

Encountering the Great Problems in the Street: Enacting Hermeneutic Philosophy as Research in Practice Disciplines

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Abstract

In this paper, we speak to tenets of Gadamerian hermeneutic philosophy that “guide” our hermeneutic inquiry in research that seeks to understand the complexity of human experiences. In our conduct of hermeneutic research, we grapple with “great problems” and encounter the human difficulty of topics such as childhood cancer, grief, mental illness, education and schools, arts and humanities, and other topics that show up in practice professions of nursing, teaching, social work, or psychology.

Keywords

hermeneutic research, hermeneutic philosophy, Hans-Georg Gadamer, nursing, qualitative research, applied hermeneutics

Of all actions, those performed for a purpose have been least understood, no doubt because they have always been counted the most understandable and are to our consciousness the most commonplace. The great problems are to be encountered in the street. (Nietzsche, 1881/1982, p. 78)

In 2015, Dr. John Caputo introduced us to a society hosted out of Villanova University called the North American Society for Philosophical Hermeneutics (NASPH), a society interested in

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philosophical hermeneutics in particular that of Hans-Georg Gadamer. The focus of the 2015 10th annual meeting was “The Future(s) of Hermeneutics” and we decided to submit a paper offering our perspectives and approaches that involve applied hermeneutics. Although the paper was not accepted for the meeting, one of the authors (Moules) attended the meeting and was surprised to find that many members of the group were aware of, and very interested in, the work that is being done in this area and, in particular, being done by the work of the Canadian Hermeneutic Institute (CHI) and the Journal of Applied Hermeneutics (JAH). Through taking up the task of articulating what “applied hermeneutics” in practice disciplines means to a new audience, we subsequently realized we had also written a reflective account of developments in applied hermeneutics since the founding of the CHI in 2009. What follows is a version of that account, published for the fifth anniversary of JAH in 2016.

In the ways we have embraced hermeneutics in an applied sense, hermeneutics is not really concerned with itself as a philosophy but rather with how we make sense of philosophy in a way that is applied in living examples. Like the mandate of this journal, we take up Gadamerian hermeneutics in its application to topics that inhabit our lives and professions, interpreting living examples of being in the world. This is the *act* of philosophy and catching it in the act and action of human concerns (Caputo, 2015; Moules & McCaffrey, 2015).

What is the basis for our claim of a fit between hermeneutics and a practice discipline like nursing? One answer to this question is that the type of questions we endeavor to answer – or perhaps we should say, to respond to – hermeneutically are invariably about relationships. What, for example, are the effects of childhood cancer irrupting into a family, on grandparents, on the parental couple, on romantic/intimate partners of adolescents with cancer, on adolescent sexuality? Gadamerian hermeneutics in particular, with its insistence on the centrality of dialogue in opening up understanding, both echoes the topic of interest and the means of generating data by interview. None of this is to say that we have a naïve understanding that dialogue automatically or smoothly opens the door to understanding; we are interested in our research in the said and the unsaid, in elisions, silences, and contradictions; we are aware of the distortions introduced into the possibility of “genuine conversation” (Gadamer, 2004, p. 385) by power differentials and the prescriptive goals of the research interview. Hermeneutics allows us – requires us - to regard relationships as complex, dynamic, contextual, and historical and, in doing so, helps us to avoid the twin traps of complacently seeking our own goodness or berating ourselves for falling short of idealized conceptions of ourselves as self-sacrificing nurses or teachers. This is to consider dialogue and relationship literally as interactions between persons and, at this literal level, we speak to Nietzsche’s claim that “the great problems are to be encountered in the street” (1881/1982, p. 78) or in the classroom, the hospital, or the living room amongst everyday interactions in which something is at stake for individuals. Hermeneutics also allows us – requires us – to regard these interactions in the fullness of their historical moment and matrices of cultural associations.

One of the weaknesses of much research in nursing that claims to be hermeneutic is that it misses this point and resides too much in the personal, ignoring Gadamer’s admonition that “the self awareness of the Individual is only a flickering in the closed circuit of historical life” (2004, p. 278). In exploring the relationships between nurses and patients on mental health units, for example, the hegemony of biomedical psychiatry is played out in the significance accorded to

the role of nurses in giving medications to patients. It is a role that is taken very seriously, a moment in which the nurse simultaneously exercises power over the patient and is acted upon (carrying out medical orders) since she or he will be called to account for omissions or errors. By contrast, the level of participation in therapeutic conversations with patients is highly dependent on local unit cultures and is often more or less optional and only weakly connected to the goals and aspirations of patients. Histories of subordination, supervision, confinement, as well as weaker traditions of the therapeutic potential of language are enacted in everyday rituals that privilege certain activities over others.

Relationship is often the locus of hermeneutic application to practice disciplines around specific questions or topics, but we would argue beyond this for a more intimate and deeper sense of application in the nature of practice disciplines as such. We will explore this in terms of nursing since that is our discipline, but we would expect that teachers, social workers, or psychologists could make equivalent arguments. In *Truth and Method* (1960/2004), Gadamer used the law as an exemplar for hermeneutics as an applied philosophy - - law being a well established branch of the human sciences as well as a respectable, *bürgerlich* profession. In his long subsequent career, he elaborated upon his hermeneutic philosophy to many different audiences, including physicians and some of those lectures were collected in the English volume *The Enigma of Health* (1996). Medicine has also been studied through a hermeneutic lens by Fredrik Svenaeus (2000) who argued that clinical medicine should be seen as a practice “which can be best understood as an interpretive meeting between health-care personnel and patient with the aim of healing the ill person seeking help” (p. 2). Although here he used the ecumenical expression “health care personnel,” he makes it clear throughout the work that he is talking about medicine, and that other disciplines such as nursing are treated, somewhat apologetically, as approximate sub-types of medicine.

The view of nursing as existing in relation to medicine, if acknowledged as a separate discipline at all, is important from a hermeneutic point of view. We are able to hear ourselves and to reflect upon the place from which we speak by understanding ourselves as nurses in relation to other professions, other disciplines and our own histories. Nursing as a discipline within academia continues to hold a somewhat provisional place. The idea that registered nurses should have a degree level education is still relatively new and is not always the case in every jurisdiction. When one of the authors (McCaffrey) was studying for his doctorate in nursing, he often encountered surprise that there was such a phenomenon as a PhD in nursing. A sense of ambiguity in relation to the status of nursing is not simply a problem of those on the outside. Amongst ourselves, nurses cannot resist picking at a wound of self-identity; new classes of graduate students, arriving as confident clinical practitioners, find themselves thrown back into the existential anxiety of the question, “what is nursing?” One of the reasons for this uncertainty is that nursing has one foot firmly in the natural sciences and one just as firmly in – what shall we say, the human sciences, the humanities, the *Geisteswissenschaften*? The interrelation between what we do and how we do it – so immediately apparent in every patient's story of an indifferent or a compassionate nurse – is a vortex at the heart of nursing. We offer as a provisional answer to the question “what is nursing?” an acceptance of the ambivalence and the uncertainty, of the “flux” to borrow Caputo's term. Under the influence of hermeneutics, we have come to understand nursing as a dialogue with itself before it is actualized in the dialogue between nurse and patient. Against the essentializing voices in nursing that would say it is ultimately a matter of technical

proficiency, or of individuals having a compassionate nature, we say that it is a dialogue that has no last word. Nursing is a condition of interpretive instability, saturated with possibility and concomitant anxiety, in the moment that it is both academic discipline and practice profession.

Having arrived at this point, which feels very abstract, nursing always has to manifest in practice according to the telos of helping patients (these are placeholder terms: “helping” being the broadest and simplest term to encompass the multivariate activities of contemporary nursing and “patients” standing, according to context, for client or family or community or simply person). Flux is not the same as meaninglessness, and nursing is a recognizable human activity with the stamp of responding to needs related to health and illness. Nursing is an embodied and enacted social function that entails distinct, if widely varied, kinds of actions, prescriptive legal and ethical frameworks of permission and obligation, as well as more subtle codes of language and behaviour.

One of Gadamer’s concepts that speaks most naturally to nurses is his retrieval of *phronesis*, or practical wisdom. Nursing done well demonstrates the exercise of judgment in the moment, drawing upon knowledge of various kinds, and applying it judiciously and helpfully according to the contours of the unique instance. One of the authors (McCaffrey) was teaching a class of undergraduate students who were working in clinical placements in long-term care centres. During a discussion of how ethics entered into the formation of judgment for nurses, one student brought up an incident that she had found troubling. A healthcare aide had brought a commode (toilet in a chair on wheels) to a resident and because she could not find the pot that fitted into the commode, she had used a garbage can for the resident to urinate into. The student felt discomfited by seeing this, thinking that although it met a functional purpose, there was a falling away of respect for the dignity of the resident in the failure to provide the proper equipment. She had responded by going to find the pot that was part of the commode and using it correctly. We have described this minor incident from practice deliberately because it is minor; *phronesis*, however, does not demand grandeur of scale, or life and death consequences. It does demand a refinement of sensibility, an acuity of perception that has to be practiced over and over, so that it is precisely in the capacity to practice in the smallest of cases that it is more likely to be practiced at all.

These understandings of nursing and of other practice disciplines have not been achieved easily or quickly. We are not philosophers in the strict sense of the discipline. We are nurses and educators. However, we study and teach on Gadamer’s philosophical hermeneutics, and we apply philosophical tenets to our teaching, discipline, and our research. In 2009, Drs. Nancy Johnson, Debbie McLeod, and Nancy Moules co-founded the Canadian Hermeneutic Institute (www.chiannual.com) with the intent to bring together scholars of hermeneutics and hermeneutic research across disciplines in creative dialogue and conversations of philosophy, research, and practice. Each year we gather with a visiting scholar of hermeneutics: Drs. David Jardine, John Caputo, Richard Kearney, James Olthuis, Gail Weiss, Nicholas Davey, and Jean Grondin to date. During these gatherings we have discovered that these renowned scholars were sometimes surprised to find that nurses, social workers, psychologists, administrators, and teachers were interested in hermeneutics and perhaps even more surprised to learn that we had for over two decades been conducting research guided by Gadamerian hermeneutics. In these meetings, as we speak to our topics of concern and research, there is a sense of what Caputo (2015) identified as

the “‘hermeneutic situation’ in the concrete, glowing white hot and jumping off the pages of the philosophy books” (p. xi). Dr. Richard Kearney aptly named this “‘applied hermeneutics” and encouraged us in 2011 to launch a journal, the *Journal of Applied Hermeneutics*, which now moves to its sixth year of publication. The work published in the journal ranges from philosophical papers to more practical interpretations of aspects of our disciplines that speak to human conditions of living.

In 2014, we along with two colleagues received a book contract with Peter Lang Publishing to write *Conducting Hermeneutic Research: From Philosophy to Practice* (Moules, McCaffrey, Field, & Laing, 2015). In the book, we speak to tenets of Gadamerian philosophy that “guide” our approach to understanding the complexity of the human experience. We conduct research around topics such as childhood cancer, grief, mental illness, education and schools, arts and humanities, and other topics that show up in practice professions of nursing, teaching, social work, and psychology.

In the discipline of nursing, we have been guided by Gadamer’s work for over 20 years; the dissertations in nursing alone are prolific. Some of the topics from our own Faculty of Nursing at the University of Calgary that have been researched hermeneutically include: families and cardiac disease; therapeutic letters in family systems nursing; grief and family therapy; spirituality and family systems nursing; commendations in family systems nursing; advance care planning; experiences of families with children with progressive life limiting illness; Buddhism and mental health nursing; vicarious trauma on nurses working in mental health; family systems nursing for families with a child with cancer; families living with a family member with treatable but incurable cancer; children’s cancer camps; family presence during resuscitation; sexuality, relationships and spinal cord injury; grandparents’ experiences of childhood cancer; impacts of deaths of children on pediatric oncology nurses; and many more topics that are too numerous to name and reference. We have several current studies looking at aspects of families’ experiences of childhood cancer, and the use of arts in teaching.

In the book, we speak to starting from a place of philosophy: What does Gadamer have to teach us about “being methodical and following leads” (Moules et al., 2015, pp. 55-69)? Gadamer certainly did not lay out a method for hermeneutic research. In fact, he might be surprised too to find it in nursing or in research at all. He did, however, offer ideas around universality and finitude, historically effected consciousness, language and linguistic being, conversation and dialogue, questions, play, prejudices, the hermeneutic circle, *Erlebnis* and *Erfahrung*, *Bildung*, fusion of horizons, application and *phronesis*, and transformation into structure. Each of these ideas has something to say to us in the conduct of good hermeneutic research. In the book, we suggest guidelines, not as scientific method, which Gadamer questioned as the ultimate authority, but as an orientation for direction, much like stars serve for navigation, that which “serves to steady the motion of a thing or journey” (Moules et al., 2015, p. 61).

Guidelines are not methodological imperatives. They are in the service of steady, dependable motion. They are not meant to displace good judgment or extinguish experience...offered in the service of practice and ...of the phenomenon. (Moules et al., 2015, p. 61)

The guidelines offered are:

1. The way of hermeneutic practice is determined by the phenomenon, not the method
2. Hermeneutic practice requires a disciplined (phenomenological) focus on the particular
3. Hermeneutic practice requires that we be vigilant and open in our encounters with the lifeworld
4. Reading in the hermeneutic tradition involves a practice of learning to read self and world differently
5. The nature of hermeneutic practice is dialogical. (pp. 62-68)

In our work of applied hermeneutics, we are addressed by topics of human concern and practice concern. We answer to this address in the sense of Caputo's ideas of obligation (Caputo, 1993) and his thinking "in radical hermeneutics everything turns on saying 'come' to the coming of what we cannot see coming, of the unforeseeable" (Caputo, 2015, p. ix). With this address, we seek out those who can best inform us around the topic – it may be participants who are interviewed (e.g., grandparents of a child with cancer) or it may be other literature, poetry, films, or documents. If participants are interviewed, we audio tape the interviews and transcribe them and then we approach the text hermeneutically, seeking understanding not explanation. This is not like analysis in other traditions and there are no procedural guidelines that save one from interpretation. It is not looking for themes that are determined or authenticated by repetition, nor is it looking for semantic codes, constructs, or theories. Interpretation rather seeks to open understanding, to expose what was lost or forgotten or never seen. It is the work of aletheia.

Aletheia is a word that is about unconcealment... We have to face the living presence of what we come to suffer or as Kearney and Caputo suggest – a preparedness to meet the stranger at the door who may be kind or may be a monster. There is hospitality to aletheia – an openness to what might come to, and maybe enter, the door. (Moules, 2015, p. 4)

What we think Caputo was referring to in the Foreword of *Conducting Hermeneutic Research* is the actionability of applied hermeneutics. When philosophy is taken to practice, to human contexts, situations, and suffering – to the great problems that are encountered in the streets, hospitals, homes, or schools - it becomes more than words and ideas; it becomes alive, applied, and active. We think that understanding this very thing was at the heart of Gadamer's endeavor and is at the heart of research using hermeneutics.

References

- Caputo, J.D. (1993). *Against ethics: Contributions to a poetics of obligation with constant reference to deconstruction*. Bloomington, IN: Indiana University Press.
- Caputo, J.D. (2015). Foreword: The wisdom of hermeneutics. In N.J. Moules, G. McCaffrey, J.C. Field, & C.M. Laing, *Conducting hermeneutic research: From philosophy to practice* (pp. ix-xiii). New York, NY: Peter Lang.
- Gadamer, H-G. (1996). *The enigma of health* (J. Gaiger & N. Walker, Trans.). Stanford,

CA: Stanford University Press.

Gadamer, H-G. (1960/2004). *Truth and method* (J. Weinsheimer & D.G. Marshall, Trans.). London, UK: Continuum.

Moules, N.J. (2015). Editorial: Aletheia – Remembering and enlivening. *Journal of Applied Hermeneutics*. Editorial 2. <http://hdl.handle.net/10515/sy5qr4p68>

Moules, N.J. & McCaffrey, G. (2015). Editorial: Catching hermeneutics in the act. *Journal of Applied Hermeneutics*, Editorial 1. <http://hdl.handle.net/10515/sy53n20w8>

Moules, N.J., McCaffrey, G., Field, J.C., & Laing, C.M. (2015). *Conducting hermeneutic research: From philosophy to practice*. New York, NY: Peter Lang.

Nietzsche, F. (1982). *Daybreak: Thoughts on the prejudices of morality* (R.J. Hollingdale, Trans.). Cambridge, UK: Cambridge University Press.

Svenaesus, F. (2000). *The hermeneutics of medicine and the phenomenology of health*. Norwell, MA: Kluwer Academic.