

## Discourse

### On the Humanities in Nursing

Myra E. Levine

Nursing is a humanitarian enterprise. The emphasis placed on scientific and technical knowledge is indispensable to the development of the craft — but it is imperfectly achieved without the intellectual skills that are the special province of the humanities. The humanities invite both introspection and participation. Poet, novelist, essayist, storyteller — all provide the language of memory and anticipation, a sharing which belongs to each alone but speaks in a voice heard and understood by many. The written word is a lifeline to the historical past, and with it the rediscovery of reality as described and celebrated by the creative spokespersons of their times. Here is recorded how human beings have confronted their world, some of it intimate and familiar and some of it strange and foreign. Expressions of human experience are transmitted across generations to speak their mysteries again and again.

But these voices have been silent in the education of nurses. Racing through curricula which seek to be all-inclusive, there is seldom time for courses in philosophy or literature, or history or music. However efficient the education of nurses in disciplines of science, a large void remains. Nurses are adept in their practice, but do not have the language and reading and thinking skills that are the basis of a liberal education. This failure, a failure of literacy, not only deprives the individual of precious gifts, but it isolates nurses from other professional health colleagues, and ultimately limits the depth and meaning of the profession itself.

Nursing education skirted the humanities, using what was deemed essential in a superficial way. While ethics, nursing history and philosophy have had a foothold in the nursing curriculum, their impact has been meager and restrictive.

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"Ethics" has been a part of the curriculum ever since Nightingale regaled the probationers of St. Thomas with her homilies, a practice imitated in many schools of nursing afterwards. But ethics were really rules of etiquette — how proper young ladies behaved on the wards and in the halls of their residence. For years, pupil nurses were closely monitored by straight-laced house mothers who prowled the floors of the residence to be certain all was in order. The professional Code of Ethics was actually a code of etiquette. In 1968, the first of several revisions sought to eliminate the rules of etiquette and finally emphasize the ethical responsibilities of the nurse.

When an overwhelming technology transformed health care practice, the ethical issues that faced practitioners could not be ignored. Nurses were swept into the bioethics movement, following the lead of the ethicists at Georgetown University and directly into the philosophy of John Stuart Mill. The bioethics literature is a dialectic of dilemmas, and nurse authors adopted the dilemmas as a nursing ethic. But the issues of nursing ethics are *not* dilemmas. Dilemmas demand a choice, posing two equally unsatisfactory answers. The utilitarian doctrine advocates the "greatest happiness for the greatest number" — a doctrine in which, obviously, some will be excluded. In providing nursing care, exclusion is rarely permissible. Mill is not the only philosopher with a message for nurse ethicists. But the paucity of nursing experience in philosophy has limited the progress of nursing ethics.

Nursing history was taught, but never accorded much importance, either by the instructors or the students. A minor course that had little relevance to their daily experience, the history of nursing was a casual interlude for tired students. But even more disheartening, the history of nursing institutions was not valued. The official papers that recorded the meaning and the purpose and development of the organization were not viewed as archival materials but discarded — a history tossed away without a second thought. Efforts to recover the history of an organization was sometimes undertaken by alumnae associations, and, while the collections are valuable, they were undertaken by devoted alumnae not schooled in historiography. They were seldom catalogued in libraries and many were lost. When the Illinois Training School for Nurses<sup>1</sup> was closed, the remaining copies of its alumnae history were placed in the attic of a building at the University of Chicago, and upon request were sold for ten cents each by Professor Nellie X. Hawkinson.

Nurses cherish the icons of their beginnings and their past, and yet the wisdom and experience of great nurse leaders — Lavinia Dock, Isabel Stewart, Katherine Densford, Janet Geister, Katherine Faville, and indeed Nellie Hawkinson and many others — was imperfectly recorded for later generations. Lacking the historical record, the profession is poorly informed of nursing's actual role in the development of the health care system, in the creation and management of hospitals and public health agencies, and in defining the role of the professional nurse. Such a void in self-awareness critically affects the stature and growth of nursing as a vital, essential public service.

An increasing cadre of nurses have prepared themselves as historians, and their influence is gradually being felt. There are several academic centers which have established Nursing Archives as well as an international society for Nursing History and the publication of nursing history research that is increasingly sophisticated.

To American nurses a "philosophy" was the preamble to the curriculum required for accreditation by the National League for Nursing. Faculty committees anguished over the preparation of the "philosophy" and their labor invariably produced a mundane listing of "We believe..." Since few of the faculty ever studied philosophy, they had a vague notion of what a philosophy was. Those fortunate nurses whose parochial education required that they study theology, and sometimes philosophy as well, were outnumbered by the unschooled faculty bound to the traditional pattern that dictated the school's "philosophy."

Graduate nursing students choosing elective courses met considerable resistance, in registering for philosophy courses, from both the nursing and philosophy faculties. But some graduate nursing students succeeded in choosing a major or minor in philosophy, and some seized upon a single philosophical corpus and sought to make it into nursing dogma. Lacking a knowledgeable audience, efforts to "use" philosophy in nursing are subjected to few restraints, so that advocacy of "alternatives" such as transcendentalism or mysticism finds few nurses capable of rebuttal. Perhaps the influence of the Institute for Philosophical Nursing Research at the University of Alberta will create a more sober approach to philosophy in nursing.

The inadequacy of nursing's grasp of philosophy was especially clear in the impact of theory on nursing. Philosophy should drive theory, but it is rare that theorists make explicit the philosophy that

influenced their theory. More often, the philosophical roots are vague, the antecedents to identifiable philosophies barely recognizable. Instead, a "philosophy" is contrived — usually in a critique — from assumptions and propositions offered by the theorist. It is characteristic of nursing theory that the antecedents are not clearly identified, philosophical or otherwise. Nurses have always developed processes or procedures and a posteriori sought to explain their provenance. Unhappily, that has also been the pattern in the development of nursing theory.

Those few theorists who claim philosophy as the basis of their work, tend to choose generalizations rather than identify a specific author. Others select a philosopher, but limit the influence of — and in some instances misuse — the concepts they select. Seizing upon the idea of a "lived life," the phenomenologists have promoted their own science of nursing — a "human science" — and dismiss the scientific method as reductionist and mechanistic. They cite Heidegger, Sartre, Merleau-Ponty, Buber, Marcel, and others as if there were no differences between them. An informed audience might have objected, but as Stevens suggested, theorists may have benefited by "nurses who mistakenly assume that any theory must have merit if they cannot understand it."<sup>2</sup>

The nursing penchant to find a "practical" use for every area of learning seriously hampers the introduction of humanities into the curriculum. And yet, the gifts awaiting the student of humanities *are* practical beyond measure. The questions that the humanities ask insist on the cultivation of habits of analysis and reflection, introspection and self-examination — the uses of the mind that create a thinking person. It is no small task to confront Descartes, or Shakespeare, or John Donne, to identify new perspectives, to enter their thoughts and find personal meaning and direction. A liberal education is a consequence of acquaintance with the creative imagination of the writers, poets, artists and musicians who have celebrated their lives. And it enriches the life of the student, demanding discipline in reading critically and discovering the structure and style and beauty of the message of the artists. It develops a respect for language and what words mean, and how they are used appropriately. A liberal education enlarges the life space of the individual, offering horizons previously hidden and unexplored.

Must it be the price of a professional education to forswear a liberal education? The expectation that every subject must demonstrate its usefulness has excluded those that enlarge the intellectual and aesthetic

abilities of the individual. The nurse is witness. There should be no limits placed on the knowledge and sensitivity brought to the tasks of nursing. The humanities promise a tempering and a gentling of the relationships between patient and nurse.

Nursing education has finally established a firm foothold in Academia, and the resources for the broadening of nursing education to include studies in the humanities are readily available. A liberal education encourages the potential to become all that the individual wishes to be. It is, ultimately, a possession that cannot be compromised or lost. It is singularly personal, a selfish achievement with its own private dimensions. And therein lies the true wonder of a liberally educated nurse: that in experiencing the joy and exaltation of discovering the self, there is stored the compassion and wisdom that can be readily shared with others.

#### **Footnotes**

1. Shryver, Grace F. (1930). *A History of the Illinois Training School for Nurses*. Chicago: The Illinois Training School for Nurses.
2. Stevens, Barbara (Barnum) (1979). *Nursing Theory: Analysis, application, evaluation*. Boston: Little Brown and Company, p. 37.