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Course #     Nursing 7009
Instructor   Pamela Hardin
Reading #    Hermeneutics: Philosophical Traditions and Nursing...

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Hermeneutics: Philosophical Traditions and Nursing Practice Research

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This analysis begins with the premise that nursing practice research has often ignored or suppressed the fact that nurses participate in and benefit from the same American illness care non-system that leaves 40 million citizens without health care. This collective denial has its historical roots in philosophic foundationalism, health care authoritarianism, and nursing's disciplinary isolation. Philosophical hermeneutics offers perspectives that emphasize the inescapability of nursing's history. This article traces some of the main themes in philosophical hermeneutics and their potential significance for nursing practice research. The relationship between hermeneutic philosophy and research methods employed in interpretive traditions (for example, grounded theory) and the role of experimental design in addressing hermeneutic questions are discussed.

Publications continue to develop the tradition of nursing's effort to understand itself within a larger understanding of science. But unlike the question posed by Foucault, nurses too seldom ask who we are trying to silence or diminish through this interpretive endeavor. My goal is to suggest how the hermeneutic tradition may help us guard against this omission. The omission is starkly revealed by the fact that almost none of the discourse on the identity of nursing—nursing theory—explicitly recognizes that nurses make a living from illness and suffering within an American illness non-care system that leaves 40 million citizens without health care (Allen, 1992). That nurses can somehow stand aside from this economic and political reality, that we are not who we are because of our participation in it, is directly challenged by hermeneutics (Gadamer, 1979; Hekman, 1986; Thompson, 1991).

To convey what is at stake in conversations about nursing practice and how these conversations are related to broader social and philosophical issues, some practical issues and philosophical perspectives underlying hermeneutics and nursing's intellectual and practice traditions will be presented. Next some key implications of a hermeneutic view for research into nursing practice will be outlined, and some suggestions about how hermeneutics might help us reshape our conversations about theory and science will follow. This is not, however, an essay about what are often called nursing theories. It is about how, should we wish to engage in the practice of producing nursing theories, we might be informed by hermeneutics. But, I do not take it for granted that producing nursing theories is (or is not) a worthwhile activity. Theorizing, however, is inescapable.

First, a word about voice. The first-person, singular is used deliberately. As I will discuss in some detail, our intellectual traditions have led us to ignore or bracket the social and biographical contexts out of which we speak. This has led to some of the very difficulties hermeneutics can remedy, including the difficulty of not raising Foucault's question.

Foundationalism

It is not surprising that nursing discourse tries to position nurses as standing outside our practice world, much less outside of the effects on the clients we serve or fail to serve. The practice world understands itself within a pervasive, foundational metaphysic. The adherence to foundationalism is intimately tied to our relationship to science because the appeal to science legitimates
our professional power. Foundation-
alisn is one of the key philosophical and
imminently practical questions within
the interpretive traditions (Bernstein,
1988; Caputo, 1987; Madison, 1988;
Michelfelder & Palmer, 1989). There
are a number of things one can mean by
foundationalism, but I am using it to
refer to the claim that there is a way to
anchor knowledge statements by refer-
ing to hierarchical, nonsocial, non-con-
textual criteria. The positivist tradition
sought these criteria in the contents and
processes of observation.

Within the interpretive traditions,
however, the question of foundational-
ism usually concerns meaning. How
does one establish either the correct
meaning of a text or insure that one has
a valid meaning? This is not some erudite,
theoretical debate: Millions of people
die within struggles of textual foun-
dationalism. Religious fundamentalism
assumes there is a single, correct mean-
ing of key religious texts and that it is
possible to know what this meaning is.
People who don't have it may be con-
demned. Islamic revolutions across the
world and Christian fundamentalism in
the United States are grounded in inter-
pretive certainty. Indeed, adherents
would argue they are not interpreting
texts at all but simply directly repeating
the meanings of these texts. These
debates also rage in secular realms.
There are constitutional founda-
tionalists who believe it is possible to
acquire the correct interpretation of the
U. S. Constitution. Often this is under-
stood as capturing what the original
framers had in mind.

The appeal of foundationalism is
obvious: It provides metaphysical and
social security by providing presumably
universal criteria on which it is possible
to sort the good, the bad, and the ugly.
Furthermore, the absence of foundational-
ism creates what Bernstein (1988)
calls “Cartesian anxiety.” If one doesn't
operate on the basis of at least a faith in
the possibility of such a foundation—
much less within an actual one—how
does one know how to adjudicate
debates and differences? Is one cast into
a muddle of relativism if one doesn't
adhere to foundationalism (Allen, 1992;
Harding, 1991; Hesse, 1980; Thompson,
Allen, & Rodrigues-Fisher, 1992)?

Closer to the themes of nursing’s
relationship to science, the question aris-
es as readily in reference to interview
texts as it does to holy and legal texts.
Here I’ll introduce a terminological note
that I’ll be following: a distinction
between phenomenology and hermeneu-
tics (Thompson, 1991). There is no sin-
gle, clear distinction between the mean-
ing of these terms or their philosophical
history, and I am not attempting to intro-
duce some final taxonomy here. Husserl,
for example, is usually acknowledged,
with Brentano, as the father of pheno-
nomenology, but in an oft-repeated
interpretive irony, his analyses of the
problems of objectivity are also seen as
undermining a foundationalist phe-
nomenology and leading to hermeneu-
tics (Madison, 1988).

But, I am using the terms simply to
mark a rough distinction between two
interpretive traditions: By phenomenol-
ogy I mean those interpretive traditions
which, by omission or commission, are
foundationalist. These writers assert or
assume there is a correct, valid inter-
pretation of texts that is not dependent on
the biographical, social, and historical
location of the interpreter. By hermeneu-
tics I mean those interpretive traditions
which argue that no such interpretation,
no foundationalist meaning exists. For
them, an interpretation is an interaction
between a historically produced text and
a historically produced reader.

Most research traditions in nursing
inhabit the foundationalist assumptions
of positivism (although they may reject
a number of other positivist assump-
tions). Thus, grounded theorists gen-

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long string of debates questioning the relationship between an author and a text (by text I simply mean any words produced orally or in writing). Yet we have within our clinical traditions a language which explicitly acknowledges that this relationship is not simple. Both the languages of denial and of informed consent imply that an author does not have sole claim on the interpretation of his/her text. When patients deny impending death or assent to risky procedures, there can be good reason to question the meaning of their texts (Do they really think they are not dying? Did they really understand the nature of the risks?). Yet the humanities have long understood that authors often produce some of the least interesting interpretations of their own works: Literary criticism—and the antagonism between critics and authors—is based on this distinction.

This antagonism between author and critic raises another issue that has influenced nursing’s embrace of objective interpretations. As women and as nurses, we have long witnessed (and participated in) medical paternalism, whether directed at patients or at ourselves. Thus texts produced by patients and by women have been systematically devalued in health care settings (Arney & Bergen, 1984). Consequently, an important political agenda underlying much interpretive nursing research has been to make sure the voices of women and patients (and nurses) are heard. To avoid imposing our own understanding upon them we have often adopted an objectivist phenomenological perspective. We try to bracket our own values and assumptions and become perfect mirrors for the experiences of these women.

These three traditions of denial, informed consent, and suppressed perspectives intersect with the question of the relationship between an author and a text to raise a third terminological note. The interpretive tradition that engages in the debates about texts that have been coerced or systematically distorted by unequal power relations, I refer to as critical hermeneutics (Amason, 1990; Misgeld, 1985; Thompson, 1991). In a clinical discipline such as ours, the relationship between power and interpretation must be central, and we cannot ignore our own participation in it (Hiraki, 1992).

One key feature of hermeneutics, then, is its rejection of the foundationalism that has characterized most theorizing and inquiry, including phenomenological traditions. Hermeneutics insists that interpretation always occurs from within a historical perspective. If the historical, social, and biographical locations of both the text and its interpreter are involved in the emergence of a new interpretation, it follows that my interpretation of the relevance of hermeneutics to nursing should also be historically situated. Thus I will sketch some biographical details that might help in understanding the perspective I am advocating.

I view myself as working within a nonfoundationalist critical hermeneutics. Since this tradition raises the question of the relationship between author and texts (and questions the privilege of the author in elucidating this relationship), I will provide a brief synopsis of my perspective. Since you do not have the embodied author before you, I will state that I am a middle-aged, white man. Less obvious, only because I share it with most of you and hence you might not recognize its signs in my language, I come from a privileged, middle-class background. This social biography alone raises important questions about the relationship between the texts I produce and the privileges I enjoy. Currently I’m a chair of a department of psychosocial nursing in a major research university where I also have an appointment and teach in women’s studies. The relationship between my administrative and academic privilege, my social position as a white man, and my teaching women’s studies has not gone and should not go without interrogation. Finally, I have degrees in the humanities and my dissertation involved the intersection of two disparate interpretive traditions: British and American analytic philosophy and phenomenological aesthetics. The philosopher whose works I studied, Mikel Dufrenne (Allen, 1978), was a student and colleague of both Heidegger and Merleau-Ponty. I also have degrees in nursing—both a BS and a master’s. Again, the relationships among my academic preparation and my position in nursing are relevant to the text I am writing. Having briefly addressed the issue of foundationalism and my own position within the production of nursing discourse, I would like to turn directly to some key tenets of hermeneutics.

Hermeneutic Philosophy

The central tenets of a nonfoundationalist hermeneutics which I will briefly address are (a) the role of language in creating human subjects, (b) the role of history in understanding language, (c) meaning as an interaction, (d) the social production and reproduction of language, (e) the social basis of criteria, (f) the distinction between discursive and practical knowledge, (g) the role of the actors’ perspective, and (h) social science as hermeneutic. These will shape my discussion of methodologies and practice.

“Language Speaks Us”

Like all interpretive traditions, but more strongly than some, hermeneutics emphasizes the central importance of language. Unlike phenomenology, it challenges the assumption that individuals create meaning. “Language speaks us” (Gadamer, 1979) insofar as human beings are produced within a linguistic environment they inherit. They also reproduce and change this linguistic inheritance through their participation in it. Language is both the medium and product of human culture. The emphasis on language is key to avoiding the traps of individualism and solipsism that have plagued phenomenological and psychological perspectives. Because language is created and reproduced socially and
historically, it is a collective enterprise. Individualism/subjectivism is not a viable position. Further, language is not a tool, it is a way of being. In a fundamental way, one is one’s language. Linguistic practice is a better theoretical and practical starting point than individual consciousness. An individual is not the origin of knowledge, nor the starting point for theory and research.

History

Individuals and languages have mutually implicated histories. There is no way to think or understand except within a linguistic context. Linguistic history may be thought of as a pool of actual and potential resources (Allen, 1992). This pool is not democratically produced and reproduced and it is not socially neutral. It favors some social positions over others (hence Foucault’s quote about who are we dis/favoring with our definitions of science). At the same time, marginal linguistic groups inherit and resist dominant linguistic practices. An important way to democratize and expand the actual pool of linguistic resources is to attend to these marginal practices (Allen, Powers, & Allman, 1991; Allman, 1992; Foucault, 1980).

Meaning Is an Interaction

Gadamer says meaning is produced through a ‘fusion of horizons’ between the text and the interpreter. Every text is produced within a specific linguistic tradition and each reader interprets from within a specific tradition. The degree of difficulty involved in translating from one of these traditions into another is relative to the historical and cultural distance between the text and interpreter. Thus we tend to be more skeptical of claims of the powerful to understand the less powerful or people from another culture.

Production of Language

If meaning is an interaction, then the nondemocratic production of language and the nondemocratic conditions under which it is often spoken mean that power imbalances have a significant impact on communication. By nondemocratic, I refer to the major meaning-generating institutions of media, education, and government. Not all social groups have equal opportunity to shape the meanings these institutions produce. Since, as noted earlier, one is and speaks within the language one has available, these institutions profoundly shape the nature of our citizenry. The U.S. government understood this well when it set about stripping American Indians of their languages. On a less global level, power differences between speakers can produce conscious and unconscious distortions and suppress resistant interpretations. Since we are often unaware of alternative interpretations (even of our own experience), hermeneutic inquiry encourages attention to how we came to inherit the language we use.

Criteria for Sorting Competing Claims

The nondemocratic production of meaning applies as much to science as to other social domains. The criteria for distinguishing warranted from unwarranted, scientific from nonscientific assertions are socially produced. Thus the rationality of these criteria depends upon the social and linguistic conditions under which they were produced. Nursing’s quest for professionalism has often assumed these criteria are fixed and neutral. We have often based our views on a particular theory of science and within an assumption of a politics of meritocracy: Produce enough science, and we’ll gain status and power (Allen, 1986a). The rise of science itself and the feminist, post-modern or hermeneutic challenges to it can be seen as efforts to democratize important areas of social exchange (Harding, 1986, 1991; Luther, 1991).

Discursive and Practical Knowledge

So far the analysis has focused on the discursive (knowledge claims in the form of sentences). But thanks primarily to Benner (1983), many nurses recognize that only some dimensions of clinical judgment can be adequately rendered in language. Practical knowledge (how to proceed) may be of two types: (a) primary, in which no explicit set of rules is ever generated (an example would be the rules of grammar or syntax that often cannot be articulated but must be followed in order for discursive understanding to occur), and (b) secondary, those in which one first learns rules but then internalizes them (for example, one learns the rules of driving a car, but they become automatic). We have much better rules and procedures for testing discursive knowledge claims than we have for nondiscursive. A central challenge of clinical practice research is not just explicating nondiscursive practices—describing how clinicians function—but evaluating those practices while not reducing them to a set of written procedures. Just as we are impatient with medicine’s claims to be the final solution, so we must be wary of unsubstantiated claims about the effects of expert nurses on clients. We should be skeptical about claims of nurses’ expertise that are not challenged by clients’ goals, beliefs, and perceptions (Allen, Powers, & Allman; 1991, Arney & Bergen, 1984).

Actors’ Perspectives

Given what was said earlier about the relationship between authors and the texts they produce, it should be clear that the actors’ perspective, for example the articulation of their goals and motivations, are necessary but not sufficient for descriptive or explanatory practice research. A comprehensive account requires attention to unacknowledged conditions and unintended consequences (Allen, 1992; Giddens,1984). Unacknowledged conditions make the actors’ understanding possible but are not included in their accounts. These may include institutional contexts, linguistic history, and various forms of resources (economic, social, linguistic) as well as the unconscious. Similarly, while most
human activity is goal oriented (intentional), much flows from our activity that is unintentional. Unintended consequences of action are effects of our actions that were not planned. These often reproduce the unacknowledged conditions that made the action possible through the reproduction of institutionalized practices (for example, social norms of appropriate action; power relations; language) (Allen, 1992; Giddens, 1984). In other words, even within the hermeneutic perspective, causality matters because interpretations are influenced by external conditions.

Social Science as Doubly Hermeneutic

The linguistic competence of humans means that social science is doubly hermeneutic. First, like all science, it is a hermeneutic, interpretive undertaking that occurs within institutionalized practices, norms, and values (Bernstein, 1988; Hesse, 1980). Second, it studies institutionalized practices, norms, and values. We must be able to understand and to some degree participate in both discursive and practical aspects of the social world we study. Otherwise, for example, linguistic understanding would not be possible. In addition, the world it studies reacts to and incorporates the meanings it produces: Think of the nurses who understand themselves as experts in new ways after reading Benner’s research.

Because both nurse researchers and the people they study are inherently linguistic beings, hermeneutic nursing research is situated within the world it studies. The horizon any nurse researcher brings to a text is relevant to understanding the meaning generated from interacting with the text. Similarly, the power imbalances that can influence any interaction also play a role when nurses are involved as researchers or clinicians.

The postmodern critique of foundationalism and dimensions of hermeneutic thought support the notion that knowledge is always based on what Gadamer calls prejudice or a preunderstanding (Bernstein, 1988; Gadamer, 1975). To understand requires already knowing what words mean and the social formations from which they arise. This is the most dramatic break with the modernist, Enlightenment pursuit of an Archimedean point from which to reconstruct, copy or reflect the world/reality (Malachowski, 1990; Rorty, 1979). Our understandings of nursing practice have shifted—and will continue to shift—as our social and political environment changes. Any effort to fix the meaning of nursing or nursing science is inevitably both temporary and an act of power.

Shifting understandings are difficult enough in dealing with relatively stable and explicit texts. Witness the struggles over what the Bible or the Constitution mean. This is even more difficult in addressing practice. Although a great deal of practice is non-discursive because it involves internalized rules and field-dependent judgments that are distorted when translated into discrete sentences, most practice knowledge is discursive (rendered in language). The distinction between practice knowledge and practice is important: Knowing how to do something does not address whether/when one should do it, nor what are the intended or unintended consequences. Therefore research into the non-discursive dimensions of practice, for the most part, involves trying to approximate practice through the discursive to facilitate understanding and communication. So although Benner researches a practical level of understanding in what she labels expert nurses, she tries to render that practical knowledge visible and understandable through paradigm cases. These can then be contested: Are they really expert? How does one know that the consequences for patients are beneficial?

The intersubjective nature of language and understanding means that knowledge is both generalizable and historical. It is generalizable because language and institutions are continually reproduced through linguistic practice. Thus it is very problematic to use the individual as either the theoretical or methodological starting point. Relatively little experience is unique and even less is truly subjective once the centrality of language is recognized.

In summary, the emphasis hermeneutics places on language and history requires more attention to context than most nurse researchers are used to. The contexts of both the interpreter and the text being interpreted are relevant considerations.

Hermeneutics and Methodology

In discussing methodology, it is vital to remember that hermeneutic research, and postmodern perspectives in general, have abandoned the mirror theories of knowledge. Knowledge is produced, not discovered. What is produced is not a copy or reflection of some primary, unchanging reality but an interpretation or understanding. It is also vital to uncouple the assumed one-to-one correspondence between philosophy of science and method. Hermeneutic or realist philosophies of science give different understandings of the role and importance of methods such as experimental design. Thus Norbeck (1987), in correctly defending the role of empirical evidence and experimental designs, incorrectly assumed she needed to give a defense of empiricism. She did not. One can defend certain techniques (methods) while maintaining a hermeneutic understanding of causality, laws, or the role of observational evidence.

Nevertheless, hermeneutic inquiry primarily focuses on texts as the object of research. But it requires more than the usual attention to how those texts are produced. Some texts are discovered through, for example, historical research or literature reviews. There is little support for labeling as "not research" the analysis of texts that are discovered, while honoring the analysis of interview texts within the label "research." Often this preference for new texts goes unexamined. Remember the quotation from
Foucault (1980) at the start of this article and ask what is being diminished by privileging one type of text over another.

In nursing, most texts are generated through interviews. There is, however, no "hermeneutic interview." The interviewing approach may vary with the theoretical perspective (for example, Benner's paradigm cases; grounded theory's open-ended question; semi-structured interviews). There is no a priori reason to prefer one interview approach to another. This does not mean anything goes—rather it means the interview process must be justified on the basis of the theory and questions being addressed. Texts may also be generated through surveys, but the interpretation of the meanings so produced is problematic if the items are not derived from texts generated by the people surveyed. Most survey research begs the central hermeneutic question of what people mean when they say they are "very satisfied" with their jobs and whether two people who circle "4" under the same question mean the same thing by that act of circling.

Texts may also be produced through observation. If the observation is of linguistic action, it is not much different from interviewing. If the observation includes behavior, one probably needs to argue, following Ricoeur, that action can be regarded as a text (even if one rejects Ricoeur's objectivistic account) (Helman, 1984, 1986; Lennom, 1990; Little, 1991; McGuire, 1981; Polkinghorne, 1983; Ricoeur, 1976, 1979, 1981, 1991).

However the text is created or discovered, production of meaning through reading is the core hermeneutic strategy. Ultimately there can be no finite set of rules to define the interpretive process because interpretation requires understandings, some of which are practical and not discursive (for example, grammar and semantics) (Dreyfus, 1979; Gadamer, 1979). Most interpretation is recursive in that it involves a dialectic between part and whole. One understands a sentence in part by understanding the context within which it occurs, and, similarly, one understands the context by understanding individual sentences. Each can modify the other.

The interaction between reader and text introduces Gadamer's notion of effective historical consciousness. This refers to the obligation to understand the "horizon" of the text by, for example, analyzing the contexts under which the text was produced and the meanings that words held in that context. But one always strives for this effective historical consciousness from within one's own historical context. Consequently the interpretation which results is a fusion of the text-and-its-context with the reader-and-her-context. This is not subjective or individualistic, however, because language is by nature intersubjective. The text itself serves as a check on possible interpretations. One must be accountable to the text itself.

Criteria for Interpretations

While the text provides a limiting frame for possible interpretations, meaning-as-interaction implies that more than one interpretation is possible. There are fundamentally two types of criteria used to identify preferable or better interpretations: process and consistency criteria. Process criteria include the political/power conditions under which the interpretations were produced (Fraser, 1989; Habermas, 1984, 1987). The more democratic the conditions, the more trustworthy the interpretation (hence the preference for blind review or informed consent procedures). Other process criteria include efforts to establish some degree of intersubjectivity by subjecting the text and its interpretation to review by other readers. This is a more difficult and less public process with interview texts since they are not part of the public domain in the way published texts may be. Here the models are similar to juridical processes for disputing or confirming interpretations of texts.

The subjects' validation of an interpretation does not have the same epistemological or methodological primacy in hermeneutic research that it has in more objectivist, phenomenological traditions. The strategy of returning to the subjects for validation is often based in a mirror epistemology in which the goal is to copy or reproduce the original meaning of the subjects' responses. This is questioned in hermeneutics. The interpretation of a text—even by the author—always produces a new interpretation or meaning. The meaning is in the text (or, more accurately, in the interaction between reader and text), not in the author's head. Consequently, the producer of a text, whether it be a novel or an interview, has no particular privilege in interpreting it. One does, however, need to guard against unwarranted substitutions of the researcher's interpretation for the actors'. The burden of proof is on the researcher to justify an interpretation which conflicts with that of the subject. In discussing preferable interpretations, one must always raise the questions of (a) preferable for whom, (b) preferable according to which criteria, and (c) who established those criteria?

Consistency criteria are internal checks that entail comparisons between interpretations of various parts of the text with each other or between parts of all of the text and other texts (for example, checking to see if the interpretation of the text's language is consistent with how other texts from that same context used the same language). Consistency checks cannot be the sole criteria, however, because people and texts can be inconsistent and fractured. For example, there are distinctions between espoused theories and theories-in-use or various theories of how the unconscious "erupts" in texts. Consistency criteria can also be applied to ascertain whether the reader has interpreted the same words or statements in one part of the text in a way that is consistent with how s/he interpreted other parts.

External consistency is part of identifying the historical and linguistic context: Is the meaning and structure of the text understood in ways that are consistent with the historical period in which it was produced? Inconsistency does not
necessarily invalidate an interpretation but must be taken into account. Sometimes shifts in external contexts can justify interpretations which are inconsistent with each other (for example, a single text which reflects multiple voices or authors’ periods may produce conflicting meanings).

The emphasis on the context of production of the text and of the interpreter’s analysis creates stronger connections between hermeneutic concerns and other methodological approaches than is frequently recognized. Hermeneutic approaches—as currently understood in nursing—are necessary but inadequate for the study of clinical practice. First, these studies tend to be ahistorical and decontextualized. For example, virtually none recognize explicitly that nurses are waged employees in a profit-generating system. They do not address conditions such as organizational structure or ideological commitments that could have influenced subjects’ description of their experiences. They tend to produce authoritarian and elitist perspectives by ignoring both the effects of practice on patients and the interpretations of other actors such as physicians or managers. Some beg the question of what it means to be an expert by establishing some a priori definitions of expertise, then studying people identified through these criteria.

Hermeneutic nursing practice research might attend to the conditions that give rise to texts. These may be linguistic: Does reading exist children’s literature lead children to interpret women (or themselves) in stereotypical ways? Or they may be nonlinguistic: Do people with certain biological imbalances tend to produce interpretations of their worlds as threatening or depressing? They may also be institutions involving linguistic, semiotic and physical dimensions: Do people who work in decentralized organizations interpret themselves as being more capable or satisfied than people who work in centralized organizations? Do others interpret them in a similar way? Centralization can be signified in nonverbal terms (e.g., through the location and decor of one’s office), through action (who speaks under what conditions), and through language.

Consequently, hermeneutic insights and procedures may be integrated into other methodological approaches. Experimental designs can be incorporated into the hermeneutic tradition by studying whether textual antecedents produce tendencies to interpret texts in similar ways. One practical difficulty is the desirability of quantifying the pre and post interpretations to determine if the difference is significant without violating hermeneutic assumptions about the relationship between meaning and context.

Similarly, one may study the intentional and unintentional consequences of having a particular interpretation of a situation. Again, the consequences may be linguistic: endeavoring to have someone change his/her mind about racism. Or they may be nonlinguistic: Does having an interpretation of surgery as threatening or as full of unknowns lead to longer hospitalization?

**Critical Hermeneutics**

Critical hermeneutics focuses on the communicative conditions under which meaning is produced and on the power/justice dimensions of intended and unintended social consequences of interpretations. Critical hermeneutics has a commitment to both understanding and exposing how power imbalances and systemic misunderstandings constrain and distort interpretations. Since criteria for rationality, whether scientific or ethical or legal, are socially constructed, the political and social conditions under which the criteria are produced are vital. Thus many critical hermeneutic thinkers have a commitment to the creation of democratic communication in which all speakers are equally able to present their viewpoints for consideration. Feminists have significantly expanded this tradition by examining the extent to which emotions and connections influence group rationality. Feeling supported and connected facilitates participation by group members. Similarly, groups who have been marginalized by dominant forces can reveal alternative interpretations and strategies for resisting domination.

Consequently, action research is often supported by critical hermeneutic researchers who are leery of contributing to the domination of people being studied or reproducing social hierarchies that undermine democratic communication (Allen et al., 1994; Lather, 1991).

Action research engages the community in an active negotiation process from the beginning rather than simply re-labeling subjects as co-participants or eliciting their ideas or reactions after the project has been fully formulated by researchers. Thus it also needs to be distinguished from action-science perspectives that are generally less critical about their own relationship to what or who is being studied.

The philosophical and methodological dimensions of hermeneutic inquiry reviewed thus far have important implications for understanding nursing practice. First, nursing practice must be interpreted within its social political locations. We cannot treat as irrelevant the fact that nurses make a living from illness and suffering or that our economic advancement has been part-and-parcel of the American illness non-care system. We cannot speak of advocating for patients without simultaneously asking who will advocate for them against us? Nursing expertise is being defined within the same contradictory rubric of being both beneficent and socially neutral that medicine has adopted. A hermeneutics of nursing expertise should explicitly address who defines expertise and what criteria are being used.

Second, we need to take more seriously the fact that all forms and criteria for rationality, including health care decision making, involve social processes. Thus nursing expertise should include the skills in conducting and analyzing social or collective decision making. Group speaking, debate,
and analysis skills are probably more relevant to successful practice than myriad research studies.

Third, hermeneutics is essential to both describing and explaining nursing practice in two senses: (a) All scientific activity is hermeneutic in that it is a socially structured, meaning-generating and perspective-dependent human pursuit; (b) How nurses, patients and other actors in the health care arena understand their own and each others’ activities are necessary to describe and explain clinical practice. But this double hermeneutic necessity in no way eliminates the need for other methods such as epidemiological and clinical trial research. The hermeneutic interpretation of that research is different because of the different understanding of (a) science (that it does not mirror, copy, discover or reproduce reality); (b) laws (that they are historically variable relationships); and (c) language (that it is not a tool but a way of being that precedes the creation of individual subjectivity and that it creates and depends upon preunderstandings).

The emergence of hermeneutic perspectives in nursing holds the potential for a dramatic shift away from foundationalist metaphysics. This shift then places in the foreground the central role that nurses’ historical location plays in the production of all research. The emphasis on language, and particularly the insistence that individuals inherit and are constituted by their language, is a helpful corrective to the solipsistic and individualist models that continue to plague our theory and research about practice. The social and political conditions under which language is produced and reproduced will also help us attend more carefully to the social environment within which nursing practice is carried out. It will better equip both practitioners and researchers to function in that environment with a fuller ethical comprehension than has characterized much of our theory, research, and education.

References


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**New From NLN Press**

**ILLUMINATIONS**

**THE HUMAN BEING BECOMING THEORY IN PRACTICE AND RESEARCH**

Edited by Rosemarie Rizzo Parse, PhD, RN, FAAN

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