

Nursing Knowledge and Human Science Revisited: Practical and Political Considerations

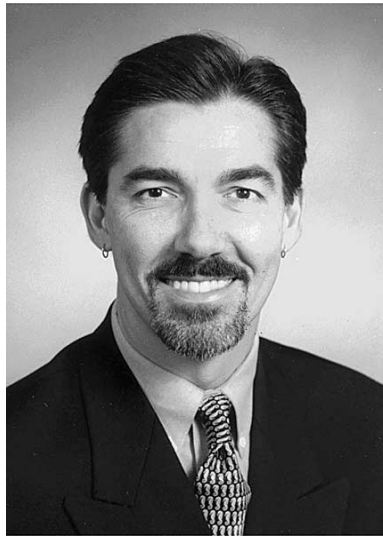
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The human science tradition is rooted in human freedom and meaning and oriented toward narrative and dialogical methods. In the past 10 years, human science nursing has grown but the opposition has also increased. Whereas other health disciplines are turning to the study of lived experience, nursing on the whole may be turning away. This article updates progress in human science, including works related to major nursing theories. The authors address practical and political considerations related to language, community, theory-laden knowledge, and tolerance for diversity. The authors conclude that the suppression of human science imperils nursing as a practice of being-with, witnessing, and cocreating quality of life, lived by nurses. But theories live in the actions of those who support them; thus, any place where people seek human care has the potential to support a human science-based nursing practice.



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Epistemological Considerations" (Mitchell & Cody, 1992) in *Nursing Science Quarterly*. The intent of the 1992 article was to raise awareness of the continental human science tradition, a belief system rooted in human freedom and meaning, which provides a basis for methods of research and practice for a sizable minority of scholars in nursing. It seems the time has come to undertake a reexamination of the issues that were raised in the article and possibly to extend our critique beyond ontology and epistemology.

The need for nurses to articulate a coherent philosophical foundation for their practice has never been greater. Contemporary healthcare issues demand that nurses know who they are and what they are about, how to identify and actualize their societal mission, and how to communicate it to others. The past decade saw many momentous changes in healthcare, but with no single defining metaphor or paradigm shift. Scanning the literature of the past decade reveals that some elements linked with the human science perspective have been amplified (for example, multiculturalism and consumer-centrism have received increased attention), whereas others have been de-emphasized (for example, qualitative articles about lived experiences have been almost completely omitted from several nursing journals). Human science nursing theories continue to expand, but developments in the broader field of nursing often seem to be moving in the other direction, making it difficult to reach any firm conclusions about the standing of the human science perspective in nursing today.

It has been 10 years since the publication of our article, "Nursing Knowledge and Human Science: Ontological and

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Nursing Knowledge as Human Science

The original article examining human science and nursing knowledge was written while we were doctoral students working within Parse's human becoming school of thought. With Parse we had sought over a period of many months to gain information and knowledge about the genealogy and the meaning of the notion of human science. We had found that the roots of human science, although little known in contemporary schools of nursing, grew extremely broad and deep. For the purposes of writing the article, we focused on the works of the progenitor of 20th century human science most familiar to Anglo-American scholars, Dilthey (1883/1988), along with the works of Giorgi (1970), who had an historical role in explicating the human science perspective in American psychology.

It has been instructive in our continued studies to learn more about the work of Giambattista Vico (1744/1999), whose *new science* predated Dilthey's work by almost 150 years. Vico was the first to explicate the distinctions between natural science and human science that could be identified following the successes of Newton, Galileo, and others in the 17th century. Vico believed that human science is concerned with truths that human beings themselves make true through their creation of societies, cultures, and histories, truths that reside at the root of everyday discourse and common sense (Mali, 1992).

In 1992, there was a lack of clarity about what human science meant. The theorists Paterson and Zderad (1988), Jean Watson (1985), and Parse (1981) had deliberately cast their frameworks as contributions to nursing as *human science*, and they had naturally channeled their energies toward the development of their own ideas for nursing, rather than continuing to seek guidance from ideas from other disciplines. Other nurse authors from that time period (for example, Gortner, 1990, 1993; Polifroni & Packard, 1995) pointed out that the human science tradition associated with hermeneutics, phenomenology, and existentialism had been influential in nursing and described it adequately. We sought to go further and to explicate, from a metatheoretical perspective, what it might mean if nursing science were construed wholly as human science or to what extent theorists had succeeded in doing it.

Toward that end, we posited four ontological and four epistemological tenets of human science, applying, as we stated then, our own hermeneutic to the available literature, while remaining faithful to the essential content of the works of Dilthey and Giorgi. These ontological and epistemological tenets are listed in Table 1. We critiqued four of nursing's major theoretical frameworks (M. Newman, 1986; Parse, 1981; Paterson & Zderad, 1988; Jean Watson, 1985) in relation to these tenets, judging to what extent the frameworks reflected a philosophy of human science. We found that the human science perspective was definitely present in multiple nursing frameworks, albeit stronger and more consistent in some than in others.

Trends in the Nursing Literature of the Past Decade

The human science perspective has to do with fundamental ontological and epistemological questions about human phenomena and how to study them. Notably, there have been, on the whole, fewer publications on ontology and epistemology in nursing in the decade since the article was published than in the decade prior. Indeed, several major journals have taken a sharp turn toward scientific realism, a turn with exceptionally severe consequences in the context of nursing, which has traditionally devoted a large proportion of its research to qualitative studies focusing on meaning and pattern. Several widely used nursing theory textbooks simply neglected in the past decade to thoroughly update the human science theoretical literature as it grew. Thus, important information about the theories has been absent from some of the key sources through which students in educational programs in nursing are exposed to human science theory. These were somewhat unexpected developments in the late 1990s, leaving us to wonder how and why these and similar policy decisions were made and what would be the practical consequences for nurses seeking knowledge for practice.

It is interesting that other health-related disciplines, such as medicine, are rapidly committing to building and applying knowledge of lived experiences of health, illness, and change. There are remarkable examples of scholars in other disciplines pushing the frontiers of human science, connecting real persons' lived stories with medical science. Bauer (2001) described how a physician, Jahad, is building a program in eHealth to focus on consumer-centered health information systems, incorporating storytelling, poetry, and dramatic performances that make sense for people in the context of their own lived experiences. A research team that included a nurse conducted qualitative research with women living with metastatic breast cancer then worked with the women to turn their lived experiences into a dramatic play entitled *Handle with Care?* (Gray, Sinding, & Fichte, 2001), which recently toured North America for 2 years and was performed for more than 200 groups. These projects and other projects represent, we believe, an awakening to the reality that human science is as essential as medical science in caring for human beings and understanding health. It is perplexing to us that nursing is not more visible in the forefront of this awakening to the importance of human science and the humanities in healthcare.

In nursing, there seems to have been a turning-away from the dialogues and debates regarding ontological and epistemological issues. The valuing of human science nursing and knowledge of human experiences to expand understanding has not grown over the past decade as we had hoped. One can easily see that the preponderance of nursing literature, certainly nursing research, is grounded in knowledge bases from other disciplines, shuns any discussion of nursing philosophy or theory, and relates to nursing primarily as biomedical/technical nursing, different from the nursing of

Table 1
Ontology and Epistemology of Human Science

Ontology	Epistemology
Human beings are unitary wholes in continuous interrelationship with their dynamic, temporal, historical, cultural worlds.	Research and practice focus on the coherent experience of the person's meanings, relations, values, patterns, and themes.
Human experience is preeminent and fundamental, and reality is the whole complex of what is experienced and elaborated in thinking, feeling, and willing.	Lived experience is the basic empirical datum, as gleaned from the participant's description free of comparison to objective realities or predefined norms.
Human beings are intentional, free-willed beings who actively participate in life continuously.	The person's coparticipation in generating knowledge of lived experience is respected, and no more fundamental reference than what is disclosed by the person is sought.
The researcher is inextricably involved with any phenomenon investigated.	The researcher seeks knowledge and understanding of lived experience and is cognizant of the other's lived reality as a unitary whole.

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1975 only in the complexity of biomedical technology and the increased diversity of populations. Even the notion that large-scale, quantitative scientific research could be supported along with and alongside dialogue about important philosophical ideas seems to be unpopular among nurse authors and editors these days. We question whether the turning away from philosophical dialogue and dialogue-based practice and research is truly a reflection of most nurses' values or if it is an indication of the intolerance of those who hold the power to decide what gets funded and published and what does not. As scholars in the human science tradition, the paradigm of science less chosen, we feel it is timely to engage the topics of censure and oppression as we see it from our place in the community of nursing.

Reflections on the Politics of Nursing

Buker (1991) proposed that "feminist theorists and others who challenge present value systems have the opportunity to become more reflective about the political dimensions of their work than do those whose work primarily supports prevailing belief systems" (p. 219). In this section, we answer Buker's call to reflect on and question the politics of nursing, focusing on three themes: the language of human science, the theoretical embeddedness of knowledge, and the need for greater tolerance of diversity.

Language, Jargon, and Community

Human science is preeminently concerned with uncovering and representing truths about the human world in language. Buker (1991) asserted that language carries meanings that are assigned by both the speaker and the listener. Sharing meaning requires a community. As new insights and understandings unfold, communities invent new ideas and invent words and phrases so as to talk about the ideas to perpetuate and expand what is important to the participants. Communities who do not share understandings use different words

and phrases and so must struggle to relate to one another's views. Buker noted,

The "jargon" label is often affixed to a text as an excuse for not struggling to understand a point of view that differs from one's own. The use of this label may represent an unwillingness to engage in a dialogue with those who talk that way. . . . The claim that a discourse is "jargon"-filled is a general political claim designed to discredit it. (p. 223)

We can attest to the turning away that accompanies the label of jargon. The label has been used in the literature in critiquing the human becoming theory (see, for example, Holmes, 1990). We could produce a dozen reviews of our work advising editors not to publish a paper because it was jargon-filled. The more kindly reviewers suggested that our jargon would not be understandable to the nurses who read their journals; the less kindly ones referred to our work as nonsense. Whatever else one says about such censure, it is plainly an exercise of power.

Human science requires specific, fine-tuned language to describe its subject matter, and it leads to interpretations of words that are different from the interpretations prevailing in the dominant scientific paradigm (Parse, 2001a, 2001b). Such distinctions are essential for the explication of the substance of human science and intrinsic to its value as a complement to medical science (Mitchell & Cody, 1999). Those who sense that language is an actual and potential source of change discredit the language in an attempt, we believe, to hold back change and to preempt contemplative reflection on the works of human science scholars. Deflecting and defusing intolerance requires understanding, and understanding requires listening. When language and discourse are labeled jargon, listening stops (or has at that point already stopped). Our personal and professional experience leads us to concur with Buker (1991) that to label another's deeply considered language as mere jargon is a political maneuver meant to silence those with different views.

Polanyi (1962) wrote of the clash of scientific visions, which he saw as inevitable. From our perspective, he accurately portrayed the interhuman conflicts and judgments that accompany scientific dissent and change.

Proponents of a new system can convince their audiences only by first winning their intellectual sympathy for a doctrine they have not yet grasped. Those who listen sympathetically will discover for themselves what they would otherwise never have understood. Such an acceptance is a heuristic process, a self-modifying act, and to this extent a conversion. It produces disciples forming a school, the members of which are separated for the time being by a logical gap from those outside it. They think differently, speak a different language, live in a different world, and at least one of two schools is excluded to this extent for the time being (whether rightly or wrongly) from the community of science. (Polanyi, 1962, p. 151)

As proponents of the human becoming theory, we have had experiences like that described by Polanyi. The theory has changed our language and our understanding of nursing and of human life, placing us, with our colleagues, decidedly outside the mainstream of nursing science. It is the human science school that is largely excluded from the greater portion of funding, policy decisions, curriculum, and practice in healthcare organizations. Exclusion of this type is a form of oppression, in that it is an unjust categorical exercise of power. Looking at life from the minority view, as it often does, has provided us with opportunities to redefine our notions of knowledge and truth.

Theoretical Knowledge and Truth

The second issue we wish to discuss here is the controversy over the theory-laden nature of knowledge and truth and the relationship of theory to research, which is both a practical and a political issue. A basic contention of postmodern thought is that knowledge is always contextual and value laden (Hiley, Bohman, & Shusterman, 1991). Although it seems that many nurse scholars embrace this belief, there are others who disregard certain human science studies because the research deliberately advances a nursing theory. We have struggled to understand why many nurses, in contrast to our counterparts in other disciplines, believe that they do not require a highly specified knowledge base to guide their practice and research with human beings. Some of our colleagues labor in the traditions of phenomenology and hermeneutics that are intrinsic to human science, but they eschew theory and are content for concepts, propositions, and findings in their work to be unattached to any larger structure of knowledge.

Ermarth (1978) noted that Dilthey thought of theories in the human sciences as structures to provide scholars with “practical understanding of what it means to be a human in the world” (p. 108). The human becoming theory provides us with such a perspective. In spite of scientific materialist

claims to the contrary, we assert with Dilthey that there is no other reality accessible to humans beyond life as it is lived (Ermarth, 1978). For nurses seeking knowledge of life as it is lived, there is no view of a more fundamental reality to help us understand human experiences beyond the (theory-laden) knowledge human beings have of themselves and their own lives.

Theories provide opportunities for reflective practice, and they serve as practical and rational guides for transforming reality in a chosen way. From a human science perspective, theory and the creative development of theory should be encouraged (Bohman, Hiley, & Shusterman, 1991). Aligning sciences concerned with human experience and human relations with cultures and theories and not with the pursuit of objective truth diminishes the power and authority of the natural sciences. The conflict between paradigms of science, then, is “easily misrepresented or trivialized by those who occupy the position of the dominant field of action” (Rouse, 1991, p. 47). As noted by Hoy (1991),

It is not . . . ethnocentric to maintain, as hermeneutics does, that it is inevitable that interpreters see the world through their own self-understandings. What is misguided is instead the further expectation that every other understanding of the world *converge* on one's own. . . . Only the requirement of convergence is oppressive, precisely because it obstructs this awareness of difference. (p. 156)

Editors and funders in the mainstream have sometimes refused our projects because, according to reviewers, we were too intent on advancing the theory of human becoming. In our view, the reviewers wish to require that our work converge with their beliefs and interpretations of reality. Finding that it does not, they withhold the privileges of publication and funding. This is oppressive behavior toward nurses who are aligned with human science. In our experience, there is only limited tolerance for diverse interpretations in mainstream nursing science. This is especially unfortunate in a field in which the context for all work is unbounded human diversity.

Tolerance of Diversity

Bohman et al. (1991) suggested that the different sciences are different cultural streams, and it is a political stance as to whether or not one chooses to believe in an objective science. Hoy (1991) wrote, “That Gadamer's hermeneutical philosophy can evolve through the history of its reception, a history with allegations such as that it is relativistic, nihilistic, and ethnocentric, is, I believe, testimony to its soundness and viability” (p. 157). We aver that Parse's (1998) theory is presently evolving through the history of its reception—a history with allegations that it is relativistic, nihilistic, and ethnocentric—which is, we believe, testimony to its soundness and viability. We agree with Buker (1991), who suggested that if we could reflect a bit more on all that we do not know and if we could just believe that all actions involve some

knowledge, maybe we could let go of the quest for certainty and embrace the postmodern belief of contextualized knowledge.

The human science nursing literature is often dismissed or downplayed by authors and leaders due to its departure from the commonalities of tradition-bound research and vocational/technical nursing. It is not unusual to pick up a text entitled something like *Introduction to Nursing* to find that it makes little mention of nursing theories and offers no hint of nursing as a human science. Surely, at a minimum, textbook authors and faculty should introduce students to the diversity of views about the knowledge base and methods of nursing. Many colleagues have said that human science and the human becoming theory are too complex for the uninitiated. However, the students we mentor find that learning the distinct perspective of human science nursing is no more difficult than other complex topics in life but is often very rewarding. To claim that the language of human science nursing is too removed from conventional scientific language to be useful, to claim that nursing theory is not necessary to have sufficient knowledge to guide nursing practice, and to take action to limit the diversity of views expressed in nursing all constitute ways of exerting political power in nursing to shape the practical application of knowledge in the provision of nursing services.

Our basic passion, and our rationale for pursuing human science nursing, is the being-with, witnessing, and cocreating quality of life that is lived by nurses in the nurse-person process. It is here that nurses have never-ending opportunities to coparticipate in persons' and families' experiences and to participate in enhancing quality of life in profound and lasting ways. The knowledge base that supports such practice is in many ways deliberately suppressed and nurses in their practices discouraged from pursuing it. Nursing as a human science offers the possibility of contributing to the enhancement of quality of life in meaningful, unique, and perhaps unimagined ways. If there is no access to or support for human science theory to guide the process in a given situation, however, such opportunities may be lost.

Developments in Human Science Beyond Nursing: Considering Postmodern Debates and Power

Although little of it has been noted in nursing, the English-language literature related to the human science tradition has actually expanded and proliferated widely in the past decade. Whereas Dilthey is seen as anchored in modernism, from Heidegger onward, scholars in the human science tradition have been on the leading edge in defining postmodernism. Although realists rage against the assertions of the so-called *anti-realists* (see, for example, Koertge, 1998; Norris, 1997; Sokal, 1996; Wilson, 1998), there are certainly many dimensions of human life—such as, love, beauty, courage, altruism, art, ethics, grace, friendship, play, and much more—that find

extremely scant explanation or expression in scientific realism. Authors attempting to define a postmodern perspective, at least, shed a little light on human experience as lived experience. The logic of scientific realism, especially at its extreme in scientific materialism, can (to a human science scholar) border on the absurd. As Wallace (2000) sardonically noted, from this frame of reference, “*at present there is no scientific evidence even for the existence of consciousness*” (p. 3)! This approach to philosophy of science would be relatively harmless as pure speculation, but, in a social context, such reductionistic, natural science explanations of human meanings and behavior are used to manipulate people—to alter their views, their will, and their actions—and this clearly poses a serious threat to the practices of honoring human freedom and respecting human dignity which we seek not only to defend, but also to expand.

Foucault (1984) argued that the use of knowledge to manipulate and control people, even in the most intimate areas of their lives, is one of the preeminent characteristics of scientific knowledge as social currency. Related texts have continued to emerge in the past decade, as seen, for example, in Ransom's (1997) study of Foucault's work on the politics of subjectivity. Ransom offered this assessment of Foucault's take on norms: “In Foucault's world, norms do not protect already existing individuals with fully developed personalities from the encroachments of power. On the contrary, norms are a tool of power that plays a significant role in shaping human beings” (p. 172).

Several recent works address the ontological and epistemological tensions between continental/hermeneutic traditions and the analytic/realist traditions (McGuire & Tuchanska, 2000; Norris, 2000). James Watson (1999) assembled a book of *Portraits of American Continental Philosophers*, and Brogan and Risser (2000) assembled a reader of works by American continental philosophers. These books demonstrate that the heritage of human science lives on in the United States beyond nursing's few adherents. For example, Levin (1999) wrote,

Every one of the liberation movements that have swept across the Western world in this century is indebted to a *praxis* that can only be called, in effect, the living incorporation of hermeneutical phenomenology. What I mean is that every one of these movements essentially involves the empowerment that comes from *rejecting* the socially imposed constructions that have been interpreting or determining the meaning of one's experience, one's individual and group identity and *learning* how to think, feel, and act from out of one's own lived experience. (p. 111)

Human science nursing means learning how to care for people in a context in which a primary value is honoring and upholding individuals' and groups' rights to think, feel, and act out of their own lived experiences in relation to health and quality of life.

Høyrup (2000) provides a helpful reappraisal of the development of the humanities through history and philosophy. He

offers a clarifying note on terminology, familiar to readers of the human science literature, but still necessary in view of the pervasive misunderstanding of what is meant by *human science*.

The nineteenth century English [word] *science* is narrower than German/Latin *Wissenschaft/scientia*, and often it encompasses only the exact and natural sciences to the exclusion of other scholarly pursuits; . . . *Wissenschaftstheorie* may draw more on empirical (historical sociological, and psychological) foundations than standard twentieth-century philosophy—and even standard philosophy of *science*. On the other hand it is less prone than certain types of “science studies” to forget that science is a practice concerned with *knowledge*. (Høyrup, 2000, p. 1)

Like Høyrup, we envision human science as science, yet different from natural science. What is needed is a vision of science like that represented in the German and Latin terms, not limited to objectivist cause-and-effect experimentation and related discourse, but rather inclusive of the human activities encompassing the humanities, which benefit no less from rational thought, empirical study, and rigorous critique. Contrary to some opponents’ views, human science nurses do value reason.

Bambach’s (1995) book on the crisis of historicism offers insights into some of the compelling issues of late 19th and early 20th century life that stoked many efforts to ground the human sciences in something meaningful. We addressed this in our article by citing Dilthey’s concerns regarding the “‘crisis in science,’ a crisis of modern consciousness, thought and values” (Mitchell & Cody, 1992, p. 54). Bambach (1995) elaborated, “Modernism and postmodernism . . . are essentially reactive in character; that is, both constitute responses to a previously established historical narrative, even where this narrative threatens the stability of modern or postmodern interpretations” (p. 5). He went on to describe how, “with Nietzsche’s proclamation of the ‘death of God’ . . . Husserl’s *Crisis of the European Sciences* . . . and the postwar academic manifestos outlining the collapse of Western civilization . . . the linear narrative of meaning and progress was decisively broken” (p. 6). It was in the context of this crisis that thinkers such as Dilthey in the 19th century and Heidegger in the 20th

approached the basic problems of historicism from a decisively philosophical perspective. . . . In their attempts to “overcome” metaphysics, these philosophers thematized history in such a way as to open up the very contradictions that established the basic agenda of modern and postmodern thinking: Cartesian-Kantian presuppositions about absolute time; the single-point perspective of the cogito; the commitment to scientific rationality; the belief in rigorously methodological access to truth—ideas that, by embodying the universal validity of scientific consciousness, seemed to contradict the lived experience and historicity of finite, historical consciousness. (Bambach, 1995, pp. 13-14)

The contradictions and tensions to which Bambach referred have been identified repeatedly by scholars in the human sci-

ence tradition as problems and difficulties, such as the subject/object dichotomy, that point to the wisdom and necessity of framing the human sciences in a manner fundamentally different from the natural sciences.

F. Newman and Holzman (1997), critical developmental psychologists, asserted that “deconstructionist and social constructionist analyses have shown developmental psychology and its conceptions of growth, normality, children, childhood, and the like to be ideologically biased, political, rhetorical, and pseudoscientific” (p. 73). They continued,

These critiques leave little doubt that psychology’s notion of development as a continuous, linear, evolutionary, universal, and individual process is not only theoretically untenable but practically-critically anti-developmental. . . . We agree with our fellow critical developmental psychologists that the modern construction of development should be abandoned. (p. 73)

In a way that resonates with Foucault’s (1984) focus on the possibility of people making art of their lives by living fiercely as undetermined beings, F. Newman and Holzman resolved that development beyond modernism requires action. They wrote,

To move beyond the remarkable success that *is* modernism we must reconstruct our world and our lives, absent the cultural apparatus that *was* modernism. We must find ways to work not for a new theory or a new paradigm but for a new world. In this developing qualitative transformation . . . performed activity will be key. (p. 163)

Contemporary Human Science Nursing: Recent Developments

Our perspective on the beliefs essential to the human science paradigm after Dilthey has not changed. It does seem to us today that supporting a human science perspective relates primarily to support for fundamental beliefs about human dignity, freedom, interpretation, values, and multidimensionality, and not so much to the analysis of fine points among competing schools of thought. From a simultaneity perspective (our perspective), it is the belief in the unity of the human-universe process that most urgently demands a science that fully engages with humanly lived experience, which in turn calls for the researcher’s willing immersion in the lived realities of human beings, in all their multidimensionality, situatedness, and paradoxicality. Humanly lived experiences of love, beauty, suffering, courage, unselfishness, struggling, grace, friendship, and play are the very phenomena calling out for intense and rigorous study in the human sciences. This stance places us directly in opposition to the scientific realist belief that these phenomena, if they exist at all, exist on a plane of reality that is truly less real than that which is objectively verifiable. Yet, we adamantly refute and condemn the suggestion that such phenomena are merely illusionary, epiphenomenal, solely subjective, merely aesthetic, or irrational and therefore meaningless in science. We are waiting

still for the mainstream scientific establishment to fully appreciate the value of the study of lived experiences, but we are not waiting idly.

Several of the theorists whose work we critiqued in the 1992 article have since led their communities of scholars in significant expansions of the body of work emanating from their theories. Much of this development has taken the theories and their schools of thought further along the path laid out by the tenets of human science that we identified 10 years ago.

Newman's Theory of Health as Expanding Consciousness

Although Margaret Newman does not use the term *human science* to describe her theory of health as expanding consciousness, certain of her central themes and her methods are closely associated with the human science tradition. Since we included Margaret Newman in our original article, she has published several works (M. Newman, 1994, 1997a, 1997b) that expand on these themes. For example, about her research, she wrote:

Research in a paradigm characterized by pattern and process is participatory research. If the way we know this reality is by experiencing it, then to study it we must engage in the process of practice. We are seeking knowledge that illuminates transformation from one point to another. . . . The researcher participates in the research to help the participants understand the meaning of their situations. (M. Newman, 1997b, p. 38)

Fawcett (2000) located 31 published research studies and 37 doctoral/master's theses guided by M. Newman's framework, as well as many additional articles addressing aspects of her work.

Watson's Theory of Human Caring

Jean Watson, creator of the theory of human caring, published a book-length elucidation of her theory and a panoply of related ideas centered around a reconfiguration of the theory in postmodern thought (Jean Watson, 1999). The term *human science* was displayed emblematically in the title of her influential 1985 book, but in this instance, her thoughts are so broad-ranging that such a prominent usage would not be appropriate. It is not clear whether perhaps Watson believed that the emerging postmodernism she sought to describe transcends the human science orientation of her earlier work or not. She briefly cited Gadamer, Heidegger, Merleau-Ponty, Parse, and Sartre, but also cited scores of others from other traditions, whereas her text emphasizes "awakening to the sacred feminine archetype/cosmology," "cultivation of higher/deeper self and a higher consciousness," "honoring the sacred within and without," (p. xv) and so on. She specifically invited practitioners to embark on "the path of honoring the connectedness of all; unitary consciousness" (p. xv), constructs that are evident in human science but also elsewhere, such as in Buddhist thought. The word *science* is actually used very little in Watson's book, whereas it is clear that much

of her work resides in the noetic realm traditionally associated with the human science tradition. Fawcett (2000) located 27 published research studies and 67 doctoral/master's theses guided by Watson's theory of human caring, plus well over 120 additional articles and book chapters related to the theory.

Parse's Theory of Human Becoming

Rosemarie Rizzo Parse (1998, 1999, 2001b), the creator of the human becoming theory, has published many works explicitly couched in the human science tradition. In addition to the practice method and the phenomenological-hermeneutic research method that were in use at the time of the 1992 article, a hermeneutic method (Cody, 1995b, 2001; Parse, 2001b) has expanded the methodologies of Parse's human becoming school of thought in a way that also clearly reflects the human science tradition. Parse published a book of phenomenological-hermeneutic research on the lived experience of hope conducted in nine countries by an international team, which contributes to the nursing literature an understanding of hope as it is humanly lived, free of normative judgments, unwarranted quantification, and causal inference. Parse's phenomenological-hermeneutic method was expanded over the past decade to include narrative stories as well as abstract structures. Evaluation studies (see, for example, Northrup & Cody, 1998) provide evidence of what happens when practice is guided by the human becoming theory. Fawcett has located 51 published research studies and 48 doctoral/master's theses guided by Parse's theory of human becoming, plus well over 120 additional articles and book chapters related to the theory.

Has Dialogue Between Mainstream and Human Science Nursing Stopped?

Perhaps the schools of thought in human science nursing, although largely excluded from mainstream nursing, are developing along tracks that are parallel to it. The human science nurse scholars are clearly busy and productive and not without some influence, but it seems the dialogue between mainstream nursing and human science has been severely muted, or stopped. Under these conditions, nurses will still find it more difficult to implement human science ideas in practice arenas controlled by adherents of the dominant paradigm. Also under these conditions, mere lip service of tolerance can be worse than outright opposition, because it shifts the onus for action from those in control to the oppressed.

Human Science Nursing Practice Worldwide

There are indications that human science nursing practice is significantly advanced around the world and growing. Organizations such as the International Consortium of Parse Scholars and the International Association for Human Caring are attracting and retaining members and regularly offer international conferences. We are aware of practice guided by human science nursing theories in several countries, in projects large and small, as well as thousands of individuals who have

adopted these theories as guides on an individual basis. There is a message here for aspiring human science nurses living with oppression from the mainstream of nursing science: *Human science theories live in the actions of the communities and individuals who support and grow them.* Although it cannot be done without hardship, you *can* live the values of a chosen theoretical framework anywhere at any time.

Transcending Duality

One stumbling block for the human science nursing movement is the recurring question of the relative importance and priority of so-called *objective* and so-called *subjective* data in formulating plans of care and programs of research. Arguments against approaches that value and use human science have been built on the claim that adherents of human science nursing call for decision-making solely on the basis of subjective data offered by clients (Kikuchi & Simmons, 1999). Actually, human science nursing seeks to move beyond the duality to a stance that incorporates or dissolves both within a unitary perspective that values whole persons and the whole of human experience as the proper concerns of nursing science.

Despite the profound contributions to the explication of intersubjective human relating in the postmodern era that have been made by nurse theorists (summarized by Cody, 1995a), nursing continues to be confounded by the perceived need to give priority to objective data, and to plan virtually all programs of education, research, and service accordingly. This is only one part of a complex belief system that places great value on the role of the nurse as scientific expert, quantitative research with large populations, and outcomes in practice and research that reflect, essentially, *the greatest number of norms for the greatest number of people.* As has been said much more eloquently by others throughout the modern era, the problem with this approach is that *the center cannot hold.*

Venturing Into Interpretation, Play, and Uncertainty

The dogged allegiance to objective science, in our view, persists beyond rationality, in light of human values, to the detriment of human freedom and dignity. Yet it has influenced the majority of nurse scholars at this time to overlook, pass by, or reject the opportunity to embrace a human science paradigm. Many of our colleagues have not chosen to explore epistemology or method beyond the belief system that holds that in science, objective observation and measurement lead to truth, and thus have not chosen to move into the realm of values-based interpretation, play, and invention. At the same time, it appears to us that most nurses hold to and value many elements of an ontology that fits with human science—that is, an ontology that holds as *real* and *deeply values* love, courage, altruism, art, ethics, grace, friendship, and play.

Gadamer (1960/1990) taught that understanding is always unfolding, and that one's traditions, prejudices, values, and beliefs are the very means by which unfamiliar phenomena are brought to light. He suggests it is the play of language and the interplay of various interpretations that discloses insights and expands understanding. Things look different at different times in history because of the language games invented along the way. Nursing is not yet at a place of comfort with the play of indeterminate language and polyvocal discourse. There are still many messages in the nursing discourse that reflect a persistent yearning for certainty. Human science nursing offers a way of growing comfortable with uncertainty in confronting the very real mysteries of life in research and in practice. The human becoming school of thought (Parse, 1998), for example, provides, in the practice method, ways of coparticipating in creating quality of life from the perspective of the person or family, and, in the research method, ways of understanding lived experiences in their native context of situated freedom, human values, patterns, and meanings. Learning and then using such a method, living the values of the theory in practice, is a venture that requires contemplation, commitment, and action.

Commitment and Action

While there are many pressures to limit the focus of all science to objective, and even quantifiable phenomena only, it seems that many nurses seriously question or have already displaced such an ontology within their own belief systems. It appears to us, then, that the greater need today is for expanded epistemologies, practical methods, and political power to make human science nursing a stronger possibility in the places where nurses work. Any place where people seek or expect human care has the potential to support a human science-based nursing practice. The knowledge base, methods, and education are available if one seeks them out. But human science nursing only happens when individual nurses choose to make a commitment and then choose to act accordingly.

The preeminent goal of human science research is understanding what it means to be human. The goal for the use of human science, ever since Vico's *new science* was published over 250 years ago, has been the betterment of humankind. One cannot coparticipate productively in creating quality of life with real people if one does not understand what quality of life means to them. Reflective nurses, in our experience, more often than not, value personal meanings of individuals and work with clients toward the quality of life desired by the client. This being the case, it appears there may be gaps between some nurses' supposed ontologies and values on the one hand, and their modes of practice on the other. These disparities between nursing values and nursing practice are embedded in massive systems, subjected to subterfuge and obfuscation in much of the nursing and healthcare literature, and critiqued only rarely and lightly. This creates a painful disso-

nance for nurses who seek a deeper understanding of their clients despite the pressures to practice within the parameters of objective science and norms. Practical and political considerations in relation to human science nursing practice indicate that, although the opposition is very real and very powerful, the means of overcoming the opposition within one's own practice are available.

The means to implement human science nursing practice are actually accessible today, in some form, virtually anywhere in the world. To cite several examples, discourse on human science nursing is featured in every issue of *Nursing Science Quarterly*; Polifroni and Welch (1999) cover human science topics among others very well in their recent book on philosophy of science; and Fawcett's (2000) work references several hundred informative books, articles, and book chapters concerned with human science nursing that are currently in print. Nurse leaders who support the practice are known in many places around the world. Mainstream nursing and medical science may never apply the seal of approval to human science nursing, so nurses with an interest in changing their practice in the direction of human science would be wise not to wait for mainstream acceptance before taking action.

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