie & Robinson point out in a footnote that, although staying within the standard German use of the word, Heidegger extended the meaning of Dasein to 'any *person* who has such Being' (B&T, 27, note 1). As 'person' Heidegger goes on to state that Dasein is not a characteristic of all beings, but is restricted to humans because 'Being is an *issue* for it' (B&T:32, italics in original); in other words, it is only Dasein who has and maintains the capability for interrogating its existence. Although thorn-trees, mountains and birds in the field participate in Being, they basically 'are' (certainly when observed) and there is little evidence to show that they are aware of their beingness; this is the sole province of Dasein as human.

But why introduce the participle, being, of a simple concept, to be, that denotes mere existence? Is it not the case that if one is to investigate being then one merely concerns oneself with the entities in the world?

But there are many things which we designate as 'being' [...], and we do so in various senses. Everything we talk about, everything we have in view, everything towards which we comport ourselves in any way, is being; what we are is being, and so is *how we are*. (B&T:26, italics added).

It is this 'how we are' that Heidegger denotes as the being of Dasein; more specifically the issue of the beingness of humans. Moreover, he is looking for an ontology of *Sein* (Being) and not *Seienden* (beings); this distinction is labelled the 'ontological difference', that difference between being and beings, and underlies Heidegger's search for being (B&T:82; BPP:72). In this approach Being is not an entity that is somehow attached to *a* being, like the Scholastic 'soul' or 'spirit'; Dasein *is* being in its being in the world. So Dasein is purely an expression of human mode of being. With this in mind we would now turn to the focus of this section, i.e. bringing out the characteristics of Dasein, bearing in mind the focus on lack of caring.

Delineating being is not a subject for investigation by the sciences which demarcate areas of investigation, that which is called the 'regional-ontological', that which is the subject of groups of entities brought together in accordance with the design of the investigation (Wheeler, 2011:SEP4). In this mode the regional-ontological inquiry is rather like a searchlight that is shining on one particular aspect of Being at a time and can only delve into that which is reflected back and which is subjected to the amount of cloud and fog around the aspect at that time. As was pointed out in the previous chapter, a lack of sorts with the regional-ontological view is a distance from universality as, characteristically, it deals with one aspect at a time (biology, physics, sociology, etc.); added to which is the problem of contingency as each investigation reveals either more information or changes to previous work that exacerbates the demand for further work.

The 'fundamental-ontological' inquiry, that towards which Heidegger journeyed, is at another level and is a movement towards the *a priori*, or, as Heidegger prefers, the primordial. It points more towards a universality that is not available to the regional-ontological inquiry, yet underpins it. This is not to say that universality is achieved in the phenomenological method; rather, in terms of analysing being, it can be discerned better through Dasein (i.e. Dasein-

phenomenology) than in the research designs of the scientists. As he states:

... whenever an ontology takes for its theme entities whose character of Being is other than that of Dasein, it has its own foundation and motivation in Dasein's own ontical structure, in which a pre-ontological understanding of Being is *compromised* as a definite characteristic (B&T:33, italics added).

Mulhall brings out another dimension of Dasein's being when he holds that inanimate objects participate in being but only in the way that they persist in space and time, with plants and animals being further determined by the imperatives of self-preservation and reproduction. As such then:

Only human creatures *lead* their lives: every impending moment or phase of their lives is such that they have it to be, i.e. they must either carry on living in one way or another, or end their lives (Mulhall, 2005:15, italics in original).

A distinctive part of 'leading their lives' is contained in the fact that Dasein is able to understand its own Being as well as that of other beings. The geologist can be immersed in his work of striving to understand the beingness of the rocks facing him; his being immersed in his work implies that he understands himself as a geologist and chooses to lead his life as such. Similarly with the nurse who deals with the patient in a way that indicates an understanding of the experiences of the patient while understanding her role of being a nurse in her ministrations. She too understands herself as a nurse and chooses to act in that capacity. This is an important distinction between Dasein and the rocks and trees in its garden which lack the self-reflective nature that is so characteristic of Dasein.

To go one step further, if it is not being as an entity that is being sought, then what is it? It is here that Heidegger is explicit in pushing against the boundaries of traditional notions of being: it is not being *qua* entity that is to be explored, it is the *meaning* of being with which Heidegger is concerned (Sheehan, 2005:193). As Heidegger explains: '... it is fitting that we should raise anew *the question of the meaning of Being*' (B&T:1, italics in original). Raising the question of meaning 'anew' brings with it a surge towards an understanding of Dasein's understanding of its place in its world.

In so far as understanding and interpretation make up the existential state of Being of the "there", "meaning" must be conceived as the formal-existential framework of the disclosedness which belongs to understanding. Meaning is an *existentiale* [a characteristic of the structure of existence] of Dasein, not a property attaching to entities, lying 'behind' them, or floating somewhere as an 'intermediate domain' ... *Hence only Dasein can be*

meaningful ... or meaningless (B&T:193, interpolation added, italics in original; see also Palmer, 1999:134).

Being then is not a state, a thing, or an attribute held by a thing as such and Dasein is characterised by the meaning it places on its existence, on its being in the world and the things and people in its world.

This leads to the whence of Dasein. Heidegger does not speculate on this as there is no need for such conjecture which is the object of theological hypothesis; he simply informs that Dasein finds itself in its world, and having been thrown into that world it has been ‘... delivered over to ...’ that world, and as such then continues to project itself into that world, more specifically, towards its possibilities within the world. This is enough for Dasein to be within its existence, its facticity, and find some form of meaning within that framework.

The double effect of finding itself there as a result of being thrown there raises the next step: an appearance of an ontological affect of state-of-mind or mood (*Stimmung*) or attunement to its world which refers to how Dasein engages with its world.⁴² Attunement is a broad background from which Dasein views its world, it creates a perspectival horizon that impinges on the mode of Dasein’s being in its world. It will have an effect on the affect of the mode of care or lack of care that will be expressed by nurse-Dasein as she learns the various facets of nursingness and later, from a position of her idiosyncratic attunement to her world, applies these learnings to the care-of and care-for her patient. In essence, the quality of her care-for her patient will be determined by the ontological attunement that has grown up in her as a result of being in her world from childhood (an Eriksonian perspective which is in agreement with Heidegger’s assertion of ‘having grown up into’). If, for instance, her attunement includes a certain scepticism or even, on another hand, a tendency towards submission, as in the case of a poor ‘self-concept’, then she will react to her patient from out of this background of being in her world by being distanced from the beingness of her patient, or, in the instance of the latter attunement, may result in placing emphasis on demands of the administrative requirements of the organisation, rather than the needs of the patient. In these instances her ontological

⁴² Heidegger explains mood thus: ‘A state-of-mind [the M&R translation] is a basic existential way in which Dasein is its “there”. It not only characterises Dasein ontologically, but, because of what it discloses, it is at the same time methodologically significant in principle for the existential analytic’ (B&T:178-9, interpolation added). Henceforth the Stambaugh translation of attunement will be preferred as it denotes an idiosyncratic state through which to ‘see’ the world.

attunement will be guiding her attitudes towards her world. As attunement in these examples is a reflection of the accumulation of her past experiences, nurse-Dasein is allowing the past to dictate her engagement with her world of things and people to some exclusion of the present and future.⁴³

Now to move onto another aspect of Dasein that was introduced by Heidegger. Dasein does not exist as a discrete entity amongst entities; this is the view one has of beings (*Seienden*). Hidden in the awareness Dasein has of its beingness is a range of possibilities that are available within the prevailing attunement within that beingness in its world. Its projection into its world of possibilities gives rise to an understanding of its place in the world which carries associations with an entity or groups of entities in its being in the world, or, as has been stated, its activity in its world; understanding is seen more in terms of possibility that emanates from being associated with entities that are both like and unlike Dasein. More so, in this understanding, it carries with it the characteristic of inquiry, the ability to question itself, to form pre-reflective opinions of itself as much as it forms opinions of other beings. It is in this capacity to pre-reflectively understand that Dasein is an 'entity' that 'sees' itself in its world, it has an understanding of sorts of where it is in its world – how it fits in – and from there an idiosyncratic understanding colours its relations to the other entities it encounters in that world; this is the effect of attunement. A further characteristic of understanding is that of having possibilities from which the pre-reflective nature of Dasein can make choices in negotiating its way around its world. It 'sees' itself within its world in terms of these primal choices between a range of possibilities.

This goes on to mean then that Dasein is not a conscious subject *per se*. In its existence, Dasein is just that – existence (Dreyfus, 1991:13-14). This, in turn, demands explication:

Existence is never an "object," but rather being—it is *there* only insofar as in each case a living "is" it (OHF:15, italics in original).

Then later Heidegger enlarges on this: it is

[t]hat kind of being [in the world] towards which Dasein can comport itself in one way or another, and always does comport itself somehow, we call "*existence*" (B&T:32, interpolation added).

These two quotes highlight the importance of distinguishing between being and a being in the

⁴³ I realise this is a generalisation, but it will be further explained later.

ontological difference. It is the pre-reflective and reflective capacity of being there that distinguishes it from beings like rocks and trees.

This, of course, means that Dasein cannot be isolated in the same way that science demarcates its objects. As has been mentioned it is a device that Heidegger uses to be able to interrogate the age-old question of being. With this, every human participates in Dasein, is in fact Dasein and, in this, Dasein is firmly mine (*ownmost*) and this mineness gives another quirk introduced by Heidegger. If I am Dasein, then any fruitful analysis of Dasein is done best with my Dasein in view. In pointing the 'object' of inquiry back towards 'ownness' Heidegger is not promulgating a separation from other beings, a '*solus ipse*', as he puts it, he is merely showing another phenomenological mode of inquiry. 'For Heidegger, Dasein's mineness is the public stand it takes on itself—on what it is to be this Dasein—by way of its comportment' (Dreyfus, 1991:26). With this ownership Dasein is to be regarded as integral to the inquiry in that the way Dasein comports itself both towards itself and towards its world indicates a strong starting-point for an inquiry; in this way it is not to be isolated from its world as is the case with much scientific investigation.

Mulhall sums this up with three points. Firstly, being in the form of Dasein is unique in that it questions itself as to its existence – who am I? What am I doing? This is most evident in the two periods of Erikson's psychosocial development of immediate pre-adolescence and adolescence (see shaded portion of Appendix).⁴⁴ Adolescence is a time when Dasein is battered with significant changes in the body which demand some form of identification that is generally in keeping with the prevailing attunement that is Dasein. Dasein is unique amongst beings in that it can look back on itself and find reasons for its behaviour, to find reasons for the way it is experiencing its world, to find ways to further experience its world. In this it has the characteristic of being able to alter the course of its being in the world – within certain idiosyncratic constraints, that is. Significant is that the adolescent search for an identity is ontological in that, while there may be elements of reflective experimentation, these reflections are guided by its ontological attunement.

Then, secondly, with this experiencing itself in its world it understands itself as being Dasein

⁴⁴ Erikson's theory of psychosocial development will be invoked later to shed light on the way that nurse-Dasein finds a way towards an authentic solicitude of care-for as opposed to remaining in an inauthentic care-of given to her by nursing authorities. This point is also brought out by Dreyfus, 1991:26.

and, more particularly, as being included in the world in which it finds itself, its being there. In view of the fact that it has always been in the world into which it has found itself, and, as it 'works' with that world, it constantly finds an understanding of some description of that world. At one level, for instance, it 'knows' its capabilities in negotiating its way in and around its world, and, on another, it acts according to that idiosyncratic understanding it has developed (Mulhall, 2005:16). On this point, William Blattner offers the thought that Dasein's existence can be divided into two categories of characteristics – state-characteristics and ability-characteristics. Using his example of a mythical Jones, she is two metres tall and female. These are two of her state-characteristics, with which she has lived all her life and she understands herself in terms of these characteristics; she cannot understand being short or male. Setting aside any prejudices concerning being tall, Jones exists with her tallness as an ownmost characteristic. This means that, in her movement through her world, Jones will have certain ability characteristics that accompany being tall. She may, for instance, without a thought find that she has a valuable place in the netball team because of her state characteristic of being tall. There is no reflective process in her style of playing the game, it is simply what she does as a result of her understanding of being her height when she participates in a sport she enjoys (Blattner, 1991:98ff).

The understanding Dasein has of itself in its world ushers in the third of Mulhall's points. It has the characteristic of relating itself to the other entities with which it finds itself (Mulhall, 2005:16). He follows this to say that '... Dasein's essence must lie in this capacity for self-definition or self-interpretation ...' and this can only be done in the context of being in its world with others. Going back to Jones, in her interpretation of her being in the world she may just 'instinctively' lean down a touch when talking to her best friend who is shorter. Again there is no particular reason to do this, it is merely her way of expressing her understanding of her tallness when she is talking to her shorter friend.

Thus in experiencing its world Dasein develops an understanding of that world and the roles it plays in that world (daughter, niece, pupil, birthday-girl). Once again one finds that Heidegger reworks what had come before him. In the reworking he introduces another crucial element into Dasein's structure which is closely aligned with understanding: the idea of interpretation, of a hermeneutics associated with Dasein's understanding of its being in the world.

In the move towards hermeneutics he was influenced early on in his theological studies by Friedrich Schleiermacher and more so throughout his early years by Wilhelm Dilthey. However, he differed with the former who was focussed only on the world of the 'sacred' text.

With Schleiermacher, the idea of hermeneutics which had formerly been viewed as a comprehensive and living manner ... was then reduced to an "art {technique} of understanding" another's discourse, and seen as a discipline connected to grammar and rhetoric ... it encompasses the special disciplines of theological and philological hermeneutics (OHF:10).

In his development of a phenomenological hermeneutics contained in Dasein's act of understanding (*Verstehen*) Heidegger drew particularly on Dilthey who had been working towards another hermeneutics. As Heidegger explains:

Dilthey adopted Schleiermacher's concept of hermeneutics, defining it as: the formulation of rules of understanding" ("technique of interpreting written records"), but he supported it with an analysis of understanding as such and investigated the development of hermeneutics in the context of his research on the development of the human sciences (OHF:10-11).

It was Dilthey's argument against the application of the methods of the natural sciences to the human sciences that prompted Heidegger to bring hermeneutics in from an objective horizon of being *about* a text by reformulating it to be an essential characteristic of Dasein's being in the world. Dasein is hermeneutical in its understanding of its existence; it itself is the 'sacred text'.

One pointer to a difference with Dilthey is the assertion that Dilthey, in his immersion into what is known as the Erklären-Verstehen (Explanation-Understanding) debate raging at the end of the 19th century, was 'continually short-circuited by his very traditional plan to produce a 'Critique of Historical Reason' ' (Scharff, 2013:2). While having the highest respect for Dilthey, Heidegger was aware of what he saw as problems in the man's work:

What relationship-of-Being does consciousness bear to the Real itself? All this must be determined ontologically. That this has not been done, depends ultimately on the fact that Dilthey has left 'life' standing in such a manner that it is ontologically undifferentiated; and of course 'life' is something which one cannot go 'behind' (B&T:253).

Yet, in spite of this critique, much of Heidegger's early development in the field of hermeneutics can be placed at the threshold of Dilthey's work of bringing 'Life' into any research into the human 'sciences'. This especially with regards to the extension of hermeneutics into the broader sphere of the 'world'.

In 1927 he explains his debt to Dilthey:

The researches of Wilhelm Dilthey were stimulated by the perennial question of 'life'. Starting from 'life' itself as a whole, he tried to understand its 'Experiences' in their structural and developmental inter-connections ... [he] aims rather at '*Gestalten*' [wholeness] and 'life as a whole' (B&T:72, translation added).

However, in 1923 Heidegger, following clues given by Dilthey, writes that

Hermeneutics has the task of making the Dasein which is in each case our own accessible to this Dasein itself with regard to the character of its being, communicating Dasein to itself in this regard, hunting down the alienation from itself with which it is smitten. In hermeneutics what is developed for Dasein is a possibility of its becoming and being for itself in a manner of an *understanding* of itself (OHF:11, italics in original).

Yet, according to Heidegger, Dilthey had not managed to go any further than bring the subject of 'life' into the investigation of the human sciences. This 'going further' was to be the task of Heidegger in his incorporation of the faculties of understanding its existence and the interpretation of that understanding into the fabric of Dasein, a stratagem that served both to deconstruct and reconstruct Dilthey's work. Dasein 'instinctively', pre-ontologically, develops an understanding of its world in its negotiation around the world, and it is interpretation, in a sense of reaching for *Gestalten*, wholeness, that Heidegger injected into his project of examining Dasein, and so being, that is of note. 'Understanding must be seen as embedded in this context (of meaningfulness), and interpretation is simply the rendering explicit of understanding' (Palmer, : 134, interpolation added).

Additionally, he goes a step further in being precise in which German word is to be used for 'interpretation'. According to Inwood, there are three German words that could be used: *deuten, auslegen and interpretieren* (Inwood, 1999:105). *Deuten* is set aside as it amounts to no more than an 'intuition or an inspired inference which may be based on no more than a sign', and *interpretieren* suffers a similar fate as it connotes a 'more systematic interpretation', presumably more associated with that procedure associated with the natural sciences (*ibid*). *Auslegen*, on the other hand, fits in with Heidegger's theme of disclosure or bringing out of the background: "... *auslegen* [as interpretation] tends 'to be used with more pedestrian matters' " (*ibid*:105, quoting Farrell's 1977 *Dictionary of German Synonyms*). In Heidegger's use of the word, 'pedestrian matters' is not to be denigrated: it refers to the handling of everyday task of going about the world/s in which Dasein finds itself; something Dasein does in the normal

course of being in the world.⁴⁵

Dilthey originally reserved *auslegung* – the 'systematic understanding of permanently fixed expressions of life' – for the distinctive task of the 'humane' sciences, but Heidegger appropriated it for Dasein and gave it the special task of interpreting and so adding to its understanding of its worlds (*ibid*). Thus the hermeneutics of Dasein's everydayness precedes the systematic interpretation undertaken by the sciences, and, what is more, precedes the explanations of the natural sciences, which are restricted to *erklärung*, explanation. It must, however, be noted that with Dasein interpretation does not precede understanding: one sees printed marks on a page or hears distant sounds and then, understanding them for what they are – marks and sounds – Dasein interprets them in one way or another to extract their meaning. Nurse-Dasein notices a grimace on the face of a patient, she understands this as being a signal of some form of discomfort, she interprets the signal as pain, and pre-reflectively is drawn to the patient in a mode of nursingness.

Before moving on to the next part of Dasein in its world there is one other characteristic of Dasein that must be highlighted as it has a strong bearing on that of nurse-Dasein. As Dasein is not an 'entity', as it is not a consciousness as seen in a scientific context, it also is not fixed in its attributes. In a way Dasein is 'free-floating' in its being in its world and its understanding and interpretations of its world, and, barring the constraint of certain psychopathologies of which prejudice is one, is free to act in whichever way it chooses. Unlike the Dasein of Marx's proletariat who will only be 'saved' out of its economic subjugation by a revolution, unlike the Freudian patient who can be 'cured' only by the exposition of deeply repressed sexual secrets, Heidegger's Dasein realises that '... nothing is grounded and that there are no guidelines for living...' and that this gives Dasein an '... increased openness, tenacity, and even gaiety.'

⁴⁵ The plural 'worlds' is used here to indicate that there is no overarching world in which Dasein resides, but a multitude, all of which are part of Dasein. The nurse, for instance, resides in a world of being a mother and wife, in another world of being a nurse, and may even have yet another of being a successful artist or sportswoman. She has created these worlds, which may or may not overlap, as part of her acknowledgment of her possibilities, of her choices from amongst the range of her own possibilities.

This view of Dasein being in a number of worlds is derived from two clues: Firstly, section d. of §15 of BPP refers to '... the multiplicity of ways of being...' (BPP:173). Although this is meant to refer to the ways of being of all beings, it is taken here as being the possibility of 'ways of being' of Dasein. Secondly, earlier he stated that '... we are able to understand and encounter ourselves constantly in a specific way by the way of the beings which we encounter as intraworldly (BPP:171). The question here that could refer to a multiplicity of world's is: is it not possible for Dasein to be variously effected by differing groups of intraworldly beings?

(Dreyfus, 1991:38). This last will be enlarged in the next chapter when discussing the polemic of a development of nursing care in the context of lack of care.

The world then characterises the being of Dasein and, at the same moment, Dasein is itself worldly. 'Thus worldhood itself is an *existentiale* ... Ontologically, world is not a way of characterising those entities which Dasein essentially is not; it is rather a characteristic of Dasein itself' (B&T:92). The neonate or infant has no way to distinguish between itself and its world – all is one, the world is worldhood. Until, that is, the advent of crawling, of language and the 'you/me' of interactions with significant others, and so the introduction of commonsensical space-time. 'Even what we encounter only fragmentarily, even what is only primitively understood in a Dasein, the child's world, is, as intraworldly, laden, charged as it were, with world' (BPP:171).

The opening up, the expansion of the ontic world ushers in another facet, those entities that come together to comprise world for Dasein.

Other entities encountered in Dasein's world

Dasein is intimately involved with other entities in such a way that there is little difference between Dasein and the other entities, except that Dasein has always the characteristic of being *me*, '... Dasein has *in each case mineness* ..., one must always use a *personal* noun when one addresses it: 'I am', 'you are'...' (B&T:68, italics in original). Dasein is always me in amongst the other entities. But this does not mean that Dasein is separated from the others in terms of being a subject amongst objects (although as will be seen later this is ontically possible in the world of nurse-Dasein), it means that the view of how Dasein interacts with the other entities, and vice versa, has been changed from a commonsensical spatial being with other entities to one where Dasein has a special set of *relationships* with these other entities; world is a multitude of what Heidegger calls 'dealings'.

These two points bring out an aspect of Dasein that are vital to our understanding of Dasein's world. Dasein's being in the world is a fact, this is what Heidegger describes as Dasein's 'facticity' and its facticity contains other entities with which Dasein is constantly interacting in one way or another; and that space of facticity implies a world with its characteristics of worldhood or worldliness, which terms are used to denote a totality of interactions that Dasein

has in being in the world. Heidegger's 'world' then is best described, to use Blattner's words, '[t]he social milieu in which Dasein dwells ...' (Blattner, 2011:5). The notion of 'dwelling' has another significance in Heidegger's formulation of Dasein's world: it refers to Dasein's being with other beings with which it is familiar; the familiarity with other entities giving rise to a particular 'space' or mode of living, of 'dwelling' in the world. As pointed out above it brings up the distinction that there is that difference mentioned above between dwelling *in* the world (*Mitwelt*) that is peculiar to dealings with humans, and that of being *within* the world (*Umwelt*) that is the place of dealings with things; the distinction is made with reference to Heidegger's holding that Dasein is in a world of relationships, of movement, thus of purpose. In this the 'within' of things is taken from the perspective of Dasein's dealings with the entities in its world that has few spatial considerations.

Familiarity is an integral part of Dasein's *facticity* in its world: familiarity is the factual 'space' from within which Dasein relates to other beings of the world; it is integral to Dasein's existence as it has grown up in these dealings. Familiarity has a specific connotation in Heidegger's phenomenology, and more so with healthcare as will be found as this analysis unfolds: in many ways it contributes to a distantiarity that entices the nurse away from being with her patient as will be seen below. Familiarity signifies a readiness-to-hand of the beings in Dasein's world; it signifies these beings are simply there, to be used or ignored as necessary.

So, in contrast to the common-sense paradigm of a subject being with various objects, both human and non-human, in space and time, Dasein is part of the totality of entities in a manner of being *active* amongst them, the result being that Dasein finds itself caught up in a triangular intricacy of involvements with other things and people. What is being introduced here is a twist on another facet of life – work. In its being in the world, in its projection into its world, Dasein has to strive to maintain its existence and this, of course, entails work of some kind. It is not necessarily the 'work' of the office or the factory: it is also the work of the infant who is 'working' to find its way around its world. Although this is generally categorised as 'play' by the observing adult, from the infant's perspective it is work: this infant activity becomes play when adopted by the adult as an alternative to its 'work'-life. The work of the infant has a strong teleological dimension, and everything in its world (arms, legs, mother, the dog's tail) is available for ensuring a journey of existing in its world. While it is possible for a Dasein to stop

and inspect another entity (and this happens frequently with the young Dasein), over time this is not the usual relationship it has with these others; these other entities are around in ever-growing circles of interest and influence and are being 'used' by Dasein in its existing in its world. They are equipment with which Dasein shares its world in a way that it all provides some measure of support for Dasein in its existence.

Over time, as Dasein exists in its world as a matter of course, there is little to attract its moment-to-moment attention as it responds to the involvements in which it has found itself. Dasein has always been in its world and so, to a certain extent, much of the world encountered in its activities is taken for granted; it is familiar in its web of references, that which Dasein has attributed significance, to its activities. All of which come together to create a sense of everydayness.

Everydayness thoroughly dominates the definite relations in these contexts of reference. Each knows his way around for a while at the particular time, knows others well, just as the others know him well (OHF:77).

Heidegger gives the term 'readiness-to-hand' to this basic mode of being in the world with those entities, which are not likewise dasein, that are available to Dasein in its activities in the world, and which serve to facilitate an 'in-order-to'. In essence they are '... *πραγμάτια* (pragmata) – that is to say, that which one has to do with in one's concerned dealings (*πραξις*, praxis)' (B&T:96-7). This is Heidegger's way of saying that those entities that are ready-to-hand are equipment; the significances of the various items of equipment are '... something in order-to ...', and carry connotations of '... serviceability, conduciveness, usability, manipulability' (B&T:97). Thus, in Dasein's concerned engagement, in its 'work' with the things in its world certain assignments or, better, referential characteristics are given to these entities in that they are used in some ways and not others. A pillow-case is assigned the characteristic of protecting a pillow, its purposeful construction 'points' towards the protection of the pillow, it is in-order-to protect the pillow. But it can on occasion also be used to convey an assortment of things to another place; this, however, is an unusual use for the pillow-case and may denote an unconcerned use of the item; more of this in the next chapter.

Familiarity means that Dasein does not need to place any intentional emphasis on the entity in its state of readiness-to-hand; there is no need to stop to pay regard to each and every entity before using it. Much of the world that contains this type of entity has become transparent, has

receded into a background, and these entities exist in the manner of simply being there in the activities of Dasein. When a nurse reaches for the light switch before entering a dark room she does not consciously move her hand towards the switch, she simply does it as she passes through the door, the switch as an entity in her world is 'invisible' to her; it is always there, its position is known, and always does what it is supposed to do. It is there in-order-to assist her in her purpose for entering the dark room. This means that, in the sense of being a subject viewing an object, Dasein does not really notice the ready-to-hand entities, they are there and are used but not consciously so. As the light comes on she continues with what she is doing; unconsciously thankful for their presence in that the switch lights the room in accordance with her expectations, and she is not specifically aware of the switch or the light, or even her expectations, even her thankfulness, for that matter.

Even in the working environment, however, this equipmental totality tends to be overlooked. For anyone concentrating on the task at hand will be focussing her attention of the goal of her labours, the correctness of the final product, and the tools she is employing to achieve this will of course be caught up in the production process, rendered invisible by their very handiness (Mulhall, 2005:49).

Invisibleness is manifested when '[d]ealings with equipment subordinate themselves to the manifold assignments of the 'in-order-to' (B&T:98); it is the work, being occupied with its activities, that is uppermost in Dasein's dealings in the world, the ready-to-hand entities are there to ensure a smooth culmination of purpose or the 'towards-which' of the activity.

Here one finds another of Heidegger's unusual play on words. Dasein is involved in its activities, its 'work' within the world and as such has to 'see' what is happening in that world of the moment. This 'seeing' Heidegger terms *circumspection (Umsicht)*. The sense of the term differs from that of the Oxford English Dictionary ('*a. cautious, wary, taking everything into account...*'), and that of common German usage, for that matter, in that it is the participial phrase that is of some import. There is no 'cautiousness' in Heidegger's use of the term; it is '... the sort of *Sicht*, 'sight', that is involved in *umsehen*, 'looking around'...' (Inwood, 1991:36). It is a 'looking around' that is more to do with peripheral vision of simply gathering enough circumstantial information to negotiate Dasein's way around in its work, in its concerned dealings with its world. The light switch is always in its place, therefore there is no need to engage the precision of macular vision in finding it, it is sufficient that the imprecision of

peripheral vision guides her hand towards it.⁴⁶

If, however, the light does not come on then the switch or the lamp become what Heidegger terms 'unready-to-hand'. In this mode nurse-Dasein's intentionality shifts from going into the room to being annoyed that the light has not responded in the usual way; she looks at the switch and flicks it up and down. She is now aware of the switch and the lamp, they have become unready-to-hand, and sets about finding the problem; something, either the switch or the globe, has interrupted the free-flow of her activities, and her intentionality, her being caught up in her project and thus 'unaware' of the things in her world, changes its character and she is now aware of them in their unreadiness-to-hand—her relationship with her 'world' has changed. Either the switch or the globe have become *conspicuous* in not 'working', so to speak, and, instead of completing the task she had set for herself, routinely setting up her work-station, she now has to become a problem-solver, much to her annoyance.

This is not all there is to the relationships Dasein has with its involvements in the world. There are two other ways that entities can disturb the free-flow of everyday being in the world. The equipment that is needed at the moment may be missing; it is not in the usual place and in this instance it *obtrudes*, as Heidegger describes it.⁴⁷ In its missingness once again the free-flow of Dasein's activities, its intentionality, are interrupted; this object has to be sought. Because the ampoule of adrenalin that was used previously by someone else was not been replaced in the emergency trolley in an act of nonchalance explained by 'forgetfulness', or, more harshly, a lack of care, the nurse has to rush down the passage to the store to find a replacement. Her intentionality of speedily supplying the necessary ampoule has been replaced by the anger of having to look elsewhere than the emergency trolley.

Then there is the third factor known as being *obstinate* where another piece of equipment is in the way. The obstinate entity is within the world in such a way that it does not contribute towards a completion of a project; it in fact can hinder the process by simply being in the way.

⁴⁶ Peripheral and macular vision are differentiated by the strength of the gaze or look. Macular vision is that which commands the focussed attention of looking, while peripheral vision acts as an adjunct, occurring outside and around the centre of seeing.

⁴⁷ It becomes noticeable in an unwelcome or intrusive way. Unwelcome or intrusive here entails an interference with the free-flow of Dasein's activities. It is the missingness of the un-ready-to-hand nature of the thing needed that 'obtrudes', is pushed inopportunately into Dasein's awareness.

It is part of Dasein's world but it not a part of Dasein's purpose. It's usual invisibility is shattered by its getting in the way of nurse-Dasein's purpose; it either has to be moved out of the way, or she has to find a way around it. In looking for a suitable site for a venepuncture the nurse often has to remove items of patient's clothing which are 'obstinately' in the way.

There is a question that must be raised: how do the entities in Dasein's world become familiar, become ready-to-hand? It is useful to explore the parallel concept, the present-at-hand, in more depth in order to make clear the distinction between the two modes of being in the world for Dasein; and this has relevance in the next chapter.

The present-at-hand are also entities that lie within Dasein's world, but which are not actively a part of Dasein's activities or involvements in its world. They are rather those entities that can appear into Dasein's intentionality as being of theoretical concern. In this way, the infant-Dasein's world could be made up of entities present-at-hand. What is this? Why is that there? What is this colour? Once answers are found those entities that have been the object of the infant's researches in being present-at-hand, recede into a Heideggerian 'space' of not being important in its journey into its world, except as tools. The silver spoon that previously had been closely examined on many occasions becomes a tool with which to transfer food into its mouth – or that of the mother. Once explored and incorporated into understanding they may simply disappear from the infant's 'radar', so to speak, and lie on a distant horizon of Dasein's sphere of involvements; to be used or not used in keeping with Dasein's activities in the moment. To return to the switch, for instance, when it doesn't do its job and nurse-Dasein is deflected into being a problem-solver the switch, which is normally ready-to-hand, becomes present-at-hand requiring investigation if the problem is not familiar enough to allow coping without theoretical inquiry.

Of import here is that the common-sense view of equipment with specific properties usually related to extension is to be set aside. Certainly the present-at-hand are inspected with regards to determining its properties, but once these have been established the character of the present-at-hand is altered to ready-to-hand. The ready-to-hand have known properties in terms of Dasein's involvement, its referential system, that do not require further consideration, it is more that the properties, that which delineates that piece of equipment, are utilised in Dasein's being able to deal with its world.

It is of importance also to note a particular feature of the two modes of encounter with the world: Michael Inwood explains that

[t]he present-at- and ready-to-hand, for example, are 'within the world', not 'in-the-world' in the way that humans are. In general, Heidegger fights against the substance ontology appropriate to the present-at-hand, in favour of movement and of relationships (Inwood, 1999:4).

Two points emerge from this. Regional, or, as he puts it, substance ontology is regarded as static in that it is a 'slice from life', and as such can be viewed as 'lifeless', whereas, secondly, Heidegger is constantly acknowledging the to and fro, the up and down of life in formulating the characteristics, the *existentiale*, of Dasein's existence.

There is one further dimension that must be brought in here. For Heidegger, the entities in Dasein's world are not simply entities, particular and discrete; this would be contrary to, and a deficient mode of, the concept of being with (B&T:157).

Initially and for the most part, those of us in life and close by, those-who-are-there-with-us in everydayness, do not turn up in an isolated explicitness, but rather in advance come to appearance precisely in what one pursues, in what one is occupied with (OHF:76).

These things and Dasein are perpetually together in a free-flow play of activity that creates an involvement with each other; an involvement that does not carry any particular knowing to be directed at the thing. It is a mode of being in which the things '... we encounter in a with-world are well-known (ἔξις [hexis, state of having, *habit*] ...' (*ibid*:77, italics added), hence the 'invisibility' that accompanies habitual encounters.

In addition, each entity in its turn brings with it another set of involvements, thus widening the involvement that Dasein has with the things in its world. The light switch was installed by an electrician who bought it from a salesman who had it supplied by somebody in a factory who has a manager and so on. It was installed by another person who works on his own but has had to buy tools to do the job, it now doesn't work (or so nurse-Dasein thinks) and so she will have to call him back, more involvement. In the meantime, she will find a candle which like the switch was made by somebody, and so on and on. This could also be illustrated by the phenomenon of generic medicines: the doctor, in his dealings with the patient, realises that the patent medicine is too expensive and so looks for a less expensive alternative—but which one? In his continuous involvements with the various brands of the medicine, the representatives

promoting the brands, *and* the reputation of their manufacturers he will reach a decision and prescribe accordingly without too much deliberation. The readiness-to-hand of the medicines are still ready-to-hand as he has made this discrimination often and doesn't have to think deeply about the decision, the choice of medicine in this situation has become habit over time, with repeated experience.

It is this network of involvements that come together to form what Heidegger calls a 'totality of involvements', and it is these involvements that make up the 'world' in which Dasein finds itself. There is '... a large-scale holistic network of interconnected relational significance...' (Wheeler, 2011:SEP8).

Summary

These three chapters have served to lay a foundation for a critique of the Heideggerian notion of care, or, more specifically, for a critique of the phenomenon of lack of care. It has been shown that care is being researched in many areas of endeavour, not the least in the nursing literature. Despite this groundswell of attention, the question of lack of care is only alluded to infrequently, except in the short burst of energy prompted by such investigations as the Francis report in the UK. It was argued that phenomenology is a more adequate methodology for investigating the phenomenon of care as it is not an 'entity', psychological, sociological or otherwise, that can be isolated away from the caring person. Caring is a lived experience and is expressed by Dasein as it dwells in its worlds. This chapter gave an exposition of Heidegger's view of world, how Dasein dwells in that world, and how Dasein dwells with the other entities that are with it in that world.

Of import at this juncture, is that the distinctions outlined above can be blurred to the point where other beings that are also Dasein can be treated with the familiarity of the things that are not dasein. In the next chapter I will take the facets raised here to the subject of nursing care by looking at how nurse-Dasein is able to engender a caring or lack of caring attitude towards her patient. I will do this by considering how she identifies or fails to identify with the ethos of nursingness given to her by her tutors.

Chapter 4 : Identifying with Nursingness—a road to Nursing Caring

Martin Heidegger holds that care is the basis of being human, yet there is some evidence that being in the contemporary world has shown an alteration in the expression of care as he may have envisioned it in the '20s. It is suggested here that it is one thing to have care as an ontological feature of Dasein, but it is another thing to be in a position of authenticity that expresses care in the form of solicitude as maintained by Heidegger. In this chapter I will attempt to show (a) that a caring expression associated with nursing is of a particular nature that is not only the solicitude that Heidegger presented, and is singularly developmental in that it is not necessarily inherent in the young nurse-Dasein who is setting out on a road to a nursingness from a position of some degree of fallenness into a fascination with the world with which she has lived.

It must be repeated that as nursing in general, and anaesthetic nursing in particular,⁴⁸ can be regarded as epitomising what it is to care in its manifold facets, these professions are being used as a vehicle for an explication of what caring might mean. Hence, in this project the relationship the anaesthetic nurse has with her patient, her anaesthetist, her equipment will serve as a prime example in exploring this meaning in that it is postulated that an authentic mode of caring is the basis for a healing process demanded of her as a nurse. Again it must be stated that the analysis presented here can be extended to other areas of human endeavour, especially that of management.

I wish to state that much of the analysis contained in this chapter is a result of observing nursing (and medical) activities for the last 50 years, and more so as a research project in the past ten years. This last is a sustained observation informed by a personal interpretation of a phenomenological perspective in various hospitals, private and provincial, in South Africa. As such the critique is open to challenge.

Some background to the problem

The quote below from Marion Steel (2010) brings to the surface one of the central

⁴⁸ Although nurses working in the field of anaesthesia are not recognised in South Africa, the discipline of anaesthetic nursing as a discrete discipline is better developed overseas.

characteristics of a phenomenon of not being in a situation of expressing nursing care: both the present attitude to healthcare management that 'uses' nurses as a resource and the changes in the training and education of nurses each, in turn, evoke a reaction from nurse-Dasein. The latter will be considered in this section of the chapter and the former in the next chapter entitled 'Hindering nursing caring'.

... With staffing holding such an essential role in the success of health care delivery it makes sense that staffing be deeply understood in all its dimensions. And yet, while much attention is given to structures, processes, operations, and technology, we may be overlooking that which is perhaps, above all these things, the key to the outcomes we strive to achieve. When it comes right down to it, no matter how modern, sophisticated, or efficient staffing programs are, *if the individuals who are executing the care are not qualified, engaged, and able to offer the caring necessary for healing*, the whole system can unravel quickly. At its very essence staffing works because of the people who are staffed ...

It is the 'qualified, engaged' in this quote that presents a challenge; it is not so much that the nurse cannot do what is expected of her in being employed as a nurse (although as will be seen this can be the case), but rather, and this is the point of contention here, her being capable of withdrawing from her everydayness, her day-to-day attunement to her world, towards some sort of authenticity of approaching her own possibilities in the function of being a nurse: in short, of being capable of being ontologically 'qualified, engaged, and able to offer the caring necessary for healing'. Here I intend to explore a conceptual problem that exists in the way nurse-Dasein identifies with herself as a nurse through a paradigm of difference and how that difference impinges on her sense of identity within her nursingness. In other words, identification is a part of a process in which nurse-Dasein is able to eventually find herself in a form of being in a nursing world that is different from the other branches of healthcare (the physiotherapy world of the physiotherapist, for instance) and so opens a way to an authentic mode of nursing being with the patient which is not contained in those other branches; medicine, physiotherapy, radiography, dietetics and so on have their own modes of caring, but none of them are with the patient in the same manner as the nurse.

In this exploration I will propose a developmental slant to how Dasein becomes nurse-Dasein, as opposed to being simply and generally Dasein. I wish to show how nurse-Dasein is able to be so in terms of identifying with her nursing through an understanding of a difference between her mode of being with the patient, and that of the others in the healthcare team with their

modes of being with the patient.

Next, I would repeat that healthcare is a peculiar mode of being in the world: it is intimately involved in much of what can be regarded as the worst of the human condition. It is an occupational grouping that places the question of physical suffering, even death, constantly in the forefront of the experiences of those who choose to work in the various occupations. Furthermore, it is commonly held that people who choose to work as doctors, nurses, physiotherapists and the like are 'caring' people; this without any common understanding of what it is to be caring. Again commonly, with this assumption, caring is taken as a given, yet a confusion sets in amongst healthcare workers when it is found that caring is missing from the healthcare function being experienced as implied by Burhans & Alligood (2010) and Everingham *et al* (2012).

From this I argue that the nurse must be regarded to be the 'face' of the healthcare system. In the hospital or clinic setting, while the doctor, with his skills in diagnostics and therapeutics, receives much deifying attention, it is actually the nurse who carries the responsibility of ensuring that the therapy is administered as prescribed; it is the nurse who spends her working life assisting the incapacitated and distressed patient along his road to resuming his life in a way close to that prior to the distress. In the rural clinic, for instance, the doctor often spends a short time of the week attending to the patients referred by the nurse; the rest of the time it is the nurse who has to be with the patient on a day-to-day basis. In other words, in the hospital or clinic setting the doctor is impotent without the skills of the nurse. As such then there is a century-old differential paradigm that speaks of the doctor providing the 'cure' and the nurse providing the 'care' in the drive towards alleviating the lot of the patient. However, the 'cure—care' paradigm, as entrenched as it is, is fragile as implied in the opening quote. It is this fragility that underlies much of what is being proposed; the fragility is contained in the identity and difference interpreted by the nurse from her understanding of what it is to be a nurse within the influences of an environment of healthcare which has many modes of care. It is an environment that can be judged to have changed in concert with alterations in other related, more economic environments. I will return to this fragility in the next chapter.

The way forward towards creating nurse-Dasein

But what is it that creates some form of nurse-identity in nurse-Dasein? Here I argue that she

has to go through a number of steps in a journey which could lead towards her own nurse-beingness. In section I, I argue that she has to be subjected to the influences of the 'they' of the nursing school or university department and the nursing administration of the hospital, in order to gather some understanding of nursingness. In section II I will argue that a moment arises when she is given increasing levels of responsibility, so authority, and has to interpret this novel form of being in the light of her understanding of the world of nursing; again reference is made to her psycho-social development in that she has many an opportunity to choose between continuing to identify with the extrinsic authority of the 'they' or beginning a journey towards her own possibilities of intrinsic authority. In section III I will show what is meant by choosing to turn towards an intrinsic authority which will promote a more authentic being with the patient. Finally, in section IV I will argue that the mechanism which will assist in making this choice is a redefined mode of curiosity which will promote a clearing of the influence of the 'they' just enough to allow the patient to be brought from the 'yonder' to the 'here', as nurse-Dasein identifies ontologically with her own nurse-beingness. In all this, identification demands an interpretation of nursingness through a process of differentiating between her interpretation of nursingness and that of the 'they' of her cohort, and between her nursing-being and the beingness of the other modes that come together to create healthcare.

Creating nurse-Dasein

To start at the beginning, nurses (and doctors) enter into the profession for a wide variety of reasons; some of which could be altruistic, others seeing some 'status' in being a nurse, others merely looking for a form of reasonable, sustainable employment.

Many people entering nursing have a romantic vision of life in hospitals, of caring for and curing the sick. In reality, the job is often demanding, unpleasant and tedious and the result of this is conflict between expectations and reality (Arthur, 1992:713).

It is our impression that a significant number of nurses enter the profession under a certain confusion about their future roles and functions (Holden, 1991:894).

However, being themselves Dasein, they, like the others in their world as they enter into the profession for the first time, are subjected to the Heideggerian existentials of everydayness which contains all manner of notions that may or may not pertain to what they find.

Furthermore, everydayness is flavoured by another existential: *fallenness*. Fallenness indicates

a state of being in which Dasein is captured in a thrall of fascination with its concerns with its world, and has not yet been able to differentiate between the possibilities given by the 'they' and its own possibilities; it is a turning away from its '...primordial relation to itself' (Dreyfus, 1991:225). There is more to the matter but further explication is beyond the scope of this stage of the dissertation. For the moment, fallenness can be regarded as an existentials that, as rightful fascination, dominates the child's being in its world; the child uses fascination as a means to learn to be a part of its world; but the fascination is controlled by the 'they': this more so with regards to the advertising that is directed at children and adolescents. In this way, ideally Erikson's Adolescence can be seen to be a period in which the child-like fascination in fallenness is interrogated by Dasein as it searches for its own possibilities of being in the world. As can be deduced from the various stages of psychosocial development proposed by Erikson, adolescence is an ontological review of its place on the various resolution continua or stages of childhood and possible projections into those of adulthood; it is a primordial, to use a Heideggerian term, review of and possible correction of Dasein's mode of dwelling in its world in an attempt, in Erikson's terms, to approach individuation, or, in Heideggerian terms, to find its own possibilities, or, to use Heidegger again, to win itself.

Dreyfus reminds us that these attempts at crisis resolution are 'only *seeming* to win oneself' (Dreyfus, 1991:26). The point is not out of place if one acknowledges that the Eriksonian crisis resolution is not a *fait accompli* associated with each stage but is a continuous process that may continue through life as experience of being in the world grows and these experiences are interpreted ontologically into understanding. As such then Heidegger's talk of Dasein living a completely authentic life by projecting itself towards its own possibilities is a goal of sorts that is included in its possibilities, and there is an invitation in adolescence to begin the process of winning itself; it is an invitation that may be accepted or neglected by Dasein.

In this way people enter into the nursing profession with some level of understanding of the everydayness, thus their own levels of fallenness, of a historical world into which they have grown and which they bring with them into another, strange world of everydayness of the nursing department of the university or hospital. This last is a strange world in that other people, the 'they', dictate the moment-to-moment conduct of nurse-Dasein's activities in the hospital and the nascent nurse-Dasein accepts this domination. It is also, as been pointed out, a

strange world of having to tend to the less-desirable aspects of human existence.

Thus, as many a nurse-Dasein enters into the profession as a middle adolescent which, if one is to give credence to Erik Erikson's developmental psychology, means that she is still trying to find her feet with regards to her own possibilities.⁴⁹ She is trying to find her way out of her (back)ground towards standing in her own place of beingness. With this in the background she finds that she is unwittingly subjected to new possibilities of the new 'they' of the nursing environment, in particular the 'they' of the nursing administrators and educators, who may just encourage or hinder her journey towards individuation at the moment of her entry into the profession.⁵⁰

To return to the influence of everydayness in this phase of nurse-Dasein's entry into the profession. As has been mentioned, the publicness of everydayness with its distanciality and levelling down is Heidegger's reasoned choice for a launching pad for understanding being in that it is the most pervasive mode of being in the world for Dasein. Naturally, as a rule, this is the mode that the nascent nurse-Dasein brings with her as she enters into nursing studies. Although Heidegger portrays everydayness as being inauthentic in that it is characterised by being caught up in a whirl of activity that is not only mundane in imposing possibilities that belong to the 'they' but has the potential for dragging nurse-Dasein away from her own possibilities in the fascination she has for the things in her world, he also does not denigrate it as it is simply one mode among many that is available to nurse-Dasein in her being in the world into which she has grown and into which she has become used to projecting herself. On another level, her being used to her everydayness and bringing that with her to her nursing

⁴⁹ Although some psychologists have discarded Erikson in favour of more recent theories, I still find the paradigm useful in dealing with how Dasein confronts its thrownness and fallenness.

⁵⁰ It is recognised that some people enter into the nursing profession later in life and so some would assume that they have resolved the issues of adolescent psychosocial development. This is a dangerous viewpoint as it discards a basic principle in Erikson's schema: 'crisis' resolution is not confined to chronological age ('You are 25, for heaven's sake, isn't it time you grew up?'). Crisis resolution is a social phenomenon in that much depends on how the 'they' have assisted the individual in her development towards her individuation or own possibilities. It is possible, for instance, to find that people have not fully entered into adolescence in that they have not been able to resolve the childhood issues of trust, autonomy, initiative or industry. Thus there can be and often is a backlog of resolutions that can bedevil the older person. In the final analysis, Erikson's schema is a guide to ascertaining the personal issues being broached and in no way must the individual be forced into the schema in the manner expressed in the injunction above.

studies is to some extent challenged as ontologically she realises that she has entered into another world, one of a distressed other mixed with the novel form of authority of the nursing 'they'; the novelty of this authority is that it is associated with a life-choice that contains her own possibilities, even if they are hidden or covered over in the beginning. It is here that she is faced with the possibility that she will begin to face up to her own possibilities, especially that of a shift towards an authenticity of recognising those possibilities contained in her own Dasein, as a result of the life-choice of entering into the nursing profession.

It is worthwhile briefly discussing the turn towards own possibilities by nurse-Dasein, especially with regards to being in a position to acknowledge her own possibilities. In his concentration on the ontology of Dasein in the period of the 1920s Heidegger does not manage to clearly account for any reasons why Dasein should or should not ease itself out of the thrall of the 'they'. This is not meant by any means to imply that there is a lacuna in Heidegger's exposition of being and care. In B&T Heidegger maps the structure for living an authentic life: he focuses on the role of anxiety, another existiale, in the face of a nullity of a life within everydayness with its potential meaninglessness; he explains two broad alternatives to this anxiety, *viz.* flight into the superficiality of the world, a manoeuvre intended to deny the anxiety, or, as an alternative, acceptance, taking hold of the existiale in an attempt to assuage the force of the anxiety; he adds the complicated facet of a secularised 'conscience', a call from within Dasein's own possibilities, which is associated with an equally secularised guilt, an ontological acknowledgement of an inauthentic being in the world. Important also is the notion of resoluteness which refers to a grasping of an intruding anxiety, as opposed to fleeing from it, and so opening itself to its possibilities: this courage can be seen to be akin to Tillich's 'courage' (Tillich, 1980). In this then there is a need to be able to be responsive to the anxiety, a need to be able to hear the call of conscience, and a need to be able to take hold of these factors with a courage that lies outside the province of everydayness. The question then is: how are these structures to be brought to bear on Dasein to make being in the world authentic? Bringing Erikson into the equation is an attempt to find some sort of answer to this question.

For the moment this question serves as an introduction to what I am trying to unveil in this discussion; although it lies outside the remit of the present discussion, it will be further explored in a planned future project, which is a proposed structure of an authentically caring

nurse (or teacher, or manager, for that matter). For the moment there are related questions that need to be faced: when does nurse-Dasein begin to make the turn from inauthenticity to authentic caring? What sorts of influences will prompt a listening to the call from conscience? At what point can nurse-Dasein extricate herself from the thrall of the levelling-down pressure of the publicness of the 'they' in order to respond to a call from a Heideggerian conscience?

These subsidiary questions are the reason that I propose an inclusion of the Eriksonian 'stages' of adolescence and early adulthood. While it is possible that the turn towards conscience can happen at any time between Dasein finding itself in its world and the finality of death, if it happens at all, in the present discussion of the phenomenon of lack of care, I am looking for a basic process that may be available to nurse-Dasein in her singular journey towards authentic caring for the other who is also dasein and is in distress or incapacitated.

So, as mentioned above, nurse-Dasein, on entering into nursing studies, is still in the ownmost process of 'clearing' a space in the influence of the everydayness of the 'they' of her home and school worlds. Erikson allows for various modes of being in the world that can assist or hinder this clearing as she steps into the world of healthcare. There is, of course, little consciousness of the resolutions or degrees of resolution, they are ontological and part of her projection into her world. There is, for instance, her task orientation – how does nurse-Dasein understand the world of work? Is it a duty, or is it a welcome challenge? Does she look forward to finding an activity, nursing, in which she can find meaning, or is it simply a choice of careers amongst others? Role experimentation is another 'crisis' – how far can nurse-Dasein go in finding new ways to approach her being in her world, or is she constrained by submission to authority?⁵¹ Is she creative enough to find ways to counter boredom, for instance, and boredom can be an occasional feature of nursing (Holden, 1991)? Is she able to find ways to promote her understanding of nursingness, or does she simply accept her duties as duty? Indeed, is she

⁵¹ This mode of caring, or better, this approach to caring is discussed in Ann Bradshaw (2013) in which she brings out Gadamer's two horizons in historical hermeneutics. With this device she portrays a landscape of yore in which nurses were 'apprentices and submissive' to some sort of authority. According to Bradshaw, this has shifted recently to a context where nurses are striving to find a professional plain on which to stand, a plain which will allow nurses to be regarded as professionals in their own right. In amongst the dilemma faced by nursing philosophers is that there is some indication that the attitude towards nurses of yore, that of submission and apprenticeship, persists today on the part of many organisations employing nurses.

creative enough to find ways to work that contribute to work-meaning for her?⁵² And so on for the other six categories of ontological crisis resolution.

There is another possibility in terms of nurse-Dasein finding identity: in a way it is possible that, to some extent, nurse-Dasein's entry into the world of nursing has the promise of a relief from the pressures towards a broader societal conformism. Prior to entry into the profession she is in the grasp of the ages-old dilemma of acting shamelessly out of free will against the stereotypes of authority (the 'generation-gap' phenomenon) while being caught in the net of conformism to the identity formation impulse of the 'they' of peers (so-called peer-pressure). Where previously she may have been testing herself against the stereotyping of her parents and teachers, now she is able to accept the stereotyping of the 'elders' in the nursing college as they are there to lead her into the world of the nursing profession, and she doesn't really have to take too much cognisance of the views of her peers – they are all in the same boat, so to speak. It is possible that entry into the profession could provide a moratorium on the pressures to 'find herself', a possibility of an 'identity' in the profession could be seen to be offering a safe haven from the homeless turmoil of adolescence.⁵³ In choosing to accept the authority of the nursing 'they' she is choosing to place herself in a situation of possibly being guided towards authentically being a nurse. Secondly, in making a career-choice of nursing, she is also being offered a way out of the 'ego'-centrism of her childhood projection into the world that is part of the turmoil of Eriksonian adolescence and early adulthood; the way out comes when she is drawn towards a form of 'other'-centrism that is her own in the singular way of tending intimately to the sick and injured.

In itself the influence of the 'they' of the nursing college at this early stage of her nursing education is necessary as the nascent nurse-Dasein must learn the intricacies of the art of the

⁵² To illustrate nurse creativity, nurses are taught to call on the help of colleagues when lifting patients or heavy objects. Yet one student nurse I with whom I worked became impatient with having to wait for colleagues to help her turn a patient onto his side. So she devised a method of slipping one arm behind the patient's thighs to grasp the opposite iliac crest, then, with the other hand on the patient's shoulder, would stand and the patient rolled comfortably onto his side: this without any risk of injury to her back.

⁵³ Homelessness at this juncture is not that of sociologists the Bergers and Kellner (*The Homeless Mind*, 1973) which refers to an estrangement brought about in modernity, but rather to nurse-Dasein not having found as yet the route to an authentic mode of being with her own possibilities; she may be 'tarrying' in circumspection but is not yet 'dwelling' as she has yet to find a place in which to dwell.

care-of. She has to learn how to administer an injection without hitting a nerve or major blood vessel; she has to learn to make a bed for the comfort of the patient (or the tidiness of the ward); she has to learn the prescribed method for administering medication without contaminating the pills, and so on. All this gathering of skills means that nurse-Dasein is learning to identify with a manifold of beings, procedures and attitudes inherent in the peculiar world of contemporary healthcare. It is in this identification with the skills, procedures, rules which, with practice, nurse-Dasein makes her own that she is able to begin ontologically to understand her special place in healthcare. Added to this, her identification with nursingness is enhanced when she discerns the differences between her role and those of the doctor, the physiotherapist, the radiographer, and so on. Ideally, it is through her understanding of her nursingness within the healthcare world that the nascent nurse-Dasein can gather a sense of Maslowian ontological 'belonging', that third level of Maslow's Hierarchy of Needs which, if not attained, is seen to be a possible barrier between the level below, Safety, and that following, Self esteem. In addition, if one is to continue with Maslow, if nurse-Dasein is able to find that sense of belonging within the nursing sorority this will be a step to freeing her towards a becoming open to her own possibilities, as is implied by Maslow: it would assist in settling the turmoil of adolescence in such a way that a space into which a rudimentary Heideggerian conscience may intrude. In being included in the world of nursing by her understanding of her place in the profession, in her nascent nursingness, she is able to take another step on the road resolving her psychosocial issues in the form of establishing, for instance, an Eriksonian 'apprenticeship' leading her into a positive interpretation of nursingness; on another hand, into the form of 'self-certainty' as she is successfully examined at certain points in her career, and from there to ontologically being a nurse from which she can begin to find her own possibilities of care-for.⁵⁴ Whether or not that step is one towards an authenticity of her own beingness is another matter, of course, as will be seen shortly.

Thus, the everyday structure of the mechanics of care-of, as dictated by the 'they', is vital as it is instilled into nurse-Dasein for the long-term benefit of all the patients with whom she has

⁵⁴ The negative poles of these movements are, respectively, 'work paralysis', in which any incipient creative urge is not found, and 'self-consciousness', in which the intentionality of the Dasein is clouded by an attunement of personal lack. A point of clarification: the positive and negative poles of the various crises do not constitute a dichotomy, they are continua on which Dasein finds itself in its attunement to its world.

dealings. This is best understood in the context of the point that the nascent nurse-Dasein is entering into a world where she has to tend to another Dasein who happens to be incapacitated; as such the 'they' is duty-bound to standardise the care-of so as to ensure that the patient is offered a reasonable hope of being relieved of his affliction. It is only once nurse-Dasein has incorporated this standardised approach into her beingness, once she has entered into the specialised language and knowledge-base of healthcare, will she be able to turn towards her own possibilities, her own solutions to being with the patient/s. In short, it is only once nurse-Dasein has become *au fait* with the nurse-possibilities offered by the 'they' that she can begin to open a 'clearing' of the influence of the 'they' in her own beingness which will draw her towards her own possibilities.⁵⁵

So, in terms of setting out on the road towards identification within nursingness, it is the initial task of nurse-Dasein to interpret her understanding of the place in which she finds herself, and this particularly under the guidance of the nursing 'they'. As time goes by, as experiences accumulate in the beingness of nurse-Dasein, as she is incrementally freed of the basic learnings and examinations of the 'trade', so to speak, so her own possibilities may arise from within her. Bearing in mind the constraint introduced above that nurse-Dasein is still in the process of resolving the turmoil of her adolescence, it is mooted that the entry into the world of nursing with its peculiar engagements with the distressed other provides a unique opportunity for her to respond to the possibilities contained in her own projection into the world of nursing. It is only when nurse-Dasein positively identifies with the role of being a nurse being with her patient, with all her acquired nurse-skills of the care-of, that she can begin to act on that identification to the benefit of the patient in respect of an authentic care-for.

In this way the attunement and understanding of the world that she brought with her on entry into the profession is altered continuously with subsequent interpretation, or series of interpretations, of that understanding. With each change of a messy bed, with each change of a complicated burns dressing, with each witnessing of the confusion inherent in a febrile rigor, indeed, with each witnessing of a death, there is a modulation in nurse-Dasein's world and her understanding of her nursing world, all of which has to be repeatedly interpreted and re-

⁵⁵ Clearing (*Lichtung*) is interpreted here as being a pushing aside of the influences of the 'they', enough to begin to allow some 'light' onto her own possibilities, so allowing for the voice of conscience to be heard.

interpreted if she is to stay in that world of dysease.⁵⁶ In the end, Heidegger's talk of Dasein being disburdened by the 'they' is not important at this stage of nurse-Dasein becoming a nurse. All that is required of her is to identify with the broader experience of the 'they' who are her tutors and managers. However, as nurse-Dasein finds her feet, so to speak (B&T:165), as she appreciates her peculiar relation to the life of the patient in distress, her sense of identity will change. If she is able to pay attention to her own possibilities she will be able to take into account the important difference between the vulnerability of the patient and her potential for going some way to alleviating the basis of that vulnerability. Many opportunities will arise that will accentuate this difference which, in turn, will allow nurse-Dasein to broaden her view of nursingness to moving beyond the care-of to include a care-for.

Authority as one turning point among many

In pursuing a developmental approach to nursing caring or lack thereof, principal amongst these early opportunities will be when nascent nurse-Dasein is examined at various stages of her nascence and, if successful, is given increasing levels of responsibility for the well-being of the patient. With each assumption of another level of responsibility her sense of identity will change one way or another and this evokes another re-interpretation which may or may not entail an examination of the possibilities on offer from either the 'they' or her own, idiosyncratic mode of being in her world. Even then the matter is not so simple. Responsibility carries with it some level of authority and the first steps into professional authority can provide an early turning point for nurse-Dasein in that the interpretation of her understanding of the ascribed or extrinsic authority will result in any number of re-attunements towards her place in her world of nursingness. If, for instance, nurse-Dasein's interpretation of her being in the world is still negatively skewed towards the 'they', it is reasonable to assume that an uncritical acceptance of responsibility for the affairs of the patient may be tainted by a Heideggerian 'leaping in' (*Einspringen*), a mode of dominance.

The effect of leaping-in is graphically described by Marion Steel (2010) as a 'cloaking', as placing a 'comforting' cloak over the reality of the patient's distress under the guise of some form of 'reassurance'. This word and its common translation into practice is standard in nursing;

⁵⁶ Dysease is introduced to account for all the presentations by patients of being physically and mentally unready-to-hand.

unfortunately it is ill-defined and the practice often amounts to the offering of some authoritative *bon mot* intended to pacify the fears of the patient without addressing them. Hence the reference to cloaking: in its everyday use reassurance can be a device used by a distantiated nurse-Dasein with which an identification in a mode of being with the patient in his distress is set aside, is forgotten, covered over.⁵⁷ On examining this phenomenon it is noteworthy that, in resorting to a leaping in, it can be argued that nurse-Dasein is exhibiting a peculiar distantiality which can be seen to be contained in a mode of scientific nursing and nursing management that depresses nursingness down to the care-of. It is possible that nurse-Dasein, in her ontic professionalism, in her not hearing the calls of conscience, is having trouble identifying with neither her own impending death nor the possibility of her potential for a somatic unready-to-hand in herself and so attempts to deny the patient his identification with his somatic unready-to-hand, with his being unable to continue his life as he is used to, by leaping-in with the full power of a self-denying extrinsic authority recommended by the 'they'. Unfortunately, in this scenario, it is too often the case that the 'they' has engendered, in the ascribed authority of nurse-Dasein, an attitude of bringing a detached, perfunctory nature of a particular form of care in addressing the distress of the patient: being with the patient has been subjected to a 'formula' ('reassurance') prescribed by the 'they'.⁵⁸ As has been pointed out, this form of extrinsic authority is self-denying in that it is one which is not necessarily emanating from the beingness of nurse-Dasein in her own understanding of nursingness, and as such, it is postulated, the 'they' formula is one that can become fixed in its expression as nurse-Dasein remains in the thrall of her everydayness; this fixity is further engendered by a lack of independent thought processes, a lack that is, in the main, a problem associated with a firm and enforced standardisation of protocols.

⁵⁷ An interesting facet of this analysis is that there is no readily available literature on the problem of reassurance as outlined. Thus this is an attempt to get to the basis of what has been observed over 50 years of working in the field of nursing.

⁵⁸ Although the term 'reassurance' is used frequently in nursing circles, it is more than difficult to find a precise definition. In the end it appears to be the case that the nurse is 'encouraged' to bring the force of her extrinsic authority to bear on the patient in his distress in the hope that the patient will be 'comforted'. It can be assumed that, technically, re-assurance follows some form of assurance which implies some meaningful level of being-with. Without the being-with the assurance devolves into a 'fobbing-off' or perfunctoriness which cannot, even with the best of intentions, achieve the objective of comforting the patient. In fact it more than often contributes to the patient's anxiety.

Underpinning this deficient, though valid, mode of authority is that nurse-Dasein has been drawn into a hubris of accepting the favourable ascription of authority offered by the 'they' and can regard this as the apogée of her development. Her own possibilities are being disregarded. It is here that Heidegger's notion of disbursement becomes a problem for both nurse-Dasein and patient. In her fallenness Nurse-Dasein is still encompassed by the everydayness of the 'they' as she climbs up the professional ladder: she is still having her burgeoning professionalism tainted by the opinions and dictates of the 'they'. Her process of identification with her own nursingness, her being with the patient, has been arrogated by the dictates of the 'they', such that she has fallen into the trap of sameness; a sameness that reflects a lack of differentiation that could lead to her own Dasein's possibilities, towards individuation. The mode of being unique in her identification with her own possibilities is deflated to holding the same possibilities within averageness as the others. Here there is identification but there is no difference to aid nurse-Dasein on her road towards herself; she is static in her projection into her world. It is her understanding of the fragile cure-care paradigm that lies central to her identification with her own nursingness through difference in terms of both the difference between her own profession and the others like radiography, and another difference between the rigidity of the public possibilities presented by the 'they' and the fluidity of her own possibilities which allow her to respond appropriately and creatively to a situation.

Creativity, in the sense of being able to imagine other ways of being, is introduced here as an essential component in the peculiar world of being with the patient. The term is also translated as an ability in nurse-Dasein to respond flexibly to the needs of the patient; as an ability to step out of her everydayness for the moment of being with the patient in responding appropriately to his needs; an ability to imagine, given the clues, hidden and overt, provided by the patient, the particular experiential space of the patient; an ability to imagine the possibilities open to her to go some way towards making the patient more comfortable.

As such bringing creativity to bear in her being with her patient is an indicator of her ability to step outside the harsh rigours of 'they' imposed prescriptions and align herself with the needs of the patient.

While on a broader scale, analogous to the sociological survey, the patient population is easily reduced to some level of commonality, this reductionism is a symptom of an inability to

creatively step beyond seeing the immediately given, beyond the appearances, and look for the hidden in each patient. At a micro level, which can be associated with the 'tradition' of nursingness, each patient must be regarded as an other who is also Dasein, especially as it is a Dasein in distress. Failure to creatively conduct herself at this micro-level when necessary is a sign of the lack of care that is being considered in this dissertation: nurse-Dasein is unimaginatively fixed into her fallenness into the levelling down of the publicness of the dictates of the 'they'. It is not the case that each and every patient must be regarded as an individual Dasein in distress at all times: it is more that each patient must be monitored and responded to when appropriate. In this it is the creative monitoring that is paramount and which allows nurse-Dasein the creative space of allowing her own possibilities to come to the fore when necessary. However, in the face of this reductionism and the non-reflective acceptance of the dictates of the 'they', nurse-Dasein can be seen to be continuing in her fallenness.

This is a rather dark picture of some of the possibilities open to nurse-Dasein, which are not out of the ordinary as can be implied by the articles on the condition of nursingness examined so far, particularly that of Holden (1991) who asks the question: who cares for the carers? The picture also carries with it an equally brighter picture, also not out of the ordinary, which will now be considered.

Authority re-examined

There is always an alternative that nurse-Dasein has at her disposal when she finds herself in a position of authority: an intrinsic authority which is fostered by an interpretation of nurse-Dasein's own understanding of how a nurse is a nurse. As has been pointed out, it is, in the beginning, a mastery of the various facets of the care-of, and, of import at this stage, how nurse-Dasein interprets her own understanding of these facets and learns how to apply them to the benefit of the patient in his being in hospital, or in the clinic. It is a strange mix of understanding which, on the one hand, includes the demands of the nurse-world which have been presented to her by the 'they', and, on the other, her own interpretation of her place in that world, *vis-à-vis* being in a mode of nursing care-for the patient. An intrinsic authority can be found in the nurse-Dasein who is in the position of having resolved her Eriksonian 'crises' enough to be freely attuned to her world in such a way as to be able to find herself *with* her

patients, as opposed to *amongst* her patients as she does with the things, the 'equipment' of her world. In the sense that an intrinsic authority is not fixed, though perhaps guided, by the protocols of the 'they', nurse-Dasein finds herself 'free' to creatively and so appropriately engage with her patient. So if an intrinsic authority, contra the extrinsic variety, is not fixed in its nature, it is then caught up in the hermeneutical circle of learning the best mode of being with each patient at any one time. With experience each cycle of the circle raises new possibilities and the possibility of care-for may be strengthened, and, as nurse-Dasein gradually identifies with her own possibilities, so the care-for is allowed greater expression. At times she experiences success with her endeavours, at times she has to try another approach, so the force of her authority waxes and wanes in her being in her nursing world. With each success that is informed by her imagination so nurse-Dasein is able to cut some of her ties to the 'they' and is approaching her own possibilities. Further, it is possible to postulate that ties can be broken as nurse-Dasein learns to differentiate between the mere levelling down of the care-of promulgated by the 'they' and the potential for an authentic care-for which may be evident, in however numinous a nature, in her own possibilities; as some sort of turning towards her possibilities insinuates itself into her interpretation of the authority given her by the 'they', as the voice of Heideggerian conscience begins to be acknowledged.

To recap on the progress made so far: these two phases in nurse-Dasein's development, the learning of the care-of and assuming responsibility, are fundamental and necessary in her understanding of and so identification with the world of nursing. They are also integral to the development of authentic caring in nurse-Dasein as she both identifies with the environment of nursingness as such and discovers the differences between it and what is being portrayed by the 'they' while she embarks on her Eriksonian journey towards Intimacy, that Eriksonian step towards authentic being with.

If nurse-Dasein has been exposed to the elements of care-for on her entry into the profession, then her future is bright. 'Being exposed to' means that nurse-Dasein has had some instruction, or has had an opportunity to witness the value of the patient *qua* person, or even has been 'brought up' in a caring environment prior to entry into the nursing world. In other words, if nurse-Dasein's attunement to her worlds is of such a nature that she is inclined to comport herself, as Heidegger says, towards a mode of being-with, then she is open to looking at the

patient as dasein, and not a cipher on a page of notes.

Then again, if nurse-Dasein has been encapsulated in the mode of 'scientific' nursing and has been imbued with the distanciality of its everydayness, then the seeds are sown for Heideggerian aspects of deficient/dysfunctional caring, such as perfunctoriness, putting on a disguise, or aloofness, and a mode of lack of care appears. Unfortunately, it seems to be the case that many young people at the moment who have set out on the road of nurse-Dasein in their adolescence do need to be guided towards viewing the patient as dasein (Holden, 1991, and more recently, although from a viewpoint of physiotherapy, Ramklass, 2015).

Another turning point for nurse-Dasein – curiosity

There is, though, a further factor that might be considered as nurse-Dasein immerses herself in her nursingness; a factor that could be a stepping stone away from the deadening hold of the 'they' and towards authenticity, towards an identification with being herself. It is a factor that indicates an identification with a nursingness other than that presented by the 'they': this is curiosity.

In the schema being presented here, it is proposed that curiosity is a quickening pivot on which the journey towards an authenticity of solicitude is hinged. Yet it is disputed as an ontological concept and has had a rocky ride through history. Cho (2008) gives a brief account of the concept: Aristotle asserted that 'all men desire to know', therefore are curious, but this was treated with derision by Epicurus and more so by Augustine of Hippo, who regarded it as a 'sin' – 'if said to be natural, then evidence of a sinful nature'; it then enjoyed a resurgence during the Enlightenment, but Heidegger placed it squarely into the realms of the everyday by equating it with the 'sin' of novelty.

As it is a bleak picture that Heidegger paints in his delineating the characteristics of everydayness and the part the 'they' plays in this phenomenon, I propose it is this picture that I believe contributes to some extent to the inauthenticity of the catastrophe that is the phenomenon of lack of caring. However, while Heidegger presents curiosity, with idle talk and ambiguity, as an inauthentic mode of being in the world, he also provides clues to a reinterpretation that provides a route out of everydayness, a path which nurse-Dasein can take towards approaching herself as herself as her curiosity leads her through experience after

experience. It can be the pivot on which she can turn away from the powerful and entropic influences of the 'they' to release her towards a solicitude that enhances her being in her nursing world.

In arguing for a change in how curiosity is viewed I would point to a sentence in OHF that sparks attention:

What needs to be explained on the basis of the character of the being-there of the world which has been defined is in what way *curiosity* (*cura* [care] – *curiositas* [curiosity]!) is a *how of caring* (OHF:80).

Here Heidegger draws on his expertise with Latin to make a point and it can be interpreted to be a strange use of Latin. Using Simpson's Latin dictionary, 'cura' [as is also 'curo'] is interpreted to mean 'attention, care taken, pains, trouble (opp. *neglencia* [*carelessness*]), attention', and 'curiositas' as 'inquisitiveness' (Simpson, 1959:162-3). Quite why Heidegger should link these two words *cura* and *curiositas* with an endash demands further investigation beyond the remit of this discussion, but for the moment it is his asking 'in what way *curiosity* ... is a *how of caring*' that is of concern.

Then if one turns to ¶136. *Curiosity* in B&T, Heidegger quotes a sentence from Aristotle's *Metaphysics* in which the word ὀρέγονται (*oregontai*) appears (B&T:215).⁵⁹ Admittedly the sentence appears in the context of establishing care as essential to 'man's Being', it is, however, vital to this argument to note MacQuarrie & Robinson's footnote on the same page: 'While the sentence from Aristotle is usually translated, 'All men by nature desire to know', Heidegger takes εἰδέναι in its root meaning, 'to see', and then connects ὀρέγονται (literally: 'reach out for') with 'Sorge' ('care')' (*ibid*). In this translation of the two Greek words the rendition of the passage given by Heidegger reads: 'The care for seeing is essential to man's Being' (*ibid*), which is in keeping with his investigation into Being but may be deflecting attention from positive connotations of the concept of curiosity towards an Augustinian sinfulness.

There are, however, two points that arise from Heidegger's discussion of curiosity. In his bringing '... ὀρέγονται (literally: 'reach out for') with 'Sorge' ('care')' it is being argued here that there is a step missing in this association. Using Heidegger's slant on the translation of Aristotle's assertion, one could read that it is in all men's nature to reach out to see, and it is

⁵⁹ The full quote from Aristotle reads: 'πάντες ἄνθρωποι τοῦ εἰδέναι ὀρέγονται φύσει'.

this reaching out that constitutes care. Certainly to care is to reach out in some way, but it is being argued that caring is a result of a reaching out prompted by curiosity.

Another clue is a passage where Heidegger describes Dasein: 'This entity which each of us is himself and *which includes inquiring* as one of the possibilities of its Being, we shall denote by the term "Dasein" ' (B&T:27, italics added). Although the context of this quote is in the explication of Being looking towards its possibilities, the fact that inquiring is a possibility of Being should not exclude inquiring in the context of being-with. If nurse-Dasein has inquiring as one of her own possibilities, then a move towards authenticity can be done most effectively with the aid of the other who is with her in her world. In other words, it is her inquiring engagement with the other that will reflect her possibilities. She is in a better position to reach for her own authentic possibilities if she is able to witness the effect her possibilities have with her patient. This is implied in three of Heidegger's assertions:

To intentionality belongs, not only a self-directing-toward and not only an understanding of the being of the being toward which it is directed, but also *the associated unveiling of the self* which is comporting itself here (BPP:158).

... as the Dasein gives itself over immediately and passionately to the world itself, its own self is reflected to it from things [and other beings that are Dasein] (BPP:159, interpolation added).

... the Dasein speaks itself out, expresses itself, as existent being-in-the-world, *dwelling with* and *occupying itself with beings* (BPP:208, original italics changed for emphasis).

Needless to say, if nurse-Dasein lacks the capacity to be curious, if she is bound in the distanciality of the everydayness of her nursingness it is reasonable to find that she will miss much of what is whirling around her in her environment. She will be in an alternative mode of nursingness, one which does not necessarily include an authentic being-with, or at least the being-with will be diminished. In this mode she will have become something like a clerk or administrator as the reflection back from her environment will not always be that from the patient that informs her of her authentic nursingness. It must be borne in mind that Heidegger holds that nurse-Dasein cannot develop her understanding of her nursingness without having her activities reflected back to her from her environment.

The Dasein understands itself from the ability to be that is determined by the success and failure, the feasibility and unfeasibility, of its commerce with things (BPP:289).

Thus that nurse-Dasein who is unable to be fully with her patients must of necessity carry a skewed vision of her nursingness in that nursingness requires a being with and her being with, in turn, is reflected back to assist in the development of her authentic nursing self.

Pushing the boundary a touch further out in the context of a curiosity, appropriateness and creativity being promoted here, there is a difference in all three valences between 'seeing' (the εἰδέναι of above) and 'looking'. Although the words are used interchangeably, in this discussion seeing is being defined as a more general visual experience which lacks 'the explicitness of assignment-relations' (B&T:189). It is a combination of macular and peripheral vision in the everyday mode of being that is circumspection, *Umsicht*. It is invested in the 'towards-which', of the 'in order to' of the ready-to-hand. The experienced post-anaesthetic care unit (PACU) nurse is working with an uncomplicated patient as he emerges from his anaesthetic: she 'sees' the indicators on the monitor, she 'sees' the patient's skin colour, his movements, she may even be 'seeing' what is going on over the way with the new inexperienced nurse.⁶⁰ She is 'seeing' the progress the patient is making in terms of this circumspection; her intentionality is not directed in any particular direction. In view of the fact that modern anaesthetics are safer than previous times this form of circumspective 'dealings' with this patient is acceptable and the patient 'wakes' up and is transferred back to the ward. When, however, the patient's progress is not what she would expect (or hope for) then seeing is changed to 'looking'. Looking is 'sometimes a definite way of taking up a direction towards something—of setting our sights towards what is present-at-hand' (B&T:88). It is aligned with a change of the visual economy to a dominance of a macular vision of an intentionality, of stepping out of mere circumspection to concentrating on a particular aspect of the environment. An example of this is the three modes of *unready-to-hand* that Heidegger outlines in B&T (pp102-104). In these three situations, conspicuousness, obtrusiveness, and obstinacy, seeing, as a combination of the two visual modes, narrows to an active looking. While peripheral vision is not lost it has become less informative. The patient is still deeply

⁶⁰ There is a distinction, not generally accepted in South African healthcare circles, between the 'recovery unit' and the post-anaesthetic care unit. The former, most common in South Africa, is staffed by varying grades of nurses who may be reasonably competent but don't, in my research, necessarily understand the contingent nature of the anaesthetic emergence. The latter don't exist in South Africa and this, in part, is occasioned by the economic nature of the healthcare industry.

anaesthetised according to the usual parameters, yet is trying to 'cough' the anaesthetic airway out of his throat; the usual smooth emergence from anaesthesia has been disrupted; the nurse becomes fixed on how she is to maintain a patent airway while coping with her patient's 'distress'; her intentionality is focussed exclusively on patency of the airway. While she is not ignoring the rise in pulse rate registered on the monitor, while she may be peripherally aware of the others in the room, all this is subordinate to the state of the airway. She is looking at the patient and his airway.

On a more general level in terms of this discussion on looking in curiosity, one can take a lead from Dreyfus' contention that '[A]s we shall see, there are, according to Heidegger, two modes of "just looking": gazing with curiosity for the sake for distraction, and observing with the wonder that leads to theory' (Dreyfus, 1995:80). Further, if one is to collect the clues that Heidegger provides in both OHF and B&B it can be argued that Heidegger's slant on curiosity can better be interpreted as distraction, as 'need for novelty' which can be viewed as a result of undifferentiated seeing, often as a result of incomplete 'resolution' in identification in the various dimensions of Erikson's adolescence, or, as Heidegger would say, a continued fleeing from self in fallenness. So, although not used by Heidegger in this manner, seeing can be regarded as being in the passive voice; it is involved with circumspection which has, when Dasein is still immersed in being levelled down, the danger of laying itself open to distraction.

Yet there is that other curiosity, which, under the guidance of Dreyfus, contains an element of wonder or awe that is missing from 'distraction'; which is actually something else more in keeping with an authenticity that allows nurse-Dasein to turn towards herself as herself. So, in arguing for a reinterpretation of curiosity, looking is more appropriate: it implies activity aligned with the Aristotlean sentence, a 'desire to know', which points to an active impulse towards looking for the knowing, or rather an active looking for the possibility of interpretation which may lead to deeper understanding. In the context of healthcare and nursingness, it is a 'looking with a purpose' linked with authentic being-with. In nurse-Dasein it is a recognition of the vital difference between herself and her patient which allows her to be a nurse in her identification with a nursingness of authentic solicitude; allows her to be curious about the patient that lies behind the appearances.

The next point is how does nurse-Dasein put herself in a position where the looking of curiosity

can come into play? Here we need to return to the distantiarity entrenched in nursing everydayness and introduce the Heideggerian 'spatiality' of the difference between 'there' and 'here'. Here nurse-Dasein, in her everydayness, perceives her distressed patient as being over there in his distress, then, in keeping with her interpretation of nursingness as being-with, her curiosity, her desire to 'look', can come to the fore and she can to begin to extract herself from the grip of the distantiarity of the 'they'. She can, with curiosity, assume a mode of being-with which will allow the patient to be brought closer in from the far horizon of the publicness of the 'over there'. Heidegger uses the term 'clearing' to illustrate this change in mode of being in that the 'there' becomes a 'here' (B&T:171). In the looking, the 'yonder' of the ready-to-hand of the patient is de-severed, as Heidegger describes it, to become a present-at-hand of theoretical inquiry; the present-at-hand is placed in such a situation that its disclosedness, its opening itself to the other, becomes available to both patient and nurse-Dasein. Quoting Heidegger once more:

Our conception of "sight" has been gained by *looking* at the basic kind of disclosure which is characteristic of Dasein—namely, understanding, in the sense of the *genuine appropriation of those entities* towards which Dasein can comport itself in accordance with its essential possibilities of Being (B&T:214, italics added).

In other words, there is a possible interpretation of 'clearing' which denotes nurse-Dasein setting aside a measure of her everydayness in order to open herself to look towards the patient, thus to make him present-at-hand. She is minimising her usual mode of being in her nursing- world; she is minimising the distantiarity of mere circumspection enough to allow herself to be with the patient and the patient to be with her. Furthermore, she is calling on creative reserves to be able to look imaginatively at her patient in her attempt to bring some sort of patient-centred solace.

Why would nurse-Dasein create this clearing? There are two possible reasons: that of how nurse-Dasein is defined by the world, and that of standing in an awe, a wonder that Dreyfus says is inherent in Heidegger's solicitude. Taking the first, Heidegger maintains that '[w]hatever one-self is, one is it in the world with the others—it defines itself from out of and on the basis of what one in advance comes to appearance as with the others and in contrast to *them*' (OHF:72; italics in original). Thus in the active looking of curiosity, nurse-Dasein is defining herself as being with the patient as opposed, for instance, being with the organisation (more of

this later). She has an opportunity to take hold of or neglect (as Heidegger says elsewhere) the contrast with other entities that reflects her attunement in her mode of engaging with her understanding with her nursing-world. As she creates the clearing in the cloying foliage of her everyday nursing beingness, in facilitating an openness to the other, she is putting aside her everydayness just enough to allow the light of being-with to illuminate her environment. In short, she is establishing a relationship with her patient that assists in defining her place in her nursing-world: the difference between her and her patient (or the other members of the healthcare team, for that matter) and her understanding of that difference is basic to her identifying genuinely with her world of nursingness, as opposed that world of the nursing 'they'.

In using curiosity to create a clearing a sense of awe rises and, with this, a genuine solicitude of caring emerges. The awe involved here is that of looking at the uniqueness of the Dasein that is the patient that can reflect her own uniqueness of being able to emerge from her everydayness to recognise his uniqueness. There is also a sense of difference in that, as she emerges from her everydayness, she is treading a path to becoming unique in her nursing-world; she is setting aside the distanciality inherent in her everydayness so setting herself apart from the 'they' that is immersed in that distanciality. She would then be unique in that she is looking at her patient, not just seeing him; she is anxious for his welfare which shows in the way she de-severs him from the yonder by bringing him to her here, and so placing herself in the here of the patient; she is recognising that he is also dasein and not a piece of 'distant' equipment which justifies her position in the healthcare structure; this in the sense that if there was no patient there would be no nurse. It is in this way in which curiosity prompts a series of events: it promotes an active looking; it allows a space for the act of 'clearing' the detritus of everydayness; finally, it injects a reaching-out towards the patient in a way that adds definition to her nurse-Dasein in the solicitude of caring.

Anything short of this amounts to a lack of care, a contemporary affliction. This affliction being one of not being able to project beyond the care-of towards the care-for.

Summary

To this point an attempt has been made to present a developmental approach to how a nurse-

Dasein might understand when she is a nurse. Essential to this is the manner with which she identifies with (a) what is generally judged as nursingness, and (b) her interpretation of her understanding of that nursingness as a result of her experiences in the early phases of entry into the profession. It has been postulated that, in these early phases, the nascent nurse-Dasein is necessarily subjected to the influence of the 'they' which is charged with the responsibility of giving her the standards and procedures entailed in the care-of of the profession. Then it was argued that a minor crossroads is reached when nurse-Dasein is given increasing levels of responsibility, and so authority, as she progresses through learning and examination. In this ascription and assumption of responsibility it was postulated that nurse-Dasein has an opportunity to choose between the possibilities offered by the 'they' which are generally restricted to the care-of, or to turn towards herself and seek out her own possibilities for expressing care-for in her attainment of her authority.

The hinge that allows nurse-Dasein to seek out her own possibilities resides in the much-maligned factor of curiosity. I have attempted to show that, although Heidegger places curiosity in the realms of everydayness, there is another curiosity that is more aligned to creating a 'clearing', to stepping out of her everydayness, enough to bring her patient in from the 'yonder' to the 'here'. In order to be able to express curiosity, in order to be able step away from her everydayness, in order to create a 'space' of 'here' for the patient, it is vital that nurse-Dasein has stepped into a Heideggerian hermeneutical circle of constantly interpreting the understanding of nursingness she had been given so as to establish her own understanding of what it is to be authentically a nurse, and identifying with that understanding. Nurse-Dasein, in her understanding of her nursingness, is constantly having to interpret and reinterpret her moment-to-moment experience of being with each patient in order to be with her patients, and not simply view them as a mass to which a narrow range of prescriptions can be applied. This last is a danger if nurse-Dasein remains in the understanding given to her by the 'they'. In the final analysis, she has had to understand and interpret the differences between her and her patients, between her and her colleagues, and, finally, between her nursingness and that of the 'they'.

In the next chapter I will consider certain aspects related to the business of healthcare that can be seen to be a hindrance to the process of allowing nurse-Dasein to achieve her own possibilities, thus causing a reduction on the provision of healthcare in general.

Chapter 5 : Hindering nursing caring

To this point I have discussed some of the conditions that may come to play on how nurse-Dasein might authentically, or not, become a nurse within Heidegger's concept of care. The focus, though, has been on what might be the case in which nurse-Dasein may choose to exhibit a lack of care, which according the nursing literature is becoming increasingly common, and which is inadequately addressed in the nursing literature.

In this penultimate chapter of the dissertation I would now turn to certain societal factors that press down on nurse-Dasein as she tries or doesn't try to emerge from the thrall of her everydayness towards some form of Eriksonian individuation or Heideggerian finding herself. Two of these deleterious influences, nursing education and the introduction of contemporary business practices into the healthcare industry, will be discussed; I will then follow this with a brief pointing towards a possible solution to the problem of lack of care; one that is intimately concerned with nursing education and can be a tool to alter the business practices—empathy. Once again I ask that it be borne in mind that this entry into empathy serves as an introduction to a larger work that is to follow; a work that will bring together various factors to which I have already referred, learning the care-of with solicitude, authority, and curiosity. Empathy is to be restructured and serves as a prelude to what is to be suggested as the apogée of nursing caring, *viz.* advocacy.

Further, I repeat that I am restricting the dissertation to the early Heidegger of the 1920s and before. The later Heidegger, that after his 'turn', will be brought into this other work.

Shades of grey in the caring of the healthcare sector

To begin with a questioning statement: if, for instance, it can be said, as in fact is often said, that there has been a shift in the medical and nursing professions from placing the patient at the centre of the *raison d'être* of the professions to one of placing the organisation or herself at that centre to the detriment of the patient, then Heidegger's notion of care might be worth revisiting to incorporate society's present mode of expression of care for the other, nurse-

Dasein's care-for her patient. Through the lens of these professions this shift could be described as being one of a turn away from Heidegger's 'solicitude' in its various forms towards people who are also dasein to an alteration of Heidegger's 'concern' where the patient is being viewed objectively, even disinterestedly, as an object in a relentless stream that is hospital life. It is then possible to see this loss of solicitude as being occasioned by the cementing in place of certain societal modes of being in the world such as business practices that enforce a view of the patient as an object of concern, not solicitude. Put another way, in some possibly crucial moments care has devolved to another form of care in which the introduction of business practices that enforce a view of the patient as an object of concern, not solicitude, and which are levelling down nurse-Dasein's being herself.

Yet, as was previously stated, Heidegger would hold that non-care is impossible. I would argue, however, that a range of grey 'non-care', of lack of care modes have been introduced into, and are becoming entrenched in contemporary society since the '1920s of Heidegger's world that may prompt thoughts of entrenched lack of solicitude, all of which deflect nurse-Dasein from her own opportunities. I am suggesting that there may be a difference in worlds between that when Heidegger wrote *Being and Time* (a world still trying to recover from the effects of the First World War) and the contemporary world in which there are debilitating valences at work in the workplace, the beginnings of which Heidegger may have recognised in his work *The question concerning technology* which was produced in 1953. This chapter is about some of those valences.

Redefining solicitude in contemporary times

Much mention has been made in this dissertation of the attribute of solicitude and in this chapter there will be a contrast made between this and the other Heideggerian attribute of concern. It is to be argued that the thresholds of both attributes have become blurred in the activities of contemporary society: where concern relates to the care associated to things, to equipment, it is to be argued that the other is also becoming or has become the object of concern and not solicitude. Concern for the other as a form of equipment is ascendent and solicitude towards the other who is also dasein on the wane. In order to bring this facet of contemporary life into sharper relief I would outline another deviation from the Heideggerian tradition and offer a particular use of the word, solicitude. This has a direct bearing on the

reinterpretation of concept of empathy which will arise below in that it will hopefully provide a firm positioning of solicitude, of empathy in Dasein's authentic 'dealings' with the other humans in the context of healthcare. At the same time it will also be crucial in the argument showing a lack of care in the healthcare sector of today.

In considering the word, the Online Etymology Dictionary has this to offer: 'solicitude (n.) : early 15c., from Middle French *solicitude* (Modern French *sollicitude*), and directly from Latin *sollicitudinem* (nominative *solicitudo*) "anxiety, uneasiness of mind," noun of state from past participle stem of *solicitare* ...' The Concise Oxford Dictionary (7th edition, 1982) explains: 'Solicitude *n.* being solicitous; anxiety, concern ...'. One then finds that solicitous is an adverb which means 'eager *to do*; desirous *of*; anxious, troubled (*about, for*, etc., or *abs.*) ...'. Latching onto the reference to 'anxious', and considering the Hedeggerian mood of anxiety, one finds the Oxford Dictionary entry thus: 'Anxiety *n.* state of being anxious; concern for the future; earnest desire (*for a thing, to do*) ...'.

What does this all mean? Firstly, as pointed out above I wish to narrow the use of the word solicitude as the Macquarrie & Robinson choice for a translation of *Fürsorge* (as discussed in B&T:157, n4). While in the main I prefer to retain the direct translation of 'care-for' as this is a poignant contrast to the ontic 'care-of' involved in the mundane aspects of healthcare, in using their term I would focus on, emphasise the references to 'troubled *for*' and 'earnest desire (*to do*)' in the dictionary entries. One effect of this would be to place myself at variance with a common view of empathy which highlights an immersion into a 'feeling the distress of the other', of 'identifying with that distress'. Certainly these are included in the equation of empathetic caring, but, in the battle against the thrall of everydayness and fallenness, placing the spotlight on 'earnest desire (*to do*)' would reposition the carer more firmly towards a desire for some sort of action in the empathetic response to the vulnerability of the patient. It is felt that unfortunately in the nursing literature 'identifying with that distress' too often takes precedence over the 'earnest desire to do' which leads many writers into dubious regions of endeavour. Furthermore, another danger of highlighting 'identifying with that distress' is that it will tend to suppress any curiosity, and so empathy, in that it locks nurse-Dasein into a narrow

emotional view of what the patient may be experiencing: in her identification with the 'distress', she is being deflected from a being with the patient who has the distress.

To recap, in its everydayness the usual expression of care is a deficient mode of perfunctoriness which is translated as an indifferent approach to the other. In perfunctoriness the other may be acknowledged but only in passing and is soon forgotten. While nurse-Dasein is being drawn inexorably into the publicness of being in the world, especially with its penchant for distantiality, it seems to follow that her present everyday mode is more perfunctoriness than solicitude *per se*. This is brought about by a severance of nurse-Dasein from her fellows, partly, it will be argued, because of the way she has grown into her world and/or partly as a result of not having made a reasonable transition into the Eriksonian stage of Intimacy. To take another step into this structure, distantiality is a severance that insists that the other is over there, so to speak, and not worthy of solicitude *per se*, there are other more important solitudes to be considered, not the least, as an example, being the efficiency of the healthcare unit. At worst, though, it can imply a callousness that rules nurse-Dasein's being in her world (O'Donnell, 2014). However, perfunctoriness is not necessarily as deficient as might be assumed; the nurse assisting in the urology theatre can be perfunctory towards the nurse and surgeon in the gynaecology theatre three doors down – she has no need for anything more than concerned dealings with them although she passes them regularly in the corridor and may have a short interaction or two at various times of the day (B&T:158). It is only when it is applied to the patient that it becomes more sinister.

However, solicitude as care-for, as 'troubled for', as 'earnest desire (to do)', as being curious about and looking for, is still an authentic mode of being with the other; in this it is a primary mode if nurse-Dasein is to make any headway towards finding her own possibilities, towards an authentic being with her patient that meets with the patient's hopes, even expectations. In being 'troubled for', in her curiosity and looking nurse-Dasein is clearing an ontological space for the emergence of an empathy, as mentioned above and of which more will appear below.

Contemporary business culture as a hindrance to care

Irrespective of what mode of being with others nurse-Dasein brings with her, no matter what perspectival horizon she has through her attunement to her world, there are certain factors

that have arisen that may challenge her attunement in one way or another. Principal of these is a contemporary business culture that has arisen in South African hospitals gradually over the past 30 years and more so in the past 15. It is an organisational culture that speaks of an introduction of certain 'business' practices into a provision of healthcare which can be judged as harmful in that they emphasise profit or cost-containment to the detriment of the dimension of care-for of the patient.

Three examples of these 'harmful' practices that will now be briefly discussed are (1) the 'outsourcing' of the employment of nurses to nursing 'agencies' (the 'labour broking' phenomenon), (2) the introduction of expensive machines into the practice of the nurse to replace the natural competencies of the professional nurse (Zitzelberger, 2004), and, as a result of this, (3) a peculiar injection of a 'technorational' approach to caring for the patient (Drummond, 2000) which can be seen to be lying at the base of nursing education; this can be detected in the 'nursing process' phenomenon, for instance, which will be discussed below..

The first has not as yet been explored fully as a phenomenon, although an ephemeral implication in much discussion of staffing, and arises from a practice of keeping to a minimum the number of nurses employed on the permanent staff of the hospital; preference being given to relying on outside agencies to supply nurses as and when they are needed.⁶¹ This practice means that nurses are required to register with a 'nursing agency' or labour broker who has a contract with the local hospitals for 'shifts' for the nurses. In the end, the nurse does not know when, if at all, she will be called back; consequently continuity in her life is disrupted, a disruption that impacts negatively on her attunement to her world.

In the same vein but from another perspective, the occasional or contract nurse can be new to the unit and so has to be shown around and informed of the requirements of all the patients, thus either the continuity of the unit is disrupted in having to provide the orientation, or the orientation is superficial due to time constraints. Central to the knowledge-base of the professional nurse is an intimate knowledge of the patient's condition, his treatment, and more

⁶¹ In South Africa this is not necessarily but sufficiently the case with the provincial hospitals; it is, however, pervasive in the private hospitals who are responsible for the welfare of the shareholders.

importantly any possible adverse reactions that may appear; this is not possible with the contract nurse who may or may not be on the ward or in the theatre for a short time only.

There is a further factor to be considered as the adoption of the 'occasional' nurse as an economic policy tends to introduce an inconstant element into healthcare: for instance, the calibre of nurse that appears on the ward or in the surgical theatre is an unknown factor, which means that the public face of the hospital (which is the nurse) becomes unstable. The 'culture' of the hospital moves from cohesion in favour of a nursing care-for the patient and the organisation to a situation where ward and hospital management are never sure who will be appearing on a shift and have little control over the quality of nursingness provided by these occasional nurses. In the final analysis these perspectives can have a detrimental effect of the provision of healthcare by the organisation (Johnson, 1992:86).⁶²

Additionally the 'economic' use of the nurse tends to reduce the consistent presence of the professional nurse-Dasein to that of a commodified human resource as pointed out by Bobbi Kimball (2004); or as Judy Rashotte explains,

... current NP [nurse practitioner] discourses have resulted in the NP being constituted as an object of nature and therefore understood metaphorically as a tool or instrument within the health care system to be used efficiently and effectively [by the standards of the organisation]' (Rashotte, 2005, interpolations added).

Thus, in point of fact, a central feature in nursing worklife in the private sector of healthcare in South Africa is that the nursing complement is a resource that constitutes a drain on profits, and so must be controlled economically (the doctor, on the other hand, brings patients to the hospital so, quite rightly, is regarded as an economic essential). In this she has been reduced to an economic object. In her being commodified she has become an instrument to be manipulated to ensure corporate health.

In essence nurse-Dasein has been stripped of her power to act in a manner that contributes to the welfare of the patient. Burhans & Alligood (2010) highlight this aspect of the phenomenon thus:

⁶² By 'culture' is meant that peculiar way of doing things that are idiosyncratic to each unit within the organisation. Here it is taken as a dynamic sharing of perspectival horizons that precipitate to a generalised sharing of values, rules of behaviour imposed by the organisation (Hudelson, 2004; Krogstad, 2006).

Analysis of quality care literature reveals that practising nurses are rarely involved in developing or defining improvement programs for quality nursing care.

To which Fackler *et al* (2015) elucidate:

Nurses' voices need to be heard and acknowledged. To do this in the clinical setting and beyond, hospital nurses must invite themselves or find ways to be invited into the authoritative discourse of hospital organizations.

It is in this plea for an intimate voice in the care of the patient that the fragility of the cure-care paradigm is again exposed. If, as has been stipulated above, nurse-Dasein is seen to be the face of the hospital in that she is the one who copes directly with the patient and his family, then it is safe to assume that it is she who must give direction to the overall well-being of her patients in promoting institutional policy. Removing her voice from the equation introduces an instability into how the organisation conducts its business in a manner that can be experienced as caring-for.

There is another dynamic that appears in the world of the hospital. Another more abstract level of instrumentality appears, one that ushers in an approach nurse-Dasein herself has to working as a nurse, how she interprets her environment and her place in that environment: her work as a nurse, her presence as a nurse in the unit becomes an instrument for her own gain. As nurse-Dasein engages with the various dimensions extant in the hospital or clinic in the course of her daily routine it is not impossible that her presence contains a new dimension in the profession in that she does her work with a view to being paid a salary, it is merely a form of work with perhaps a reasonable remuneration, although without perquisites (a constant drain on corporate profits), while other considerations, such as care in a broad Heideggerian sense, become secondary; not necessarily lost but without the strength ascribed by popular opinion to the profession. Nurse-Dasein learns to see herself as a commodity without power, and any curiosity that may lead to some understanding of her patient becomes pointless as the knowledge gained will not be regarded as credible, of consequence in the well-being of the patient. In this way nurse-Dasein is well entrenched in the grip of the 'they', thus contributing to a generalised lack of caring-for. The process of accepting commodification is not necessarily a conscious, reflective acceptance, rather it is pre-reflective, an artifact contained in the

ontological attunement to her world that has been generated in being a nurse in her environment of healthcare economism.

It must be stated that contemporary organisations, including the private hospitals, do tend to favour efficiency over the care-for; they tend to favour a minimalist care-of to the exclusion of a more comprehensive care-for, and this can, in some measure, be demonstrated by the practice of under-staffing as explained above (see Hammerschlag, 1997; Keepnews & Mitchell, 2003; Hagbaghery, Salsali, & Ahmadi, 2004). In the end, the fact that these negating influences on the provision of care-for the patient have been adopted points towards a lack of care situation within the healthcare structure. Quite how the nursing profession has allowed this intrusion into the profession will be broached later in another forum.

The primacy of efficiency in contemporary healthcare systems introduces a second feature of the anomalies hidden in these practices—a concerted move towards the use of technology in the *praxis* of nurse-Dasein. In intensive care units (ICU), in the PACUs, on the wards, there is an increasing incidence of monitors, electronic thermometers, digital sphygmomanometers, and other expensive machines that are designed to standardise and ‘improve’ the accuracy and speed of work by replacing the direct observation by the nurse, that does away with the professional engagement of nurse-Dasein in her interaction with the patient; this to the detriment of more traditional and intimate modes of ‘patient observation’.⁶³ With this the patient loses a portion of his humanity in being ‘ignored’ by the nurse-Dasein who is more interested in the monitor or functions of the electronic thermometer and, as will be seen shortly, the ‘nursing process’.

In intensive care units (ICUs), technology can simultaneously reduce the lived experience of illness and magnify the objective dimensions of patient care ... [T]ools are useful, but technology can never replace the closeness and empathy of the human touch (Almerud *et al*, 2008:55).

Herein lies another angle on the problem of instrumentality in which the concern of nurse-

⁶³ The dissertation takes ‘tradition’ as meaning those modes of being in the (work)world that are handed down by society and adopted, often uncritically, by members of that society. Edmund Husserl is said to regard this mode of worldview as ‘intersubjective habituality’ (Flynn, 2011). In the case of medicine and nursing, for instance, it is seen as ‘traditional’ that doctors and nurses place the patient in the forefront of their activities, at times to the detriment of their own interests; this is not necessarily the case in contemporary healthcare where ‘time’ and medico-legal constraints are more often at the forefront.

Dasein's day is on the instrument and not the patient. By this is meant that, while instruments are vital for improving the determination of the status of the patient's physiological state, the reliance on the machine being brought out in the present context is that of being more concerned with the operation of the instrument than the physical observation of the lived symptoms of the patient. To return to Almerud again: '... the flaw is not in the turning to the device *per se*; it is the turning away from the person. Transforming patients into ciphers, albeit unwillingly, is contra-therapeutic' (*ibid*:60).⁶⁴

The belief [that technology can be tailored to the needs of nurses and patients], however, is assailable and is in need of appropriate consideration within the domain of nursing. Technology is a complex phenomenon which can be understood only when nurses examine technology as more than a neutral adjunct to their practice (Barnard, 1997:128, interpolation added).

While these machines are able to give more precise measurements of parts or phases of the state of the patient, there is a danger that the direct observational 'care' of the patient, a care-for, expected from the nurse diminishes as she watches the figures and graphs on the machine rather than the form of the patient (this is assuming that the machines are correctly calibrated on a regular basis which in South Africa is not to be taken for granted). In this situation her authority is further eroded as the machines are not able to discern finer categories of physiological measurement, such as the 'sounds' of the pulse and breathing which are subtle nuances in diagnosis and so therapeutics. This vital, though perhaps subjective, professional information is lost as that immediate, face-to-face interaction of being-with the patient is steadily replaced by a mediated interaction of the averageness of the specific nature of the few parameters factored into the machine; all in the interests of 'scientific' and standardised nursing. Noteworthy on the subject of 'finer categories of measurement' is that the medical profession is trained to look for these nuances but it is possible that they have declined in the clinical practice of the nursing profession. Many nurses who are charged with the measurement of these parameters are unable to detect and translate them for the benefit of the physician in

⁶⁴ It is interesting to note that the emphasis placed on the machines and 'gizmos' can be daunting to the patient and may ensure a level of compliance: some patients are threatened by the prospect of setting off an alarm of some description and so keep very still, and are dangerously uncomplaining (Almerud 2007:154).

his treatment of the patient. As has been said above, it is proposed that the increasing use of technology reduces the care-for afforded the patient as the nurse focuses her attention on a machine and away from the patient, the danger being that the patient in turn becomes a commodity—an economic 'commodity' to be manipulated with the use of the available medical technology (Rashotte, 2005; Almerud *et al*, 2007; Almerud *et al*, 2008). (See Appendix 3 for an example of a problem with choice of machine.)

This leads to the third dimension of hindrances to a professional care-for. Deriving from this instrumentality is a peculiar fascination with the technologies that are appearing at a remarkable rate; it is a fascination that tends to capture the pre-reflective imagination of nurse-Dasein in her fallenness, thus tending to divert a professional interactive engagement with the patient which is seen as a traditional personal mode of dealing with the patient in the practice of nursing care to a more focussed attention to the machine.

This valence is raised by Drummond (2000), who points out that a 'technorational penetration' into the 'ethic of care' conceals a seduction into performance as a goal; mere measurable performance rather than recognition of the subtleties of an interactive professionalism. This in an environment of narrow measurable 'management' parameters brought about by staff-shortages and reduced opportunities to express 'leadership' (Souba, 2011). In the environment of uncertainty brought about by the commodification of nurse-Dasein performance becomes a vital factor in ensuring continued employment, in contributing to some measure of continuity in her world.

Part of Drummond's technorational penetration means that there is an increasing reliance on pseudo-psychological instruments to measure the performance of the unit and so the nurse. One such instrument, although not psychological *per se*, is the so-called 'nursing process' which is nothing more than a system of ostensibly precise documents that apparently ensures that the care-of tasks required by the patient are completed, thus undermining the authority of the professional nurse to determine the peculiar needs of the patient, and also serves as a performance management tool in that the unit manager is able to check on what can be regarded as the 'professionalism' of the nurse. It is an unwieldy generalised 'checklist', often containing items not required by the patient's condition, which has to be completed by the nurse on each patient in the ward at certain times of the day.

The nursing process was introduced as a prop in the area of patient safety to ensure that the required tasks have been completed and so serves as a record in the event of litigation. As such, as Kearney & Penque (2012) point out, the anticipated assurance cannot be guaranteed and, in the final analysis, these checklists can be seen to devolve down to being an expensive medico-legal hedge. Such is the ostensible precision of the documents that inordinate periods of the nurse's time on duty are devoted to gathering and recording the required information, time that has in the past been spent in catering to the patient's needs. In other words, in the final analysis as the nurse knows that these records will be reviewed and this will effect her status in the hospital this implies that the nurse is enticed into focussing on the overarching medico-legal needs of the organisation to the detriment of the idiosyncratic needs of the patient⁶⁵; her professionalism is debased.

As early as 1991 Robyn Holden, in talking about a study by Isobel Menzies Lyth on factors contributing to absenteeism in 1959, had noted that '... for Menzies Lyth, 'discretionary responsibility' means being flexible in the performance of prescriptive tasks, whereas in reality "the level of responsibility in the nurse's job is minimised by the attempt to eliminate the use of discretion." ' (Holden, 1991).

Added to this instrumentality is a peculiar fascination with the technologies that are appearing at a remarkable rate; it is a fascination that tends to capture the imagination of nurse-Dasein or doctor (as is illustrated by the 'latest' cellphone phenomenon so common with young people and many parents). It is also a demonstration of the mode of Heidegger's curiosity, the extent of nurse-Dasein's fallenness.

How does this happen?

As Drummond (2000) points out:

It is argued that the conditions in which nurses now learn and practice have become increasingly instrumentalized and technorational to the extent that they are in danger of effecting a nihilism in what becomes a culture of perpetual obligation to those who would seek to measure our performance.

⁶⁵ See Appendix 2 for an example of this point.

It must be pointed out that contemporary hospitals do tend to favour efficiency in the care-of over a more intimate care-for in the traditional sense of the word. From a nursing perspective it is proposed that these business and nursing practices have eroded, even transformed, the image nurse-Dasein has of herself as a professional within the healthcare sector: in her commodification she tends to fall into the mode of being so as she succumbs to the prevailing view of her status of lost professional creativity, authority, independence, and self-esteem as a contributing member of the healthcare system (Kimball, 2004; Bradshaw, 2009). In other words, she has succumbed to the destructive side of the influences of the healthcare system, the Heideggerian 'they' of an economistic management system. Furthermore, the techno-rational injection of a fascination for machines in her working life can be seen to provide an illusion of being in control as the machine is deemed to be superior to her human skills in obtaining the required measurement. It is being argued that this illusion further creates a chasm between herself and her patient as she loses trust in her own abilities, as the acuity of her professional observations becomes dulled.

Considering an aspect of contemporary nursing education

Our collective memory of nursing is being overwritten by a new programme of managerialism. Nursing is subtly and insidiously being reformatted, re-engineered, processed to become something which may be efficient and effective in a managerial, commercial and business sense but which is unrecognisable as something nurses or patients wish to engage with (Carter, 2007, p.270; quoted in Darbyshire, 2013).

What must be noted here is that in recent times this primary phase of nurse-Dasein's entry into nursingness is fraught with novel dangers. Just one of these: in the last few decades nursing education has shifted strongly towards some mode of nursing-being called a 'science' of nursing: quite what this science is does not appear to have been interrogated adequately by its supporters. What has become plain is that the function of nursing has taken on some form of scientific methodology that '... deals only with beings ...' in the broadest sense (Heidegger,2001:18). As it turns out, these beings are the patients but in the adopted methodology it is not the patient *qua* person, the beingness of the patient, that is paramount, it is the beingness of the disease process in whatever form that captures the everydayness of nurse-Dasein (more of this in a moment). The patient *qua* person becomes anonymous; In other words, it is possible that the young nurse-Dasein is being tutored to identify as closely as

possible with the medical paradigm of cure which may be antithetical to the nursing paradigm of care. In this instance, the essential and vital difference between the medical and nursing paradigms becomes blurred and perhaps dangerously confused as nurse-Dasein is prodded along a road of 'hard evidence' to the exclusion of an intuitive response to the beingness of the patient.⁶⁶

A result of everydayness is that when in a pre-reflective mode of being in the world, nurse-Dasein is governed by the possibilities the 'they' has to offer. Noteworthy, of course, is that as she has grown up into this mode of being, then it is possible to assume that, barring an education that offers alternative perspectival horizons, there is little to inform Dasein that there is another, more authentic mode which contains its own possibilities, such as the non-deficient forms of solicitude, from which Dasein may make its choices.

Further, there is little to tell Dasein that being a part of the everydayness of the 'they' is a misinterpretation of authentic being; the being of everydayness, with its publicness and averageness is taken to be paramount in nurse-Dasein's projection into her world. One result of this is that such misinterpretations of being in the world are passed onto others who will also grow into the misinterpretations, this is the 'task' of the 'they'. To parody Stephen Mulhall:

Dasein's inherent sociality and its tendency to lose itself in the 'they' suggested further that, once such misinterpretations were established in the [nursing] culture, new generations [of nurses] would tend unquestioningly to accept them as self-evident truths, as what everybody knows to be common sense' (Mulhall, 2005:108-9; interpolations added).

In the healthcare context, this is notoriously dangerous. As an example, in the '70s there was a concerted effort on the part of South African nursing to introduce the 'the nursing process' into all levels of the nursing service. This was introduced in order to 'standardise' nursing activities across the board (it also had the effect of making nursing education easier by fostering a focus

⁶⁶ 'Intuitive response' is held to be that peculiar pre-reflective response to cues given by the patient. It is a form of knowledge that arises from an initial impression and before an act of reflection. It contains little empirical status, but is generated from *a priori* sources such as previous experience, values and training. It is an attribute of many experienced nurses, but, as Green (2012) points out, It is not common many nurses in general.

on the care-of (bed-making and so on), leaving the care-for (the being-with the patient) to fend for itself). In effect, this instrument has been shown to reduce the responsibility the nurse *qua* nurse has towards her patient in that it can be seen to promote routinised and superficial interactions with the patients, as well as diverting authentic nursing attention from the patient towards carefully designed documentation protecting the organisation.⁶⁷ The point to be made here is that two or three generations of nurses and nursing education departments have grown up with this 'nursing process' and its reduced responsibility such that South African nurses now regard their responsibilities to be primarily focused on an administrative process that does little more than promote an efficiency demanded by the doctor and organisation. This passing on of a particular instrument with which nurse-Dasein has been educated, which has been accepted within her training, heavily influences roles which are skewed away from the patient's welfare. Thus the everydayness that promotes the use of the 'nursing process' is taken as a given by contemporary nurses as they are trained in the 'science' of nursing by an '... anonymous public practice [which] has already decided on the roles, standards, norms, etc., for the sake of which [nurse-]Dasein engages in its everyday activities' (Dreyfus, 1991:160, interpolations added). In the final analysis, the widespread use of the nursing process can be regarded as being an epitome of Carter's managerialism.

Furthermore, the everydayness of the profession as a whole raises the peculiar subject of an objectification that is demonstrated ontically when the patient is referred to as a 'case', an 'appendectomy', as 'Dr So-and-so's case'. The distance between nurse and patient is marked at the moment as nurses rarely know the patient as a person, since, to a large extent, he is subjected to an objectification that may be a spin off from the scientific detachment significant in the medical profession which has been adopted by the nursing profession. He is a series of ciphers on an official form.

Thus it is possible to hold that there has been a shift in nurse-Dasein's dealings, her view of the

⁶⁷ These points was recognised by members of the Rhodesian nursing service when an attempt was made to 'sell' the concept there in the '70s. It was noted then that one reason for introducing the instrument was to limit medico-legal hazards that are inherent in all medical and nursing practice; it was argued that restricting the potential of medico-legal hazard was the responsibility of individual doctors and nurses and this could not be arrogated by the organisation without a loss of nursing professionalism, an ontological possibility open to all nurses. Their argument was, in fact, against an imposed everydayness, although this Heideggerian point was unknown at the time.

patient from a being-with of solicitude to an instrumentalised being-alongside concern of the patient, i.e. people are not dasein, they are equipment; they are to be used in nurse-Dasein's projection into her world of nursingness as she perceives it through the lens of the possibilities offered by management, for instance. The original paradigm of nursing care complementing the medical paradigm of cure (the care—cure paradigm) as a dynamic therapeutic whole has been fractured.

Shades of grey in the modes of care

It is in this sort of activity that I would postulate that there are shades of grey in Heidegger's notion of care which has an effect of blurring the differentiation between people and things. It is not so much a question of the individual nurse-Dasein being drawn into perfunctoriness, for instance, as being more that the 'they' has actually changed its character to enforce an emphasis away from the patient to the organisation; it is a superficial care-of the patient and a prominent care-for the goals of the organisation that is covering the treatment of the patient.

The impetus for the shift can be seen to have begun in 1906 when Frederick Winslow Taylor burst onto the industrial scene with his system of 'scientific management', a management ethos which was gladly taken up by industry and the corporate world, which includes hospital administration, with its promise of efficiency and enhanced profits.⁶⁸ Then there was the period of the behavioural psychology of BF Skinner in the 1940s which, it seems, still has influence in the corporate attitude towards the employee. These two influences (amongst others) have resulted in various levels of management being given precedence in the activities of the 'they' who is influencing nurse-Dasein. Thus the nurse reports for the first time for duty and finds that she is presented with a clearly defined set of rules, regulations, protocols, standards that impinge directly on her role as nurse; although mention is made of the patient in passing, the mark of these regulations is to force (or as Taylor would have it, 'enforce') the nurse to step back away from the patient towards a 'solicitude' for the organisation; the gap being filled by a

⁶⁸ Unfortunately, at the time of writing Wikipedia is the only readily available source on Taylor; another illuminating source is a book by Sudhir Kakar, *Frederick Taylor: a study on personality and innovation*, which is not immediately available.

variation of an equipmental care-of of the patient who is, after all, just passing through.

Thus, in the contemporary environment or world into which nurse-Dasein is 'thrown', the 'they' encountered by it is not simply characterised by idle talk, Heidegger's curiosity, and ambiguity. What I am suggesting is that the 'they' in which Dasein finds herself in contemporary hospital life is not only the averageness of abstraction adopted by a nurse's colleagues: there is a feature of the 'they' that lies deeper and is more insidiously compelling. Nurse-Dasein may have previously had visions of being authentically a nurse, she may have grown up into some level of 'leaping forth' before commencing training, she may have begun the arduous journey to an authenticity of sorts, there may be elements of solicitude in the sense of 'troubled *for*' and 'earnest desire (*to do*)' but her movement towards authenticity is now opposed by an imposed (a Taylor-esque enforced) averageness and distantiality of a 'they' that is far greater, more dehumanising than that implied by the early Heidegger.

Even more sinister is that this lack of care for the being-state of the patient who has entered the strange world of the hospital has become reified, is the norm, is unchangeable. As sociologists Berger and Luckman describe the situation:

Reification is the apprehension of human phenomena as if they are things, that is, in non-human or possibly supra-human terms ... [T]he reified world is, by definition, a dehumanized world ... in other words, reification can be described as an extreme step in the process of objectivation, whereby the objectivated world loses its comprehensibility as a human enterprise and become fixated as a non-human, non-humanisable, inert facticity (Berger & Luckmann, 1966:106).

To which they add that the phenomenon has Marxian overtones in being a 'fetishism of commodities' (*ibid*, 225), shades of Heidegger's fallenness. Nurse-Dasein, irrespective of her progress towards finding her own possibilities, is confronted by a materialising managerialism that overshadows all that happens in her workplace.

In this way Heidegger's deficient modes at the time of *Being and Time*, perfunctoriness, carelessness, even '... aloofness, hiding oneself away, or putting on a disguise ...' (B&T:161) do not serve to explain contemporary deficient modes of care and point towards an institutionalised lack of care .

Nurse-Dasein has to vacillate between the rank coercion of the 'they' and actually trying to care-for the others around. It is being postulated that this shade contributes to the 'stress'

being experienced by contemporary nurses.⁶⁹

Redefining empathy

So how does nurse-Dasein, or the profession as a whole, for that matter, find her way around such an impasse? Here is where I introduce another attribute which, it is proposed, will define nurse-Dasein as she engages with an authentic nursingness.

In the last chapter I briefly outlined three elements, learning the mechanics of the care-of, intrinsic authority and curiosity, that I would posit allows nurse-Dasein to begin a journey towards her own nursingness. Now I would point to another attribute, one that can allow nurse-Dasein to ensure a care-for to be brought out of its hiddenness to complement the care-of in everyday nursing practice.

I would postulate that a *mood* of empathy is an outcome of her ontological propensity for curiosity and is one that might deflect nurse-Dasein from a deficient mode of care which is a misinterpretation of care-of as being the authentic mode of care. It must be stated at the outset that the empathy being discussed here is not some communion of minds, neither is it cognitive, intellectual or professional (von Dietze & Orb, 2000), it is a fundamental form of being-with that leads to authenticity (Dreyfus, 1991:150ff). Thus, although this demands further explication which is beyond the scope of this dissertation, it is postulated that it is an ontological artifact that arises out of an authentic, hence unhindered, being-with (B&T:162-3). To this I would introduce a dimension of imagination; that Dasein is able and willing freely to imagine what it is like to be that person in that set of circumstances being experienced. As a creative act imagining is brought about by such factors as prior experience of what it is like, or even the extreme creativity in the absence of the experience of having been there in conjuring up a notion of what it *might* be like; both of which are pre-reflective and grounded in the attunement nurse-Dasein has to her world, and which at that moment is shared with that patient in particular but equiprimordially, as Heidegger would have it, with all the patients in

⁶⁹ What is commonly termed 'stress' is imperfectly understood from an ontological perspective; from this perspective it is more related to a forced intrusion into the process of finding one's ownmost possibilities.

general who are in her care. In developing an empathetic being with her patient nurse-Dasein is incorporating this dimension into her attunement; empathy becomes a Heideggerian *mood*, state-of-mind. It is pre-reflective and enduring within her being in her world; it informs all her dealings with things and people in her world. As has been pointed out, taken this way empathy, in the mode of mood or attunement, is contrasted with sympathy which is regarded as being contingent and perhaps patient specific. As was mentioned in the second chapter, the distinction being made here between empathy and sympathy is that the latter is taken as momentary, being evoked by a perception of a particular situation, it is ontical in nature. Whereas the former is an ontological correlate of Heidegger's care-for; as such can be seen as a guiding 'force' in nurse-Dasein's being a nurse. Sympathy, being aligned to the ontical by being contingent upon the situation, can in some measure account for a lack of care. In her everydayness nurse-Dasein can lose sympathy for her patient if she is not in a position to be with him, if he is to be treated as 'equipment', occasionally obstinate in being in the way of her efficiency in her daily round, in her routine.

In considering the proposed structure of empathy, however, one must include Heidegger's notion of conscience, being an outcome of a Heideggerian anxiety, as a vehicle for loosening the grip of the inauthentic being-with of everydayness. It is in response to this anxiety that nurse-Dasein may eventually realise the inappropriate nature of the possibilities offered by the 'they', and in response to a call from conscience may turn towards her own possibilities. In the way of psychology, and more so psychiatry, anxiety is deemed a form of pathology, a 'condition' to be avoided in the interests of mental health. Implied in this is that of an anxiety of psychological conscience which is evoked by the call of society, specifically religious society, that leads to doing 'the right thing' in accordance with imposed values that speak of some overall good; it is an anxiety that points backwards to an event which is part of a network of significances supplied by the 'they' that intrude into nurse-Dasein's projection.⁷⁰

Heidegger's form of anxiety of conscience calls nurse-Dasein towards being a nurse *qua* nurse caring-*for* the patient. Conscience in this context points *forwards* towards its own possibilities and those of the patient. The anxiety that fuels Heidegger's conscience in nurse-Dasein is not a

⁷⁰ This looking-back and the pointing-forward in the next paragraph is borrowed from Heidegger's discussion of guilt on pp 328-9.

generalised solicitude, rather it is a 'troubled *about* or *for*'; it is an 'earnest desire *to do*'; one part of which is included in a reaching out to the other, another part of which is a movement in the direction of nurse-Dasein as she is herself. Heidegger's anxiety is a positive invitation to begin to approach the singular possibilities open to nurse-Dasein in herself, which may in fact be contrary to the demands of the 'they'.

The issue at hand is a question that asks what result of the call of conscience if it is not recognised, or is being ignored by Dasein, or even suppressed for some reason. In order to maintain the position on the staff of a hospital nurse-Dasein may, unwittingly, suppress her ontological caring mode in favour of submitting to the relentless demands for efficiency on the part of hospital nursing management. Unwittingly she is drawn into the coercion of the 'they' of this management style for good reason: there are no other hospital posts available and she has three children to support, for instance. There may be intrusions by conscience, she may find her work stressful in that she has to repress these nursing calls from her beingness in favour of her everyday need to care for her family. Caring in the form of solicitude is still evident in nurse-Dasein in the providing for her family, at the expense, however, of her ontological well-being as nurse-Dasein reaching for her own possibilities of care-for in her work-place. Herein lies the crux of the dilemma facing nurses: how does she maintain her nursingness in the face of the demands of the 'they', especially when there are anxious calls being generated by her Dasein in opposition to those of the 'they'? Equally, how does she cope with the stress created by this opposition?⁷¹ Is empathy and or compassion being lost in the rush to provide for the organisation?

This last thought ushers in a move to the second part of the discussion. Empathy, on Heidegger's account, can only be encountered when (a) Dasein as care-for is being 'attracted' towards the other; in short, is open to the dasein of the other, and (b) has some understanding of its self, its own Dasein and its own possibilities. In other words, while nurse-Dasein is being

⁷¹ Nursing stress, or 'burn-out', is becoming a research 'industry' with most researchers looking at various ontic stressors, such as understaffing, as causative factors. There is nothing, at the time of writing, to indicate an acknowledgment of the possibility of a denial of Heideggerian conscience.

attracted away from herself towards the demands of the 'they', she is not able to have an authentic understanding of the care-for of nursing-being as such; in being immersed in the possibilities of the 'they' she is not projecting towards the authenticity of her own possibilities within a being-with. So empathy lurks in the background, 'covered over' by the lure, the enforced lure of the 'they'.

It is possible, however, for nurse-Dasein to find a rush of sympathy creeping through the averageness when presented with a situation that can be regarded as threat in the other. As I have said, I hold that sympathy, although related to empathy, is far removed from empathy in being contingent upon the situation; not only this but it does not endure. In no way does this mean that sympathy is a lesser mode of being towards an other: it is simply one that tends to arise from the everydayness of being in the world. It is a momentary, partial opening up of Dasein towards the other but this portal closes as soon as the stimulus is removed and Dasein returns to its mode of perfunctoriness.

In a way this might illustrate another feature of sympathy which Heidegger calls 'pharisaism', a hypocrisy of momentary care-for which is mistaken for a care-of (B&T:338). A real danger inherent in sympathy is a propensity for 'leaping in': the sympathiser tends to take over the situation and this seems to be a form of care. This is not uncommon in nursing circles when the nurse uses her experience and knowledge to rush into a situation with a string of commands, demands. Needless to say, in a cardiac arrest, for instance, this is commendable – to a point. Assuming a successful intervention, empathy does call for a time when the nurse withdraws her immediate, interventionalist 'presence' and hands the responsibility for his life back to the patient while she stands with him. Sympathy, on the other hand, hands the patient to another nurse, her task having been completed, which is the medical paradigm of providing cure then handing over to another for post-intervention care.

If, on the other hand, nurse-Dasein has resisted some of the hold that everydayness has on her, if she has been able at least to begin to understand some of her own possibilities and project herself towards them, then it is possible that the being towards others translates into a more enduring, less contingent *mood* of empathy, which contains none of the 'emotional contagion' mentioned by Evan Thomson (2001), and others who are investigating nursing or medical 'burn-out'. Although this is not the forum for an in-depth discussion of burn-out, it is

proposed for the moment that this phenomenon can be placed in part at the threshold of an inability to 'hear' the 'voice' of Heideggerian conscience (more of this in a later project).

Empathy, then, can be seen to be an integral facet of the care expressed by nurse-Dasein in her being towards the other, it is one of her own possibilities that she carries in its authentic forms of care; it is another dimension in the attunement carried by her in her interpretation of her own understanding of nursingness. Yet the promotion of this mood in nurse-Dasein may be halted by the intrusion of the distantiation of contemporary nursing practices which have been overshadowed by the commodification of nurse-Dasein in business practices in healthcare. To move onto a more positive note one can ask if there is a way out for the nurse-Dasein who wants to approach her own possibilities. In other words, what would be a trigger to evoke a specific expression of empathy towards a specific patient.

To return to the notion of curiosity and its relation to empathy. Already mentioned is the proposal that empathy arises out of an act of curiosity, an act that requires some debate if one is to remain in the Heideggerian tradition. It is on this point that I have a difference with the Heidegger of the 1920s: his curiosity refers to the distracted qualities of novelty when he groups curiosity with the other existentials of idle talk and ambivalence in everydayness. I would sharply separate his 'need for novelty' from empathetic curiosity which I would hold is actually a reaching out, a reaching towards with a genuine desire to bridge the abyss inherent in all interpersonal modes of being-with.

So my interpretation of attribute is that it is not evoked by a desire for novelty, it is an ontological tool that nurse-Dasein has at her disposal in her being authentically with others: primordially she uses curiosity to reach out towards the other which has been perceived to be in some sort of distress or incapacitated – without a leaping-in which is interpreted as being on a level of reflectiveness. For example, the anaesthetic nurse who in the course of her duties sees a pre-operative patient in distress will approach the patient in an act of empathetic curiosity to determine, or at least try to determine the basis for the distress with a view to trying to alleviate some of the distress; in short, to be with the patient. This curiosity has nothing to do with novelty as each patient, although being an individual dasein in his own right,

can be seen through the lens of experience as being much like other patients who also exhibit such distress; it is not unusual to experience some form of pre-operative distress. On the contrary, in this situation empathetic curiosity offered by nurse-Dasein gives the patient an opportunity to articulate his distress and in doing so to open himself to the nurse who, in turn, is able to bring her experience and authentic, intrinsic authority to the fore in being with the patient. Here one finds a situation where both patient and nurse open themselves to each other in an act of being with each other.

Her ontological empathy means that she is constantly vigilant to the possibility of distress in the pre-operative patient, she sees the distress, she becomes 'troubled *for*' the patient and as a result she has an 'earnest desire (*to do*)' something within her power to attempt some sort of relief. In so doing she is attempting to slow her stream of everyday consciousness to focus on the distress of her patient and the part she might play in offering relief. Herein lies the authenticity of an ontology of nursingness: she is care in contrast to the anaesthetist's cure. With empathetic curiosity the nursing paradigm of care-for has been restored as a complement to the medical paradigm of cure or care-of.

However, in contemporary society much of the Heideggerian anxiety that underpins empathy has to be ignored or repressed in favour of the everyday demands of the organisation, which primarily being efficiency to promote profit, or at least containment of expenditure, even at the level of nurse-Dasein of holding onto her post in an act of accepting her commodification. While the search for novelty, ambiguity and idle talk continue to be the structure of the 'they', there are additional factors which can often be seen to be a result of the averageness induced by a management style of coercion to standards. As Heidegger puts it: 'Everydayness takes Dasein as something ready-to-hand to be concerned with—that is, something that gets managed and reckoned up' (B&T:336). While the individual nurse-Dasein tries to respond to her call towards an authenticity of care-for, she is forced to deny herself this facility by the demands of a managerialism with which she is confronted: it is a coercion underlying the position so that she has no choice until a more conducive nursing post can be found. Needless to say, all this hinges on Dasein's being able to resist the pull of nursing-everydayness and its distantiality.

I would reiterate at this point that, although this essay is focused on the nursing and medical professions, this parlous situation of Dasein is applicable to other spheres of human endeavour.

Summary

In this chapter, I have explored certain factors that are at play in setting a platform for lack of care in the realm of healthcare. It has been proposed that there has been a change in the nursing landscape that facilitates a lack of care. Part of this change has been brought about by Frederick Taylor's 'scientific management' and BF Skinner's behavioural psychology, both of which continue to have a hold on the way healthcare is managed in contemporary times. Shades of grey in caring appear in the way that healthcare has been shown to treat the nurse, in particular, and, to some extent, doctors, as an economic resource, a commodity, that has to be manipulated in the interests of financial effectiveness. In the commodification over an extended period of time, the nurse has herself come to accept the commodification and has 'grown into' an everyday acceptance of the financial well-being of the organisation which takes precedence over the ontological well-being of the patient in his distress. Solicitude is not towards the patient but towards the organisation; caring-for has been turned towards the 'they', and the patient has become an object for simplified caring-of.

Another shade of grey lies as an extension of the commodification of nurse-Dasein. As it has been subjected to the contemporary everydayness of the profession with its peculiar distantiation from the patient, there is a concomitant loss of empathy. It is this attribute with its correlate, curiosity, that is the hinge on which nurse-Dasein is able to move towards her own possibilities in her being with her patient.

Chapter 6 : Conclusion

This dissertation has sought to bring out of a Platonic cave the polemic of a generalised lack of care, a condition endemic, indeed pandemic, at the moment within the human condition in healthcare in Africa as well as other parts of the world. It is a characteristic that seems to have wheedled its way into a perspectival horizon that shapes the way Dasein generally and nurse-Dasein in particular sees the world.

in his early writings Heidegger pays extensive attention to the problem in his discussion of care, yet it has been proposed that the introduction of an attitude of lack of care into the broader spectrum of society, i.e. the organisation, has not been adequately brought to light. A major theme of this imposition of the phenomenon onto Dasein, in this case nurse-Dasein, is a contributing factor to the continued fallenness of Dasein in its clutching to the everydayness of its existence. There is of course the 'confrontation with modernity', as Zimmerman describes some of Heidegger's later writings, which covers this last point but that period of Heidegger's philosophy will be the basis of another project which will attempt to construct a profile of what it is like to be authentic in the world of nurse-Dasein; it will be an extension of three points raised in this dissertation as a journey nurse-Dasein can make towards authenticity. These points being the care-of, two forms of authority, a redefined curiosity and empathy.

To recap on the discussion to this point. It was held that the vehicle for the project would be the nursing profession, as (a) this is an area of human endeavour with which I am most familiar and (b) it is also a profession that is deemed to be inherently caring in the perceptions of those in need of care, but (c), as has been shown, in theory and practice there are shades of grey in the demonstration of care verging on a lack of care. The mere fact that nurse-Dasein enters into the profession of nursing has 'traditionally' implied that there is a portal open for her to begin to approach her own possibilities for some form of authentic caring for another who is incapacitated. This, however, cannot now be taken as a given as may have been the case 50 years ago. If lack of care is as prevalent as is being reported both in nursing research and the daily press then it would have been reasonable to find that the lack of care would appear more explicitly in nursing research. While there is concern being expressed in the overseas press it

has been found that at the moment this concern has been fragmented; any plain discussion of lack of care is missing from the nursing literature, especially in South Africa. There is a preference given to discussion of caring in which various notions taken, at times randomly, from parts of a general philosophy of care as interpreted at various times in the development of the profession. I have pointed out that much of the general discussion tended to devolve into some form of prescriptivism—a nurse does this or that, feels this or that, and doesn't do another thing. To counter this tendency it was found that a strong predilection for a phenomenological approach to nursing has appeared in the last 15 years or so and has been growing. This is a welcome trend as the portal for my investigations into the question of lack of care has been through that of phenomenology, and more particularly Heidegger's views on care as the basis of being in the world. As such then there has been minimal attention paid to nursing analyses of caring.

However, as John Paley (2005) points out, the general tone of the call upon phenomenology in this research has been compartmentalised, fragmentary and replete with inconsistencies and misunderstandings, so, in order to lay a firm platform for investigating lack of care, I felt it was incumbent on me to outline my interpretation of Heidegger's ontology with respect to such factors as everydayness, fallenness and the influence of the 'they'.

It was argued that phenomenology was to be the preferred platform for a discussion of lack of care, this being preferred over a more 'scientific' methodology common in the human sciences and much nursing research. The essence of the preference is that it is an ontology of lack of care that is being sought, not an epistemology which would be the case with the latter mode of investigation. In order to do this, of course, it was deemed necessary to give a fairly comprehensive overview of early Heidegger's exposition of care as it pertained to nurse-Dasein and her mode of being in her world or worlds.

To complete the backdrop to the discussion on care in contemporary healthcare I outlined another facet of Heidegger's thought—his view of 'world'. It is imperative that any discussion on lack of care must be predicated by a realisation that world is not a fixed entity lying outside an observer, a common-sense view; it is in fact a dynamic inter-relationship between nurse-

Dasein and the things and people around her. World comprises nurse-Dasein and all the things she encounters around her as she manages her existence. With world being a part of nurse-Dasein, nurse-Dasein is then part of world, and, to take another step, nurse-Dasein in existing in her world is underscored by the way she cares for herself and her world. Furthermore, how she conducts herself in relation to the elements of her world dictates the quality of her existence. Concern for things and solicitude for others who are also dasein open a space for her to find her own possibilities and so move towards an authenticity which Heidegger marks as being the apogée of existence.

This view of being in the world is pertinent when considering nurse-Dasein in her singular role of care-of and care-for an incapacitated other. Given a position that ill-health contains the potential for health, much of her role is fundamental to ensuring that her patient is given an opportunity to manage a journey towards a healing of sorts: nurse-Dasein, with the ministrations of her medical colleagues, allows health to emerge, to be disclosed, to be let be. In this her role is unique: she is not required to cure, that is the role of the physician or surgeon, what is asked of nurse-Dasein is to stand beside the medical practitioner as he attempts to correct the malady being experienced by the patient. Equally and just as vital in her contribution to the letting be of the patient's potential for health, she is expected to stand beside the patient protecting him from any influences that may interfere with the healing process while encouraging those aspects of the treatment that will enhance his existence. Her *techne* is *poieisis* as she is constantly having to express her craft in terms of assisting the patient in finding his own possibilities within his health potential. She is engaged more in an art and less in a 'science' of the healthcare world.

In addition, her world is multifaceted in a way that is not experienced by the other members of the therapeutic team; the doctors, radiographers, physiotherapists, dieticians and others. One moment she is changing a messy bed, the next she is counselling a disturbed patient, then she is writing a report, after which she may be monitoring another patient whose blood pressure or sugar levels are unstable and having to decide whether or not to notify the medical practitioner, and so her nurse-Dasein existence continues. At no time can nurse-Dasein plan her work day with certainty; there are always imponderables facing her. The everydayness of being nurse-Dasein is fraught with contingencies which, if not understood and accepted in an

understanding of nursingness, can drain her of her vitality, a draining known today as 'burnout'. It is possible to attribute any occurrence of 'burnout' to a misunderstanding of her nursingness; it is possible to show that as nurse-Dasein in being immersed in her fallenness, as she clutches to a hold that the 'they' has over her, so her own possibilities, her call from anxiety and conscience to acknowledge her own being a nurse, will place a strain on her being in her nursing world.

It seems that the dilemma at the moment is that this peculiar mode of being in her world, of being so many things to so many people in her existence in the hospital environment has been either forgotten or is being addressed in a manner that will introduce a certainty or is unacknowledged altogether. Unfortunately the dilemma can usher in the phenomenon of a loss of care-for as nurse-Dasein is deflected, in her misunderstanding of nursingness, from a care-for, a solicitude for the patient, to other areas of concern where people and equipment are blurred into a sameness of being unable to distinguish between who or what needs care-of and who or what needs care-for; the tendency is to restrict her care to the care-of. As has been demonstrated, contemporary attitudes towards being in the nursing world are more concerned with getting through the shift, of completing forms in the prescribed manner, and so on with as little effort as possible in engaging meaningfully with the patient, the primary focus of her nurse-Daseinness.

If there is a predominance of lack of care in the healthcare sector, if there are inconsistencies and misunderstandings in the perceptions of nursingness, then it is vital that a step be taken to find a solution. This dissertation has set out on that path by trying to find what ontological characteristics nurse-Dasein needs in order to be authentically caring in her nursingness, in her being a nurse caring for her patient. Right through the dissertation it has been held that nurse-Dasein, like her friends and relations, is at the start of her career in a basic state of everydayness; she has been used from childhood to following the dictates of the 'they', although she may have been testing the waters in an attempt at finding her own identity as is usual with the adolescent. Thus there are various stages she goes through in finding her sense of nursingness. In order to illustrate these stages, the theoretical base of psychologist Erik

Erikson was brought into the discussion. His transition from the finding of 'self' in adolescence to the 'otherness' of Intimacy will be enlarged in the next project as this is central to an authentic form of nursing caring. For the moment it has been argued that, just as the child-Dasein needs to find its own way into its world, so it is the case with nurse-Dasein who has to find her own way into nursingness. An example was given of how adolescent nurse-Dasein may have been used to 'rebell[ing]' against the dictates of the 'they', parents, religion, school, peers, around her, yet when she enters into the nursing profession she has to submit to the 'they' of the profession, the senior nurses, teachers, doctors and so on.

Three moments have been postulated in brief to this point: learning the mechanics of the care-of, authority and curiosity. There will be additional motivational material brought in later as elements of the later Heidegger, the Heidegger after the *Kehre*, will be introduced. A fourth, being empathy, was briefly discussed at various stages in this dissertation, and this too, with the other three, will require further exploration. Then an in-depth exposition of a fifth characteristic, advocacy, or Heidegger's *resoluteness*, will complete this later project. The five characteristics are not to be seen in the form of a hierarchical structure; each are a dynamic waxing and waning of experiential circles around nurse-Dasein as she incorporates her experience of her nursingness into her understanding of both herself and the nursingness provided by the 'they'; as she enters into the hermeneutical circle of finding and acting upon her authentic possibilities.

In conclusion, this dissertation has served the purpose of making some headway towards acknowledging a prevalence of lack of care within the healthcare industry, not only in South Africa but elsewhere in the world. It is proposed that part of the problem is that there is little in the way of a coherent acknowledgement of whatever lack of care that may exist. It has been shown that Martin Heidegger and his notion of the basic nature of care in the existence of Dasein is a powerful force in examining any lack of care. Further, it was shown that by restricting the discussion to the early Heidegger a firm foundation for a creation of an ontological structure of nurse-Dasein is possible.

The purpose of the whole exercise lies in the possibility, and only a possibility, that there is a problem existing in healthcare in terms of lack of care. If, as has been shown, there is in fact such a problem, then the next step is to acknowledge this. Thus the purpose of this dissertation

is to challenge the healthcare industry to accept or deny this possibility, which then leads to the question of what to do about it. It is here that the bringing out of their hiddenness the ontological characteristics of what ontological nurse-Dasein may present to herself and her patient is offered as a possible solution.

Finally, it must be reiterated once again that while the vehicle for this investigation has been the healthcare industry, both private and provincial, most of the points made can be applied with little variation to other areas of human endeavour, such as industry, commerce, teaching at all levels, and, even the unions. This all in the hope of contributing to the welfare of healthcare in South Africa and possibly in these other areas of being in the world of work and play.

Appendix 1: Erik Erikson's Stages of Psychosocial Development

	Hope vs Withdrawal	Will vs Compulsion	Purpose vs Inhibition	Competence vs Inertia	Fidelity vs Repudiation	Love vs Exclusivity	Care vs Rejectivity	Wisdom vs Disdain
VIII								INTEGRITY vs DESPAIR
VII							GENERATIVITY vs STAGNATION	
VI						INTIMACY vs ISOLATION		
V	Temporal perspective vs Time confusion	Self-certainty vs Self-consciousness	Role experimentation vs Role confusion	Apprenticeship vs Work paralysis	IDENTITY vs IDENTITY CONFUSION	Sexual polarisation vs Bisexual confusion	Leader- & follower-ship vs Authority confusion	Ideological commitment vs Confusion of values
IV				INDUSTRY vs INFERIORITY				
III			INITIATIVE vs GUILT					
II		AUTONOMY vs SHAME & DOUBT						
I	TRUST vs MISTRUST							
	1	2	3	4	5	6	7	8

Appendix 2: Choice of machine for the purpose

There is also the decision as to what category of machine to purchase for a particular purpose. In the organisation that is led by a

non-medical manager it is possible that choice of machine will be restricted on economic grounds; the chosen machine may prove to be dangerously inadequate for the task.

To illustrate, I once conducted a survey of the frequency of physiological measurements being obtained in a recovery room of the theatre suite of a private hospital. I was able to ascertain that measurements were more than randomly recorded by the various monitors (they were not set to record at specific intervals) and that the measurements on the machines did not correlate well with the records on the post-operative form.⁷² I was able to conduct this exercise because the monitors in the unit were sufficiently sophisticated to record and produce details of the history of the measurements which were held in 'memory' until the monitor was reset. A conclusion that was made from this survey was that the attitude of some members of the recovery room was (a) such that recordings of measurements were often inaccurate, even though the recordings had legal consequences, and (b) there was a measure of perfunctoriness in the practice of these nurses.

A similar exercise was conducted in another recovery room at another hospital but this time the information had to be obtained manually and by direct observation as the monitors were of a simple design, more intended for general practitioner's rooms and rural clinics: these monitors had been selected (a) for their low price and (b) the recovery function was not regarded by the organisation as being sufficiently important to warrant undue expenditure.

In the first instance the machines were relatively sophisticated in giving relevant information but were more expensive, in the latter they were more than basic and gave rise to error, at times serious error, in the post-anaesthetic setting, especially when operated by inexperienced nursing personnel, or those given to lack of care either for the patient or the implications in the task at hand.

Needless to say the seriousness of the medico-legal hazards associated with these machines

⁷² It is common practice to obtain blood pressure and oxygen concentration details every 5 minutes with the non-problematic patient. The frequency shortens when the patient is more unstable than usual and readings can be conducted at 2-3 minute intervals. All readings are entered into specified places on the post-operative form and, by 'law', must correlate with the timings on the monitor.

were not recognised by the hospital management responsible for the purchase of them. There was evidence that the nursing voice, if there had been one, was not experienced in the function of post-anaesthetic emergence.

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