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A Suspicion of Testimony and the Tradition of Institutional Contexts: An Exploration of Translative Practice for Conducting Ethically Responsible Research

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Abstract

If we consider the claim made by Dr. Theodore George at the 15th annual Canadian Hermeneutic Institute Conference, that there are unique contexts that require an untethering of ourselves from our tradition to better put ourselves into question, or what he considers to be an interpretative practice of translation that allows us to be "abroad in the world," then I argue the tradition of institutional contexts is one such context requiring this necessary task of translation. I argue the testimony of the marginalized who practice within institutional contexts is tangled within institutional culture, practices, and structural power imbalances, requiring a practice of translation on the part of the hermeneutic researcher, in complement with that of conversation. This paper will explore the ways in which my doctoral research of healthcare aides' experiences with death and dying in institutional contexts during the COVID-19 pandemic requires me to be both open and suspicious of my topic so that I may put the tradition of institutions into question to better consider the ethical obligations of my research. I will also make the claim that George's idea of translation in hermeneutic research may lend itself to that of suspicion, but in ways that avoid some of the crevices of criticality that would serve to distance the reader from text or support explanation instead of understanding.

Keywords

Healthcare aides, long-term care, suspicion, hermeneutic philosophy, hermeneutic research

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> … interpretation is not a free-floating, immaterial spirit. It is stubbornly stuck in the glue of institutional life, where its role is to agitate like an itchy Socrates or a devilish divinity. Institutions interpret, and institutions need to interpret themselves (their 'mission') …Events do not take place in mid-air; they happen in institutional settings…So, everything depends upon how institutions interpret themselves and how institutions themselves interpret. (Caputo, 2018, p. 220)

I am seated at a round coffee table, although there are only two of us, myself and the first healthcare aide I am interviewing for my doctoral research. After nearly an hour of conversation about her experiences with death and dying in long-term care facilities during the COVID-19 pandemic, I notice the time on the wall, and move to stop the audio recorder. The recorder now turned off, my research participant's shoulders relax, taking a sip of her coffee as she leans back into her chair. Gathering my things into my book bag, she asks me to tell her more about my research, and why it is that I want to better understand healthcare aides' experiences, her experiences. I tell her I think her profession is understudied; the work they do of undeniable importance yet poorly understood. I tell her I think her work is hard and undervalued, the unprecedented wreckage of COVID-19 in long-term care simply having revealed the quality-of-care issues that long-predated the pandemic. She presses her eyes closed, rolling her head up and down rhythmically, letting out a hum of agreeance. What followed was a testimony different than what had been captured by the audio recorder just minutes before. I guess there were three of us at the table. In the coming weeks, I would interview more healthcare aides, and this phenomenon continued to repeat itself. For the purposes of conducting ethical research, what was said by healthcare aides after the audio recorder was turned off will not be described in further detail. Additionally, the significance of this discrepancy was not in what was specifically said by healthcare aides, but how their testimony differed from that which was captured by the audio recorder, leading to the researcher's interpretation of suspicion. Of note, the quotes provided by healthcare aides in this paper were all captured during the formal research interview when the audio recorder was turned on.

Even from the safety of their own home, reassured their names or place of work would not be revealed, healthcare aides seemed to feel an obligation to protect the facility they worked for, and perhaps protect themselves and the work they do, through an act of concealment. After all, healthcare aides are the keepers of a house for which they do not truly hold the keys, as they provide the majority of direct nursing care to residents but from a position of relatively little power, being the lowest paid in the healthcare sector, a predominantly female workforce, that of visible minorities, often speaking English as a second language, and lacking full-time employment. Healthcare aides therefore experience an intersectionality of marginalization, vulnerable to unfair institutional structures and policies that result in poor working conditions in long-term care, but unable to question such things from an equal footing of power within institutions or social society.

It was during one research interview, that a healthcare aide spoke to this sense of concealment within institutions, having shared what it was like to facilitate conversations between dying residents and family members over the phone during times of facility wide lockdown:

> Well, we had to keep quiet. For example, we had to make a video call for the loved ones with the family members. And they are asking, how is my mom doing, is she doing better?

> Is she recovering? Or my dad, how is he doing? Is he able to talk? How do you think he is doing now? Are we able to come and see him? And then that's the thing, I have to be quiet. Because then I have to say, I think he is improving, I think he is okay. I think he is getting better, which was not true. It was not true...

When it comes to healthcare aides experiences with death and dying in long-term care institutions, institutions of which I argue are largely hidden within society and healthcare aide's experiences repressed within it, I do not think my research topic is one that lends itself to openness and trust. Instead, I argue this topic is steeped in hiddenness and distrust, for the ways in which death and dying is largely swept under the rug in long-term care, and quality of care issues are not overly known to the public. The historical hiddenness of death in long-term care presents a tension point, as the very nature of long-term care being a place of death and dying is often either denied or unacknowledged by those who provide care to the dying. When I asked healthcare aides if they considered long-term care to be a place of death and dying, there was almost unanimous agreement that long-term care is not a place for dying, but a place for living, and to consider it the former would be to the determinant of the quality of care received by residents. This is surprising to me, and perhaps suspicious, considering the majority of residents will die in long-term care (Canadian Institute for Health Information [CIHI], 2021) and on average within 12 to 24 months after being accepted into care (Hoben et al., 2019).

My suspicion of healthcare aides' testimony would perhaps lead me to better consider the ways in which death and dying in long-term care facilities experiences a kind of hiddenness within institutional enterprises that may want to distance themselves from such narratives. After all, the concealment of death and dying is not unfamiliar in society at large, Gadamer having suggested that modern society has long been inclined to deal with "the very ungraspability of death" by systematically repressing it (Gadamer, 1993/1996, p. 63). It is perhaps not surprising then, that healthcare aides experienced a kind of vulnerability or epistemic injustice during the COVID-19 pandemic, the marginalization of their experiences having occurred alongside widespread public criticism and outrage at what was happening within long-term care.

If we consider Caputo's argument that all experiences must be interpreted within institutions that must in turn interpret themselves, how is it researchers go about interpreting these institutions, or the experiences of those within them? Trying to interpret an institution feels like trying to interpret the testimony of a faceless other; a tangible figure may appear at times, perhaps the face of a person in a position of power or the amalgamation of institutional ethos and culture, but when looked at more closely, disappears. I think of the voluntary vulnerability of a researcher's openness towards their topic as being met with a kind of opposition propped up by a structural complexity as impenetrable as the steel and concrete scaffolding of a long-term care building itself, the testimony of those inside the abridged version censored for the ears of the researcher. Perhaps I sound suspicious, a philosophical and epistemological tension presenting itself in my research: a Gadamerian understanding of openness and belonging versus a Ricoeurian hermeneutics of suspicion.

In my reading I often come across Gadamer's hermeneutics being referred to that of an unveiling, while Ricoeur's hermeneutics is that of an unmasking. While both speak to *aletheia*, what speaks to me about this unmasking, is for the ways in which researchers who want to avoid reinforcing taken for granted biases or assumptions of institutional contexts may need to be suspicious of the

testimony of the other, attuned to questions of power and influence. Of the interpretations that come from a hermeneutics of suspicion, Rita Felski (2011) suggested it is not "the anticipated unveiling of an unexpected villain, but by the ingenuity and inventiveness of the critic's interpretations, the artfulness with which she weaves surprising yet plausible connections between text and world" (p. 225). Where I think this kind of suspicion of testimony is risky, however, is the ways in which my research may become vulnerable to closed-off understandings brought by the dominant persuasiveness and applications of criticality, especially in a complex care environment like long-term care.

For Ricoeur, explanation is a necessary component of understanding in hermeneutics; the person seeking to understand steps back from the text to look more critically, to make causal connections, and attempts to move past first interpretations. Although Ricoeur stressed that explanation is only a step on the way to understanding, and that ultimately any critique of ideology and tradition is still one that belongs to such things, the way Ricoeur's hermeneutics is taken up in research may be vulnerable to some of the limitations that come along with well-established approaches to criticality. To this point, Grimwood (2024) argued the ways in which we are critical is itself something that has been learned within institutions, the practice of which normalized in ways that often prioritize utility and the social order of the very institutions we serve. The tradition in question in this paper, then, is the ways in which we or others exist within institutional contexts embedded with questions of power and social reasoning normalized in ways that go unquestioned, and ultimately mold and shape the testimonies of those who practice within them.

So how then does the researcher both step out of institutional contexts or traditions to better put ourselves and our normative understandings of these institutions into question, while also flexibly holding onto them to question or hold to account. At the 15th annual *Canadian Hermeneutic Institute* conference, Dr. Theodore George suggested that perhaps this tension is where hermeneutic researchers exist, a space that traditions lie within, or a space where everything in flux requires an act of translation (CHI 2024, June 5-7, 2024). If we consider the claim made by George at the *Canadian Hermeneutic Institute* conference, that there are unique contexts that require an untethering of ourselves from our tradition to better put us into this space, or what he considers to be an interpretative practice of translation that would allow us to be "abroad in the world" (CHI 2024 June 5-7, 2024), then I argue our tradition of institutions, or our institutional selves, is one such context requiring this necessary task of translation. I argue the testimony of the marginalized who practice within institutional contexts is tangled within institutional culture, practices, and structural power imbalances, and requires a practice of translation on the part of the hermeneutic researcher, in ways that complement that of conversation.

Ever the nurse, however, I must know, what does this practice of translation in this space actually look like, and how does this help us conduct more ethically responsible research? To consider this more fully, I would like to briefly explore George's idea of translation within the context of a budding interpretation of mine: a philosophical understanding of love in long-term care.

It is not uncommon to hear healthcare aides say they love their residents in long-term care, and certainly the literature supports this. During interviews with healthcare aides, I was witness to similar testimony, healthcare aides having described their relationship with residents as being one of love, and family. However, I did observe some divergence from this idea, the unique context of

the COVID-19 pandemic perhaps having shaken loose the bolts on this well-trodden understanding of this relationship. One healthcare aide offered:

> Well yeah, because some folks would start crying. Because, you know… who wants to die alone? I know we're there, but we're not their family. We care for them, but we don't love them like family. I mean, yes, we have special ones that we do love, or whatever. But we can't love all of them like family, that would be so hard on us emotionally if we invested ourselves that deeply into the job.

Another healthcare aide spoke of a kind of transactional love: "It is a profit to the owner of the business. It's not me. My own business is to deliver my compassionate attitude, my right attitude, my right mind, my love." When asked about this kind of love, many healthcare aides spoke to their love as practice, some even stating it explicitly as action alone, suggesting their love is about the things they *do* for dying residents, having listed off task-based care, such as offering a sip of water or changing someone's bedding, or brushing their hair. However, we know that long-standing structural issues in long-term care, such as inadequate staffing levels and disorganized delivery of palliative care have meant healthcare aides cannot actually do the things that they would consider necessary in order to love their residents, or even meet their basic care needs, of which was keenly felt during the COVID-19 pandemic. Speaking of what it was like to be unable to deliver quality care to residents, one healthcare aide said:

> As a healthcare aide, I cannot do what is right. I just need to follow orders. I just have to listen to my supervisor, or my manager, whoever is higher up than me. I don't have the power to do or say something that I am not supposed to. Even though I know it is not right.

Testimonies like this make me wonder: If the kind of love healthcare aides have for older adults in long-term care is what is actualized in practice, can healthcare aides actually love their residents in the way they conceptualize it? If we consider the limitations of this kind of love, or what is concealed or taken for granted about the kind of relationship between healthcare aides and residents within complex care environments, then I think this opens up ways to consider how our current understanding of love in long-term care is one that serves to meet the needs of the institution. While families of residents may be reassured that healthcare aides love their loved ones like they do their own families, and this is certainly more palatable, the institution is perhaps resting on the assumption healthcare aides will respond to structural inadequacies by going above and beyond to simply provide compassionate care for residents. When we further consider the assumptions and expectations of compassionate care work done by a predominantly female workforce and the tension between healthcare aides' testimony of love and what is actually practiced, I argue a suspicious attitude on the part of the researcher may be required in order to conduct ethically responsible research.

Returning to George's idea of translation as a kind of interpretive experience, I argue my interpreting of healthcare aides' testimony of love within institutional contexts demands a practice of translation that not only avoids injustice but also lends itself to suspicion. Not unlike learning a new language, in translation we hold both languages in our head, the word in our native tongue coming up against that of the new, us moving back and forth between the two, constantly translating, speaking in one language but still thinking in another. When we finally do speak another

language, truly speak it, it is often said we can dream in it. This kind of fluency requires a giving over of ourselves, us no longer translating, but existing within a space where the tradition is fully put into question. Of this kind of translation, Gadamer (1960/2004) wrote:

> To understand a foreign language means that we do not need to translate it into our own. When we really master a language, then no translation is necessary—in fact, any translation seems impossible…For you understand a language by living in it… (p. 386)

Although we may put the tradition of institutions into question, or put our institutional selves into question, translating in this context presents a difference from learning a new language. The institution, however, is not a willing interlocutor or instructional text in helping us make sense of what is unfamiliar.

If, as Caputo wrote, everything depends upon "how institutions interpret themselves and how institutions themselves interpret," I cannot help but feel a sense of hopelessness, for how often do institutions meaningfully interpret themselves in ways above their bottom lines? Particularly for complex care environments like long-term care, Grimwood (2024) has argued these institutions engage less in interpretive work and more in efforts of critique that end up doubling down on the very mode of understanding they are trying to be critical of in the first place. Where this critique does offer us hope, is in the ways Grimwood (2024) suggested critique done well is vulnerable in its positionality towards a better future, a better way of doing things and the endless possibilities of thinking and practicing differently. Where this vulnerability of critique comes home to hermeneutics for Grimwood, is in the ways we put our ideals, values, and beliefs into question, or what has called us to be critical in the first place, and how we consider the uniqueness of every event of understanding as opportunity to adjust or expand our horizon, or what George (2020) considered to be a displacement of ourselves.

What I wonder is, when we are faced with the strangeness of the other, do we ever really overcome our suspicion when we seek to understand? Or are we suspended in our suspicion, each new moment of understanding or overcoming only posing new questions and leaving more unanswered than answered - - fission instead of fusion. I wonder this, because when the other is not an engaged interlocutor or a willing participant, but an institution, an intangible stranger, it is us who has to make the familiar *unfamiliar* in order to question. For the hermeneutic researcher then, where I think the interpretation of the institution becomes more tangible, is when approached as suspicion of the other's testimony given within such institutional spaces, or as a translation of their experiences in ways that avoid the temptation of a criticality that is invulnerable or unhopeful.

If I wish to avoid employing suspicion in my research as a tool of criticality, perhaps it is better understood as a kind of aesthetic experience or mood complementing that of translation, setting the tone for the kind of interpretive work to come, a lens through which to view interpretation, not unlike that of Gadamer's rhetoric. In Gadamer's (1984) critique of Ricoeur, he argued that his philosophical hermeneutics is in fact critical by way of rhetoric, or the ways in which we seek to persuade through conversation. Although rhetoric has a central place in Gadamer's philosophical hermeneutics, it is not made clear, for the novice hermeneutic researcher at least, how we may bridge rhetoric to critical interpretation or suspicion. Nevertheless, suspicious writing has a persuasiveness to it, a way of pulling readers in. As a lover of gothic literature for example, I find

myself drawn to the tropes of the genre, the familiar literary techniques and dark imagery calling me into a world I can anticipate. For the research topic that is inherently suspicious, the reader of such work would also encounter signposting, cautioning them that the bridge they will cross into the topic is one that groans, creaks, and aches, possibly shifting beneath their feet. It is a travelling that makes the reader take hold of the railing at times, but as Nancy Moules (2022) would encourage, they must be "prepared to meet the unexpected and, more importantly, to respond to it" (p. 380). When taken up as a kind of aesthetic experience and orientation in interpretative writing, I think suspicion has a rhetoric and persuasiveness that suits the ethical obligation of my research.

My hope for this paper was that I would begin to explore how the practice of translation within institutional contexts may lend itself to that of suspicion for my research topic, but in ways that avoid some of the crevices of criticality that would serve to distance the reader from text or support explanation instead of understanding. Although the practice of translation may lead us to suspicion, or suspicion to the need to translate, in translation we also find commonality, recognizing ourselves in the other and what we share. Not unlike learning a new language, we often find ourselves surprised in our familiarity, the etymology of words revealing once shared and common traditions. What I think translation offers us is a way back from the unfamiliar, a way out of the woods or the places suspicion may lead us. Although offering us a way back, I argue it is the very nature of unique interpretive contexts, such as the long-term care facility, that require us to become distanced from our tradition in the first place, suggesting the tradition itself in question must become suspect, and to best understand would be to linger in the woods a little longer.

As a doctoral student engaged in nursing research, my concern is perhaps less with the philosophical tension between suspicion and understanding, and more with the tension point, the topic itself, that requires an interpretive practice that must oscillate between the two. I want to make clear: My suspicion of healthcare aides' testimony is not the result of a commitment to suspicion, in and of itself or as a methodological tool of understanding, but is instead grounded in the interpretive problem presented to me during my interviews with healthcare aides. When the audio recorder was turned off, participants shared something different about the long-term care institutions in which they work, a kind of testimony that cannot be quoted by the researcher or verified by the reader. Not only this, my own history of working in long-term care as both a healthcare aide and a registered nurse contributes to this sense of suspicion and the tension between what was said during interviews and what I experience in practice, further grounding suspicion in my experiences with the topic. This balancing of trust and distrust, openness and hiddenness, not only aids in the ethical obligation of such research to question or hold to account, but to offer a kind of utility that allows the reader to be persuaded to ethically respond. I argue George's practice of translation in interpretive research may help us to do just that.

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