GADAMER AND PRAXIS: TOWARDS A DIALOGIC PRAXIS IN NURSING
CURRICULUM

by

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Abstract

This study explores the meaning of praxis in nursing programs at Kwantlen Polytechnic University. My inquiry arose from teaching praxis seminars, where I discovered that there was little consistency in its meaning by consulting colleagues, by researching university archives, and by reviewing the nursing literature. Through a philosophical exploration, however, I learned that praxis involves making moral decisions about how to act well in the world, making praxis a key concern for nursing educators in their efforts to foster such conduct. Praxis, so understood, involves embracing the particulars of the situation and their relationship to universals.

My confusion about praxis was, in part, explained by the 2400-year history of the concept. Socrates, Plato and Aristotle were all concerned with ethical action and the relationship between knowledge and experience (the general and particular), but each with a different emphasis. Plato emphasized the acquisition of certain forms of knowledge in helping people to act well; Aristotle claimed that ethical conduct (understood as *praxis*) depends partly on experience in the world. Over the centuries either Plato or Aristotle's formulation has been preferred at different times.

I have relied largely on the work of the neo-Aristotelian Hans-Georg Gadamer who develops a philosophical hermeneutics circle for praxis, especially the idea of how the general, shaped by our history and traditions, can be dialectically connected to the particular, that is, our experiences, by dialogue. I have critically analyzed dialogues from my practice using the concepts and conditions of understanding proposed by Gadamer.

Gadamer provides important resources that can assist nursing educators and nurses in understanding nursing practice as moral action. A Gadamerian approach encourages nurse

educators to be alert to the differences in our students and their prior experience and

knowledge as they approach interpretive encounters. It requires operating in the space

between the particular and the general through dialogue. We can create this space and the

curiosity to address moral issues that nurses confront in their practice of praxis by asking

questions that support students' understanding, motivations and prejudices, and by being

humble about our conclusions.

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Dedication

I would like to dedicate this dissertation to my mother and father. Both of them instilled in me the drive to learn and constantly open doors. They also taught me the meaning of right and wrong, to act with goodness in interactions with others. Education was always important to them, and while they were alive, they showed an unending interest in my work.

CHAPTER ONE: WHAT IS PRAXIS?

Another section of semester six was confirmed the week before the course started. I received a phone call from the Dean of Community and Health Studies asking if I would teach one of the sections. During the ten years I coordinated the Wellness Centre at Kwantlen Polytechnic University (Kwantlen), a centre focusing on the health and wellness of our student and employee population in which students from our health programs were placed for their practice experiences, I was often asked to teach in the nursing program when there was a shortage of instructors. I taught two different courses on four occasions: Health Promotion and Community Empowerment three times and Health/Professional Growth: Influencing Change once. Both of these courses derived from the advent of the Collaborative Nursing Program (CNP)[1] which Kwantlen began offering in 1996. In them, I was required to secure placements for students in the community, supervise the students at their sites, and facilitate a three-hour seminar that took place in the classroom on a different day than their community placement day. Although not designated as such on the course outline, this seminar came to be known among nursing educators and students as the 'praxis seminar.' Even though I had been involved in the initial discussions about the development of the CNP before leaving for another job, I was unfamiliar with the curriculum. While I had no difficulty securing community placements and supervising students, I had no idea what my role in the praxis seminar was, nor did I know the meaning of the word 'praxis'.

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[1] The Collaborative Nursing Program (CNP) was developed in response to many factors, including the Canadian Nurses Association entry to practice position for baccalaureate education. The CNP was a new curriculum, first offered by the University of Victoria. Kwantlen was the ninth university college in British Columbia to join the collaboration in 1994 and the school began offering the program in the fall of 1996.

Was I supposed to teach, or to facilitate? Was it student-driven or instructor-driven? Simply said, I was uncomfortable teaching this seminar.

At the time I reined in my feeling of not understanding what I was supposed to be doing in the praxis seminar. In retrospect, however, I see that this unsettled feeling drove me to explore my own practice of praxis. Critically engaging with my professional practice aligned with the intent of the Educational Leadership and Policy doctoral program I was enrolled in at the University of British Columbia. This doctoral program is grounded in the belief that it is important to understand, critique and improve practice in educational settings. Consequently, the purpose of my doctoral inquiry is to explore the meaning of praxis and to contribute to how praxis can be taken up more educationally in the nursing curricula. My main argument is that the concept of praxis is not consistent with the conventional nursing education approach of teaching a general theory and then expecting students to apply that general framework in practice. On the contrary, praxis, as I came to understand, involves a dialectic relationship between particular experiences and the general frameworks we employ to interpret and understand experience.

In this chapter, I will write about my journey to understanding praxis in a nursing curriculum. I will review four of my experiences in teaching the praxis seminar: 1) teaching praxis for the first time; 2) teaching praxis to a group of students who came from another college to complete their degree at Kwantlen; 3) teaching praxis for the first time in a different course; and 4) teaching Registered Nurses returning to obtain their degree. While I am thankful that I learned more about what praxis is from each of these groups, it was only when I began to read about praxis that I realized it is not just a topic for a seminar but a way of being and living in the world.

Teaching Praxis for the First Time: Teaching--a Technical Approach

Since I was given short notice the first time I was asked to teach in the CNP, I consulted the faculty member who was teaching the other section of the same course. She explained the details of the course but she did not give any direction regarding the praxis seminar. She stated that it was up to each individual faculty member to facilitate praxis in whatever way they chose. She reiterated that each instructor taught praxis differently. It was clear that I would have to devise my own approach to managing the praxis seminar.

Needing more information, I analyzed the course outline required for this course. Included in the document were the course objectives and an appendix, titled 'Praxis: Minimal Semester Requirements', that was divided into sections titled "To Be", "To Know" and "To Do". The course and praxis objectives did not provide much guidance for me, but they did offer a blueprint that I could use to assess student mastery of the course material. It was my responsibility to design the means or the teaching strategies to meet these ends or specified objectives. Dunne (1993) refers to this as an 'instrumental' model of teaching, describing it as a method that seeks

> to separate ends and means, to repose everything of value that a teacher might
>
> accomplish in the ends (i.e. objectives) and then to construe all problems of teaching
>
> as ones simply of finding the most suitable means to the achievement of these ends.
>
> (p.5)

He goes on to say tha,t by teaching in this fashion, means are seen as value-neutral and the only concern is their effectiveness in meeting the ends. I followed this instrumental model, designing learning activities to meet course objectives, because I knew no other. What I did

learn teaching this group was what was in the course outline, including course objectives

and the praxis appendix.

Teaching Students From a Different College: The General Didn't Work!

  At the beginning of one fall semester, I was asked, due to a large influx of students

who had transferred from another college to Kwantlen to complete their degree, to teach the

Health Promotion and Community Empowerment course one week prior to its

commencement. Because I had not thought that I would be seconded from the Wellness

Centre to teach, I knew nothing more about teaching the praxis seminar, which certainly did

not help me in preparing for the course. I remember trying to be more creative and

attempting several different teaching strategies to ensure that students were meeting the

course objectives. These strategies included: reviewing what they did in their community

placement; showing films; listening to guest speakers; and using students' journal entries as

a starting point of discussion to help clarify what they had learned in their community

practice experiences. My overall goal was to stimulate meaningful discussion so that,

through the students' participation, I would be able to assess their learning. The results were

not what I had expected; Students did not willingly volunteer stories about their community

placement. Instead they offered instrumental reports outlining what they 'did' in their

placement, rather then what they learned from the doing. On one occasion, after showing a

film, I asked each group of students who were in the same placement to discuss amongst

themselves the relevance of the film to their current placement. One group was able to

utilize the concepts addressed in the film, applying these concepts to their own placement

and providing a detailed explanation to the class, but the other four groups could not see that

the film had any relevance and dismissed it as not pertinent to their placement. Attempting

to utilize their journal entries to stimulate discussion was equally unfruitful. For example, one group of students were doing a project at a centre for teen mothers. The following is a snippet from one of their journal entries,

> *Today there were only four mothers at the centre. We sat at the table with them and helped them do scrap booking. After, we prepared a snack and we all ate together. The babies were so cute and I noticed that one of them had an eye infection. I told the mother but she already knew…..*

Using this as an example, I began the praxis seminar by asking how this group had been able to develop relationships with their clients through the activities they were engaged in, but again there was little participation. At this point I found myself unable to assess whether the students were or were not meeting the course or praxis objectives, nor were these strategies helping to meet my overall goal of eliciting meaningful discussion.

Feeling frustrated with the lack of participation, I consulted the instructor who taught the theory course offered concurrently with the practice course, hoping that she might be able to help link the students' practice experiences to the theory course in order to promote thoughtful discussion. In other words, I hoped that the theory would help them make sense of their particular experiences and their practice. We chose one topic from the theory course—marginalization—as an umbrella under which to discuss each of the placements. Again, even with all the effort we were putting into engaging students, this tactic did not succeed in generating discussion about what they were learning in their placements. We tried another topic from the theory course, hoping that this would stimulate discussion, but to no avail.

Teaching a Different Course: What is Praxis?

In one fall semester I was asked to teach a course that I had not taught before beginning in January. Because all my past attempts at teaching praxis had been unsuccessful, and because of my continued uncertainty about teaching the praxis seminar, I consulted other faculty members. I organized a meeting with nursing faculty who had taught the praxis seminar since the inception of the CNP. My intention was to discuss some of the difficulties I was having teaching it, hoping to get some helpful suggestions. I soon learned that the strategy many of them used most frequently was to organize structured activities for the three hour seminar. For example, they asked each group of students to present their community experience with a focus on the objectives they were addressing. There were also instructors who taught content in the praxis seminar so that students would be prepared for their clinical experience. For example, if students were placed in a psychiatric setting for a practice experience, they would learn about the variety of medications used in this setting during praxis seminar. These instructors were taking control of the praxis experience, deciding on what the students were required to learn and ensuring that objectives would be met. There was a continual attempt by instructors to teach by applying theory to practice, that is, by teaching from the general as opposed to the particular.

For lack of any other idea, I decided to try this tactic and structure the three-hour praxis seminar by asking each group of students to present their community placement with a focus on three objectives. The presentations were well prepared and presented, but in the question period there was little discussion, and I eventually allowed the students to leave early. Given this lack of participation it appeared to me at the time that the students were

doing this activity because it seemed like a requirement rather than an opportunity to synthesize their learning.

In my continued quest to engage students, I asked them about their understanding of the meaning of praxis. Because this was a third year course and the students had already had two previous years of the praxis seminar, they had had experiences with several other instructors in the seminar. There were a myriad of responses: "It's about applying theory to practice"; "It's about learning what you need to know when you go to practice"; "It's about figuring out how to get your project done"; "It's about reflecting on your practice"; "It's about what we learn in the setting and talking about it in class"; and "It's learning content" (Hadfield, J., journal entry, 2005). From this exercise I surmised that there seemed to be no coherent approach among faculty and students to teaching and learning praxis.

Teaching Returning Registered Nurses: Exploring Meanings of Praxis

I was given another opportunity to teach the praxis seminar with two different groups of Registered Nurses returning to Kwantlen to obtain their baccalaureate degree. It was these groups of experienced practitioners who helped me to develop a different understanding of praxis. I taught a course titled Health Empowerment and Community Development, which included a 90-hour community placement and a 3-hour praxis seminar. Although I attempted to review their placements during the praxis seminar to ensure that they were meeting course objectives, the students instead wanted to discuss issues from their practice as Registered Nurses. Rather than dismiss these concerns, I acknowledged the topics by asking questions, because I knew very little about their nursing practice and the dilemmas they encountered in their practice environments. This contributed to lively discussions. I did not know if the type

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of facilitation I was engaged in was praxis, but I felt that I had nothing to lose by trying something different.

I remember the first time I chose not to pursue discussion related to the course objectives and their community placement. One student publicly asked in the class, "*Does anyone have Tylenol?"* Rather than pass over this comment, I asked if she was not feeling well. The student said that she had just completed her night shift and was tired. I continued to ask her about her shift, and she described a typical situation in which a physician's orders had impinged on her ability to take her scheduled break. I asked about the circumstances that had led to this issue, which led to a meaningful conversation about following physician's orders even if the nurse knew that they were not in the best interest of the patient. In the discussion we moved back and forth between the particular situation the student had raised and its relevance to general issues such as the role of nurses. This was a seminar in which students began questioning the taken-for-granted practices in their profession. The three hours 'flew by', and I seemed to understand what the students were learning and what I myself was doing. I was focusing on the particular, rather than teaching from a theory or general framework, but was this praxis?

Archival Search

I began my quest to learn more about praxis by reading any nursing documentation I could locate. I first spoke with the people who had originally developed the curriculum, hoping that they could lead me to any readings or research that substantiated the choice of praxis in the curriculum. However, they did not have any original documentation, nor were they able to point me to useful literature. I reviewed two curriculum documents, the *Collaborative Curriculum Guide* and the *Student Resource Manual*, which was an abridged

version of the curriculum guide for students. My intent was to seek out any reference to praxis. The first reference I found in the curriculum guide was:

> Nursing is a discipline that values different ways of knowing. Knowledge is derived from the understanding of self, practice, theory, and research, with each way of knowing informing and influencing the other and that the dialectical process in which knowledge is derived is from praxis. (Gamroth, 2000, p. 1-11)

Praxis was also described in another section of the guide as follows: "The ongoing cycle of clinical practice (action), increased awareness through critical reflection on practice, and increased understanding and transformation of both practice and the context of practice comprise the notion of praxis" (Gamroth, 2000, p. 2-22). There were no references to the wider literature for either of these statements.

Finally, the guide recognized that praxis is central to the decision-making process. Client and student histories are acknowledged and each plays a role in helping students make decisions. It is through praxis that the "clients and the nurse engage in critical dialogue and questioning to discover what is salient" (Gamroth, 2000, p. 3-14). Decisions are made in an interactive process whereby the nurse and the client engage in the process of determining the appropriate plan of care and potential outcomes.

> The *Student Resource Manual* defined praxis in the glossary of terms as:
> a cyclical, reciprocal process which is ongoing, synergistic, and constantly evolving. Praxis or reflection and action, creates opportunities for transformation and emancipation. As people act, reflect on their action, consider new insights, they act again with a new sense of knowing. There is a dynamic interplay between theory and practice, each contributing and building upon past and present knowledge, skills and

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experiences. Through the equal valuing of reflection and action, praxis creates the

opportunity for change. (Kwantlen College, 2003, p. 54)

I was left with questions from this definition: Is praxis reflection and action? Does praxis

transform and emancipate, and what do these terms mean? What is the interplay between

theory and practice? Is praxis associated with new knowing? Does praxis result in change,

and for whom?

The student manual also addressed the purpose of the weekly praxis seminar:

[to] provide the opportunity for small groups, approximately eight students, to share

their experiences and learning from the practice setting. Because each student has

different learning experiences, it is an opportunity for students to learn from each

other through sharing experiences, discussing issues, and raising questions.

(Kwantlen University College, 2003, p. 57)

I discovered that none of the ideas about and claims to praxis in the written documentation

were referenced, so it appeared that there was little scholarship in this area and I remained

unclear about what I should be doing.

Praxis in the Nursing Literature

I continued my research into the meaning of praxis in the nursing literature and

discovered that the conflicting ideas of praxis that I had encountered at Kwantlen reflected

disparate views in the nursing literature. Debates about the relationship between theory and

practice are not new in nursing; indeed, they began with the rise of research-based practice

in the 1960s and 1970s. During these years the focus of research for nurse scientists was on

increasing knowledge, and practitioners were "expected to value and use the scientist-

generated knowledge base in practice" (Lindeman, 1988, p. 240). Schon (1983) called this

traditional relationship between theory and practice 'technical rationality' (Bevis, 1988, Rolfe, 1996), an approach that valued certainty and generalizable conclusions in order to develop nursing theories (Burns & Grove, 1987, Dickelmann, 1988, Flaming, 2001, Treece & Treece, 1986). Beginning about fifteen years ago, however, substantive discussions of praxis began to appear, most notably in *Nursing Praxis: Knowledge and Action* edited by Thorne and Hayes (1997), in which the contributing authors engaged in a rich conversation about the relationship between nursing theory and practice, with special attention to how practice might be better understood as praxis. This discussion about how theory and practice are related continues in nursing, with various competing ideas being advanced, including: theory prescribes for practice; practice creates theory; theory and practice are inevitably in tension, but the gap can and must be closed or can be transcended. There is also consideration of different ideas about what counts as knowledge or knowing, and how these kinds of knowing might be acquired. Below I try to capture this fascinating (and for me confusing) debate.

The dialogue is initiated by acknowledging a mismatch between what happens in clinical situations and the recommendations of theory in nursing texts—that is, by acknowledging what is understood as the failure of theory to prescribe for practice despite decades of effort. This has often been referred to as the 'theory-practice gap', which has been associated with the rise of research-based practice (Allmark, 1995, Corlett, 2000, Fealy, 1997, Hartrick & Varcoe, 2005, Lauder, 1994, Rolfe, 1993, 1996, 1998, Segaric & Hall, 2004). This gap has been attributed to technical rationality (Rolfe, 1996), applied science (Fealy, 1997), and the positivist epistemology of practice (Rolfe, 1998), all of which

refer to the dominance of theory over practice and hence theorists over practitioners. Praxis has been suggested as a means to close this gap.

Much of the early work on this gap is influenced by Schon's (1983, 1987) work on reflection in action as a vehicle to link practice and theory (Penny and Warelow, 1999, Rafferty, Allcock and Lathleen, 1996, Rolfe, 2006). Rolfe (1993, 1997), for example, claims that nursing praxis represents an epistemology in which theory and practice come together through a process of reflection which serves to modify practice and allows practitioners to create new knowledge. Rolfe (1993) claims that the relationship between theory and practice is circular. Theory is generated from practice, and then modifies practice. He proposes a model of nursing praxis "in which informal theory is generated from practical situations by reflection-in-action, and practice is modified by the reflexive application of that theory back into practice" (p. 176) Penny and Warelow (1999) review the strengths and weaknesses of nursing as a form of praxis, conceiving reflection as the key component allowing nurses' personal ways of knowing (practice) to inform theory and bring about transformative change:

> Nursing is about fostering change, educating a new age of nurses who act upon the world (nursing) with a firm and informed knowledge base with the ability to reflect on themselves and their practice. This reflexive ability creates a nursing praxis that should/could challenge, empower and change some of what trouble nurses about nursing. (pp. 266-267)

Other scholars, often influenced by critical social theory, are less concerned with closing a perceived theory-practice gap, and recommend transcending the duality of theory and practice altogether (e.g., Dorazio-Migliore, Migliore & Anderson, 2005, Lutz, Jones &

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Kendall, 1997, Wilson-Thomas, 1995, McLeland & Williams, 2002, Wilson-Thomas, 1995).

They claim that by addressing the constraints of the complex contexts, structures and

functions within which illness events and health care encounters are embedded, nurses will

reach greater autonomy, responsibility, self-awareness and emancipation from oppressive

socio-cultural systems. This is referred to as critical praxis. Holmes and Warelow (2000),

for example, adopt a Marxist approach, claiming that praxis is about a nurse's relationships

with the wider community. For them, "praxis is a profoundly political notion. It acts as a

bridge between the idea, familiar to nurses, that the personal is the political, and conversely

that the political is not about oneself but about the whole of the global community" (p. 179).

Rafferty, Allcock and Lathleen (1996) further claim that the 'theory/practice gap' needs to

be analyzed in the wider context of the policy pressures that shape and fund education

programmes and prevent nurses from advancing in their nursing practice. The

theory/practice gap "can be considered a metaphor for the failure of nurse education to

fulfill the expectations held by different interest groups" (p. 689); and Rafferty, Allcock &

Lathleen go on to say that students "need to gain an appreciation of what counts as nursing

knowledge at different points in time and the politics which drive the legitimization of

nursing theory and practice" (p. 690).

   Reconceiving the relationship between theory and practice in nursing leads some

scholars to recommend severing the relationship and privileging practice. Rolfe (2006), for

instance, proposes to abolish communication between researchers and practitioners and

refocus on the individual rather than on the science. To do this requires reflection in and on

action. Rolfe (1996) compares the nurse technician with the nurse-practitioner and says:

The main difference between the nurse technician and the nurse-practitioner,

therefore, is that whereas the former bases her practice on public, shared theories and

knowledge, the latter generates her own theory out of her own practice, and applies it

back to that practice. The theory-practice gap is therefore abolished: since theory and

practice are simply two faces of the same coin of nursing praxis. (p. 41)

On the other hand, researchers such as Hartrick-Doane and Varcoe (2005) continue to

recognize the inseparability of theory and practice, but recommend beginning with practice.

Their starting point is a particular situation which leads to theory development. They

explain that reality is made in every moment, and say, "enacting praxis in this sense, means

that *every moment in nursing is purposefully about both thinking and action that focus*

toward the service of worthwhile human purposes" (p. 89, italics in original).

Other researchers have sought to reimagine the relationship between theory and

practice by returning to ancient Greek notions of *theoria* and *praxis* and the associated ideas

of knowledge or knowing, especially *episteme*, *techne* and *phronesis* (e.g., Allmark, 1995).

Benner (2000), for example, claims that we cannot see the world in pieces because we are

embodied in a unity that we live. Practical reasoning (as she calls *phronesis*) allows nurses

to meet the particular needs of the patient. She claims that *praxis* in nursing is concerned

with meeting the particular other in particular contexts, and suggests seven moral sources

and skills for doing so. She says, "*phronesis* is embodied and socially embedded in local,

particular relationships and concerns but it is always concerned with incarnating good

practice" (p. 16) Bishop and Shuddler (1997) and Flaming (2001) argue that a dominant

moral sense, also understood as *phronesis*, is the characteristic of nursing *praxis* that allows

nurses to attend to situational contexts. Flaming (2001) further emphasizes how this capacity

can contribute to patient *eudaimonia* (genuine happiness or human flourishing). He says, "the *telos* for our discipline's genuine happiness or flourishing is to help patients achieve their own genuine happiness or flourishing whatever that means for the individual patient" (p. 255).

The multiple views expressed in the nursing literature did not help me better understand praxis. In fact, I emerged from my review of the nursing literature perhaps more confused than when I began.

Praxis in the Philosophical Literature

At this juncture I began exploring outside the nursing literature, starting with Joseph Dunne's work. I encountered Dunne while attending one of the yearly retreats offered by my doctoral program. Following the retreat, I attended a one-day seminar where I was introduced to his book, *Back to the Rough Ground: Practical Judgment and the Lure of Technique* (1993) and an article "An Intricate Fabric: Understanding the Rationality of Practice*"* (2005). I also read Bernstein's *Praxis and Action* (1971) and *Beyond Objectivism and Relativism: Science, Hermeneutics, and Praxis* (1983). It was through those readings that I found a different understanding of *praxis* than I had found in my previous research.

Following Dunne and Bernstein, I began reading about Aristotelian *praxis* in the philosophical literature. I discovered that *praxis* was one of two notions of practice or acting in the world that Aristotle describes: *praxis* is morally good action or conduct, while *poiesis* is making or doing action. Both *praxis* and *poiesis* are independent forms of human activity, not directly tied to each other or to contemplation or *theoria*. These three forms of human activity are in turn associated with distinct intellectual virtues or excellences. In particular, excellence in *praxis* requires *phronesis* or practical wisdom, an intellectual virtue that is

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developed partly by direct and personal experiences living with other people. *Phronesis,*

among its other functions, selects and activates the appropriate moral virtues to act well in

particular contexts; thus *phronesis* and *praxis* are concerned with ethical action. Moreover,

phronesis is also a form of reasoning which deals with situations that are variable or that

may involve a variety of opinions. It involves choice and deliberation. According to

Bernstein (1983):

> It is a type of reasoning in which there is mediation between general principles and a
>
> concrete particular situation that requires choice and decision. In forming such a
>
> judgment there are no determinate technical rules by which a particular can simply
>
> be subsumed under that which is general or universal. What is required is an
>
> interpretation and specification of universals that are appropriate to this particular
>
> situation. (p.54)

There is no concrete end or objective in praxis. It is based on an ethical good that is "internal

to, and inseparable from, the practice and only exists in the practice itself" (Carr, 2004, p.

61). Carr (1995) claims that the "practical deliberation which is exhibited in *phronesis*

inclines us to value the world and other people for their own sake" (p. 142).

Of course, we live in a different kind of world from that in which Aristotle conceived

of the notion of *praxis*. In his time, *praxis* meant the political activity of free men living in

the polis. It excluded women, slaves and foreigners, who were left to sustain everyday life

(Bernstein, 1971, Blanchette, 1979). Ethical activity is part of political activity or activity in

the polis, thus "praxis signifies the free activity (and the disciplines concerned with this

activity) in the polis" (Bernstein, 1971, p .x). While Aristotelian society is vastly different

from contemporary Canada, the ethical challenges of the 20th and 21st centuries have

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contributed to a revival of Aristotelian thought, especially by Hans Georg Gadamer who has appropriated Aristotle's thought in creating a new conception of *praxis*. In *Truth and Method*, Gadamer argues that moral activity cannot be understood as an algorithm or method with a set of predetermined rules. In every situation we find ourselves in, we draw on a framework of understanding based on our history and traditions to determine and interpret our context, understand it and its possibilities and apply that understanding in some way. Central to Gadamerian thought is the hermeneutic circle, in which the general (which is shaped by our history and traditions) and the particular (our experiences in the world) are dialectically linked by dialogue. Thus ethical conduct is possible when the universal and particular are co-determined. In this dissertation I will argue, with Gadamer, that dialogue can help us to negotiate the relationship between the particular and general when certain conditions are respected. These conditions include: sincere openness to other people; deep questioning; willingness to confront and challenge our own inevitable prejudices; and cultivation of our own humility about our (always tentative) conclusions. To make sense of our particular actions requires movement back and forth from the particular to the general, with language as the medium between these two dimensions. This movement leads to improved interpretations of our experience, which in turn leads to increased understanding and better or moral applications of that understanding - that is, *praxis*.

Organization of the Dissertation

This dissertation is organized into five chapters. As described above, my confusion about praxis became both apparent and important to me when I was required to teach nursing praxis seminars at Kwantlen Polytechnic University. My confusion was not alleviated by consulting with my colleagues, by an archival search at Kwantlen or by a

review of the nursing literature on praxis. I emerged with multiple conflicting interpretations of praxis and few ways to reconcile them. I began to explore the philosophical literature more directly and was introduced to Aristotelian praxis with its concern for practical wisdom or *phronesis*. Aristotle, of course, lived in a different time and directly appropriating his ideas for the 21st century would be profoundly problematic. Fortunately, however, a number of scholars have made this effort, beginning with Hans Georg Gadamer. Here I attempt to follow Gadamer by developing his ideas about praxis in general for the praxis of nursing and nursing education in the 21st century.

In Chapter Two I sketch the original conversation among Socrates, Plato and Aristotle that stimulated the development of *praxis*. Socrates and Plato seem to privilege one form of knowledge, *episteme* that promises access both to understanding the world and to acting well. Aristotle demurs, contending that multiple forms of knowing are available for different purposes, including the form of moral knowing, or *phronesis*―developed through direct experience with other people―that can guide moral action. This effectively begins a 2,400 year debate that I outline in this chapter, with special attention paid to casuistry, or case study, an approach used by the Roman Catholic Church to guide priests in the confessional. I use casuistry to frame some of the debates about *praxis* over several millennia that have contributed to the disparate and conflicting understandings of *praxis* that I found in my initial research.

In Chapter Three, I describe a conceptual framework for nursing praxis based on Gadamer's philosophical hermeneutics. Essential to Gadamerian thought is the hermeneutic circle in which the general (shaped by our traditions and history) and the particular (our experiences in the world) are linked by dialogue that meets certain conditions. I will argue

throughout this thesis, like Gadamer, that dialogue and the dialectical relationship between the general and particular will lead to moral action or *praxis*.

In Chapter Four, I use Gadamer's philosophical approach as a method of understanding stories from my own practice. It is my intent to provide a (hopefully useful) basis from which to approach nursing praxis.

Finally in Chapter Five, I attempt to show how my interpretation of Gadamer's work has changed my own understanding of what it means to teach nursing and how I now act on that understanding.

CHAPTER TWO: THE BRIEF HISTORY OF PRAXIS

Discussions of *praxis* are, fundamentally, attempts to deal with the problem of how to act well in the world, foster moral conduct and assess the goodness of that acting. This problem is, of course, a very old one for humans, but the documentation of discussions about *praxis* in Western culture began about 2,400 years ago in ancient Athens. I cannot hope to trace the development of that conversation in the West over 2,400 years; a full account would involve an epistemological and moral history of Western thought and would, of course, be beyond the scope of this dissertation; indeed, many volumes have been written describing small parts of that dialogue. However, some description of that dialogue is needed to understand the current conversation about praxis in nursing.

In this chapter I attempt to outline the discussion in very broad strokes and focus on *praxis* as a form of moral knowledge developed not by study alone, but partly through the experience of living with other people. To bridge the gulf between the original debate in ancient Athens and the current context, I pay special attention to the development, employment and decline of casuistry or case study as a guide for Catholic priests in their efforts to support penitents in the confessional. In important ways, casuistry reflects the dominant notions about *praxis* in various eras of Western moral thinking.

The Conversation Begins: Ancient Athens

Recorded discussions about praxis, like so much of Western thinking, began in ancient Athens. Ancient Athens is known for its claim to democratic character and for the explosion of philosophy, literature and art that made the city the seed of Western civilization. Less well known is that all of these developments took place against a background of both external and internal strife. Beginning about 430 BC and over the next

thirty years, Athens fought and lost the Peloponnesian War (431-404 BC), its ultimate defeat being due in part to Athenians acting on behalf of Sparta; lost a quarter of its population to plague (430-426, with a recurrence in 410); underwent an oligarchic coup (411); briefly restored its democracy (410-404); had another oligarchy imposed from without (404); underwent a civil war, after which it succeeded in re-establishing a fragile democracy (403). Understandably, "the fabric of Athenian society was beginning to come apart at its most vulnerable seam, that of the tension between the elite and the ordinary citizens" (Waterfield, 2009, p. 149).

The deep schisms in Athenian civil society engendered opposing views about what constituted a good life; indeed, deciding the appropriate virtues was not so much a matter of choosing virtues as of choosing a side: the masses or the elite. Under enormous stress, ordinary Athenian society was characterized by amorality and fickleness: "If all you are concerned about is your immediate good, you can easily be persuaded by a plausible appeal to that criterion to do things that under other circumstances would make you pause" (Waterfield, 2009, p. 141). The elite view, on the other hand, was that "virtue was an innate and hereditary aristocratic gift" (Waterfield, 2009, p. 149) that endowed them with wealth, status and the obligation to rule their inferiors. The dialogues of Plato and Aristotle grapple with the fundamental issues of their time. Each of them explores the deterioration of older religious and aristocratic ideals, the competing moral claims of the polis and the family, and uncertainty about any noticeable moral order (Jonsen & Toulmin, 1988).

Early discussions about *praxis* involved Socrates, Plato and Aristotle who were all concerned with how to act well in the world. Plato emphasizes the acquisition of certain forms of knowledge in helping people to act well, contending (following Socrates) that

"there is nothing superior to knowledge…. An erring action…is done through ignorance" (*Protagoras*, 357c-e). In contrast, Aristotle, contends that ethical conduct as *praxis* depends to a much greater degree on experience in the world, which can contribute to the development of *phronesis*, an intellectual virtue essential for excellence in *praxis*. Both Plato and Aristotle recognize the role of knowledge and experience—the general and the particular—in ethical action, but differ in emphasis and with respect to how they characterize knowledge, the relationship among different forms of knowing and how they affect ethical conduct. The debate between Plato and Aristotle has continued to the present day, framed partly as a dialectical relationship between the general (i.e. the need for security and predictability) and the particular (i.e. the need to recognize the variable and ephemeral character of human affairs) in human conduct. We have therefore inherited different ways of discussing ethical issues. As Jonsen and Toulmin (1988) explain,

> In the first way general ethical rules relate to specific moral cases in a *theoretical* manner, with universal rules serving as 'axioms' from which particular moral judgements are deduced as theorems; in the second, this relation is *practical*, with general moral rules serving as 'maxims,' which can be fully understood only in terms of the paradigmatic cases that define their meaning and force. (p. 23)

Socrates

The conversation begins with Socrates. Socrates (469-399 BC) did not write philosophical texts; indeed, our knowledge of his life and his philosophy is primarily based on the writings of his students, especially Plato. In Plato's dialogues he himself is rarely a character and Socrates is usually the chief figure. Ironically, however, the views attributed to

Socrates vary enormously among dialogues. Annas (2003) writes: "sometimes he is a persistent questioner of other positions; sometimes he puts forward his own views confidently and at length; sometimes he is merely a bystander" (p. 15). We do know he was the son of a stonemason and a midwife, was a stonemason himself, and served with distinction in the Athenian army and its civic government before a modest inheritance allowed him to devote himself to teaching.

Socrates recruited his students by wandering through the Athenian marketplace, seeking to engage others in debate about serious issues in the city. He was centrally concerned with how to live a good life and which virtues would help foster such a life. He often challenged the moral beliefs of interlocutors through a method of questioning which has come to be known as the Socratic Method (also known as method of elenchus, elenctic method, Socratic irony, or Socratic debate) (Annas, 2003; McGreal, 1992). Socrates professed ignorance, which he claimed made him wiser than those who claimed they had knowledge. He asked people questions, recognizing that he himself did not know the answers. The purpose of his *elenchus* was to question others about their assumptions, thereby deepening their wisdom. For Socrates, wisdom and virtue were closely connected; thus Socrates linked knowledge with reason and moral action, so that the purpose of abstract thinking is to lead us to engage in activities of high moral value. McGreal (1992) explains:

> The real self is rational and moral: rational, for the person can distinguish what is
> good from what is merely pleasurable; moral, because when the good is known, it is
> also according to Socrates, sought. Thus we have the famous Socratic dictum, Virtue
> is knowledge. (p. 22)

Coulter (2011) goes on to explain that what counts as knowledge for Socrates is not readily apparent—that is, it is not clear whether Plato and Socrates share the same view of knowledge.

Socrates' paradoxical wisdom made the Athenians he publicly questioned look foolish, turning them against him and leading to accusations of wrongdoing. Socrates defended his role as a gadfly until the end: indeed, at his trial, when he was asked to propose his own punishment, he suggested a wage paid by the government and free dinners for the rest of his life. He was, unsurprisingly, found guilty on vague charges of introducing new divinities and corrupting the minds of the youth of Athens and subsequently sentenced to death by drinking a mixture containing poison hemlock (Annas, 2003; McGreal, 1992).

Plato

Plato (c. 424-347 BC) was profoundly disturbed by the unjust death of his mentor. Plato regarded Socrates as living an admirable life and he considered Socrates' death unjust (Jonsen & Toulmin 1988). Plato, determined not to follow his teacher into martyrdom, chose to leave Athens but returned after twelve years of travel to begin the first institution of higher education in the Western World, the Academy. Indeed, *The Republic* (380 BC) might be considered as a kind of school prospectus for an institution to grow philosophers who would have true knowledge and thereby know the truth about reality (Coulter, 2011; McGreal, 1992).

Biographical factors seem to have influenced Plato's writing. Unlike his mentor, who was the son of a stonemason and a midwife, Plato was an aristocrat. Both his father and his mother were members of the Athenian elite with claims of descent from kings; indeed, two of the leaders of the 411 BC coup were relatives. Plato received the best available schooling,

soldiered with distinction in the Peloponnesian War, and returned to continue his education, becoming a student of Socrates at age twenty. He had nothing like the range of experience of the world that Socrates brought to his philosophizing.

Plato was especially concerned about the climate of conflict in Athens and how it promoted an opportunistic approach to moral matters. Jonsen and Toulmin (1988) explain, "Thrasymachus argues that the only question that really counts in politics is, Who is the strongest? Who can best get his way, by persuading, cajoling, or if necessary forcing other citizens to serve his interests?" (p. 59). In contrast, Plato wanted political affairs to be conducted on impartial terms. His favourite villains were the Sophists, largely itinerant professional teachers who taught their students how to win in oral combat rather than how to seek the true and the good. The Sophists believed that nothing truly general could be said about ethical issues; what was central was the "*timeliness*" of acts. Jonsen and Toulmin (1988) explain: "The doctrine of 'opportune time'…[suggests] that moral issues must be judged afresh on every occasion from scratch, and that no common features mark off certain types of actions, cases, and situations from others " (p.61). Plato, in contrast, was suspicious of context and of ordinary experience, and was determined to establish universal principles for ethical matters. "Plato converts a capacity for moral discernment into an unwavering vision of eternal universal Truth" (Jonsen & Toulmin, 1988, p. 62). In fact, a divine truth which was unquestionable.

Plato's appeal for general principles in moral conduct is evident when he asks the crucial question, "What is the nature of the good that can be found with the self and within all things?" (McGreal, 1992, p. 23). He wants to find the universal Good in ethical matters by testing every definition, constantly bringing forth new cases and examples. "Socrates

taught Plato and the entire Western world that one ought not to take action grounded on mere beliefs without attempting to ascertain the basis for these beliefs through the use of critical intelligence" (McGreal, 1992, p.23). This resulted in "suppressing the context-dependence of first person experienced in favour of a third-person perspective which yields generalized finding in accordance with clearly formulated, publicly agreed procedures" (Dunne, 2005, p. 373)**.** As McGreal (2002) says, "the key to much of the Socratic-Platonic enterprise lies in the effort to ground the objectivity of moral values" (p. 23).

Finding a solid grounding for moral values in rational principles in order to arrive at the universal Good is a key feature of Plato's theory of the Forms in *The Republic*. According to Jonsen and Toulmin (1988) "anything universal that was true of the Form of the Good, must deductively—in conformity to the demands of logical necessity—be true, surely, of any particular 'good' also" (p. 62). Plato's view is that there is an "essence–or Form–common to everything falling under one concept, which makes everything what it is" (Audi, 1999, p.315). These Forms are unchanging, timeless, and self-predicting. Plato seeks to look at reason in the world of unchanging ideas because "our senses do not give us the whole of reality. What is needed is rational reflection, judgment that corrects deceptive sense experiences" (McGreal, 1992, p. 24). Thus, true knowledge, for Plato, is what is stable and unchanging capturing both truth and goodness. Plato distinguishes between mere opinion as it relates to particulars (for example, a particular instance of justice), and knowledge relating to universals (as in knowing the essence of justice applicable in all cases), which are objects of thought (McGreal, 1992; Shand, 2002). Plato calls this form of knowledge *episteme*, that is, "real knowledge over against mere opinion (*doxa*)" (Dunne, 1993, p. 237).

The theory of Forms represents Plato's attempt to cultivate our capacity for abstract thought, for *episteme*; by exploring the world of Forms, Plato hopes to attain greater knowledge (McGreal, 1992). Plato's understanding of knowledge as *episteme* is illustrated in the allegories of the sun and the cave. He compares Athenian citizens to chained prisoners deep in a cave who think reality consists of the passing shadows they see cast onto the wall by a fire that blazes behind them. When one of them finally escapes, moving out of the cave, they can see clarity in the light of the sun. This has been interpreted as,

> akin to the journey from ignorance to knowledge, from the world of the senses to the world of the Forms, from passing shadows caught up in the flux of things to the permanent truths known only by the intellect. It is only in the light of the intellect that reality can be seen for what it is…For Plato the Idea of the good is, like the sun, the source of light by which the eye of the mind sees everything. (McGreal, 1992, p. 25-26)

Returning from his encounter with abstract ideas, the prisoner finds the complexity of life bewildering. He is set apart from fellow citizens as a member of an "elite equipped to deal with moral and political issues in a way that the generality of the citizens cannot" (Jonsen & Toulmin, 1988, p.61). For Plato, understanding and acting morally in any particular situation is primarily a matter of developing and applying the general ideas of the Forms.

Aristotle

Aristotle (384-322 BC), Plato's most famous student and graduate of the *Academy*, claims that one needs more than knowledge to guide moral action. A very different background from that of either Plato or Socrates may have contributed to his differing view. Unlike his predecessors, Aristotle was a foreigner in Athens, which at that time was a

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significant consideration. He was born in Stagira in Northern Greece, orphaned at ten and

sent to study with Plato at the *Academy* at age seventeen. His tenuous social situation was

compounded by being neither as common as Socrates nor as aristocratic as Plato. His mother

was descended from the first colonists of Stagira and possessed substantial wealth, while his

father was court physician to King Amyntas of Macedon and a member of the *Asclepiadae*,

or sacred guild of healers. The son and grandson of physicians, Aristotle is deeply

suspicious of general answers to the problems of practice, explaining, for example, "It does

not appear that people become medical experts…from written texts…. These texts are

thought to be beneficial to those with experience" (NE 1181a19-1181b8). In effect, Aristotle

repeatedly asks, "Can the vision of an abstract, universal, and entirely general 'Form of the

Good' give us specific guidance when we really need it—that is, in moral practice?" (Jonsen

& Toulmin, 1988, p. 63). Good practice, Aristotle argues, depends on the accumulated

experience of particular situations rather than the certitude of general principles, and "this

practice experience gives one a kind of wisdom—*phronesis*—different from the abstract

grasp of theoretical science—*episteme*" (Jonsen & Toulmin, 1988, p. 26).

 Episteme and phronesis are two of Aristotle's five intellectual virtues or excellences

(along with *techne*, *nous* and *sophia*), each being concerned with a distinct form of knowing

in relation to different forms of human activity: *theoria* or contemplation, *poiesis* or making

and *praxis* or ethical conduct. Excellence in *theoria* involves both *episteme*, or secure

knowledge about the world (absent, however, Platonic concerns for the ethical), and *sophia*,

or theoretical wisdom or intellectual accomplishment. *Poiesis* requires excellence in *techne*,

or making or artistic creation. *Praxis* calls for *phronesis*, or practical wisdom. *Nous* is

needed to discern first principles or correct starting points for many of the other excellences

(Coulter, 2011). Given the importance of these distinctions that Aristotle develops in response to Plato, I explore each of them below.

Episteme. For Aristotle *episteme* is about eternal truth, and is the highest level of intelligence, encompassing "only mathematical entities, the heavenly bodies and the divine being or first mover" (Dunne, 1993, p. 238). It is a form of reasoning that is purely contemplative, and leads to truth that is eternal and is pursued 'for its own sake'. *Episteme* requires one to "give an account of the thing which traced it back, or tied it down to certain principles or causes" (Dunne, 1993, p. 237-238).

Aristotle distinguishes *episteme* and its concern with what is invariably true from forms of knowing involving changeable concerns, that is, things that can be otherwise (i.e., *techne* and *phronesis*). In doing so, Aristotle strips *episteme* of its ethical aspects, explaining that general truths cannot reliably subsume relevant particulars in unstable matters (especially in human conduct). He explains:

> [T]he sorts of account we demand must be determined by the subject matter: things in the sphere of action…have nothing stable about them…. What one says about particulars is…lacking in precision; for it does not fall either under any expertise or any set of rules—the agents themselves have to consider the circumstances relating to the occasion. (*NE* 1103b34-1104a10)

Indeed, Aristotle regularly warns that "the moment we begin to theorize we are…in acute danger of oversimplifying" (Nussbaum, 2001, p. 259).

Phronesis. In order to capture the breadth and unpredictability of human conduct, a different kind of knowing is required which is appropriate to a kind of practice subject to fluctuation, variety and constant change that does not yield the universal and necessary

knowledge of theory. Dunne (2005) elaborates: "*phronesis* is not a completed state of

knowledge…. on the contrary there is an openness of experience of the *phronimos* and

through this openness he or she is continually involved in a learning process" (p. 306).

Dunne (1993) also suggests that judgment may be the best 'candidate' for the meaning of

phronesis and more generally "for the cultivated capacity to make such [decisions]

resourcefully and reliably in all the complex situations that they address" (p. 376). *Phronesis*

involves recognizing situations that are not conventional and respecting the particularity of

the case. Indeed, Jonsen and Toulmin (1988) suggest that "Plato's appeal to a universal,

unique, and eternal Form of the Good, represented in all particular, varied, and transient

'good things', only concealed the *unlimited diversity* of ethical problems and situations" (p.

67, italics in original). Thus, when we deal with concrete problems of moral practice in

different circumstances and situations, a single universal Form of the Good is little help to

us.

Translations of *phronesis* in modern English include "practical wisdom, prudence

and practical judgment, all of which capture some aspects of *phronesis*, and miss others"

(Coulter, 2011, p.16). Two key features distinguish *phronesis*. First, *phronesis* is the only

Aristotelian intellectual virtue that is connected to the moral virtues: it functions by selecting

and activating the requisite moral virtues appropriate to the particular context, understood

correctly. Coulter (2011) quotes Beiner:

> Without *phronesis* one cannot properly said to possess any of the virtues, and to
>
> possess *phronesis*, conversely, is to possess all the virtues for *phronesis* is
>
> knowledge of which virtue is appropriate in particular circumstances, and the ability
>
> to act on that knowledge. (p. 16)

Second, because *phronesis* deals with human conduct (i.e., *praxis*), *phronesis* must build on experience in living with other people. Aristotle is clear that young people cannot possess *phronesis* because they lack the necessary and relevant experience. Relevance, however, includes experience in living with the right kind of other people. Aristotle explains that some people are born with certain natural characteristics or capacities, but these excellences need to be nurtured by learning to recognize situations that are ethical and by utilizing suitable virtues in the various contexts. Such learning is best acquired by living with people who have already developed the ability to do the right thing in the right way in the right contexts. Such people model *phronesis*. Such habituation, however, carries no guarantees; even with the right role modeling, some people may not be able to recognize the moral aspects of situations, understand the best action to take, and act accordingly—that is, they will lack full virtue.

Techne. Responding to the Socratic/Platonic privileging of *episteme* and universal truths, Aristotle recognizes different ways of knowing for practice, claiming that a life of uninterrupted contemplation is impossible because, on its own, *episteme* cannot be imported into practical life. Aristotle differentiates between practical-productive (*poiesis*) and practical-acting (*praxis*). *Poeisis* involves an end which can be clearly specified and known prior to production. The formed product is the end, and the activity together with the materials and tools are the means which are used for achieving the end. The worth of *poiesis* is then determined by the quality of the product or end achieved and how well it serves its intended purpose. Excellence in *poiesis* requires *techne,* a form of knowing peculiar to fabrication in activities such as shipbuilding, dancing and flute playing (Dunne, 1993). Control is paramount in *techne*, as the means and ends can be monitored systematically and

unambiguously, removing opinion or subjectivity from the equation (Carr, 1987; Dunne, 1993, 2005). The control and prediction that *techne* guarantees provide "unambiguous criteria for establishing accountability and assessing success" (Dunne 2005, p. 377), thus avoiding misinterpretation. Perhaps when I first began teaching the praxis seminar, being focused on meeting objectives rather than on addressing the particular instances students were having in their practice, I was aligned more with *poiesis*. I chose the end or product and designed the respective activities to meet the end or *telos* attempting to avoid any unpredictability.

 Nous. is an intellectual virtue which, Aristotle explains, "has as its objects what is last in both directions; for both the primary definitions and what is last in practical reason are to be grasped by [*nous*]" (1143a36-1143b1). Common translations include such different concepts as mind, intelligence, understanding and intuitive reason; in this context, intuitive reason is probably the best translation. *Nous* of primary definitions allows us to see the physical and social world with immediacy and accuracy; It provides the building blocks to help us make sense of our world and our experience in it—that is, our starting points for further knowledge. Nurses learn to read sadness, for example, by watching people's faces, listening to their voices, possibly witnessing crying and so on. *Nous* also helps us to understand our world by enabling us to build generals or theories from the right particulars (Coulter, 2011). For example, I was teaching a group of internationally-educated nurses on a surgical ward in a local hospital in the Lower Mainland. On their first day on the ward, the students each chose a patient, researching the patient's diagnosis and any other information they could glean from the charts. On their second day, an evening shift permitted us to have a preconference. I asked them to speak about the patients they had selected and, as a group,

we posed questions to them. Three of the students had chosen patients who had gone through bowel surgery. Although each patient had a particular history and circumstance, the students recognized that they all had similar issues (i.e. odd test results, similar medications, issues around mobility, etc.). They began to recognize these similarities and to form a framework or general theory about people who underwent bowel surgery. *Nous* of primary definitions helped them to begin to make sense of some of the issues these particular patients were facing.

Nous of what is last in practical reasoning, on the other hand, includes imagining all the possible courses of action flowing from a particular set of circumstances. It can be developed from experiences with a variety of particulars. I gathered together the students referred to above to talk to each other about their patients. Each of them presented something different and unique about each of the patients, and imagined different nursing strategies that were not only specific for each patient, but also consistent with her own personal style and abilities. *Nous* of what is last helped them to "imagine what might be done consistent with those ends given their understandings of particular circumstances and relationships" (Coulter, 2011, p. 20).

Sophia. The first kind of *nous* I have described above—the nous of primary definitions—is integral to Aristotle's fifth intellectual virtue, *sophia*—which is regularly translated as theoretical wisdom or intellectual accomplishment (e.g., being learned) and sometimes simply as wisdom. *Sophia* involves *nous* of primary definitions and *episteme* of "the highest objects" (*NE* 1141a20) —that is, understanding and knowledge of the world, so that someone "must not only know what follows from the starting points, but have a true grasp of the starting points themselves" (NE 1141a16-18). Coupling this kind of *nou*s with

the secure knowledge of *episteme* allows people to build the powerful generalizations that comprise formal theories. Aristotle explains that people with depth and breadth of understanding and knowledge "are accomplished in a general, not in a specific sense" (1141a14). That is, they are authentic lovers of *sophia* (*philo sophia*) - that is, scholars, learned people.

   Limitations of an Aristotelian approach. Aristotelian *praxis* and *phronesis* have many limitations if used uncritically in a modern context. *Praxis* and *phronesis* are intimately linked with the person's community, but there are vast differences between Aristotle's community and our present day communities. Aristotle's *polis* was an ancient Greek city-state and effectively limited to male citizens, in contrast with our complex, multicultural, democratic society with multiple traditions, in which notions of virtue and community are highly contested (Coulter, 2002). Moreover, Aristotelian *phronesis* often involves more than a hint of elitism: who are the 'right people' to decide and model which virtues? Who decides? On what basis? Modern societies grapple with just these kinds of questions, questions that Aristotle did not address.

   Aristotle's influence. Ironically, Aristotle's own death almost meant the demise of his philosophy. His reputation plummeted; his character was attacked; he was called "a debauchee and a glutton," a drug dealer and an opportunist; few people read his work and most of his publications lay hidden for almost 300 years. One cause of this eclipse was probably political: Aristotle had been a foreigner exercising great influence in Athens because of his ties to the Macedonian rulers. The conventional explanation for the loss of his works is that Aristotle willed his manuscripts to his Lyceum successor, Theophrastus, who in turn passed them along to Nelus of Scepsis. The works remained in a cellar until the fall

of Athens in 86 B.C., when Sulla brought the papers to Rome and Andronicus created a comprehensive edition of Aristotle's writings (Lord, 1986, p. 142).

A number of Roman writers, such as Cicero and Plutarch, were familiar with Aristotle's work, but with the collapse of the Western Roman Empire the texts were essentially lost—not physically, but in the sense that few scholars could read Greek, making Plato and Aristotle available only indirectly. Nevertheless, while their texts seemed to disappear for significant periods and their work was sometimes in fashion and sometimes not, Plato and Aristotle are the foundation for the discussion of ethics in the Western world. Jonsen and Toulmin (1988) nicely summarize: "We inherit two distinct ways of discussing ethical issues. One of these frames these issues in terms of principles, rules and other general ideas; the other focuses on the specific features of particular kinds of moral cases" (p. 23). Sometimes *episteme*, *techne* and *poiesis* dominate the conversation; sometimes *phronesis* and *praxis* govern.

While I have not attempted a comprehensive history of Western moral philosophy, I have tried to outline the conversation that Socrates, Plato and Aristotle began. I next turn to the appropriation of their ideas about moral action by the Roman Catholic Church for the guidance of the moral conduct of parishioners, and how these ideas persist in contemporary moral discussions.

The Development of Casuistry in the Christian Church

The Early Church

The scope of the task facing the new Christian Church was enormous: "Moral challenges, moral paradoxes, hard sayings and abrupt revisions of familiar rules constitute the ethical teaching of Jesus" (Jonsen & Toulmin, 1988, p. 91-92). How might his teachings

be systematized and institutionalized? After Christ's death, in 44 A.D., leading Christians wrestled with the problem of whether all of the moral and ritual obligations of Judaism should apply to gentiles, pagans, and converts from Judaism. They decided to observe only the moral teachings of the way of Christ, which meant following certain imperatives, the so-called Noachic law (Jonsen & Toulmin, 1988). The council justified this decision, stating, "There is no distinction between us and them…. God who knows the heart has made no distinction between us…for all are saved by the grace of the Lord Jesus" (Jonsen & Toulmin, 1988, p.92). The young church found it difficult to decide how to fulfill its theological imperatives, however, when confronted with real situations. Such matters as marriage and behavior during persecution became subjects requiring the ecclesiastical councils to make decisions about particular cases.

The first three centuries after the founding of Christianity are often referred to as the Patristic Era, so named after the church fathers, or teachers, who were charged with grappling with tensions involving Christianity, paganism and secular life in the complex, dangerous and shifting world of a collapsing Roman Empire. Many of the controversies in the time of the early church heightened the Christian desire to care for the individual's life and soul, adding a new dimension to the moral discussion. In particular, Christians introduced the word 'person' as "an individual, called by God to accept grace, fully and freely responsible for acts that welcomed or rejected his divine call" (Jonsen & Toulmin, 1988, p. 96). (For the Romans, 'person' referred to someone's legal status, not his or her unique self; slaves were not persons.)

This theological stance meant that 'persons' were now accountable before God and God's Church for their deeds, thus giving rise to the practice of confession and the

performance of penance for the purpose of spiritual guidance and self-examination. The clergy were guided by books called the *Penitentials*, which were lists compiled by local church councils to assist confessors in selecting a penance proportionate to the seriousness of the sin. Jonsen & Toulmin (1988) elaborate: "These books are rich but tantalizingly terse sources of information about the Christian understanding of morality at a time when Christian culture was emerging from its pre-Christian antecedents" (p.97). Penitentials remained highly individualized, providing the first hint in their appreciation of individual distinctiveness and the diversity of contexts of the casuistry or moral case study that was to emerge later.

The most important Patristic thinker was, of course, Saint Augustine. Born in 354 A.D. in Thagaste (modern Souk Ahras in Algeria), Augustine spent 71 of his 75 years in North Africa. After working as a teacher of rhetoric in Carthage, he secured an appointment as public orator for Emperor Valentinian II, precipitating a move in 383 A.D. to Italy, where Augustine, an informal Christian with an awakening passion for philosophy, began a serious study of the Neoplatonist Plotinus whose work had recently been translated from Greek to Latin (Miller, 2011, pp. 149-150). Plotinus aimed at spiritual enlightenment through contemplation of the divine within oneself, leading to the discovery of the unity of the world in God—the Good—as instantiated in the Platonic Forms. Augustine was inspired by Plotinus to resign his imperial post and retreat with his extended family to the Italian Alps where he sought inspiration through introspection and dialogue with his colleagues. In effect, he aimed to reconcile "the voice of Christ and the teaching of Plato and Plotinus" (Miller, 2011, p. 158). In 387, Augustine was baptized as a Christian and left Italy determined to pursue an authentically Christian life in relative isolation.

Back in North Africa, he devoted himself to contemplation and writing. His conclusion was that he could not reconcile faith and reason; he had to choose between them, and he chose faith. Augustine was therefore determined to "reject anything in Neoplatonism that contradicted the teaching of the Catholic Church" (Miller, p. 158). His seclusion was short-lived however. In 391 he was drafted by the congregation at Hippo to become their priest and for the next thirty-nine years he was a leader of an embattled and endangered church, first as priest and later as bishop. Ironically, "like the philosopher who has seen the sun of perfect justice in Plato's parable of the cave in the *Republic*, only to be forced afterward to bring a semblance of justice back to those in the shadows, Augustine now had to forgo his life of Christian contemplation and descend into the murky world of church politics" (Miller, 2011, p. 158).

Augustine's public responsibilities did not prevent him from a remarkable scholarly career: ninety-three formal works, not counting sermons and letters (most of which were carefully recorded and catalogued by stenographers and scribes). His legacy was instrumental in building the dominant institution of Western Europe for the next thousand years: the Catholic Church. His best-known and most influential work, the *Confessions*, involves "'accusation of oneself; praise of God'—a conception that made sustained self-examination central to the act of confessing" (Miller, 2001, p. 159), and that led eventually to the sacrament of revealing one's sins to a priest. The *Confessions* allows him to create a unifying narrative of his own life with an awareness of how God's grace shaped his life's course (Miller, 2001). Nevertheless, he is clear that such spiritual-moral awareness can never be complete. Faith and subordination to the consecrated scriptures of the true church must be paramount:

That is why the Scripture says, 'The just man lives on the basis of faith.' For we do not yet see our good, and hence we have to seek it by believing; and it is not in our power to live rightly, unless we believe and pray and receive help from him who has given us the faith to believe that we must be helped by him. (Augustine, *City of God*, XIX, 4)

Ultimately, Augustine does not trust in man's reason, but in God's will as interpreted by the true Church. One modern biographer writes: "Fallen men had come to need restraint. Even man's greatest achievements had been made possible only by a 'strait jacket' of unremitting harshness" (Brown, 2000, p. 234). Moral action is not guided by Forms intuited by Plato's philosopher-kings, but by obedience to the One True Way of the Church.

Augustine may have been the most important Patristic theologian influenced by Plato's writings, but he was certainly not alone, as witness Ambrose and Bothius. Indeed, most of the philosophical thinking during the Middle Ages continued to be dominated by Plato—until the rediscovery of Aristotle in the twelfth and thirteenth centuries, a circumstance which contributed enormously to the development of an alternative approach to fostering moral action.

Guiding Moral Action: The Historical Roots of Casuistry

Casuistry is "that part of Ethics which resolves cases of conscience, applying the general rules of religion and morality to particular instances in which 'circumstances alter cases', or in which there appears to be a conflict of duties" (Oxford English Dictionary). Casuistry arose as a procedure for resolving moral problems after A.D. 1000, partly in response to a number of factors that dramatically affected European society and its preeminent institution, the Catholic Church, including increased urbanization, the

development of a new professional class and increased ecclesiastical centralization. During

the eleventh and twelfth centuries there was an exponential growth in the size of European

cities, and most importantly in literacy and learning (Jonsen & Toulmin, 1988). After the fall

of the Roman Empire, European society had been largely rural; in 1050 only about two

dozen towns had more than 2000 people and only Venice and London more than 10,000.

Between 1050 and 1250, however, urban populations dramatically expanded: dozens of

European towns had 30,000 or more people and major centres had more than 100,000

inhabitants (Jonsen & Toulmin, 1988, p. 102). Accompanying the rise in urban life and

commerce was the emergence of a new class of literate people, or *clerici*, including lawyers,

bankers, scholars, teachers, and physicians (Jonsen & Toulmin, 1988, p. 102).

These societal changes presented both new challenges and new opportunities for the

Church. On the one hand, the *clerici* began to question existing ethical, political and legal

systems; on the other hand, they supplied resources that enabled the Church to bypass the

uneducated dukes, kings and barons who exercised local power over provinces and nations

(Jonsen & Toulmin, 1988, p. 103). In 1073 the new pope, Gregory VII, was determined to

remake the loose association of priests and bishops that had comprised the Church for

hundreds of years into a "centralized ecclesiastical organization with its own political and

judicial power" (Jonsen & Toulmin, 1988, p. 103). The Church took on responsibility for

deciding intellectual questions involving the legal system, commercial arrangements,

political sovereignty and individual ethics. It continued to exercise jurisdiction over matters

that had a strong moral component, such as matrimony, the sacraments, and pledges of faith,

and matters that were beyond the usual scope of the secular courts, such as matters involving

students, widows, orphans and the poor (Jonsen & Toulmin, 1988).

As part of his efforts to consolidate power, Gregory VII supported efforts to collate, formalize and interpret the complex and diverse body of ecclesiastical law that included "decrees of ecumenical and local councils, letters of popes and bishops, statutes of dioceses and religious orders and dicta of reputable ecclesiastical writers" (Jonsen & Toulmin, 1988, p.114). The informal rulings of bishops and abbots were absorbed into and provided structure for the canon law applied by the Church's ecclesiastical courts. The Church's courts were, in turn, modeled on the Roman legal system. That is, rulings were based on precedents and particular cases rather than on the application of general theory: "sound judgment in resolving problems of moral practice depended on recognizing crucial resemblances and differences between new and problematic cases and available paradigmatic cases" (Jonsen & Toulmin, 1988, p. 108). Students and teachers of canon law would therefore compare and distinguish examples using words such as 'take the case' or 'imagine the case.' This use of the word *casus* or 'case' was established by the end of the thirteenth century.

The developing canon law became especially important when heretical groups challenged the sacrament of the confession, in effect fomenting rebellion against the authority of the papacy. For example, in responding to the Albigensian sect's rejection of voluntary confession to priests, the Lateran Council of 1215 mandated confession of all the faithful at least once a year and instructed priests

> to be discreet and careful in the manner of an experienced physician…diligently inquiring about the circumstances of the sin and the sinner, whereby he can learn what sort of advice to offer and what remedies to employ, making diverse attempts to heal the ailing person. (IV Council of the Lateran, D-S, #813)

"From then on casuistry was to have a distinctive place in the teaching and practice of the Catholic Church. 'Casuistry properly speaking' awaited one further embellishment: the contribution of speculative theology" (Jonsen & Toulmin, 1988, p. 121). In effect, the Church needed some way of rationalizing the diverse judgments that were increasingly being folded into the new canon law corpus. This need was met by Aristotelian *praxis*, as expounded by Saint Thomas Aquinas (1225-1274).

Born near Montecassino between Rome and Naples in 1225, Aquinas attended the University of Naples before being ordained into the Dominican order. He subsequently studied at the universities of Cologne and Paris and then returned to the Papal court in Italy. At Naples, Cologne and Paris, he was swept up in the 'Recovery of Aristotle': Beginning about 1150 and for the next hundred years, European scholars were involved in translating and copying Aristotle's corpus from Greek or Arabic into Latin (until then only *Categories* and *On Interpretation* had been available in Latin). Aquinas wrote important commentaries on Aristotle's works, including the *Nicomachean Ethics*; his own fifteen volume *Summa Theologiae* argues that human reason was compatible with Christian ethics and uses Aristotle to develop a detailed, comprehensive approach to Christian morality for the first time (Jonsen & Toulmin, 1988, p. 123). Many elements of Aquinas' work linked to Aristotelian *praxis* are important for casuistry, including the concepts of natural law, natural reason, conscience, prudence, and circumstance (although the meaning he attributed to each term was derived from the context of the Middle Ages).

The medieval term for casuistry was *causus conscientiae* or 'cases of conscience'. What Aquinas' understood by the term 'conscience' was very different from our modern interpretation, and this difference is perhaps the key to understanding both how he uses

Aristotelian resources and how he distinguishes himself from Aristotle. Aquinas differentiates between two aspects of the human perception of goodness: *synderesis* and *conscientia*. The former is "a natural disposition concerned with the basic principles of behaviour, which are the general principles of natural law" (Quaestiones Disputatae de Veritate Qq. 16-17). Much like Aristotelian *nous*, *synderesis* grasps primary definitions; unlike Aristotelian *nous*, however, *synderesis* is always accurate: humans naturally know what is good.

Error involves *conscientiae*, which concerns "the application of general judgments of *synderesis* to particulars" (Jonsen & Toulmin, 1988, p. 129). Humans either lack accurate understanding of the particular circumstances or fail to reason correctly about what to do - that is, they lack *prudentia*, or prudence, which is Aquinas' (following Cicero's) translation of *phronesis. Prudentia* is "'correct reasoning about what ought to be done' (*recta ratio agibilium*)" (Jonsen & Toulmin, 1988, p. 130). Like Aristotelian *phronesis*, *prudentia* requires someone to understand the particular situation correctly and link that understanding to the right action. However, right action is within the capacity of all, not just those who have been brought up properly to see the good; all Christians are capable of God's grace. "The doctrines of conscience and prudence showed that although the completely general first principles of morality might be universally and ineradicably known, deliberation about the merits of particular actions moved in the more obscure realm of individual facts" (Jonsen & Toulmin, 1988, p. 135).

Thus, by the close of the thirteenth century the resources for casuistry were in place. Canonists collated decrees and dicta from past cases, ready to be applied to new cases. Theologians, most notably Aquinas, refined theology based on natural law, conscience,

prudence and circumstances. The emphasis on regular confessions made it common practice for priests to listen and resolve particular cases presented by penitents. Finally, the moral education of priests in casuistry (as early as 1259, the Dominicans required regular study of cases) was supported, partly by using the new confessional books. This was the starting point from which casuistry reached its maturity in the 16th century.

1517-1656: Casuistry Flourishes

The 16th century began with the production of a vast number of manuals known as *summas*, which were the first systematic taxonomy of human behaviour, showing how maxims could be applied in particular circumstances. The authors of the *summas* (mainly based on the *Summas* of Pennafort and Aquinas) made distinctions between different kinds of sins; the severity of the sin could be judged in view of the object of the act, as well as the intent of the agent. They brought order and clarity through these distinctions which the earlier confessional books did not provide. As a result, "for the first time in Western culture, a systematic taxonomy of human behaviour was developed …[which] shaped into standard ways of describing moral behaviour" (Jonsen & Toulmin (1988) p.142). The *summas* replaced the scattered and undeveloped works of the patristic authors with "an exactness of expression that reflected the nuances of moral deliberation, choice and action" (Jonsen & Toulmin, 1988, p. 142), making it possible for confessors to learn and teach ordinary people how to examine their own moral lives and how to communicate about them with their spiritual director. "The common people could now be shown the relative importance of intentions, dispositions, consequences, and circumstances to the moral evaluation of their acts" (Jonsen & Toulmin, 1988, p. 142).

Many events contributed to the flourishing of casuistry, but perhaps the most dramatic was the Reformation, often assumed to begin with the publication of Martin Luther's *Ninety-Five Theses* in 1517. Ironically, the need to respond to Protestantism led to an increased emphasis on casuistry: The Council of Trent in 1545, for example, reaffirmed the decrees of the Fourth Lateran Council of 1215 and further required penitents to confess sins according to species, number, and circumstances. To prepare priests for such sophisticated moral teaching, seminaries were created and charged with instructing the clergy in casuistry and theology. The Reformation opened new moral conversations, most notably concerning the allegiance to diverse Christian faiths (i.e., Catholics and Protestants) that split realms, villages, families, and religious orders, and simultaneously cast common morality into doubt and turmoil. Political and economic life was also changing: old political arrangements were being challenged by nationalism and the place of the church in society was being contested by a new emphasis on secularism. Jonsen & Toulmin, (1988) capture the tensions: "To people of the sixteenth century, activities we now distinguish into different kinds—as political or economic, religious or social—were all 'moral' activities. All of them were matters of conscience" (p. 144).

Finally, casuistry was nourished by a new Catholic order, the Society of Jesus (founded in 1534) that came to embody all that was good—and problematic—about casuistry. The Jesuits were dedicated to reformation of the Church and the spread of the Word of God throughout the world. Within sixty years of their founding they had 13,000 members in thirty-two provinces throughout the old and new worlds. Jesuits believed that the key to reforming the Church was education: by 1640, they had established 520 schools with 150,000 students—an astonishing number for the 17th century. They were the first

religious community that fully accepted their responsibility to work with secular persons in secular institutions (Jonsen & Toulmin, 1988, p.147). Given their secular focus, the Jesuits stressed "activity rather than contemplation, involvement rather than withdrawal, in religious and ethical duties" (Jonsen & Toulmin, 1988, p. 147-148). Given their dispersal at great distances from Rome, their members needed to make significant practical decisions independent of hierarchical authority. In other words, they needed to be experts in casuistry, and so

> they approached moral questions in the spirit of Aristotle and Aquinas, rather than Plato and Augustine: the problem that occupied them was how to choose a course of action prudently and virtuously, rather than how to ascend to a vision of eternal truth. (Jonsen & Toulmin, 1988, p. 148)

The Jesuits' enormous influence was felt both within and outside the church, and although their power promoted casuistry, the antipathy they also inspired contributed to its demise (Jonsen & Toulmin, 1988).

The Decline of Casuistry

The tensions of an approach to moral education that attends to context and individual judgment within an institution concerned with consistency and control over large numbers of people dispersed widely could be contained for only so long. The seeds of the demise of casuistry within the medieval Church were readily apparent as it confronted both the Reformation and the Renaissance. These tensions were, of course, apparent to church theologians, and their efforts to grapple with these pressures ironically contributed to the ultimate failure of casuistry. In particular, the doctrine of probabilism hastened the decline of casuistry. Probabilism was first proposed in 1577 by Bartolomeo Medina, Dominican

Professor of Theology at Salamanca, in an effort to provide greater flexibility for confessors. He wrote: "It seems to me that, if an opinion is probable, it is licit to follow it, even though the opposite opinion is more probable" —a sentence that had huge implications for casuistry.

Medina's medieval predecessors, following Aquinas and Aristotle, understood moral judgments as being true "for the most part," thus leaving room for doubt and flexibility, while maintaining that only one of two contradictory opinions could be valid, that is, only one opinion could have "probable certitude" (Jonsen & Toulmin, 1998, pp. 164-166). By the time of Medina's writing, however, "probable" came to mean "plausible" or "possibly true," expanding interpretive possibilities without providing criteria for selecting among choices. The Jesuit Gabriel Vasquez attempted to rectify this omission by proposing that judgment could have either "intrinsic" or "extrinsic" probability. The former required "excellent arguments"; the latter involved the assent of "wise men," echoing Aristotle's concern for heeding the advice of *phronemos*. In the world of high casuistry, however, deciding who was wise came to involve a combination of reputation and head counting, and deciding goodness became less concerned with the careful consideration of possible courses of action, and more with determining whose opinion mattered. The Jesuit Sanchez explained that the opinion of one wise doctor "renders probable any opinion he maintains," while the Cistercian Caramuel maintained that one professor holding a distinguished chair prevailed over four lesser professors (Jonsen & Toulmin, 1988, p. 168). Ironically, even the cacophony of opinions that resulted from this approach to deciding moral matters was held to be justified: Caramuel rejoiced that "these multiple opinions are a sign of salvation…many who might be damned are saved by a probable opinion" (Caramuel,

Theologia Regularis, 1).

The slide towards relativism, of course, did not go unnoticed. Perhaps not surprisingly, the most devastating critique of casuistry came from outside the church, from the brilliant mathematician Pascal (1623 –1662). Also unsurprising was that his attack was indirect and written under a pseudonym, since at the time directly challenging the authority of the Catholic Church was dangerous. In 1656 Pascal published the first of his eighteen *Les Lettres Provinciales,* each of which mercilessly satirized the moral laxness and intellectual incoherence of casuistry. Pascal's casuists are adept at finding exceptions to every stricture and adding definitions and qualifications until all meaning is lost. No principles, no norms, no values are secure. Pascal, in contrast, is clear about what he wants: "I am not satisfied with probability. I want certainty" (Jonsen & Toulmin, 1988, p. 171). Enormously influential, the *Lettres* contributed to the rapid demise of casuistry. Indeed, a few years later Pope VII Alexander himself condemned 'laxity' in the church and ordered a revision of casuistical texts.

This process continued under Pope Innocent XI (1676-1689), who further condemned laxity, warning the casuists of the careless use of probabilist methods. He issued a decree in 1679 repudiating much of casuistical literature and moral theology and adding the requirement that theologians had to "submit difficult points and cases to the authorities in Rome for 'official' opinions" (Jonsen & Toulmin, 1988, p. 270). These official *responsae* carried the weight of the Pope and inhibited free exchange of opinion. "Certain limits were set; maxims were fixed in place and probabilities determined not by debate but by decree" (Jonsen & Toulmin, 1988, p. 271). Papal letters (known as Encyclicals) were issued to regulate moral matters and the authority of the pope effectively excluded alternative points

of view. Casuistry came to be seen as "diverting attention from the moral teaching of the Gospels; as stressing sin rather than perfection; and as viewing the moral life as a matter of observing lower limits rather than of aspiring to the higher ideal of love and sacrifice" (Jonsen & Toulmin, 1988, p. 271). After 1700 the moral foundation of casuistry eroded dramatically. "The casuist's serious moral enterprise was transformed into a bureaucratic one of fitting all difficult problems of conduct into predetermined official categories" (Jonsen & Toulmin, 1988, p. 273).

The Enlightenment and a Reinterpretation of Plato

Two cataclysmic events—one religious and one secular—stemming partly from the same intellectual revolution dramatically changed Western understandings of moral conduct so that "for three hundred years, from the 1660s to the 1960s, the central preoccupations of moral philosophy have been *theoretical*" (Jonsen & Toulmin, 1988, p. 302).

The first event has already been mentioned: the Reformation, effectively dating from Luther's *Ninety-Five Theses* in 1517. The second was the French Revolution of 1789. The first weakened the authority of the Roman Catholic Church; the second provided an alternative locus of moral authority: human reason. The credibility of casuistry was called into doubt in the seventeenth-century with the appearance in the 1630s of Galileo's *Dialogue concerning the two Great World System*s, followed by Rene Descartes's *Discourse on Method.* Their ideas of system and method were embraced by the European intellectual world (Jonsen & Toulmin, 1988, p. 275). This period is usually referred to as the Enlightenment, the hallmark of which was the privileging of reason at the expense of faith or normative claims. The links between knowledge and value, fact and norm, the religious

and the secular, were severed. Perspectives inconsistent with this view of reason were dismissed, as Toulmin (2001) explains:

> There was a hierarchy of prestige, so that investigations and activities were ordered with an eye to certain intellectual demands. Beside the rationality of astronomy and geometry, the reasonableness of narrative came to be seen as a soft centered notion, lacking a solid basis in philosophical theory. (p. 15)

Geometrical clarity, method and system invaded the Jesuit colleges, once the bastions of moral theology and casuistry. As Jonsen & Toulmin (1988) explain, "by the end of the seventeenth century textbooks had begun to appear that bore the marks of [Descartes'] method; even 'case books' were written in a form that presented casuistry itself in the guise of a deductive system" (p. 278). Soon case analysis as a means of resolving moral issues was replaced by rational systems. In other words, the general subsumed the particular in a modern version of Plato's *episteme*, relegating Aristotle's *praxis/phronesis* and moral knowing of the particular to the shadows. What was lost in this reintroduction of Plato's ideas, however, was the integration of the epistemological and moral in *episteme*.

The need for certainty and a monopoly on objective, scientific and technical inquiries that swept through Europe from the 1600s to 1800s was the product of a pervasive set of cultural and intellectual changes in which reason was advocated as the primary and the only legitimate source of authority (Shand, 2002, Toulmin, 2001). The age of the Enlightenment is commonly, although not universally, considered to have begun in the 1600s, when religious wars, known collectively as the Thirty Years War, swept through Europe. The havoc created by this war gave rise to a need for order and certainty. As Toulmin (2001) comments: "in a Europe split by war, the sixteenth-century humanists' modesty about the

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human intellect, and their taste for diversity and ambiguity, seemed like luxuries" (Toulmin, 2001, p. 32). Scientists such as Galileo and Newton provided some sense of security and a means of overcoming ambiguity (Toulmin, 2001)). As Lobkowicz, (1967), says, "in the seventeenth century the discovery of the geometrical transparency of the natural world completely overshadowed the practical wisdom rediscovered by the Middle Ages" (p. 116).

Meanwhile, Descartes, a student of the Jesuit schools, was also caught up in the war, fighting on the Catholic side. He read with interest the work of the scientists and sought to develop an intellectual system free of ambiguity, taking as his goal "a universal system of physics expressed in mathematical form" (Toulmin, 2001, p.32). He sought to establish a science of absolute certainty, free from skeptical doubt, which if followed would lead to certain truths. In *Discourse* Descartes argued that Euclid's *Geometry* should be the model for all theories of inquiry, and claimed to have discovered a foundation to construct a permanent structure in the sciences. He contended that we need to rely on the authority of reason itself, as opposed to unfounded opinions, prejudices, tradition or external authority. His aim was to show that when our mind was emptied of all sense-dependent beliefs it would be possible to gain an objective knowledge of the world (Bernstein, 1983).

Bernstein (1983) suggests that Descartes' *Meditations* address other important aspects of Cartesianism:

> They portray a journey of the soul, a meditative reflection on human finitude through which we gradually deepen our understanding of what it really means to be limited, finite creatures who are completely dependent on an all-powerful, beneficent, perfect, and infinite God. (p. 17)

This is about finding some fixed point on which we can secure our lives against the "vicissitudes that constantly threaten us" (Bernstein, 1983, p.18). Thus, with Descartes, "gone is the Greek insight that practical knowledge is a knowledge in its own right" (Lobkowicz, 1967, p.118). Instead, we are left with the legacy of deciding moral issues by a fixed point or universal place devoid of context.

Of course, the Enlightenment philosopher most responsible for taking the moral conversation in this direction is Immanuel Kant (1724-1804), the great theorist of human reason. Kant rejects Plato's tight linking of knowledge and right action, but rather than endorse Aristotelian *praxis* and its connections to experience, he substitutes reason for knowledge and develops "formalistic fundamental moral law from the most abstract and austere premises" (Guyer, 2006, p. 177), without substantive regard for context, much less experience. In Kant's philosophy, the general is privileged over the particular, but on a different basis. Kant seems to have come by his lack of consideration for the particular honestly, as he had a very narrow range of life experience himself. The fourth of nine children born in Königsberg, East Prussia, to a harness maker and the daughter of a harness maker, Kant's academic talents were recognized early: From ages eight to sixteen, he attended the *Collegium Fredericianum* and then went on to the *Albertina*, the University in Königsberg where—except for working as a private tutor for six years—he remained for the rest of his life. Indeed, the farthest he ever ventured from Königsberg was Arnsberg, a hundred kilometers southwest. Kant's life was that of a stereotypical academic philosopher; perhaps his most famous remark captures his two primary concerns: "Two things fill the mind with ever new and increasing admiration and reverence, the more often and more steadily one reflects on them: the starry heavens above me and the moral law within me"

(CPR 5:161-2). Indeed this remark foreshadows the two questions at the bottom of so much of his work, and constituting the subjects of *The Critique of Pure Reason* (1781, 1787) and *The Critique of Practical Reason* (1788): What can I know? and What should I do? Conspicuously absent from Kant's remark and the questions he posed is any consideration of other people.

Kant rejects both Plato's and Aristotle's fundamental ideas about knowledge, at least about knowledge as *episteme,* in a kind of 'Copernican Revolution' in philosophy. Plato and Aristotle may disagree about whether *episteme* involves claims to what is good as well as what is true, but they agree that knowledge of the world—what is "unchanging"—is possible even if full knowledge is beyond human capacities. Kant disagrees with the premise that humans can actually know the world. Instead, for him, they can know only what humans are able to know - that is, what our senses can perceive and our minds can organize. Guyer (2006), explains: "the fundamental forms of both [sensory perception] and understanding have their origin within our own minds, and … we impose these forms on our experience of objects rather than depending on objects for them" (p.129). In *very* brief, we sense the world through time and space and organize our sensations into the successive concepts, categories and judgments available to us; indeed, "what reason quite uniquely prescribes and seeks to bring about…is the systematic in cognition" (A 645/B 673). Copernicus may have decentered our understanding of where the earth was in the cosmos; Kant puts humans—or at least the human mind—back in the centre.

While Kant seems to follow Aristotle in separating knowing about the world, the subject of the First Critique, from acting well in the world, the subject of the Second, in important ways his ideas about moral action are even further removed from human

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experience than Plato's ideal Forms. While sensible experience is essential for knowledge, along with understanding and theoretical reason, it is not so important in moral matters. What is crucial for right action is the understanding that humans are autonomous beings, free to choose their actions unfettered by external authority (including that of the church). Humans have the capacity—and the responsibility—to decide what to do; "Freedom…is the highest degree of life, the inner worth of the world"; freedom must be exercised in accordance with a rule "under which alone the greatest use of freedom is possible, and under which it can be self-consistent" (LEX, 27: 344, 347). That rule is the Categorical Imperative: "Act only in accordance with that maxim through which you can at the same time will that it become a universal law" (4:420-1). Kant contends that we are good or evil as the result of our free choice to base our conduct on either the maxim of morality (the Categorical Imperative) or on self-love. When we choose to abide by the moral law we apply our reason to determine what the Categorical Imperative requires. Following Kant, deciding moral matters begins with the ultimate general, the Moral Law. This is an approach to philosophical ethics that prevailed in Western philosophy for most of the next one hundred and seventy years—with the exception of one important attempt to revive *praxis*, albeit not Aristotelian *praxis*.

Marx: *Praxis* as Production

The next significant period in the *praxis* conversation emerged in the post-Hegelian period. The Young Hegelians were a group of Prussian intellectuals who wrote in the decade after the death of Hegel in 1831. Marx was part of this movement, and attempted to develop a systematic and comprehensive theory of *praxis* focusing on production that was in many respects similar to Aristotle's *poiesis*. Marx (1818-1883) was born in Trier, Germany into a

wealthy middle class family. It was while he was attending the University of Berlin that he became interested in the Young Hegelian movement. Following his studies he began to write for one of the radical newspapers, and he eventually moved to Paris, where he again wrote for newspapers and also wrote a series of books. It was during this time that he began to develop his theories of communism. He was exiled to Brussels, where he devoted himself to an intensive study of history and elaborated what came to be known as the materialist conception of history, which he developed into a manuscript that was published posthumously as *The German Ideology*. The basic thesis of this work was that the character of individuals depends on the material conditions which they produce. Exiled once more in 1849, he and with his wife Jenny and their children moved to London, where he continued to write and formulate theories about the nature of society and how it could be improved (Singer, 1980).

According to Marx, humans are capable of making or shaping our own nature. His argument is centered on production. Marx maintains that production is "what [man] does or his *praxis*, and his products are concrete embodiments of this activity" (Bernstein, 1971, p. 44). Material production has the power to alter not only human beings actual world but also their very modes of thought. "The object or product produced is not something 'merely' external to and indifferent to the nature of the producer. It is his activity in an objectified or congealed form" (Bernstein, 1971, p. 44). In the political economy, if the practical activity of human beings becomes forced, not free, then they are alienated from their products, their fellows, and themselves. Bernstein (1971) reiterates:

Alienation results when he [*sic*] produces in such a way (conditioned by the political

economy in which he [*sic*] finds himself) that his [*sic*] products are at once an

expression of his [*sic*] labour-power and at the same time are not a true expression of

his [*sic*] potentialities. (p. 44)

Productive activity becomes activity under domination or coercion when it is controlled by

another human being. Then, instead of humans relating co-operatively, they relate

competitively. As human beings we cease to recognize each other's human nature and

instead see each other as instruments to further our own interests.

Marx claims that "under a system of private property it is an illusion to think that

man is truly a master of his property. Man is himself made into an object of property and

his own products master and enslave him" (Bernstein, 1971, p. 37). To clarify this thesis, in

Capital Marx introduces the concept of *praxis* as labour-power, and claims that humans

cannot survive unless they produce (Bernstein, 1971). If production results in surplus value,

it forms capitalist profit. Marx argues that this process of production 'enslaves' the capitalist

(Margolis, 1989).

The social forms that labour takes are historically conditioned. More complex social

forms of production have evolved, and in this process the conditions that gave rise to these

forms provide the basis for a new mode of production. According to Bernstein (1971) this

results in an "increasing separation of inorganic conditions of human existence from this

active existence, a separation that reaches its culmination in capitalist society" (p. 63). If we

are trapped in the cycle of production, we become alienated from each other and ourselves,

and cannot reach our full potential. Marx claims if we can separate from capitalism there is

the possibility that alienation can be overcome and *praxis* can achieve its full potential.

Marx fundamentally associates *praxis* with production. There is a stark difference

between Marx's conception of *praxis* and Aristotle's, however; from Aristotle's perspective,

Marx's *praxis* is actually *poeisis* or making action. As outlined above, excellence in *poiesis* requires *techne* and paramount in *techne* is control. It is only though this control and prediction that it is possible to assess success. It is these qualities which align *techne* more closely to *episteme*; as Carr (1995) says they are "essentially abstractions from the concrete particularities of practice and they operate at a considerable level of generality" (p.141).

The Return of *Praxis* in the Twentieth Century

Casuistry Revived

In the 1960s there was a revival of interest in casuistry and philosophers again concerned themselves with moral reasoning from particular cases. The reasons for this renewed interest included the appearance of many very complex and significant ethical issues in diverse areas; for example, organ transplantation and genetic engineering in the biomedical field (Jonsen & Toulmin, 1988). The newer casuistry was also influenced by the moral concerns around social issues such as the Vietnam War and weapons of mass destruction (i.e. dropping the atomic bomb on Hiroshima). As Jonsen & Toulmin (1988) explain:

> As in the days of Cicernian and Christian casuistry, a feeling for the features of
> moral experience that led Aristotle to put ethics in the realm of *praxis* and *phronesis*,
> not *theoria* and *episteme*—the specificity of moral issues, the particularity of cases
> and circumstances, and the concreteness of the stakes for those individual human
> beings who are involved in them—has reentered the moral debate. (p. 306)

The patients whom students nurse day to day exist in their own particular circumstances. It is therefore inevitable that students and nurses must look beyond universal theories. Particular cases require instructors and students "to strike equitable balances between varied

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considerations in ways relevant to the details of each particular set of circumstances"
(Jonsen & Toulmin, 1988, p. 306).

Jonsen & Toulmin (1988) highlight how the newer casuistry resembles its Christian
precursors. First, similar cases (or paradigms) serve as a reference or boundary that delimit
the "territory of 'moral' considerations in practice" (Jonsen & Toulmin, 1988, p. 307). So,
when a paradigmatic case is initially presented, the moral response to the paradigm can carry
conclusive weight unless there are exceptional circumstances. For example, if there is an
action of willful violence to a child, no other moral considerations need be raised, because
the action is presumed to be wrong in itself. Second, as in the medieval Christian period, the
newer casuistry addresses "ambiguities that arise at the margins of application of moral
terms, and conflicts that arise between different moral claims" (Jonsen & Toulmin, 1988, p.
326). Third, there can also be issues that arise only occasionally, due to historical changes
in our social relations, technical resources or a challenge to our moral position that require
us to rethink our ideas more fundamentally.

In all of these situations there is no straightforward way to resolve moral
conundrums if, as in the 17th century, we continue to think that moral reasoning must be
theoretical and that practical applicability and relevance to real life situations are to be set
aside. As Jonsen & Toulmin (1988) claim

> the kinds of reasoning that are involved in moral practice, we remember all the
> things that prevent moral arguments from being 'abstract' or 'demonstrative' in the
> same ways as formal, mathematical arguments, and so make 'moral knowledge'—to
> use that contested phrase—a matter of practical wisdom rather than one of theoretical
> comprehension. (p.327)

So what Aristotle taught long ago, and which was nurtured through the Christian period, is that ethical arguments must be applied to the changing context, and the relationship between the general and the particular is reciprocal.

Hermeneutics and the Return of Aristotelian *Praxis*

Of far more import for ethical thinking about practice than a renewed interest in casuistry has been the return of 'virtue ethics' to the centre of Western moral conversation, beginning with the efforts of Hans-Georg Gadamer to fuse philosophical hermeneutics and Aristotelian thought. Gadamer (1900-2002) seems an ironic figure to lead a revolution in thought, especially one focused on *praxis*. Born in Marburg, Germany, he spent his long life as either student or professor. Although he lived through both World Wars, he did not serve in either of them due to ill-health. Indeed, he seems to have had not much broader experience of the world than Kant. A student of Heidegger and a participant in the famous Marburg seminars in which Heidegger returned the *praxis/poiesis* distinction to prominence, Gadamer refused to follow his mentor's lead in either academic or political matters. Indeed, Gadamer led a quiet life as a respected—but unrenowned--academic until he published, at age 60, his magnum opus, *Truth and Method (Wahreit und Methode)*.

Gadamer responds to the Cartesian subject-object separation by actually embracing prejudice as necessary for human understanding. Gadamer builds from hermeneutics, a branch of philosophy originally concerned with the study of the Bible and then texts in general. He combines hermeneutical ideas and his reading of Aristotle to apply hermeneutics to understanding all human experience. As Gadamer (1975/2004) says:

The understanding and interpretation of texts is not merely a concern of science, but obviously belongs to human experience of the world in general. The hermeneutic

phenomenon is basically not a problem of method at all. It is not concerned with a

method of understanding by means of which texts are subject to scientific

investigation like all other objects of experience. It is not concerned primarily with

amassing verified knowledge, such as would satisfy the methodological ideal of

science, yet it is concerned with knowledge and with truth. (p. xx)

Gadamer resists any claim that scientific method can be applied universally. He is concerned

with the human sciences and experiences that cannot be proven by the methodological

means proper to science. For Gadamer, understanding "is a primordial mode of our being in

the world" (Bernstein, 1983, p. 340).

One of the most significant themes in Gadamer's work is linking hermeneutics with

practical philosophy, especially in Aristotle's understanding of *praxis* and *phronesis*.

Gadamer explains:

It is true that Aristotle is not concerned with the hermeneutical problem and certainly

not with its historical dimension, but with the right estimation of the role that reason

has to play in moral action. But precisely what is of interest to us here is that he is

concerned with reason and with knowledge, not detached from a being that is

becoming but determined by it and determinative of it. (Gadamer, 1975/2004, p.

320-321)

Gadamer thus resists the disembodying of knowledge from human experience, because we

are always in situations of acting and we are obliged to apply ethical knowledge in particular

contexts. Gadamer claims we need to embrace our experiences, and it is characteristic of

phronesis to enjoy an intimate relationship with particulars. The universal is not ignored by

Gadamer, however; he explains that ethical understanding and action are only possible when the universal and the particular are co-determined (Bernstein, 1982).

According to Gadamer, in order to foster *phronesis* in *praxis* we need to engage in certain kinds of dialogue about our experience. He proposes many elements to support dialogue, including being open to the new connections between the general and the particular, disturbing our taken-for-granted assumptions, and respecting learners' prejudices and history. In sum, Gadamer reimagines Aristotelian *praxis*.

CHAPTER THREE: THE PHILOSOPHY OF HANS GEORG GADAMER

The word praxis points to the totality of our practical life, all our human action and

behavior, the self-adaptation of the human being as a whole in this

World … Our praxis, in short, is our form of life. (Palmer, 2001, p. 78-79)

The purpose of this chapter is to examine Hans-Georg Gadamer's philosophical

hermeneutics in order to provide a resource or general framework to help understand my

practice of teaching praxis as a nursing educator. Although hermeneutics began as a

methodology for examining texts and legal documents, it has developed into a general

theory of human understanding. Gadamer argues that every person will not interpret a text in

the same way, as we all read different meanings from the words based on our cultures,

personal experiences and prejudices. The written word then is not simply a record of events

but a communicative encounter between the interpreter and author. Gadamer, continuing

with Buber's (1970) work, expanded the scope of hermeneutics to include a dialogue with

others to help us make meaning of acting and being in our world. Gadamer claims that, just

as there is not a prescribed method for understanding and interpreting a text, there is no

fixed procedure for engaging in understanding and interpretation in a dialogue; rather, there

are conditions in which understanding takes place. Gadamer outlines several elements that

promote dialogical encounters.

 To highlight these elements I'd like to begin with a story:

I assigned Mr. P to a student. He was an elderly man admitted to the hospital with

fluid in the lining of his lung with a history of heart disease and a cerebral vascular accident

(also known as a 'stroke'). I walked into the room with the student and introduced myself,

asking the patient how he would like to be called. He stuttered and had difficulty telling us

his name but finally said: "Frank". The student persisted, asking him his last name, but he could not pronounce it, even though he tried and tried. I asked him: "Are you having trouble telling us what is in your head?" He nodded yes. Without knowing his diagnosis, I began to communicate with him using yes/no questions to which he simply had to nod his head in response. The student observed to me that he was alert and oriented. Following the morning routine, the student began to fill out his chart, but realized that the nurse who was responsible for this patient had already done so. The nurse had indicated that this patient had 'slurred speech' and was disoriented.

Why did we interpret the same situation in such a different way? Each of us approaches an encounter from some starting place or general framework which is based on our culture, traditions and past experiences. Each person comes with a different overall perspective from which she engages with patients and attempts to understand their situations. For example, I have had several experiences both nursing and teaching persons who have had a stroke. My father had a stroke and I learned how to communicate with him. My history helped me to interpret Mr. P's particular situation, and moving from my general framework to the particular, which Gadamer refers to as the hermeneutic circle, I was able to act.

The student asked me at the nursing station: "Why does the nurse think he's disoriented?" We decided to search through the chart and read more about him. It seemed that in the evening he had a difficult time sleeping and sometimes did not know where he was. He often yelled out and the nurses had moved his bed to the hallway so that the other patients in the room were not disturbed. The student and I talked at length, and then spent more time in the room getting to know this gentleman. We spoke to his son-in-law and we

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were able to learn more about how he had quickly deteriorated in the last month and had

gone from living independently to moving into a nursing home. The conversation among

myself, the student, the son-in-law and the patient continued.

According to Gadamer, "hermeneutics is conversational and dialectical…this model of conversation is the primary model through Gadamer's work of the experience of truth" (Dostal, 1994, p.58). It was through these conversations that we were able to discover "something about the thing itself that would not have shown itself simply with our limited horizon" (Gadamer, 1975/2004, p. xvi). This enriched our general framework and helped us to understand and interpret Mr. P's situation and subsequently to act and provide better care for the patient and his family.

This chapter will address the elements highlighted in the above scenario. We approach an encounter based on our general framework which is shaped and developed as a result of our history and traditions. This helps frame how we understand, interpret and act in the world. Through dialogue with others we can make sense of our actions as we move from our general framework to particular situations with which we are confronted time and time again through our experiences with others. There are conditions which support and encourage dialogue, including being open to the other and recognizing what we do and do not know. As in the situation above, the conditions help to create a questioning environment. Through this chapter I will expand on the ideas I have illustrated through this story and on how Gadamer's work guides us to the importance of dialogue in facilitating a better interpretation and understanding of our experiences, so leading to moral action or *praxis*.

Why is Hermeneutics Relevant to my Study?

Understanding, interpretation, and application (or appropriation) are not three independent activities to be relegated to three different subdisciplines but rather are internally related. They are all moments of the single process of understanding. This integration of the moment of application into understanding brings us to the truly distinctive feature of philosophic hermeneutics. (Bernstein, 1983, p. 145)

Gadamer's philosophic hermeneutics is relevant to my study because, as Bernstein notes, he claims that understanding, interpretation and application are not three distinct activities. When we act during an event we can gain a different interpretation of the event and consequently a different understanding. Understanding something means applying it to our present situation. Gadamer, when referring to understanding a text, claims that it is impossible to transplant ourselves into the time or epoch when a text was written. He says, "if it [referring to the text, whether law or gospel] is to be understood at all properly … i.e., according to the claim it makes—[it] must be understood at every moment in every concrete situation, in a new and different way. Understanding here is always application." (Gadamer, 1975/2004, p. 305-306). This means that the process of understanding is unending, because each new situation or interpretation requires a new concretization of the potential meaning. Gadamer, following Aristotle, holds that practical action or *praxis* requires us to decide upon ethical action—doing the right thing—in the concrete particular situations with which we are engaged action. We utilize our wider framework shaped by our historical being to help us act in these particular situations.

To elaborate on Gadamer's fusion of understanding, interpretation and application I add another story from my practice:

I assigned a nursing student two patients with the same diagnosis (COPD—chronic obstructive pulmonary disease). After receiving the assignment the night before, the student read about the diagnosis and, the medications, and she was able to tell me how she planned to get all her tasks completed and prioritize the care of her two patients. She explained that she would do a thorough respiratory assessment and ensure that the patients had adequate oxygen saturation. I agreed with her, encouraging her to read the charts when she had spare time. The student participated in the morning change of shift report and told me that one of her patients was confused. She went to her patients' room to greet them and introduce herself. I then approached the student outside the room and asked her about her patients. She explained that one patient was independent and his wife had told her that he attended a respiratory clinic which helped him to manage his chronic illness. I then watched her encourage this gentleman to take part in his bathing and to make decisions about how much oxygen he thought would help him.

The second patient was immobile and on oxygen therapy. He lived alone at home and his cognition had decreased prior to his admission. In this situation, the student spoke very simply, maintaining eye contact and gently touching the patient. She gave him a bed bath, explaining with simple directions what she was doing. I helped her bathe the patient and engaged in a similar kind of communication with him. Then we read his chart together outside the room, and I asked:" What team member should we engage in his care to think about the possibility of him returning home? Does he have anyone coming to his home?" We spoke to the nurse in charge of the patient about our concerns.

After meeting her patients the student knew to nurse each patient according to his own particular situation. But the theory she had learned helped her to frame what she needed

to initially think about, as evidenced by the assessment that she knew would be important for people with chronic respiratory illnesses. I witnessed the student readjust her nursing care based on the unique situation of each patient.

Why did this student nurse each patient differently after she met them? First, she had to recognize that there was a difference between these two people. Without this recognition, she would not have begun the process of understanding. "It is enough to say that one understands differently when one understands at all" (Gadamer as cited in Malpas, Arnswald, & Kertscher, 2002, p. 78). To be able to act she had to comprehend the situation and reach an understanding of it—in other words, she had to interpret it. The student interpreted the two different patients and their situations and her care or action was based on this new understanding. Gadamer (1975/2004) claims

> application is neither a subsequent nor merely an occasional part of the phenomenon of understanding, but codetermines it as a whole from the beginning … application [does] not consist in relating some pregiven universal to the particular situation. The interpreter dealing with a traditionary text tries to apply it to himself … he [*sic*] must not try to disregard himself [*sic*] and his particular hermeneutical situation. He [*sic*] must relate the text to this situation if he [*sic*] wants to understand at all" (p.321).

As Palmer (2001) says, "application is involved in the first real reaching of an understanding of a matter by the person who is seeking to understand. In all understanding an application occurs, such that the person who is understanding is himself or herself right there in the understood meaning" (p.47). The student met her patients, interpreted their situations, gained a new understanding and acted. My questioning broadened her understanding, which resulted in further action.

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As Grondin (2003) says, "if Aristotle's ethics represents a model for Gadamer, it is…because he sees clearly that moral knowledge is not a purely intellectual knowledge: ethical wisdom does not consist in mentally knowing an ideal norm (an idea an abstract good, a mathematical universality), but in being able to apply the good in the concrete situation." (p. 104). The student did not follow a set of rules to determine what she was going to do in each patient's situation. With her new interpretation and understanding, she determined the right thing to do within the situation. She was engaged in ethical caring. The student did not detach herself from the situation because she had the wisdom to act ethically to promote the good of each patient. According to Aristotle, this practical application in which the student was engaged requires *phronesis*, which can be learned only by being immersed in the concrete experience; in the situation one must act.

Even though the student was prepared to apply a theory—that all patients with COPD will have similar problems—she learned that when she was in the concrete situation speaking and interacting with her patients, she had to adjust her care in order to determine the right thing to do in the particular situation. As Grondin (2003) says, "the particular is understood only as the result or the expression of a wider totality" (p. 108). While this wider framework is critical to understanding, it is only when applied in the particular situations that these norms are relevant. Gadamer notes that this is another peculiarity of ethical knowledge. It is not about imposing knowledge on others, but rather about being open to differences in experience and the situation, just as this student was able to do. Warnke (1987) says, "ethical knowledge involves an ability to apply general principles to different concrete situations…what is required is both a general understanding of the relevant ethical norms and a sensitivity to relevant differences in circumstance" (p. 94).

To come to this understanding of her practical situation the student engaged in dialogue with me, her patients, their families and other nurses. As Palmer (2001) says, "hermeneutics is …the art of reaching an understanding—of something or with someone" (p. 79). Wirth (1988) recognizes that a distinctive characteristic of humans is that "we are conversational…beings [for] we are 'thrown into a world'…with a deep need to understand and interpret our experience. This quest for understanding or meaning is our 'primordial mode of being what we most essentially are" (p3). Gadamer claims that to act ethically (that is *praxis*), we all come to a different understanding and interpretation of the particular situations with which we are confronted. He suggests that through dialogue with others we have the opportunity to assess how we act well and with goodness in our encounters; that is *praxis*.

How is our General Framework Shaped?

I attended a seminar to learn about creating a teaching portfolio. After a presentation of the various tools we could use, each person began creating their own portfolio introductory page. I settled on a picture of two drinking glasses, both of which were half full. I labelled one glass 'teacher' and one glass 'students' as a means of portraying my teaching philosophy. I do not think my role as a nursing instructor is to fill up students with what I decide they need to learn. Each one of us, whether a teacher or student, has some water in their glass, meaning we both come to a teaching/learning encounter with some background.

We approach interpretive encounters with a sense of familiarity that is derived from our historical context. We cannot step outside this context as it is simply a part of who we are and "it would be like trying to step outside of our own skins" (Gallagher, 1992, p.87).

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Our historical context shapes our general framework, which affects how we interpret, understand and make sense of our world. Our historical situatedness enters every thought, feeling and action and "has power over our attitudes and behaviour…tradition has a justification that is outside the arguments of reason and in large measure determines our institutions and our attitudes" (Dunne, 1993, p. 113). Gadamer refers to this as 'effective history', which "is the operative force of the tradition over those that belong to it, so that even in rejecting or reacting to it [we] remain conditioned by it" (Warnke, 1987, p. 79). Tradition is not objective, but individual, nor "do we conceive of what tradition says as something alien. It is always part of us, a model or exemplar, a kind of cognizance that our later historical judgment would hardly regard as a kind of knowledge but as the most ingenuous affinity with tradition" (Gadamer, 1975/2004, p. 283). We cannot expect as an instructor that a student is an empty vessel. Instead, we need to acknowledge that students interpret situations within their own historical framework. Acknowledging this framework is an important aspect of our role as an educator.

Our historical being is not a record of past events, nor is it something that "happened back then, but understanding that [continues] to impact us now" (Crusius, 1991, p. 41-42). The past is not past in an objective sense, but rather is continually lived. Our historical context conditions our interpretations of the present and future. As Warnke, (1987) explains,

> we understand history not simply because we make it but also because it has made us; we belong to it in the sense that we inherit its experience, project a future on the basis of the situation the past has created for us and act in light of our understanding of this past whether such understanding is explicit or not. (p. 39)

Students' history is larger than their own personal historical being, and encompasses a traditional meaning of nursing which in fact belongs to all nursing learners. As Wachterhauser (1986) explains, "we are a function of the historical circumstance and community we find ourselves in" (p. 7). Nursing is historically a profession whose practice involves routine tasks, following doctors' orders, and fitting into hospital ward routines. Students follow this routine and clinical teachers teach accordingly. This historical context has conditioned both learners and teachers and has a powerful hold on nurses' interpretive abilities. The challenge for nursing educators is to integrate the student's frame of reference within the wider historical context.

In the story I presented in the introduction of this chapter, the student wanted the last name of the patient who had difficulty speaking. This is what students are taught to do throughout their schooling as a mandatory safety check when administering medications. This is why the student persisted in asking the patient his last name. As Warnke (1987) explains, "our understanding stems from the way in which the event has previously been understood and is thus rooted in the growth of a historical and interpretive tradition" (p. 78). The student knew that the patient had had a stroke, but did not realize that the 'tradition' - the general rule for ensuring that one is giving the right medications to the right person - must be adjusted to the particular situation. In our conversation I in essence told her that she did not need permission to 'break the rules' in circumstances such as these. The learning from this scenario will likely impact her future interactions with persons who have had a stroke. Our role as nursing instructors is to address the present situation while recognizing how each person's historical being and the traditions embedded in nursing may illuminate the interpretation of a practice event. This student and I 'unpacked' this interaction, and the

student began to recognize that this long-standing tradition was affecting her actions with this patient.

Although our historical being is not the object of study, our varied backgrounds and historical situations present an opportunity in a classroom situation for a myriad of different interpretations, creating the potential for a very rich and varied learning environment. I as a teacher, as well as the students, must be "open to the inexhaustible possibilities presented by traditions, and [we] must do so by recognizing how traditions work to present these possibilities" (Gallagher, 1992, p. 95). If we choose not to acknowledge traditions from a pedagogical perspective then we close off the possibility of learning. It is important for me as an educator to become aware of the force of tradition, including my own, and to engage with it while attempting to uncover and critique the challenges of nursing practice. By acknowledging the difference that students bring with them we are indeed engaged in contextual hermeneutical learning.

Students approach an interpretive encounter as the result of a combination of personal and social experiences. I remember one student who was trying to juggle her full-time job as a nurse, volunteering in her children's classroom, going to school and being respectful to her in-laws in accordance with her IndoCanadian culture. I assume that she had several other roles as well. As a student, she could not come to any encounter without this part of herself. On one occasion during class time she received a call from her employer asking her to work an extra shift. She refused, as she had committed to volunteering in her child's classroom. At times some of a person's traditions may exert more influence, depending on the situation, and at other times the person may choose to dismiss these

traditions. In this case it may have been that the student was not fully aware of the traditions that affected her decision to refuse the extra shift.

Because we are conditioned by our past historical understanding and practices and are located within a particular cultural perspective, we have predispositions, or prejudices, to interpret things in particular ways. Prejudices, according to Wacherterhauser (1986), "are simply those traditional beliefs that logically precede or underlie the judgments are which in some particular context we arrive" (p. 151). Prior to an interpretive event we begin projecting meaning, or anticipating what may be ahead. There is no neutral vantage point, because we approach the interpretive encounter with prejudices that arise out of our own situation and are conditioned by our history and past experiences. "Understanding …does not develop from out of nowhere, without basis; its ground is always prepared in a past which we carry around with us" (Gallagher, 1992, p. 91). Prejudices provide a basis for an orientation to the interpretive event and are rooted in the situation of the interpreter. For example, as mentioned above, I am a nurse with personal and teaching experiences with patients with strokes. Because of this, when I am about to meet a person who has had a stroke I am already projecting a meaning on what I may encounter. I may assume that the person possibly cannot walk, possibly cannot speak, and definitely will have a pronounced weakness on one side of their body. Even before engaging with the person, I have already "placed it within a certain context (*Vorhabe*), approached it from a certain perspective (*Vorsicht*) and conceived it in a certain way (*Vorgriff*)" (Warnke, 1987, p. 77). This does not mean that I may not retract my initial anticipation of the patient after I meet him or her, but my prejudices have conditioned my immediate understanding.

Prejudices provide a familiarity that helps determine what encounters we choose to interpret and understand. Gadamer says, "Prejudices are biases of our openness to the world. They are simply conditions whereby we experience something – whereby what we encounter says something to us" (cited in Ramberg, 1997, p. 460). It is through dialogue that we understand our prejudices. Dialogue allows "some play to our own thinking and, in doing so, expose[s] it to the counterweight of the other's contribution, which may confirm me in it or force me to amend or abandon it" (Dunne, 1993, p. 117). As a nursing instructor it is my responsibility to facilitate this exploration.

Our traditions and historical context set boundaries to our understanding, yet at the same time make possible our interpretation of the world. Our historical context is transported into the present through language. Gallagher (1992) remarks that language is never innocent but "is laden with tradition; it embodies thought" (p. 103). "Language, in such a relation, is not a means or mechanism used to make the connection to a distant tradition; it is the process of our communion with a tradition" (Gallagher, 1992, p. 104). We always understand within some historically shaped language, and "long before we control any sphere of discourse it has already shaped our understanding" (Wachterthauser, 1986, p. 10-11).

Language is not an object that we can grasp but is the reservoir of tradition and the medium in and through which we exist and perceive our world. Language is the medium whereby our traditions enter the interpretive encounter. "It is from *language as a medium* that our whole experience of the world and especially hermeneutical experience unfolds" (Gadamer, 1975/2004, p. 453). Language permeates all human activities and is "the element

in which we live, as fishes live in water" (Gadamer in Hahn, 1997, p. 22). Gadamer (cited in Dunne, 1993) explains:

> Neither the world of our experience and understanding nor our language are available to us independently of each other; they belong together in an indissoluble unit: not only is the world 'world' only insofar as it comes into language, but language too has its real being only in the fact that the world is represented within it. (p.138)

If we are unable to use language, which includes speech, listening, keeping silent, and any other form of communication, then according to Gallagher (1992), "the human being would not be human" (p. 103). Simply put, language embodies our thoughts, our prejudices and traditions.

The unity of thought and language can be "reformulated as the unity of understanding (*Verstehen*) and interpretation (*Auslegung*)" (Dunne, 1993, p. 141). It is through language that the unity of interpretation and understanding occurs. As Gadamer (1975/2004) explains, "language is the universal medium in which understanding occurs. Understanding occurs in interpreting" (p. 390). We articulate through language our interpretation of what we have understood. Dunne (1993) explains, "For to understand something is to make it one's own. And there is no other way of making it one's own except by finding a home for it in the language that one lives" (p. 142).

For Gadamer, language is the necessary "precondition for coming to an understanding in a conversation" (Gadamer, 1975/2004, p. 387). In the context of nursing education, it allows understanding to be put into play and opens a space for students and instructors to listen to each other, share ideas, and address the particular situations

characteristic of nursing practice. Gadamer (1975/2004) explains, "a person who speaks…is so oriented toward the particularity of what he [*sic*] is perceiving that everything he [*sic*] says acquires a share in the particularity of the circumstance he [*sic*] is considering" (p. 427). Gadamer (1975/2004) suggests that putting our "experience into words helps us cope with…and hence deal with it" (p. 540). In nursing, it is our words and language that provide a general frame in order to speak with each other and help understand nursing practice. As Dostal (2002) says, language can only be "grasped in the context of the experience that persons have in speaking" (p. 105). Thus as instructors, we need to "have a present involvement in what is said" (Gadamer, 1975/2004, p. 393).

Furthermore, we inherit language through learning in a specific field such as nursing. We inherit its past, which we have not shaped, and "unconsciously and implicitly long before we begin to see any of its limitations, [it] shapes our own attempts to understand and interpret in a variety of ways" (Wachterthauser, 1986, p. 10). For students this inherited language provides a medium through which they can be engaged in the nursing milieu. For example, at a change of shift in nursing, the outgoing shift's report consists of a number of short forms, diagnostic words, and so on, and if students did not acquire this specific language they would be unable to properly engage in nursing care. This particular point became very apparent to me when I was teaching international students. Even though the students came from three different countries, they were able to participate in the change of shift report, asking very few questions about language meaning.

For Gadamer, all understanding is "finite, conditioned, and situated" (Wachterhauser, 1986, p. 12). We cannot make sense of the world outside of time, ourselves

and our language. All these elements have the potential to create a very vibrant and varied learning atmosphere.

Connecting the General to the Particular

Students bring their historical and cultural being to the task of making sense of the particular situations in which they find themselves. As Gadamer, (1975/2004) reiterates "we understand ourselves in a self-evident way in the family, society and state in which we live" (p. 278). It is our 'horizon of understanding', as Gadamer puts it, which provides the familiar context in which we engage in understanding. If students encounter something new or different, their horizon of understanding influences the interpretation of this encounter. If the encounter fits into the student's contextual framework then her prejudices will be supported, and those prejudices will help to shape her interpretation of the encounter. If the encounter does not fit into the student's broader framework, then that framework will need to be reshaped to adjust to this unfamiliarity. In other words, it is the particular which can reshape our general frame of reference, and it is unfamiliar contexts which encourage students to engage in the interpretive encounter. As Kerdeman (1998a) says, "if everything were completely familiar, we'd be complacent—if not altogether unconscious" (p. 33-34)**.** According to Gadamer the work of hermeneutics is "based on a polarity of familiarity and strangeness…*The true locus of hermeneutics is this in*-between" (Gadamer, 1975/2004, p. 295, italics in quote). This presents a challenge to educators to question students', and perhaps the educators' own, expectations and assumptions, to embrace difference, to step outside the comfortable familiarity of one's accustomed context, and to engage students in the "in-between".

Gadamer refers to the "continuous interplay between 'the whole' we already comprehend and the 'new parts' that surprise and challenge us" (Kerdeman, 1998b, p. 246) as the hermeneutic circle. It is the means through which our prejudices and historical being come into play. Referring to the reader of a text, he says

> He [*sic*] projects a meaning for the text as a whole as soon as some initial meaning emerges in the text. Again, the initial meaning emerges only because he [*sic*] is reading the text with particular expectations. Working out his [*sic*] fore-projection, which is constantly revised in terms of what emerges as he [*sic*] penetrates into the meaning is understanding what is there". (Gadamer, 1975/2004, p. 269)

It is through this process that our prejudices may be challenged, which is the constant task of understanding.

This process also requires us to grant authority to the text or the person to challenge those prejudices. As Warnke (1986) explains "I have to assume that the text says something new, different and truer or more complete than what I previously believed about both it and the subject-matter it addresses" (p. 87). In *Truth and Method* Gadamer writes: "Whoever wants to understand a text is rather prepared to let it say something to him. Hence a hermeneutically schooled consciousness must be, from the start sensitive to the text's alterity" (Gadamer, 1975/2004, p. 271). In order to be interested in the text or the conversation, we must expect that we can learn from the encounter. Gadamer (1975/2004) refers to this as the 'anticipation of completeness', elaborating that the reader should "assume an immanent unity of meaning" (p. 294). In other words, we must begin with the condition that the text may possibly be true and have something to teach us. Gadamer (1975/2004) emphasizes, "The prejudice of completeness…implies that text should

completely express its meaning [and] that what it says should be the complete truth" (p. 294). This does not mean that we must adopt the view of what we are attempting to understand, but rather that "an *openness* to the *possible* truth of the object is the condition of understanding, that one must at least provisionally concede authority to one's object, even if this concession may ultimately be rescinded" (Warnke, 1987, p. 89, italics in original).

Gadamer revisits Aristotle in order to consider how at the heart of hermeneutics we must understand our tradition time after time in a different way by moving between the universal and the particular. In every concrete situation, the "task of moral knowledge is to determine what the concrete situation asks of him [*sic*]—or put another way, the person acting must view the concrete situation in light of what is asked of him [*sic*] in general" (Gadamer, 1975/2004, p. 311). Facing this uncertainty and unfamiliarity in each situation does not require ready-made rules, but it is still our responsibility to know and decide what to do. Moral knowledge "is not one of objectivation, but in contrast is one of application" (Grondin 2003, p. 104). Gadamer's (1975/2004) view of moral action is Aristotelian: "as Aristotle describes it, is clearly not objective knowledge—i.e., the knower is not standing against a situation that he [*sic*] merely observes; he [*sic*] is directly confronted with what he [*sic*] sees. It is something that he [*sic*] has to do." (p. 312). Gadamer (1975/2004) claims that the human sciences, with which nursing is aligned, are closer to moral knowledge than to theoretical knowledge:

'They are moral sciences.' Their object is man [*sic*] and what he [*sic*] knows of himself [*sic*]. But he [sic]knows himself [*sic*] as an acting being, and this kind of knowledge of himself [*sic*] does not seek to establish what is. An active being, rather, is concerned with what is not always the same but can also be different. In it he [*sic*]

can discover the point at which he [*sic*] has to act. The purpose of this knowledge is to govern his [*sic*] action. (p. 312)

Paying Attention to the Particular

Gadamer views experience "[as]an event over which no one has control and…in which everything is coordinated in a way that is ultimately incomprehensible" (Gadamer, 1975/2004, p. 347). This means that it is not "guaranteed by a sovereign, self-disposing reason" (Dunne, 1993, p. 130). Experience is an activity rather then a result.

It is at this juncture that Gadamer revisits Hegel's articulation of the negative element which gives experience its dialectical structure. Gadamer tells us that learning occurs when "false generalizations are continually refuted by experience and what was regarded as typical is shown not to be so" (1975/2004, p. 347). Here again it seems that we can only accumulate experience by engaging in particular instances. These new experiences mean that we have not seen something correctly before, and now we suddenly know it better. As Gadamer (1975/2004) explains,

> We cannot, therefore have a new experience of any object at random, but it must be of such a nature that we gain better knowledge through it, not only of itself, but of what we thought we knew before—i.e., of a universal. The negation by means of which it achieves this is a determinate negation. We call this kind of experience *dialectical"*. (p.348, italics in original)

In other words, we find out that something is not what we supposed it to be, and as a result what we thought we knew is called into question. As a result, "the experience that we have of another object, [means] both things change—our knowledge and its object" (Gadamer, 1975/2004, p. 349).

Someone who is experienced recognizes something different and unexpected: "The experiencer has become aware of his [*sic*] experience; he [*sic*] is 'experienced'" (Gadamer, 1975/2004, p. 348). Someone who is experienced is always oriented towards new experiences, and does not claim to know better than others. According to Gadamer,

> The experienced person proves to be …radically undogmatic [and] because of the many experiences he [*sic*] has had and the knowledge he [*sic*] has drawn from them, is particularly well equipped to have new experiences and to learn from them. The dialectic of experience has its proper fulfillment not in definitive knowledge but in the openness to experience that is made possible by experience itself. (1975/2004, p.350)

Gadamer refers to our lack of control over our time and our future as 'human finitude'. The experienced person has learned "that he [*sic*] is master neither of time nor the future … and [knows] the limits of the power and the self-knowledge of his planning reasons and…all the expectations and planning of finite beings is finite and limited" (cited in Dunne, 1993, p. 131)**.** By being situated and acting as historical beings we know that no event repeats, which frees us to be open to the future.

The General

Because, according to Gadamer, the particular is what can stimulate possible alterations or changes in our general framework, focusing only on the general will inevitably fail to account for all the particulars. The experience of truth cannot be reduced to a set of rules, or to knowledge as uniformities. Grondin (2003) explains: "the role of hermeneutics is to value experiences of truth of 'knowledge', which go beyond the infinitely restricting limits of what allows itself to be objectified in a method of knowledge" (p. 22). This

requires nursing educators to tread carefully, as in nursing education a focus on technical

mastery is often the priority. As Jardine (as cited in Kerdeman, 1998b) says, "education...has

turned to the comparative security of self-possession involved in the accumulation and

securing of specific technical skills, intended to give one comparative control over one's

place in the world" (p.36). By contrast, Gadamer argues that difference is necessary, as is

the capacity to recognize others, so that they do not become invisible. Difference allows one

to risk assumptions and to be open to challenge from others. As Kerdeman (1998b) suggests:

"One cannot risk one's assumption and at the same time seek to control what happens…it

does not promote understanding but forecloses its possibility" (p. 36). Kerdeman goes on to

say that "education must cultivate the capacity to eschew control; pedagogy that aims for

mastery is anti-educational" (p. 36). Gadamer reminds us, "To understand is not to control,

but is a little like breathing or loving: we do not know what sustains us, nor where the wind

which gives us life comes from, but we know that everything depends on it and that we do

not control anything" (Grondin, 2003, p. 20).

> In *Truth and Method*, Gadamer critiques the subject/object dichotomy;
>
> The idea of a basic dichotomy between the subjective and the objective; the
>
> conception of knowledge as being a correct representation of what is objective; the
>
> conviction that human reason can completely free itself of bias, prejudice and
>
> tradition; the idea of a universal method by which we can first secure firm
>
> foundation of knowledge and then build the edifice of a universal science; the belief
>
> that by the power of self-reflection we can transcend our historical context and
>
> horizon and know things as they really are in themselves—all of these concepts are
>
> subjected to sustained criticism. (Bernstein, 1983, p. 36)

Nursing students must often make decisions about patients based on their prior experiences, their class learning and their historical context. This does not follow a prescribed method. As nursing instructors we want to respect the student's historical context, and thus we need to explore student differences. As Kerdeman (1998a) says, "'different' is a necessary feature of understanding…if everything already were completely familiar, we'd be complacent, if not altogether unconscious" (p. 34). After all, "human vitality depends on being able to show the conditions and constraints of the day-to-day as having boundaries that are permeable and open, not fixed and closed. Hermes, after all, is the border crosser" (Smith, 1999, p. 47).

Working Through the Relationship of the Particular and the General through Dialogue

According to Palmer (2001), reaching an understanding of our practical situation while drawing on the universal has the character of a conversation:

> We are dealing with each other. Our human form of life has an "I and thou" character and an "I and we" character, and also a "we and we" character". In our practical affairs we depend on our ability to arrive at an understanding and reaching an understanding happens in conversation, in a dialogue. (p.79)

Dialogue provides the opportunity for us to understand our practical situations. It is where our prejudices and historical being are put into play and challenged and where in many instances a new or different understanding is reached. Gadamer emphasizes that the importance of hermeneutical dialogue is to "come to an understanding (*Verständigung)* with the other" (Malpas, Arnswald & Kertscher, 2002, p. 34). By exchanging our views and

perspectives and having our prejudices questioned "we can enrich our own understanding and knowledge" (Malpas et. al., 2002, p. 34). It is in dialogue that we enter into our traditions and "participate in the never-ending work of testing, expanding, and altering them for the better" (Gallagher, 1992, p. 92).

For Gadamer "a genuine conversation is one in which each partner in the conversation is concerned with the subject matter" (Warnke, 1987, p. 100). It is this common subject matter "that leads both sides into a dialogical context and binds them for the course of the dialogue" (Bubner, 1994, p.73) Genuine conversation is "characterized more by giving into the subject matter and allowing it to develop in the interchange" (Deetz, 1976, p. 16). As a nursing instructor, therefore, I must ask myself whether I am able to allow a practice issue or concern raised by a student to be the subject of a conversation, or instead am thinking about how this is meeting the course objectives. I have earlier mentioned a situation where a student, a Registered Nurse returning to obtain her degree received a phone call during a seminar. Given that the rest of the class had heard most of the conversation, I asked her about the call. She explained that it was the hospital asking her to work an extra shift. I asked her to elaborate on why she decided to refuse the shift. This opened the way to a very vibrant dialogue in class, as discussed below. I remember consciously ignoring whether this met the objectives of the course by simply engaging in the ebb and flow of the discussion. Palmer (2001) elaborates that "dialogue [is] not just a means of passing the time in pleasant but aimless conversation; it [is] an intense, restless, and unending quest for truth" (p. 10). It requires us to listen to others' opinions, to recognize what is right and wrong and to have insight into our own position, such that the dialogue partners can come to be "in concert with the others, a view that each recognizes to be closer

to the truth than any of the original positions" (Warnke, 1987, p. 101). As Gadamer

(1975/2004) writes:

> Reaching an understanding in conversation presupposes that both partners are ready
>
> for it and are trying to recognize the full value of what is alien and opposed to them.
>
> If this happens mutually, and each of the partners, while simultaneously holding on
>
> to his own arguments, weighs the counterarguments, it is finally possible to
>
> achieve—in an imperceptible but not arbitrary reciprocal translation of the other's
>
> position (we call this an exchange of views). (p. 388)

Grondin (1994) refers to this as participatory truth; "for in dialogue with others and oneself

we are thinking, we arrive at truths that enlighten us without knowing what is happening to

us or how…we are possessed by them" (p. 136).

After I questioned the student about the cell phone call outlined above, a meaningful

dialogue continued as other students began speaking about their experiences, the pressures

on them, fears of 'letting down the team', and so on. As Gadamer (1975/2004) says,

> What characterizes a dialogue, in contrast with the rigid form of statements that
>
> demand to be set down in writing, is precisely this: that in dialogue spoken
>
> language—in the process of question and answer, giving and taking, talking at cross
>
> purposes and seeing each other's point—performs the communication of
>
> meaning…[this]is the task of hermeneutics. (p. 361)

Conditions Necessary for Dialogue

To encourage dialogue we have to be open to what the other person is saying. This

requires humility and a spirit of questioning. To initiate dialogue we must first begin with

the belief that all of us have something worthwhile to say, which entails "being able to listen

to one another" (Gadamer, 1975/2004, (p. 355). Being open does not mean that our prejudices and bias do not enter into interpretation and understanding. As Gadamer explains, "prejudices are biases of our openness to the world" (cited in Bernstein, 1983, p. 129). He reiterates, "the important thing is to be aware of one's own bias so that the text can present itself in all its otherness and thus assert its own truth against one's own foremeanings" (Gadamer, 1975/2004, p. 269). This means that when we open ourselves to the uniqueness of the text, we are opening ourselves to "the possible challenge the text present to one's own views" (Warnke, 1987, p. 86). It means being open "to what is alien and other. It is to face what refuses my framework" (Risser, 1997, p. 94). There may also be an element of surprise and one can often "return from the encounter with the unexpected phenomenon to the framework in which it initially grasped the phenomenon and transforms itself as a result of the encounter" (Risser, 1997, p.89). In fact, it is through openness that there is an opportunity "to strengthen the other's viewpoint so that what the other person has to say becomes illuminating" (Risser, 1997, p. 168).

In conversations with nursing faculty or in curriculum meetings, as the idea of praxis is being discussed, I often find myself with a desire to correct other faculty members. Am I able to recognize my bias and possibly even acknowledge them? "Openness to the other, then, involves recognizing that I myself must accept some things that are against me even though no one else forces me to do so" (Gadamer, 1975/2004, p. 355). As Deetz (1976) says "the role of openness is not to lose yourself in assuming the role of the other but to find what the prejudice of that which is spoken calls into question of your prejudice" (p. 13).

Another feature in the spirit of openness is what Gadamer refers to as *docta ignorantia*. This means, "recognition of our own fallibility, or a recognition that we are

finite and historical creatures and thus we do not have absolute knowledge" (Warnke, 1987, p.100). *Docta ignorantia* means that we recognize that we do not have all the answers, which allows us to be open to the possible truth of others' views and potentially to learn from others. In other words the general fails to cover all the contexts of particular situations. Dunne (1993) suggests that "openness or receptivity to the other, a kind of *docta ignorantia* in which one is unsuspicious without being gullible, is the most essential requirement for fruitful interaction with a person or tradition" (p. 133). According to Gadamer, (1975/2004) a hermeneutical consciousness is one that is not about sureness; instead this humility "distinguishes the experienced man [*sic*] from the man [*sic*] captivated by dogma" (p. 355)

I once was given the opportunity to teach a group of eight students on a palliative care unit. I had no experience in this area of nursing, nor had the students. I was forthright with the health care team about my inexperience and asked if we could have extra help from the staff nurses as well as some educational sessions with the clinical nurse educator. This attitude of openness persisted through the ten week clinical experience, and resulted in one of the richest teaching and learning experiences that I have ever had. The nurses and educator also welcomed the admission of what we did not know as an opportunity for them and other staff to clarify their roles. I did not have a 'vast storehouse of knowledge' in this situation, but instead, by drawing on my past experiences of teaching and learning, I was "now equipped to have new experiences and learn from them" (Risser, 1997, p.90).

According to Gadamer, the question is implicit in all understanding and interpretation, and it sets the stage for openness. Bingham (2005) refers to this as non-superficiality meaning "a word does not signify a thing. Instead, a word, a phrase, and in the case we are interested, a question, are all intrinsic to the being-understood of the thing" (p.

559). The process of interpretation begins when the unfamiliar is recognized as unfamiliar. "[I]n order to be able to ask, one must want to know, and that means knowing that one does not know" (Gadamer 1975/2004, p. 357). Gadamer revisits the Socratic dialogue in which Socrates claimed it is harder to ask a question than to answer. This is the famous Socratic *docta igorantia* which "amid most extreme negativity of doubt, opens up the way to the true superiority of questioning" (Gadamer, 1975/2004, p. 356).

The question breaks open the subject matter, and "the path to all knowledge leads through the question" (Gadamer, 1975/2004, p. 357). The question will encourage openness if the answer remains unsettled and the answer is undetermined. As Gadamer, (1975/2004) says, "The significance of questioning consists in revealing the questionability of what is questioned" (p. 357). It is in this state of indeterminacy that the question remains open and "every true question requires this openness" (p. 357). However, the subject and the manner in which we raise the question create a boundary limited by the horizon of the question. It orients us toward a "field of possible experience…it provides a framework for the sort of experience that a group of interlocutors will be in a position to think about…it might be called a 'spectrum of experience'" (Bingham, 2005, p. 555). In other words, the question provides a sense of direction from which the answer can be given. As Gadamer (1975/2004), suggests:

> A question places what is questioned into a particular perspective. When a question arises, it breaks open the being of the object, as it were. Hence the logos that explicates this opened-up being is an answer. Its sense lies in the sense of the question". (p. 356)

A question can be said to be asked rightly or wrongly according to how it might open a conversation. I remember one curriculum meeting in which a new model for the nursing program was presented. Kwantlen had separated from the collaborative partnership in 2008, thus allowing it to establish its own unique program. The new model was to foreground future curricular changes which would affect course outlines. It was the responsibility of the curriculum committee to vet course outlines prior to sending them for final approval, and so it was important to learn about the overall model in order to understand the broader picture. I was intimately familiar with the Collaborative Nursing Program and, as I read through the curriculum guide, I saw that the new model, although adding a few new components, was similar to the CNP. Praxis remained a central component of the model, but the presenter, knowing I was studying about praxis, explained that all future course outlines would delete the objectives found in the praxis appendices. I felt a sense of frustration in part because I thought that the presenter was attempting to appease me by addressing some changes with praxis. The group members began discussing the model, asking for more explanation about the new components. Recognizing that there were very few changes I asked: "What is so different about this model from the other?" The response to my question did not address the added components, and rather than the question having opened a conversation, I was told that this topic was not relevant to the discussion. I realized that my question was what Gadamer refers to as a 'slanted question' because "it deviated from the right direction" (1975/2004, p. 358).

So is it possible to ask a 'right' question, and if so, what would that mean? Gadamer (1975/2004) suggests that "there is no such thing as a method of learning to ask questions, of learning to see what is questionable…but [it] is more a passion" (pp. 359-360). In fact there

is a suddenness to a question in that "it 'occurs' to us, that it 'arises' or 'presents itself' more than that we raise it or present it…it presses on us—we can no longer avoid it" (p. 360). Questions should stimulate a mode in which each participant in a conversation becomes a questioner. Bingham (2005) refers to this as a "circuit between self and other…meaning they run back and forth from teacher to student" (p. 562). According to Gadamer, "as speakers, we are in the same situation as when we are hearers, since we only come to understand what we have said through our interpretive engagement with others in which the meanings of our utterances as well as theirs are questioned, responded to, and worked out" (Malpas, Arnswald & Kertscher, 2002, p.145). We must suspend our judgements to allow space for the questioner and to acquire a "sense of questioner's humility" (Bingham, 2005, p. 563). It is this questioning "which keeps experience open, and all the 'knowledge' that the experienced person achieves is best understood as answers that respond to and remain in lively relation with questions that have arisen" (Dunne, 1993, p.134). In my case, I did not approach the conversation in the curriculum meeting with a sense of humility, nor did I ask a question that was relevant to the conversation. In retrospect, if I had asked a question about the new components with an interest in learning more about them, it might have opened the conversation and kept it lively.

The Aim of Dialogue: Fusion of Horizons

Gadamer claims that new understanding is achieved when we are open to what the other says and to our prejudices being challenged, so that "our own horizon is enlarged and enriched" (Bernstein, 1983, p. 143). This makes new understanding, or what Gadamer calls a fusion of horizons', possible. Gadamer says that when "we genuinely listen to another's insight into whatever we are seriously discussing, we discover some validity in it, something

about the thing itself that would not have shown itself simply within our own limited

horizon" (Gadamer, 1975/2004, p. xv-xvi). It is through dialogue that we enlarge our

horizon. As Gadamer says, "by sharing, by our participating in the things in which we are

participating, we enrich them; they do not become smaller, but larger … the whole inner

store of our lives is always extending by participating" (cited in Risser, 1997, p. 116). It is

through a fusion of horizons that we can move beyond our framework of understanding so

that the "interpreter's horizon … is stretched beyond itself, so that it is no longer the same

horizon that it was independently of this encounter" (Dunne, 1993, p. 121). It involves "a

transformation of the initial positions … that reveals new dimensions of *die Sache* [the

subject] and issues in a new stage of tradition of interpretation" (Warnke, 1987, p. 107).

Expanding our horizon does not necessarily imply agreement, but rather requires, "that we

have learned to integrate a certain point of view and have thereby advanced to a new

understanding of the issues and phenomenon" (Warnke, 1987, p. 107).

The horizon of the present is constantly being formed because we continually have to

test all our prejudices. To do this we need to have an encounter with our past and an

understanding the tradition from which we come. We have to walk away from our

familiarity. "Hence the horizon of the present cannot be formed without the past" (Gadamer,

1975/2004, p. 305). We can come to know our horizon if we look beyond what is close to us

and see it in a different way. Our horizons are always fluid and in motion. As Gadamer

(1975/2004) says,

> The historical movement of human life consists in the fact that it is never absolutely
>
> bound to any one standpoint, and hence can never have a truly closed horizon. The

horizon is, rather, something into which we move and that moves with us. Horizons

change for a person who is moving. (p. 303)

Limitations to Gadamer's Philosophy

Gadamer's hermeneutics claims that all understanding is situated and is conditioned

by tradition and prejudice, but he minimizes the role which power plays in understanding.

There are many voices ignored, including those of women, who are "not so much supported

by, as subordinated to the authoritative teachings of tradition" (Vasterling, 2003, p. 168).

The transformation of tradition has been "the prerogative of the privileged few" (Vasterling,

2003, p. 168). Without equality, "long-lasting relations of domination affect the (self)

understanding of people who grow up and are socialized within these relations" (Vasterling

2003, p. 171).

Nursing exhibits the 'relations of domination' described by Vasterling. It is a

profession dominated by women who have been socialized in a hierarchical environment in

which physicians, nurse clinicians, nurse educators, and nursing supervisors are often

responsible for making decisions that ultimately affect patient care. Their ability to exert

power varies from ward to ward and hospital to hospital. For example I have taught students

on a ward where nurse managers and clinicians allowed nurses to make many of the overall

ward decisions, such as discharges and bed allocation. This creates an atmosphere where

physicians approached nurses and vice versa, many of the dialogues between them resulting

in better patient care. I remember once a student asked me about a specific medication.

After looking through the chart, we were unable to understand the reason why this

medication was being given. When the physician arrived we asked about the medication.

This resulted in a lively dialogue, during which the physician asked the student about the

patient's status. On the other hand, I have taught on a ward where nurse managers and

educators made most of the decisions about bed control, discharges, and so on. On one

occasion the nurse manager asked me to come to her office. She explained the 'cardinal'

rules to follow in order to successfully teach students on this ward. Although I attempted to

be humble and to ask "right" questions, she quickly dismissed me from her office. The

atmosphere on this ward was much different from that on the other, and the ability to ask

questions of nurses and physicians was much more limited. Although I attempted while on

this ward to use a Gadamerian approach and to focus on a common concerns, this was to no

avail. In this case, I derived little assistance from Gadamer.

In the same way as in health care settings, power and hierarchical structures exist in

educational institutions. Even though faculty members claim that there is a more equal

teaching and learning relationship with students, our role is not only to facilitate and often

direct the class time, but also to evaluate according to objectives. As Gallagher (1992) says,

"the structures of power and authority are inevitably embedded in educational experience"

(p. 19).

This point about power structures is highlighted by the debate between Gadamer and

Habermas. According to Gadamer, language is what ties us together; it is the vehicle by

which traditions enter interpretation. But Habermas raises the point that language is

dependent on social forces that cannot be reduced to language:

> The linguistic infrastructure of a society is part of a complex that, however
>
> symbolically mediated, is also constituted by the constraints of reality…[B]ehind the
>
> back of language, they also affect the very grammatical rules according to which we
>
> interpret the world. *Social actions can only be comprehended in an objective*

framework that is constituted conjointly by language, labor and domination. (as cited

in Gallagher, 1992, p. 242, emphasis in original)

Habermas questions whether underlying an inhibited discussion are force and

coercion. He asks whether, by focusing on truth, "he [Gadamer] ignore[s] the ideological

function certain perspectives may have in maintaining a repressive status quo and uneven

distribution of power" (Warnke, 1987, p. 112

One of the conditions suggested in Gadamer's dialogical work is that we consider

"the other as equal, that is, as somebody who has the capacity and the right to participate in

a dialogue" (Vasterling, 2003, p. 171). Bernstein (1983) summarizes this critique:

"Gadamer's philosophic hermeneutics is virtually silent on the complex issues concerning

domination and power" (p. 156). Habermas harshly comments on Gadamer's conception of

dialogue:

The Enlightenment knew what hermeneutics forgets – that the dialogue which,

according to Gadamer, we 'are' is also a context of power and precisely for this

reason no dialogue…The universal claim of the hermeneutic approach [can only] be

sustained if one assumes that the context of the tradition as the locus of possible truth

and factual agreement is, at the same time, the locus of factual untruth and

continuing force. (cited in Warnke, 1987, p. 112)

Gadamer's response to Habermas is that tradition incorporates the forces or power

relations whether they are expressed or unexpressed. They remain "an inextricable part of

the tradition itself and are accessible to hermeneutic analysis" (Warnke, 1987, 114). To talk

about hierarchical power structure is in fact to talk about interpretation, which is

hermeneutic. This means that as instructors we need to uncover how power is operating in

the students' and faculty members' educational encounters. It requires us to seize the opportunities which either encourage or discourage dialogue and to unpack the traditions and power relations affecting the encounter. Lastly, emphasizing the historical nature of understanding, which welcomes different purposes and assumptions, means that "prejudices, commitments and values that are obscured from one point of view can be illuminated from another" (Warnke, 1987, p.114).

Gadamer's response to Habermas remains unclear. Habermas emerges from a Western Marxist tradition and claims that hermeneutics lacks a reference system that includes a comprehensive view of society and fails to "penetrate to the deeper level at which the ideological distortion involved in the talk of freedom, equality and property appears" (Warnke, 1987, p.116). Issues of truth need to include a conversation about our economic system which goes beyond Gadamer's explanation of prejudice.

If partners in dialogue, such as the nurses mentioned above, are not treated as an equal voice then relations of power and domination will undermine the dialogue, or can even prevent the dialogical relationship from beginning. Is it possible to leave enough room for alterity and plurality? It is possible that if we focus our attention on a specific concern, such as a medication, then even on wards where it seems impossible we may be able to engage in dialogue. If nursing instructors consider their students as equal then that may create an environment in which we can both ask questions, share knowledge and engage in dialogue, to the end of nursing patients within their particular situations.

Summarizing Gadamer

Although there are limitations to Gadamer's work, it has offered a fresh perspective on the notion of praxis. He proposes to work through the complex relationship between understanding, interpretation and application, which requires dialogue. He outlines many elements that contribute to dialogue. Gadamer says that we need to recognize that we all come from some historical place which shapes how we approach an interpretive encounter. We utilize this general framework to help us make sense of particular situations, and vice versa. Expanding our horizons as we make sense of the particular is facilitated by dialogue. Gadamer suggests that if we are humble about our conclusions and open to others, we can create an atmosphere of questioning and consequently the ability to make sense of our moral action. In the next chapter I will use Gadamer's work to analyze stories of my practice of *praxis*.

CHAPTER FOUR: MAKING MEANING OF MY PRACTICE

In this chapter I highlight three stories of my experience of teaching praxis seminars and critically analyze these stories using the work of Gadamer. While I have numerous stories as a result of dialogues with students and faculty, within meetings, and with the administration, I have purposely picked these three stories, as each one allows me to highlight significant aspects of Gadamer's work. Hermeneutic dialogue provides a means to interpret and understand our experiences and, as Gadamer says, "to come to an understanding with others" (cited in Malpas, Arnswald & Kertscher, 2002, p. 34). These stories are about situations, often entailing moral and ethical issues that have come to the fore which both the students and I are trying to understand. Through the stories, I will reflect on the elements of Gadamer's work that helped me to recognize how these conversations, which at one time I thought were simply 'good conversations', were in fact a form of practical reasoning informing both the student and my actions or praxis.

Children Taken Away From Their Parents

I was facilitating an evening seminar comprised of practicing Registered Nurses (diploma graduates) returning to Kwantlen to obtain their baccalaureate degree. The first course of their program entailed a 90-hour practice experience in a community setting, which I arranged prior to the commencement of the course, and a 3-hour in-class praxis seminar. Simultaneously, they were also taking a theory course which was intended to inform their community experience. There were five students in the seminar, three of whom worked in mental health agencies in different regions of the Lower Mainland with children and youth who had committed a crime and were referred for psychiatric assessment, one in maternal/child health; and the fifth in a pediatric setting. Four of the students were married

and one was widowed. They all had children, some of who were grown and not in the family home. In order to accommodate their working lives and the community placements, it was necessary to group three students together to explore a food distribution program, while the other two had individual placements, one at an Aboriginal Centre and the other in a teen pregnancy program.

This particular evening praxis seminar started when I asked if anyone would like to share something significant about her practice. Although I purposely did not ask what practice I was referring to (i.e. their community practice as opposed to their nursing practice), I knew that their response might be geared towards their community practice because of their obligation to meet course requirements. I was conscious that the questions I asked might orient the class towards a specific dialogue. As Gadamer says, "A question places what is questioned in a particular perspective. A question situates, and it opens up an inroad with regards to the object" (as cited in Bingham, 2005, p. 555). In this case, I asked a question that steered the students to think about practice, and because they were participating in the course, it likely made them think about their community practice, rather than their nursing practice. One student began:

On Saturday I was at my agency and they organize a craft program in order for foster children to have supervised time with their birth parents. The foster parents usually leave the agency until the supervised time is over. She went on to explain how she was responsible for engaging the children and parents in a craft activity while also spending time introducing herself and her purpose for being at the agency. She began speaking about the atmosphere and interaction of the birth parents with their children and said, *the kids and*

parents all seemed so happy! I interrupted her story and asked: *how did you know they were*

happy?

There was a suddenness to this question because I could not fathom how this

situation could be happy. It was unsettling for me and as Gadamer says, "To ask a [true]

question means to bring into the open. The openness of what is in question consists in the

fact that the answer is not settled" (as cited in Bingham, 2005, p.555). I did not know if this

question would stimulate a dialogue and I'm not sure if it is possible to know in advance if

the question will initiate dialogue. I will know only if a dialogue ensues. As Bingham (2005)

suggests, "a question is only a question within the context of the interlocutors' engagement

with that question" (p. 558). It is also a question if we have not determined the answer to the

question and it is in this state of indeterminacy that the question may remain open.

The subject of this question was influenced by my cultural and historical horizon. I

was raised in a family with my birth parents and likewise I am raising my own children. I

have inherited a cultural world which places a strong emphasis on family, namely birth

parents, grandparents, aunts, uncles and so on. As Gallagher (1992) says, "all interpretation

is shaped by the tradition in which we stand; interpretations originate within and by the

traditions, and they continue traditions" (p.87). It was my historical backdrop which

conditioned my interpretation of the situation; it had power over my thoughts. As Gadamer

says, "tradition has a justification that is outside the arguments of reason and in large

measure determines our institutions and our attitudes" (cited in Dunne, 1993, p. 113).

Without this backdrop I would not have responded to the comment from the student. It is

precisely the existence of an "already operative context of expectations that makes the

perception of contrast possible" (Kerdeman, 1998a, p. 32). I wondered whether I was

prepared to move beyond my horizon of understanding and put my prejudices into play, allowing them to be challenged and possibly modified. Gadamer (1975/2004) suggests that "the horizon of the present is continually in the process of being formed because we are continually having to test all our prejudices. An important part of this testing occurs in encountering the past and in understanding the tradition from which we come" (p. 305).

To continue, the student responded: *They were smiling, laughing, and they participated actively in the craft activity.* I responded: *So what you're saying is if we see people smiling and laughing then we can assume they are happy. In other words we are equating happiness with an outward expression.* I continued*: Let's go back to your situation—Do you think given the circumstance when birth parents are no longer allowed full-time access to their children, only able to see them for two hours here and there, could there in fact be a happy situation?*

In my horizon of understanding, I had a certain view of happiness, and the student presented a new or strange situation for me. As Gallagher says, "we can learn about the unknown only by recognizing it as something that fits into or challenges what is already known" (1992, p. 195). I was attempting to understand the particular situation based on my broader understanding of the meaning of happiness derived from my traditions. My interpretation of the meaning of happiness as an outward expression described by the student was a means of bringing it to a broader framework. I recognize that my role as a teacher is to "open up these schemata or preconceptions to new possibilities of understanding…to foster the hermeneutical relations which constitute learning" (Gallagher, 1992, p. 80). After I reframed happiness from the "universal", I brought it back to the particular, which was what initially surprised and challenged my prejudice. It is this continuous 'tacking' between the

broader framework and the particular which can bring both into view simultaneously, and which constitutes the hermeneutic circle. By this tacking, I was attempting to make sense of the parts that surprised and challenged my interpretation and putting my prejudices and historical being into play. "[T]hat is why the prejudices of the individual, far more than his judgement constitute the historical reality of his being" (Gadamer, 1975/2004, p. 278).

The student replied to my question whether it would be possible to be happy if you were not able to be with your birth parents: *I never thought of it that way*. I asked: *Why were the children taken away from their parents?* The student responded: *"I couldn't ask why these people were taken from their birth parents because I was so busy, but I would guess it was because the parents were misusing substance."* I responded: *"I guess I'm having trouble understanding how something like this could be happy. There are so many factors involved here. There is a societal view that Aboriginal people have a higher rate of substance problems, have little or no education and most of them don't even complete high school. There seems to be several social factors that these people are up against and the injustices which our society has imposed upon them."* Again I brought the meaning of happiness to a broader framework to shed light on the particular we were attempting to make sense of. It is through the hermeneutic circle which allows for the "constant process of revision in the anticipations of understanding, in the light of a greater knowledge of the parts and in the name of a greater coherence of interpretation" (Grondin, 2003 p. 81). Mediating my response was a notion of fairness and whether Aboriginal people have been wronged. My framework or "universal" was part of my historical repertoire which was deeply affected by my involvement in a program with Aboriginal peoples through Kwantlen. Their struggles in attempting to further their education and also trying to maintain their cultural identity

while up against the norms and constraints imposed by our system influenced my response to this student.

The student continued: *I work in a job with adolescents who have broken the law and I am responsible for doing a psychiatric assessment and referring them to a mental health care team. These children are often dealing with substances and have really mixed up lives and are often moving from foster family to foster family. These youth are not happy and are often angry when they are referred to me.* I said: *You have much more experience working with troubled children, something of which I have never had any nursing experience. I have never witnessed children taken away from their parents. It makes sense that considering what you work with on a daily basis that your interaction at the agency this past weekend must have seemed happy to you.*

Considering again our historical being, the student's experience with troubled youth offered another perspective to the conversation. It was this historical context that shaped the student's interpretation of the interaction she participated in through her community placement. At one point in the conversation she also referred to her own history. She began: *I had to raise two children by myself. When they were very young their father died. I really feel for these families who are unable to raise their children because I was very young when my husband died and I wondered if I would be able to raise my kids on my own.* Like my historical being, her context had a persistent hold on her interpretation of events. As Gallagher (1992) explains, "We always find ourselves with a past that does not simply follow behind, but goes in advance, defining the context by which we come to interpret the world. Despite the fact that traditions operate for the most part 'behind our backs', they are already there, ahead of us, conditioning our interpretations" (p. 91).

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It was through this dialogue that our prejudices and historical beings were put into play and both of us had reached a different understanding. As Gadamer says, the encounters that "break the spell of our own foremeanings" are those that question, challenge, resist, or refute our assumption about what is ordinary and familiar (cited in Kerdeman, 1998b, p.250). The student had never thought about the various meanings of happiness, nor had I until we began talking about it. I was also introduced to different ideas about fostering. When our prejudices were brought into view we had the opportunity to revisit and revise our opinions and "to bring out the strength rather than the weakness of what is said—to find that which is different yet applicable to one's position" (Deetz, 1976, p.16). This conversation was about the two of us with a listening class who "join[ed] together in the mutual questioning and answering…what emerges is not a product which can be ascribed to either—or even to both of them—as producers; it is always something other and more than they could have envisaged" (Dunne, 1993, p. 136).

There were conditions which created an atmosphere of open dialogue. It seemed that we recognized that we each had something worthwhile to say and we were open to the possible truth that the other added to the conversation. This was apparent because we were able to listen to each other and "anyone who listens is fundamentally open. Without such openness to one another there is not genuine human bond" (Gadamer, 1975/2004, p.355). Another feature of openness was that we both recognized and were forthright about what we didn't know. Being humble and admitting that it is not possible to know everything allows us to be open to the possible truth of others which Gadamer refers to as *docta ignorantia*.

This conversation began to take on a life of its own. Such conversations are "most fruitful when the partners surrender to this life—a surrender that is accomplished, of course,

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only through the intense 'activity' of remaining open and responsive" (Dunne, 1993, p. 136).

A student who is a nurse in a pediatric setting spoke up: *I see infants taken away from their families and I think in some cases it is safer if they are with a foster family.* She went on: *We get the ISUM babies.* I asked: *What is an ISUM?* I asked this question because I did not know the meaning of ISUM and "all questioning and desire to know presuppose a knowledge that one does not know; so much so, indeed, that a particular lack of knowledge leads to a particular question" (Gadamer, 1975/2004, p. 359). The student continued, *ISUM's are Infants from SUbstance abusing Mothers.* The language used to describe these infants reflected her understanding of these children and mothers. Language has the power of embodying our thoughts and it is the medium by which we come to experience our practice. As Grondin (2003) says, it is the place "in which all thought can and must be deployed" (p. 135). This language was so much part of the nursing unit's vocabulary that it conditioned their interactions with ISUM babies. As Gallagher (1992) explains, "language makes possible our interpretations of the world" (p. 107). On the unit where this student works all nurses have adopted a language that has meaning to each other and to emergency and other departments.

The student continued: *We get a call from emergency saying there is an ISUM coming.* I asked: *Does emergency tell you if it is a girl ISUM or a boy ISUM or is it an it?* This question had an urgent nature for me; as Gadamer (1975/2004) says, "we have experiences when we are shocked by things that do not accord with our expectations…a question presses on us; we can no long avoid it" (p. 360). This was precisely the case with the inhumanity of calling a human being an "it". Behind my question were other questions addressing the moral implications of ISUMs. Is it right that a baby begins life with a biased

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designation because his or her mother was an addict? Does our system treat people who have addictions as outcasts? I birthed my children with a midwife who also worked at BC Women's Hospital in Vancouver, BC. She was an advocate for keeping ISUMs with their mothers' because she claimed that the babies were more settled.

The student continued with her story: *I know I'm in for a very long night when an ISUM comes to the ward. They cry all the time because they are going through withdrawal. We have to hold them all night so we take turns. It is exhausting and when it's my turn I begin sweating just from all the crying.* I said: *Has there ever been an opportunity or thought of keeping these babies with their mothers?* The student went on: *Not at all. As soon as the baby is referred to our unit, the social worker and child protection are involved.* The language also shaped the practice associated with these infants. I continued: *I need to reframe this. We have a baby with no indicated gender referred to your unit. You help this child go through the withdrawal process and then child protection moves them to a foster family. And—at no time the birth parent has any contact with this baby.*

Had the meaning and the thought hidden behind the term 'ISUM' ever been questioned? Were the moral implications of being genderless, and having no contact with the birth parent considered? I was asking very leading questions and again my historical conditioning and prejudices were creeping into this conversation. Was I passing judgment through my questioning and also with my feeling and look of shock? As Gadamer (1975/2004) says, "a question 'occurs' to us, that it 'arises' or 'presents itself' more than that we raise it or present it" (p. 360). Is it possible to suspend one's judgments and if we are unable to, is what we ask truly a question? As Bingham (2005) says, "openness requires a 'suspension of judgments and hence, a fortiori, of prejudices' that will allow space for the

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object to be scrutinized…one must put in check all hasty judgements" (p. 563). Gadamer

(1975/2004) reiterates Bingham's point saying "it is opinion that suppresses question"

(p.359). I was not able to suspend judgment, but I was able to 'put it in check'.

Recognizing how mortified I looked, I attempted to keep the conversation moving. I

asked: H*ave these children always been called ISUMs?* The student said: *I have been on this*

unit for 10 years and they have always been referred by this designation and I never thought

of even questioning it. This question proved to be effective in keeping the subject matter

open. As Bingham (2005) says: "it is the engagement of teacher and student that must keep

the question in play for as long as the subject matter at hand requires a questioning attitude"

(p. 558). Gadamer (1975/2004) echoes this, claiming that the "art of questioning is the art of

questioning even further…it is the art of conducting a real dialogue" (p. 360). The student

continued speaking about the foster families and the challenges they face. The three-hour

class continued teasing out the subject matter of fostering, addiction and other related topics.

For example, another student entered into the conversation and began talking a about her

experience of young teen mothers, as young as age 12.

The conversation that began with a comment from a student evolved into a dialogue

that allowed "some play to my own thinking and, in doing so, expose it to the counterweight

of the other's contribution" (Dunne, 1993, p. 117). My horizon expanded and I gained a

different understanding of this very complex phenomenon. I had no previous nursing

experience or personal experience with children who were taken away from their parents. I

would also argue that the students walked away with a renewed interest in their practice.

Grondin (1994) says "only in conversation, only in confrontation with another's thought that

could also come to dwell within us, can we hope to get beyond the limits of our present horizon" (p. 124).

The Inducement

I was teaching a group of 15 students consisting of Registered Nurses returning to obtain their degree. I chose a variety of placements and allowed the students to group themselves according to the community agency that would suit both their schedule and their interests.

This afternoon praxis seminar began with a student asking: *Does anyone have Tylenol?* One student passed the student Tylenol. I asked: *Are you not feeling well?* I remember thinking when I asked this question that it had nothing to do with either the course objectives or the students' community experience. Why did I choose to acknowledge this situation rather than keeping on the task of exploring community placements so as to meet the course objectives? Kerdeman (1998a) emphasizes that "education must cultivate the capacity to eschew control; pedagogy that aims for mastery is anti-educational" (p. 37). My question in this case came from being an experienced instructor and, rather than following a lesson plan, recognizing that experience was teaching me to "acknowledge the real" (Gadamer (1975/2004 p. 351).

I chose to direct my question in response to what I heard. As Gadamer explains, "Correct sense must accord with the direction in which a question points" (p. 358). The student responded: *I just came off a night shift* (a student sitting next to her was working on the same shift and on the same unit) *and it was really busy.* I asked: *What is busy for you?* 'Busy' is a term used frequently in the nursing community and is an integral part of nursing jargon. Grondin (2003) suggests that "words are always a very imperfect, and dangerous,

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manifestation of the thought that seeks to express itself…they are words that come to us and that never succeed in embracing everything which we would like to be able to say" (p. 136). I wanted to understand the student's interpretation of this widely used nursing language and the meaning in her setting or context. Both of the students began speaking about their shift: *A physician wanted this woman to have her baby before he went home and before the change of shift* (night nurses to day nurses). *Also there were nurses available, so the physician ordered an inducement[1] at 4:00 in the morning.* I said: *Does this mean there wouldn't be a nurse later in the day to help with this procedure?* The student replied: *There might be a nurse available, but you're never sure in a maternity hospital who might walk through the door.* She went on" *So we woke this woman up at 4:00 am to begin the inducement. She seemed to want to stall the process –she took a shower, made a few calls and by then it was 6:00 am and the change of shift routines were beginning. So we were rushing around trying to get this inducement started. I'm sure she was stalling because she didn't want it.* As Gadamer (1975/2004) says "To understand a question means to ask it. To understand meaning is to understand it as the answer to a question." (p. 368). I began wondering why they had to be 'busy' when, if the mother was being induced, she could birth anytime during the day. I was also empathetic towards the mother who appeared to be attempting to take control of her birthing experience when, as the student suggested, the doctor wanted otherwise. In this situation, nursing this mother was not about caring about a particular person, or recognizing their background and the context in which they were giving birth, but rather about doing a procedure in a very specific and rigid time frame. The mother

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[1] Inducement is when a woman is given a synthetic hormone intravenously to induce labour.

might have wanted to share the birthing experience with her mate or her children who might

not have been able to come until later in the day, or she might have had other reasons for

giving birth later. Did anyone even think of asking her about her own historical world, her

community and so on? After all, "hermeneutical experience is concerned with tradition.

This is what it is to be experienced" (Gadamer, 1975/2004, p. 352). With these thoughts, I

wanted to make sure to keep this topic open for exploration and in a mode of questioning.

As Bingham (2005) says, it is about "keeping the dice in play" (p 563). I asked: *Why did she*

need it [the inducement]? The student went on: *She was 10 days overdue*. At that moment, I

relived my own experiences with birth and inducement. As Gadamer says "Prejudices are

our biases of our openness to the world. They are simply conditions whereby we experience

something—whereby what we encounter says something to us" (cited in Ramberg, 1997, p.

460).

I responded: *I'm not clear about why she needed the inducement?* The student

responded: *Her doctor decided to do it and she was one week overdue.* I asked: *Was the*

woman part of the decision making? The student said: *I don't think she was, nor did I talk to*

her much about it. I was too busy trying to get the necessary tasks done in order for the

inducement to begin. The student was extremely busy, not because of the birthing mother,

but because of what the doctor ordered and the physician, although the inducement may

have been necessary, disregarded the necessity of addressing the patient. It appeared that this

mother wanted the birth to happen at a different time, as evidenced by her stalling tactics;

perhaps she wanted some kind of control. This is precisely the direction in which the

conversation then went.

I asked: *Do you think it was right to wake her up?* The student said*: No—absolutely not, because she was in a deep sleep which she needs prior to giving birth and you so rarely get a good sleep in the hospital—so—what do we do—wake her—and she clearly was not happy so that is why she stalled.* I said: *So what you're saying is that you had some really good reasons for not waking her.* The student went on: *Yes, there were many besides the fact that she needed sleep. The inducement can be started anytime. If we gave the mother more choice then she feels she participates in her birth.* I began: *Let's talk about when you think something is wrong—it is simply not the right thing to do by waking her up—you are not feeling good about as you even talk about it now.* Here was the thrust of this conversation. I was moving from the particular to the general in an attempt to tease out the dilemma presented by this encounter. I was focusing on how the student practically reasoned in a morally appropriate way. Although the student recognized waking the patient, she did not know how to act which led to my next question. I asked: *What else could you have done?* The student said: *Well, we could have just waited and woken her up later.* The other nurse joined the conversation: *But the day staff might be angry with us not completing our duties and the charge nurse may have accused us of being 'insubordinate'.* I said: *So you are not acting because you think you will be punished?* I continued: *But—you are telling us very good and valid reasons based on providing better and more ethical care for your patient.* (There were a lot of nods and sounds of agreement in the class).

I posed a question to the class: *How can we approach situations like this? Would it have been possible to talk to the Doctor about the reasons you outlined above; reasons that are for the good of your patient and likely for the contentment of the nursing staff. In other words what you knew was ethically right or based on a sound judgement.* The student said: *I*

have never thought of approaching a physician from that standpoint. These questions sprang

from me. As Weinsheimer (1985) notes "genuine questions, like genuine doubts, occur to

us. They happen to us and are not something we do" (p. 208). I was passionate about the

subject or the *Sache,* just as the students were. Through our conversation we came to a

"more richer, more developed understanding of the issues in question" (Warnke, 1987, p.4).

This fusion of horizons made possible a new understanding that there were other means of

approaching physicians when one experiences the tension between what is right and what is

'demanded'. It raised the possibility of creating a fusion of horizons with physicians, nurses

and patients, in which each could contribute to the betterment of the health of the person

involved. The dialogue had the power of enlarging our horizons. As Gadamer suggests, "by

sharing, by our participating in the things in which we are participating we enrich them, they

do not become smaller, but larger … the whole inner store of our lives is always extending

by participating" (cited in Risser, 1997, p.116). Through our conversation we learned that it

is possible to act by providing a different approach. This allowed us to move beyond our

horizon so that "it is no longer the same horizon that it was independently of this encounter"

(Dunne, 1993, p. 121). We explored the subject matter and integrated "a certain point of

view and...thereby advanced to a new understanding of the issues in question" (Warnke,

1987, p. 107).

This subject matter or *Sache* provided a common ground for others in the class to

participate. As Deetz (1976) says "the genuine conversation is characterized more by giving

into the subject matter and allowing it to develop in the interchange" (p. 160). Another

student began: *I remember once a doctor ordered a removal of an airway of the patient I

was working with who would then shortly die. It was 6:30 in the morning and I was getting*

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ready to report for the day shift and complete my paperwork. I didn't want this person dying

on my shift. I asked: *Is that the only reason you didn't want to take the airway out?* She

responded: *No, I was actually very uncomfortable removing the airway and the Dr. was just*

in the room and he could have more proficiently done it himself. I said: *So let's clarify this.*

You weren't comfortable removing the airway, you were almost finished your shift, you

didn't want to deal with the death and you were angry that the physician didn't remove it

himself. You have a lot of reasons for making your decision. I continued: *What did you do*

about it?

The conversation continued with another student highlighting a dilemma in the

emergency ward. Compounding the students' inability to act were issues of power and

domination by physicians and charge nurses matters, which have been prevalent for years in

nursing. Although the nursing curriculum attempts to address these power structures, they

continue to characterize relations in nursing. The students had displayed sound ethical

reasoning as they were talking about their practice, but the threat from these power

structures had subordinated practical reason to technical control. Although the group

affirmed that the students had had good reason in these instances to speak to the physicians,

all of the students in the group had had similar experiences and expressed the fear that they

had not performed as they should. Although these are unfortunately the circumstances

nurses work in, the dialogue which began with a Tylenol request allowed students to speak

about their situation and question their practice. As Carr (2004) suggests, raising these topics

to the forefront will allow students "to reflect…on the limitation of the understanding of

their practice" (p.62). I learned through this dialogue that as an educator it is important to

examine the taken-for granted of nursing practice "in order that they [students] may

reflectively reconstruct their understanding of their practice and of how its internal good

may, in their own practice situation, be more appropriately pursued" (Carr, 2004, p. 62).

Ninety Hours

Another praxis seminar began with the students' concern about meeting their 90-

hour community practice experience, a requirement which, although they are Registered

Nurses working in various agencies, they are required to meet. They cannot opt out of this

course based on their nursing experience. They were struggling to find the time in light of

their multiple roles as parent, full-time worker and student. These all combine to create

students' 'effective history', which they will utilize to understand their experiences both in

the community and in their work. It is their general framework. Recognizing the differences

that students bring to their learning is "implicated in the capacity to understand…a person

who wants genuinely to understand must be open to differences" (Kerdeman, 1998a, p. 34).

The uniqueness of each student has the potential to effectively contribute to the individuals

they encounter in their practice and in the classroom environment.

Why had "90 hours" become the measure of success? I felt a tension in my role as an

instructor between ensuring that students met objectives and recognizing that meeting

objectives was not necessarily the best yardstick for learning. Ignoring the 90-hour

requirement would mean "disembedd[ing] from such contexts and traditions, as well as from

the urgencies and contingencies of the classroom" (Dunne, 1993, p. 5). Only focusing on

course objectives becomes a technical approach to learning likened to what Aristotle refers

to as *techne* or making (*poieis*) which results "in a durable outcome" (Dunne, 1993, p. 9).

My discomfort with this situation prompted me to act and I decided to have a conversation

with the administrator who oversaw the health programs. Although Kwantlen's nursing

program claims to be flexible in adjusting to the needs of students, especially this group of returning Registered Nurses, I was not sure that those 'in charge' knew the students' histories and circumstances. At the time I chose to speak with the administrator, I was not armed with a substantive understanding of Gadamer's work, nor had I ever before challenged the requirements of a course. But based on listening to students and feeling the tension between learning and the necessity of meeting objectives such as the 90-hour practice experience, I felt compelled to act. This was about my *praxis*.

I explained the situation that the students brought forward. I felt like the god Hermes whose job it was to bring "a thing or situation from unintelligibility to understanding" (Palmer, 1969, p. 13). I took the approach of talking about the students' multiple roles, how they were contributing so vibrantly to their communities and were meeting the course objectives but were struggling to meet the required hours. She said: *We did tell the students that the hours were flexible and that we would try to accommodate as much as we can, but it is a requirement that they complete the course*. I decided to focus on the issue of course requirements, as it provided a common ground that we could converse about. According to Gadamer, being open to create a meaningful dialogue means focusing on a common subject matter or *Sache*. As cited in Hahn (1997), Gadamer describes this process: "In a conversation,…one seeks to open oneself to him or her, which means holding fast to the common subject matter as the ground on which one stands together with one's partner" (p.36). I asked: *If they meet the objectives, is it still necessary that they complete the 90 hours?* She said: *Yes, but the students have an option of getting an extension by submitting an I-contract*. I asked: *What is an I-contract?* She said: *An incomplete contract*. I asked: *Can you explain what this means?* Historically in nursing education, a 'contract' meant that a

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nursing student was not doing well in her practice. A document called a learning contract is

written up by the instructor, and the student's job is to meet what is stipulated on the

contract in order to pass the course. The word 'contract' has thus come to have the

connotation over the years as a tool associated with a possibly failing student. She went on:

I (being me) *would have to specify for each student that chose to go this route the length of*

time they would need to complete the course and the expectations. In other words, the recipe

was presented and the student's job was to learn according to the directions I would give: I

would have to assume control. In an attempt to keep the conversation engaged I decided to

focus on the meaning of the words, because 'contract' is a language we have in common, it

embodies thought and, as both of us knew, is laden with tradition. I said: *I'm struggling with*

the language of incomplete and contract. Extension has a very different meaning than

incomplete and contract. It is through this language that we found a subject that we could

both speak about or "a set of common, repeatable meanings emerge that enables me to share

with others a common sense of what the world is about" (Wachterhauser, 1986, p. 31). We

both shared the historical and linguistic context of the word 'contract' which resulted in

bringing the meaning to a more universal platform, and she said: *It certainly isn't user*

friendly nor does it cater to students who are 'doing well' in a course. I nodded in

agreement and said: *Is there some way we can write up or address situations such as these*

students have brought forward? They aren't failing and in fact are very engaged in their

community placement. They are simply strapped for time. We both seemed to think that the

traditional meaning of 'contract' might be refined, considering the circumstances of

students. Through the conversation we attempted "to integrate what [was] said with that

which already exists in such a way as to exceed and change what is already present" (Deetz, 1976, p. 15).

But she then went on: *I have another thought. If they don't complete the course, they can't move on to the next course and it would further delay their graduation—many of them want to graduate sooner than later because of their desire to apply for different jobs.* All of a sudden the topic of the conversation had shifted, and there seemed to be "a hidden agenda such that an openness to new possibility is closed off" (Fisher, 1990, p. 7). With this comment I was lost for words and the notion that there was a threat that students might not fulfil their dream of graduation suppressed any further questioning from me. In reflection, although many of these students were in essence fulfilling their community hours through their Registered Nursing jobs, the administrator was pointing out the consequences if students did not fulfill the Kwantlen requirement. Because I knew where each of the students worked and what they did in their jobs, I had certain prejudices approaching the administrator. I do not think I was conscious or aware of my prejudice. As Gadamer (1975/2004) says, " [we]cannot separate in advance the productive prejudices that enable understanding from the prejudices that hinder it and lead to misunderstandings" (p. 295). Quite possibly I may have been controlled to some degree by prejudices that I was not fully conscious of and that interfered with the interpretive experience. In retrospect, if I had continued to ask questions about the topic or subject, rather than allowing my prejudice to disable me, both of us may might have moved to a different or expanded horizon.

Following this conversation, at the beginning of the next praxis seminar I raised the concern about the "90-hour" community experience they were concerned about. I asked: *Would you like to go around the class from group to group and you can update me on how*

you are doing with your community hours and if you do not think you can accomplish the

specified hours, how you might enhance your project. Would this provide a common subject

matter in order for all the participants to engage in, or because of my position as a nursing

instructor, would students think they had to participate? There seemed to be agreement

among the class to review their placements. I proceeded to check in with the various groups

of students, discussing possible options to meet the required hours. I was very

uncomfortable with what I was doing. I was acting, not because I was truly concerned about

the '90 hours' but because of my conversation with the administrator. I was reacting to the

power relations that shape and preserve the curriculum and I too was continuing this

sequence.

Through this exercise there was very little participation and not one student asked a

question: it was not a conversation but a monologue. As Gadamer (1975/2004) confirms, "a

genuine conversation is never the one that we wanted to conduct" (p. 385). As I moved from

group to group students were rustling papers and whispering, and I was distracted. In a last

ditch effort to engage the class I used the teaching strategy of pointing out the similarities in

how each group was augmenting their hours. This was unsuccessful, likely because the

students had a completely different subject matter that they needed to talk about. This issue,

although important to them the previous week, might have not applied to their present

situation. We cannot disengage a person from the context in which they may be interested in

learning about a subject. Most importantly, the subject has to apply to their learning "such

that the person who is understanding is himself or herself right there in the understood

meaning" (Palmer, 2001, p. 47).

I tried another topic to begin a discussion with one group who was working at a local food bank on a project to promote child nutrition. The group thought it could put together little information sheets about children's nutrition, asking parents if they would like to help their children eat healthier food and suggesting snacks that their children might bring to school. I asked the class: *What do you think would be helpful to this group when they are thinking about the information sheets?* One student said: *You are assuming they have to read.* I decided at this juncture that the students obviously had something different to speak about, and rather than persisting or assuming control of the class I would embrace the idea raised and be open to the conversation. According to Gadamer (1975/2004) it is about the "openness of experience to new experience" (p.346). I brought the comment the student made to a more general frame and replied: *It's amazing how many assumptions we can make about some of the "things" we create.* I then looked over at another group that was working with a disenfranchised population to create a food cooking series. I asked: *What assumptions have you made about the cooking classes?* One student had obviously really thought about it and rattled off a list: *That they have refrigerators, that they can read, that they can commit to 6 weeks of courses, that they can make a large batch of food with a little bit of hamburger and then divvy it up into meal portions to last longer.* Then another student added: *I was talking to one of the food bank clients and he said to me "Have you ever been hungry?"* She said: *I was dumbfounded when he said, I take that hamburger home and I just cook it and eat it".* The next group of students began talking about this idea of bulk cooking and eating. Another student who worked at a different food bank had been trying to dole out bananas to the clients. She said": *There was a huge box of bananas and no one took the bananas. So I said to one of the woman, "Take the bananas you can make banana bread out of it".*

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Another student said: *That means you are assuming they have flour, baking powder, nutmeg*,

and another student said: *—and vanilla extract. I don't even have those things*!

Questioning, being open to others and moving with the ebb and flow of students' comments

kept the conversation alive. I chose to relinquish the goal of meeting the course objective

and to focus on the particulars of their practice. The students began questioning their own

assumptions and their ideas and their community practice had the potential to be enriched.

This is Gadamer's notion of experience. It involved "access to a new reality … [and] in

amending and reshaping our previous apprehensions of reality (Dunne, 1993, p. 130).

Summary of Learning

Gadamer has helped me make sense of my practice of *praxis* by helping me to

recognize the capacity and the conditions for dialogue. Although the events in these stories

occurred three years ago, through critiquing these conversations I have realized that I have

been engaged in hermeneutical conversations. The key theme guiding me through this

analysis is that we come to an encounter with a history which shapes our prejudices and

orientation. This overarching general framework is what alerts us to new and different

situations, orientating us to the particular situations with which we engage. Gadamer refers

to the hermeneutic circle as a means of moving back and forth from the general to the

particular. Exploring the particular through dialogue by being humble, open to the other, and

remaining in a questioning frame has been particularly significant for me in this analysis.

Each of these dialogues led to different kinds of understanding. In *Children Taken

Away From Their Parents*, an experience was brought into the open and we engaged in a

genuine dialogue. The critical discussion allowed each of us to experience another person; in

other words we had regard for self and other. As a result, I and the students created new

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meaning together; both of us learned from the dialogue. *The Inducement*, on the contrary, did not have the character of an 'I and thou' dialogue. To reiterate, according to Palmer (2001), it is this I and thou which allows us to arrive at an understanding in a conversation, in a dialogue. My questions directed the discussion about how students were making judgments in their practice. I did not have a regard for the underlying structures which were impeding on the students ability to make judgments in their practice. While it was possible that the students may be able to reflect on the judgments that informed their practice, my own prejudice about judgment was not changed as a result of this dialogue. The focus of this second dialogue was a regard for the other. In contrast, the story *Ninety Hours* was about my *praxis*. Although attempting to resolve an issue the students raised, the focus of the dialogue was trying to understand and make sense of the language which permeates our educational setting. This was not an 'I and thou' dialogue given the focus on my own understanding. I listened to the options presented, attempted to reframe these options but to no avail. In reflection, as outlined in the story, it illustrated to me the underlying structures in our educational setting undermining dialogue and enabling more of a monologue.

In summary, all three of these stories helped me to recognize that there are many different kinds of dialogue, all of which Gadamer helped me to understand. In the next chapter I will summarize how Gadamer has helped me make sense of my practice of praxis a nursing educator.

CHAPTER FIVE: CONCLUSIONS AND DISCUSSIONS

This research has engaged in an exploration of the meaning of *praxis* in order to inform my role as a nursing educator at Kwantlen Polytechnic University, where praxis has been integrated into all courses of the curriculum. The stimulus for my inquiry arose from being assigned to teach the 'praxis seminar' with a variety of nursing students, including students in the generic program, RNs returning to complete their degree, and internationally-trained nurses seeking work in Canada. As I explored the notion of *praxis* I discovered there was little consistency in the meaning given to it by both nursing faculty and students. My explorations coincided with my enrollment in the EdD program, a program intended to assist education professionals to critically examine their practice. I was encouraged to explore how *praxis* has been taken up within philosophical discussions, and through this examination I became aware of how my own confusion and the stimulus I felt to inquire into the meaning of *praxis* were actually part of a longstanding conversation. In this chapter I briefly revisit the goals I set out to achieve, offer a summary of my findings, and consider the implications for nursing curriculum and my practice.

Goals of My Study and Findings

The primary goal of my study was to contribute to the conversation about *praxis* in nursing curricula. It was my intent to clarify the confusion about the meaning of *praxis* which I experienced at Kwantlen. Ultimately, through this exploration I wanted to become a better nursing educator. Finally, it was my goal to have conversations and discussions with colleagues, in nursing curriculum meetings, and any other possible forum, to heighten the awareness of praxis with the hope that others would engage in these dialogues and join the conversation with me.

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Following an archival search I remained unclear about *praxis* in nursing. I searched the nursing literature and discovered that the conflicting ideas of praxis that I encountered at Kwantlen reflected disparate views in the nursing literature about what counts as knowledge—theory or practice. I learned from the philosophical literature that *praxis* cannot be contained or assigned as the content of one course nor is it about ensuring that nursing students meet a set of objectives. Instead it is about making moral decisions and acting on them, about how to act well in the world and how nursing educators can promote such conduct and assess the goodness of that acting. It is about embracing the particulars of the situation and their relationship to universals. It is a process of making judgements in the specificity of everyday concrete situations. Making these judgements is inevitably moral because students are making decisions about other people in health care settings. Furthermore, as a nurse educator, I too am making moral decisions when I engage with students. *Praxis* is not about acquiring and applying technical expertise (*techne*), rather, it is about being immersed in the situation and deciding the right thing to do in particular contexts (*phronesis*) and doing it!.

I learned through this inquiry that I was not alone in my initial confusion about praxis. The debate about the meaning of praxis has a 2,400 year history, beginning with ancient Greek scholars. Socrates, Plato and Aristotle were all concerned with ethical action and the relationship between knowledge and experience (which I interpreted as the general and particular), but these scholars differ in their emphasis on either general rules or specific experience. Plato emphasizes the acquisition of certain forms of knowledge in helping people to act well. Aristotle claims that ethical conduct (understood as *praxis*) depends to a much greater degree on experience in the world. Over the centuries Plato's ideas have taken

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precedence when there has been a need for security and predictability. At other times, Aristotle's orientation has come into favour as the need to recognize the variable and ephemeral character of human affairs has predominated. By the end of the 17th century, the ideas of Plato dominated: how to act morally and ethically was determined by a fixed point or universal ideal, devoid of any context. It was not until the 20th century that we saw the reintroduction of Aristotelian thought in the work of Hans Georg Gadamer. This tumultuous history has helped me to understand why praxis has been interpreted in nursing curricula in different ways.

Hans Georg Gadamer, like Aristotle, claims that moral activity is not a method and does not follow a set of predetermined rules. Instead, Gadamer's philosophical hermeneutics focuses on the conditions in which understanding takes place, linking understanding, interpretation and application. To Gadamer, we act as a result of understanding. Central to Gadamerian thought is the hermeneutic circle in which the general, which is shaped by our history and traditions and the particular, which are our experiences in the world, are dialectically linked by dialogue. Thus ethical conduct emerges when the universal and particular are co-determined through dialogue. Certain dimensions of dialogue are necessary to negotiate the relationship between the particular and general, including being open to the other, asking certain questions, confronting our prejudices, and being humble about our conclusions. Thus, in order to make sense of our particular situations, we need to engage in dialogue which enables a dynamic movement between the particular and the general. These dialogic encounters lead to a better understanding and application—that is, moral action or praxis. The work of Gadamer has helped me to bring scholarship to my practice of praxis. In the next section I bring Gadamer's ideas to bear on nursing curricula and pedagogy.

Contribution to Nursing Curriculum and Practice

There are several contributions that this study makes to nursing curriculum and nursing practice. The main contribution is to provide a language with which to discuss the practice of praxis. Gadamer's approach to *praxis* and his hermeneutic engagement can support nursing educators and nurses in considering nursing practice as moral action and also as a means to critique their own practice. This inquiry encourages nurse educators to embrace a more dialectic approach to the relationship between the particular and the general, through dialogue that involves asking 'right' questions, and being humble. Below I examine each of these aspects in turn.

An understanding of the dialectic relationship between the particular and the general directs attention to the structure of nursing curricula and the role of program and course objectives (the general). Typical of all courses at Kwantlen, nursing courses have course objectives that students are required to meet in order to pass the course. It has been my experience that our pedagogical approaches have been overly concerned with assessing students' ability to meet course objectives, at the expense of exploring with them what understandings they bring to their practice. To engage in the latter might feel like giving up control, and to a certain extent that is true. "Education must cultivate the capacity to eschew control; pedagogy that aims for mastery is anti-educational" (Kerdeman, 19981 p. 351). However, achieving students' success does not mean the abandoning of objectives. Rather, a Gadamerian approach would have nursing educators spending time getting to know their students' background, history, and traditions. By doing this, nurse educators would learn about the context in which student nurses approach each interpretive encounter. All nursing

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students, whether students with no previous nursing background, Registered Nurses returning to get their degrees or those with international training, bring to their nursing education sets of understandings informed by their history, background and moral view.

As some of my earlier stories noted, even students who have not previously worked as nurses bring to their studies experiences of caring for others that informs their understanding of nursing practice. By exploring these experiences nurse educators can make connections between these particular situations and the general frameworks of good nursing practice. The same holds for programs for internationally-educated nurses who might arrive from their countries of origin either as recent graduates or with years of experience before coming to Canada. Their background informs their learning and how they approach their nursing practice. We should not expect to teach all of these students the same way: by attending to the particularities of their experiences we can support them to meet the course objectives and be successful. As nursing educators, we need to be alert to the differences in our students and how they enter their nursing education and their relationship with us with prior experience and knowledge.

Engaging with nursing students requires that we operate in the space between the particular and the general through dialogue. Dialogic engagement is achieved by a quality of openness and curiosity about the other and the specific context within which we find ourselves. Dialogue is further enabled by asking 'right' questions that explore our students' understandings, motivations and prejudices—that is, how their history shapes their understanding of everyday encounters. Given the uniqueness of each student and each patient, the kinds of questions asked will vary. Right questions are those to which we don't

know the answer; there is often a suddenness or urgency to these kinds of questions as we seek to understand the other.

Dialogue is also about humility, a quality of humbleness that is, a recognition of our lack of understanding and the partiality of our knowledge. Admitting that we do not have the answer (*docta ignorantia*) creates an open space for students to discover and be curious about their learning. It is in this curious place where profound learning occurs. It is also in this place where there are lively discussions and dialogue with students to help make sense of the numerous moral issues they confront in their practice or praxis. Notions of practice are challenged in this dialogic space as we bring different horizons together in order to rethink our practices.

Overall, Gadamer's framework can help nursing educators to engage in the hermeneutic circle of understanding, interpreting and subsequently acting. In the context of nursing education, there are multiple expressions of this hermeneutic engagement. Students are seeking to understand, interpret and act as they provide care to patients. As nurse educators we engage in the same process as we seek to understand our students, their histories and their traditions, and then take pedagogical action. We can also bring this hermeneutic sensibility to bear on our engagements with our colleagues, which is the focus on one final story from my practice of *praxis*.

Teaching Outside the Box

In August 2010, when the Wellness Centre where I had been primarily working was closed, I chose to teach in the Graduate Nurse Internationally Educated Program (GNIE). This is a 10-month refresher course for nurses who have been educated in other countries. Since September 2010 I have taught these students on medical and surgical units in a

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hospital setting. The program has theory and laboratory components, but unlike the Generic Nursing Program and the Bachelor of Psychiatric Nursing Program, GNIE does not have time allotted for a praxis seminar, nor is that part of the curriculum. Thus, the group of Registered Nurses I taught in 2006 was the last group I taught in the Bachelor of Science of Nursing program and also the last group I had in a 'praxis seminar'.

In the first semester of the GNIE program the students have a practice experience on a medical ward for seven weeks and in the second semester on a surgical ward for eight weeks, at hospitals in the Lower Mainland. I taught in both semesters in 2010-2011 but, in order to give students the opportunity to experience different instructors, I did not teach the same group on the surgical rotation that I had on the medical rotation. I taught my first group of GNIE students on the medical ward in September 2010. This group then went to a different instructor for their surgical rotation. This instructor e-mailed me to ask me about my teaching strategies. She said that the students were different from those in any other group she had taught: they were thoughtful, curious, and took initiative in their own learning. This particular instructor, who had been teaching in the GNIE program for several years, asked me if I would attend their curriculum review meeting to speak about some of my teaching strategies. At that meeting I told two stories to demonstrate my practice of praxis.

In the first story, I recounted my engagement with students during the first week of clinical practice on a medical ward, which was their first experience in a Canadian health care setting. Prior to their meeting their patients, I asked if any of them would like to administer medications. This was contrary to the program policy requiring students to learn that skill during laboratory time and to peer test each other before they are permitted to

perform the skill in clinical. In Gadamerian terms, I was acting on my 'prejudice' or belief that students' past experience administering medications in their home country would transfer into our system. Three of the students chose to administer medications. I told them I would watch them administer their 8:00 AM medications and then we could make a decision how to proceed from this point. My observations of their abilities would test my prejudice that these students arrived with skills and knowledge and did not need laboratory time, prior to administering medications, to help me make a judgment about their competence to give medications. I observed each student being diligent doing the 7 checks required to give medications (right time, route, amount, medication, patient, reason and documentation). They knew when to hold medications, when to crush medications, and what medications needed to be given with food.

I also observed how they told the patients what the medication was for, how they listened to the questions patients asked, and how they answered them. I noted how, in endearing ways, the students recognized the particular of each of their patients; they had already identified how each patient had different needs in relation to taking their medications. They recognized the uniqueness of each person and they were also basing their administration of medication on what they knew in general about the medications (checking blood pressure prior to administration, which medications needed to be taken with food, delaying administering a medication if the pulse was low, making sure the patient understood what medication they were receiving and why). In Gadamerian terms, the students were moving between the general framework of what they had learned reading their books and in their labs and the particular of each patient—it was the hermeneutic circle in action. Through this movement back and forth they judged how to provide ethically good

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care. Together, the students and I co-determined whether they were competent in administering medications.

The second story I shared with my colleagues was about a student who approached me about an intravenous medication, asking about the requirement that it be stored in darkness. She wondered whether, if this was the case, the medication needed to be in a dark environment as it was being administered to the patient. She told me she had administered this medication in her own country. She was encountering a difference in practice. In Gadamerian terms, this difference initiated an inquiry. Her 'prejudice' about the proper use of this medication was combined with an openness to the world. I told her I not only did not know the medication, but I had no idea about dark storage on administration. It was a moment of *docta ignorantia*—being humble and admitting it. This created an openness to learning with others. She told me she had already researched the medication in the intravenous manual and the manual's direction were different from the directive of the nurse who had told her that she did not need to keep it in a dark environment when it was being administered. I asked how we were going to make this decision. Another student came along and became involved in this exploration. Thus we engaged in questioning fuelled by a desire to know, which presupposes that one does not know (Gadamer 1975/2004). The second student took out his phone and began looking up the medication. Here again we had another student who came from a historical place which shaped how he approached the interpretive encounter. This student, who was from Korea, explained that all charting and information gathering was done on 'tabs' in Korea. He challenged my prejudice against using phones, which are usually not encouraged on a unit. The student administering the drug called pharmacy, and learned how to give the medication.

There were now three students engaged in the conversation and I began asking the group questions. I was curious to know more about the patient: whether he had ever had the medication, whether he knew what was going on, whether this was his first experience of this problem. To ask a question means bringing it into the open, and through engaging with the students it was possible to keep the question in play as long as the subject matter required a questioning attitude. In this encounter, we recognized that we all had something worthwhile to say, which created an openness to the truth and learning through conversation. With these questions in mind, I retrieved the chart and we began trying to make sense of why the patient had been prescribed this medication. As we read, we came up with more questions. The group hovering around also began asking questions and thus the question remained open because we were searching for truth—it was about keeping the 'dice in play'.

After I told these stories to my colleagues, one of them said: "Students do not learn medication administration until the second week and I also watch them give medications the entire seven weeks." In Gadamerian terms, this comment illustrates the prejudice of this faculty member, possibly based on her historical context or past experiences where she may have had problems. Our past does not follow behind us, but goes in advance defining how we come to interpret the world (Gallagher, 1992). In response I asked: "Can you tell me why you watch the students the entire 7 weeks?" Through this question I hoped to open up the conversation and further a dialogue in order to enlarge our horizons. As Gadamer notes, by sharing, by our participation we enrich our horizons and they become larger. The whole inner store of our lives is always being extended by our participation, through which we can arrive at new understandings.

In response to my question, the faculty member said that she has had appeals based on problems with students, so she preferred to be cautious and not allow the students to make any mistakes. I asked her if she could tell me about some of the appeals. I respected where she was coming from, her historical context and her praxis with students. Through this dialogue, we were able to put our prejudices into play and break the spell of our own foremeaning. Questions can challenge, resist or refuse our assumption about what is ordinary and familiar. She was not able to reply but said it had happened through the years. I asked: "Why do they have to do a lab if they already know how to dispense medications?" I was trying to challenge what was ordinary and familiar (Kerdeman, 1998b). They wondered why I was so confident that students would know how to administer medications after only watching them once, as they said they monitor the students the entire 7 weeks of the rotation. This illustrated their prejudice based on their experience and perhaps worldviews about the quality of training of internationally-educated nurses. I explained that I had watched them administer the medications and made a judgment based on my observation of what I saw as their competence. I continued to explain that I had also observed and made judgements based on how the students interacted with their patients. Many of the faculty members at the table began engaging in the conversation about how they made judgements about their students and that maybe they had to let go of some of their teaching strategies. They did express that the students' experience was an asset.

The GNIE faculty have had several years working with these students. These past experiences coupled with their education forms their general framework of how they teach students. My own past history of working with these students coupled with my education has also shaped and formed how I approach these students. We each bring these prejudices

to the situation as we try to unravel the particular of the topic at hand. My work in this meeting with other GNIE faculty was, in essence, to challenge them to reflect on what judgements informed their current practices. This was my practice of *praxis* with the faculty.

Graduating from *Praxis*

In conclusion, I want to emphasize that engaging in praxis is never ending. It is a continual cycle of making sense of ethical action by focusing on the particular and general. Teaching in this manner is demanding and, at times, exhausting. It requires that I be mindful of how each student approaches their learning, how to ask questions, and how to recognize the moral in the particular situations. There are, I must admit, teaching days when I do not have the energy to always be engaged in this way. It has become part of my practice to reflect on these moments, and I have become much more aware of them when they occur. And so, I have not 'graduated' or finished my learning, nor have the students, nor has anyone for that matter. Teaching in a praxiological space is incredibly rewarding and, although demanding, it is a way of being that I am truly thankful to have the opportunity to experience.

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