

Quality of life: a phenomenological perspective on explanation, prediction, and understanding in nursing science

A Heideggerian phenomenological approach to explanation, prediction, and understanding in the study of health, illness, and disease is presented. The extremes of objectification and subjectivism as barriers to understanding illness and suffering are explored. It is argued that meaning terms are essential when studying practical activity and relational issues, and that a privileged position is not gained by developing structural analyses or power terms that get behind or beyond meaning. Hermeneutics, or interpretive methodology, is a holistic strategy because it seeks to study the person in the situation rather than isolating person variables and situation variables and then trying to put them back together. Paradigm cases, exemplars, and thematic analysis are described as interpretive and presentational strategies.

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NURSING IS concerned with health promotion and the treatment of illness and disease. Health and illness are lived experiences and are accessed through perceptions, beliefs, skills, practices, and expectations. Illness is the human experience of dysfunction whereas disease is concerned with biochemical and neurophysiological functioning at the cell, tissue, and organ system levels.¹ The problem with being concerned with both the phenomenal world—health and illness, and the biophysiological world—disease, is that these two levels of discourse call for different kinds of explanation and prediction in the western tradition. Here the author departs from strict naturalists who hold that the ultimate level of explanation and prediction lies at the biophysiological level and that the phenomenal level is superfluous, an unnecessary trapping of human culture and language. The problem of two levels of discourse, the phenomenological level and the biophysiological level, is made more interesting by the empirical

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evidence that the phenomenal realms, the experiences of health and illness, are causally related to the disease and recovery processes at the cellular and tissue levels.²

Merleau-Ponty³ states that no strictly bottom-up explanation—that is, explanation from the cellular level up to the lived experience of health and illness—can adequately explain or accurately predict the particular course of an illness, nor can it explain the maintenance of health. We know that laboratory data frequently do not match the illness experience. People do not die or survive strictly according to our best biochemical and physiological accounts. Furthermore, the person's understanding of his or her body and illness and experience must be taken into consideration to account for alterations in the disease process at the tissue level. These puzzles leave those who are concerned with both the phenomenal realms of health and illness and the physiological manifestations of disease dissatisfied with the Platonic and Cartesian legacy of a split between the mind and body. Cassell has alluded to the problem succinctly:

If the mind-body dichotomy results in assigning the body to medicine, and the person is not in that category, then the only remaining place for the person is in the category of the mind. Where the mind is problematic (not identifiable in objective terms), its very reality diminishes for science, and so, too, does that of the person. Therefore, so long as the mind-body dichotomy is accepted, suffering is either subjective and not truly "real"—not within medicine's domain—or identified exclusively with bodily pain. Not only is such an identification misleading and distorting, for it depersonalizes the sick patient, but it is itself a source of suffering.^{4(p640)}

The paradox of the subject/object split of Cartesian dualism is that it is either extremely subjectivizing or extremely objectifying. The self is viewed as a possession and attributes are given objectively as possessions by the subject in a purely intentional way. This view cannot take account of the historical, cultural, embodied, situated person. The self of possession⁵⁻⁷ is a collection of attributes and objective traits that the self freely chooses and has ultimate control over as an autonomous subject. This view of the self overlooks the participative and constitutive side of the person's participation in a social world. The person is involved in a shared history, tradition, and social network that he or she both constitutes and is constituted by. Health and illness cannot be understood by studying a mind that possesses a list of talents, traits, and attributes, nor can they be understood by strictly studying biophysiological states. Health and illness of the person can only be understood by studying the person in context. This becomes painfully clear, for example, when patients refuse blood transfusions because they would cut patients off from God and their communities.

Dreyfus explains that the traditional problem of mind-body split comes from the Cartesian tradition of:

1. taking the self as an isolable present at hand (an objectively, self-possessed, uninvolved) entity rather than a public activity; and
2. trying to generalize a problem that arises in special cases into a problem about every case. This second move only seems possible if one forgets the shared practices, ie, passes over the phenomenon of world.^{8(p11)}

In the human sciences this means that we take examples of breakdown and assume that what shows up can also account for normal functioning.

The particular problems of explanation and prediction in the phenomenal realms (health and illness) must be solved before adequate holistic explanations and predictions of prevention and recovery from disease (the biophysiological) can be developed. Covering laws or other strictly naturalistic explanatory and predictive formulas will not work for health and illness because human experience is based on participating in linguistic and cultural practices that are not reducible to context-free elements capable of being related by the kind of covering laws described by Hempel.⁹ The closest approximation to similar covering laws in human behavior is rule-governed behavior (although the author argues with Dreyfus,⁸ human beings are capable of orderly behavior without recourse to following formal rules). For the sake of argument, Toulmin's¹⁰ claim that positivistic

Behavior is purposive where the action of physical objects just describes motion trajectories. Taylor¹¹ points out the difference between action and behavior by noting the differences between the mere action of "raising the arm" and voting behavior. What counts as an adequate explanation of the motion or action of an arm-raising trajectory is not a satisfactory account of voting behavior. Toulmin points out:

The essential mark of rule-conforming behavior lies in the normative force of relevant rules. An agent who recognizes that he is deviating from a rule acknowledges a claim on him to correct his behavior. By contrast if we consider natural phenomena of a purely law-governed kind, no such distinction makes sense. . . . Psychologists . . . have played down the differences between rule-conforming and law-governed phenomena of physics and physiology.¹⁰

According to Taylor^{11,12} and Dreyfus,¹³ the rules we can expect to find in understanding health and illness are of the *ceteris paribus* kind. They will focus on sufficient conditions and make statements such as, all other things being equal, one can expect such and such to occur. Such a statement leaves room for transformations in meanings and changes in human concerns.

The analysis of variance model of interaction will not be sufficient to capture the relational quality of the person in the situation. That is, separating person variables and situational variables and then calculating their independent contribution to a singular main effect does not capture the configurational relationships inherent in the situation.^{14,15} At issue is the understanding that the existence of or freedom from disease may be a necessary condition for certain behavior, but a sufficient condition would be the presence of disease

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ACTION AND BEHAVIOR

The first mistake is to overlook the distinction between action and behavior.

4 together with the person's experience of the disease and the environment, which constitute together a teleological antecedent. A purely deterministic, tissue-level explanation or a purely psychological description will not suffice. The existence of the diseased organ is not the cause of the state (its sufficient condition) and therefore not the cause (the necessary condition) of the behavior either. As Taylor points out, "The widespread assumption that, because certain physiological states are *necessary* conditions of behavior, behavior must be accounted for by nonteleological physiological laws involves an illegitimate inference."^{12(p25)}

Thus, any rules of behavior in explaining health and illness will be teleological or goal oriented in their nature. We cannot expect the same kind of deterministic laws found in nonteleological explanations and predictions of natural science. According to Taylor, such teleological laws will not be able to meet the assumptions of atomism that demand that the two terms, linked in a law, be identifiable separately from each other. Atomism is based on the

notion that the ultimate evidence for any laws we frame about the world is in the form of discrete units of information, each of which could be as it is even if all others were different, i.e., each of which is separably identifiable from its connections with any of the others.^{12(p11)}

Teleological laws are going to be transactional because the self both constitutes and is constituted by situation, language, culture, and history. Taylor says:

In this way, teleological explanation is, as has often been remarked, connected with some form of holism, or anti-atomistic doctrine. . . .

Whether the stringent atomist requirement can be met by all valid laws, then, is itself an empirical question, which hinges partly on the question whether all teleological explanation—or any other type of explanation which involves holist assumptions—can be done away with. It cannot be decided by epistemological fiat, by a rule to the effect that the evidence for teleological laws must be such that it can be stated by means of non-teleological laws.^{12(pp11-15)}

Such an epistemological fiat amounts to "methodolatry." Teleological explanations require the systematic inclusion of meanings and self-interpretations in the study of health, illness, and suffering. Meanings are not relegated to philosophical inquiry¹⁶ but become legitimate aspects for empirical study. As Wolf has observed in medicine:

The plain fact is that many of the manifestations of the integrative processes in the brain that govern visceral and general behavior of human beings cannot be reduced to numbers: faith and optimism, on the one hand, or surrender and depression on the other, are such processes. Moreover, neither measurements nor numbers will help one to understand the tangible effects of placebos or of confidence in a doctor. Thus, the intensity of crucially important attitudes, values, and expectations cannot be gauged by the quantity of even the character of a stimulus, but depend on who is involved and in what context.

The recent neglect of descriptive behavioral studies of individual human beings may have resulted in part from an understandable preoccupation with and fascination by increasingly sophisticated technology, but perhaps more important have been an unwarrantedly exclusive concern with quantitation and an unnecessary diffidence in approaching problems of replication, verification, and observer bias. . . . In medicine, we are just beginning to learn to relegate our preoccupation with quantitation

to its proper place and to also ask configurational questions in more than one dimension.^{14(pp5,7-8)}

PHENOMENOLOGY

Pragmatic activity, human concerns, and meanings call for investigative strategies that do not require the kind of decontextualization of strict operationalism. Systematic strategies of study that can be verified or falsified by others and that capture relational and configurational patterns are required. Hermeneutics is one such strategy.¹⁷⁻²¹

Hermeneutics, which allows for the study of the person in the situation, offers a way of studying the phenomenal realms of health and illness, and overcomes the problems of extreme subjectivity or objectivity. Hermeneutics has been used to understand everyday practices, meanings, and knowledge embedded in skills, stress, and coping.^{19,20} Hermeneutics assumes that the study of pragmatic activity, that is, everyday understanding and practices, and the study of relational issues are distinctly different from the study of objects or even biophysiological events on the tissue and cellular level.

Hermeneutics stems from the systematic study of texts and was originally developed as a tool of biblical exegesis, jurisprudence, and more recently, historical research and literary criticism. The particular kind of hermeneutics the author has used is congruent with a particular theoretical stance (Heideggerian phenomenology) taken toward human beings and human experience.^{8,18} Three essential tenets of this phenomenology are: (1) human beings are self-interpreting. Their interpretations are

not just possessions of the self; they are constitutive of the self; (2) furthermore, to be a human being means that the kind of being is an issue, that is, the person takes a stand on the kind of being he or she is. Finally, (3) the self is not a radically free arbiter of meaning. Though the meanings available to the individual can undergo transformations, they are limited by a particular language, culture, and history. No higher court for the individual exists than meanings or self-interpretations embedded in language, skills, and practices. No laws, structures, or mechanisms offer higher explanatory principles or greater predictive power than self-interpretations in the form of common meanings, personal concerns, and cultural practices shaped by a particular history. The goal is to understand everyday practices and the experiences of health and illness.¹⁹⁻²¹

Heideggerian phenomenology offers a critique and an alternative to a strictly cost-benefit approach to the study of quality of life wherein benefit is defined primarily in economic or mastery terms. Quality of life can be approached from the perspective of quality of being, and does not need to be approached merely from the perspective of doing and achieving. Such a perspective is highly relational and requires research strategies that uncover meaning and relational qualities.

The kind of hermeneutics described here has its roots in Division I of Heidegger's work.¹⁷ Others who use this kind of hermeneutics are Taylor,¹¹ Kuhn,²² Geertz,²³ and Garfinkel.²⁴ The goal is to find exemplars or paradigm cases that embody the meanings of everyday practices. The data are participant observations, field notes, interviews, and unobtrusive samples of behav-

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ior and interaction in natural settings. Human behavior is treated as a text analogue and the task is to uncover the meanings in everyday practice in such a way that they are not destroyed, distorted, decontextualized, trivialized, or sentimentalized.²⁵ When the interpreter has done a good job, participants can recognize and validate the interpretation. Participants will be somewhat annoyed or pleased that the interpreter has given a meaningful account of their experience. This is not a hermeneutics of suspicion, used by Marx or Freud or the mid-career-Heidegger, where the goal is to discover some latent causal explanation in theoretical or power terms, such as class struggle, Oedipal complex, dependency needs, or anxiety over ungroundedness, but to accurately portray lived meanings in their own terms.²⁶

This method is particularly useful for understanding the phenomenal world of health and illness. It provides an appropriate access to increasing the understanding of disease as it is shaped by experiences of health and illness. It is not a mentalistic view of disease; therefore it is not a subjectivistic or completely relativistic view.^{27,28} For example, this view holds that the pathology of diabetes exists irrespective of self-understanding and even before the scientific discovery of the dysfunction. But once the scientific explanation exists and is transmitted culturally, the illness experi-

ence is transformed and impacts the disease itself. It is known that psychological stress, even in the form of "fear of diabetic coma," can increase the need for insulin. The person's illness experience both constitutes and is constituted by disease. To try to determine the relative contribution of "uninterpreted disease" and "the cultural interpretation of the disease" to the illness experience is to ignore the constitutive relationship.

Hermeneutic phenomenology is holistic in that it seeks to study the person in the situation, rather than isolating person variables and situation variables and then trying to put them back together.¹⁵ The explanations are teleological and include intentional causality but are not limited to a mentalistic view of pure intentionality. This view allows the explanation of disease through practice and history without having to embrace a purely intentionalistic explanation that would, for example, allocate unconscious responsibility for choosing the site of one's cancer through internal and unconscious conflicts ("unconscious intent").

Underlying all interpretation-laden practices and self-understanding that are handed down through language and culture is the notion of "the background." The full-blown notion of background preunderstanding is one of the major distinctions between Heideggerian phenomenology and Husserlian transcendental phenomenology. It is this background that individuals cannot make fully explicit and cannot get completely clear about or clear of; it gives individuals the conditions of their possibility and the conditions for their perceptions, for their actions, and so forth. It is this background that makes

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human beings different from the artificial intelligence of the computer that always has to build its story up element by element, whereas human beings always come to a situation with a story, a preunderstanding. This position assumes that background meanings, skills, and practices are not completely rationalizable (cannot be made completely explicit), that this background forms the conditions of possibility, and that the background is handed down and not individually derived. Therefore, this position breaks with the tradition of methodological individualism. In fact, the meaning-giving subject is no longer the unit of analysis. Meaning resides not solely within the individual nor solely within the situation but is a transaction between the two so that the individual both constitutes and is constituted by the situation. Therefore, the unit of analysis is the transaction. This position, however, expects not only the unique or idiosyncratic but commonalities and recurring similarities and differences as well. However, unlike rational empiricism, hermeneutics does not look for these recurring similarities and differences in laws, mechanisms, structures, and processes or even in values that are unrelated to meaning. In this view, meaning is expressive and constitutive as well as designative and denotative.²⁹

To review, methodological individualism is avoided by finding commonality and therefore teleological explanation and prediction based on background skills, meanings, and practices shared in a people with a common history and common situations.⁸ This position abandons two assumptions of naturalism pointed out by Taylor.²⁹ The first position is that meaning

can be seen in terms of representation of an independent reality (based on the 17th century philosophers, Hobbes and Locke). This is particularly a problem in studying highly skilled performance, pragmatic activities, and human concerns because all of these human activities and capacities are highly relational. The differential attention paid to aspects of the situation varies with the situation in ways that cannot be quantified. Moreover, many of the aspects that are recognized cannot be reduced to mental representations. They are based on perceptual recognitional abilities that Polanyi calls *connoisseurship* and the author terms *graded qualitative distinctions*.¹⁹ One strategy for attending to meaningful distinctions in a situation is to reduce the distinctions to an array of patterns, with each pattern signifying a different meaning. This is a decided advance over identifying one variable at a time but cannot cope with the variability and nuances in shifting importance and rapidly changing relevance that can be recognized by human beings in a situation. The mental representation theory is analogous to matching templates on situations, but such an approach is slow and not as skilled as the experienced person who, without knowing the particulars or the reasons, attends to subtle differences in patterns and subtle shifts in relative importance of presenting issues.

The second assumption of naturalism (rational empiricism) that hermeneutic phenomenology questions is that theory can be generated from the standpoint of a monological observer who stands outside the situation and has private meanings that are then tested or matched with public activities.¹⁹ The model of the person (both

researcher and participant) in hermeneutic phenomenology does not expect that the person can ever gain a privileged transcendental position. Dreyfus made the point that "There can be no stable science of an entity which as meaning giver is the condition of its own objectification. No science can objectify the skills which make it possible. But this only shows we should abandon the Kantian definition of man."^{13(p15)} Dreyfus goes on to note:

According to Foucault the human sciences involve a unique human self-interpretation, which reaches its fullest expression in Kant. They interpret their domain of investigation, man, as a transcendental/empirical double—a meaning giver who constitutes the world and determines what counts as objects, and yet is an object in the world like any other. This conception of man makes human self-interpretation essential to an understanding of human beings while at the same time stipulating that human beings are meaningless objects amenable to the sort of theory characteristic of the natural sciences.^{13(p4)}

Dreyfus¹³ points out that this "double aspect theory," ie, the attempt to explain human activity from a totally physicalistic language and the attempt to provide a totally intentionalistic account, ensures that the sciences of man would always be "abnormal" (Kuhn's³⁰ term for science with competing paradigms). Two schools of thought—one interpretive and one materialistic—would perpetually compete with each other, each with an exclusive and conflicting vocabulary that could not accommodate the explanatory vocabulary of the other.

Heideggerian phenomenology overcomes the problems inherent in the Cartesian "transcendental/empirical double," or

subject-object split, by starting with a different notion of the person. The person is studied in the situation and pragmatic involved activity is considered as a way of knowing and being. Dreyfus has called this "embodied intelligence."³¹ Self-interpretations based on skills and practices and preunderstanding govern health and illness experiences and influence physiological functioning.

Dreyfus argues, and the author's observation of expert nurses illustrates,¹⁹ that in studying pragmatic activities and human concerns, an approach to theorizing that is dependent on identifying decontextualized features *by definition* leaves out the meaning of the situation or situational understanding. As Dreyfus states: "The meaning of the situation plays an essential role in determining what counts as an event, and it is precisely this contextualized meaning that theory must ignore."^{13(p11)} People have direct access to meaningful situations by virtue of education and experience. For example, nurses are trained to approach and interpret situations differently from physicians. Nurses approach clinical situations with a working knowledge of physiology and medicine but also with a knowledge about particular physicians' clinical skills, how available they typically are, and what their typical responses are likely to be. This situational understanding about the physician is augmented by an understanding of the particular patient and his or her typical response patterns in one situation, and even the clinical skill likely to be available on the next shift. Once situational contextual knowledge is spelled out, it becomes clearer why a purely structural account is unsatisfactory. This problem of describing human pragmatic activity with

structuralism is illustrated in Bourdieu's criticism of Levi-Strauss's formal structural theoretical account of gift giving:

It is all a question of style, which means in this case timing and choice of occasion, for the same act—giving, giving in return, offering one's services, paying a visit, etc.—can have completely different meanings at different times.^{32(pp5-6)}

It is possible to make a similar comparison about the meaning of a bed bath.³³ The list of decontextualized functions and features of a bed bath could be endless. However, with understanding of the situation, one can judge whether the bed bath is an unnecessary fostering of dependence, an essential tool for making a thorough yet unobtrusive assessment, a means of communicating with a withdrawn patient, or something else. In this case, theoretical access is not more elegant or more efficient than practical expert understanding of the situation. Clinical know-how has been trivialized by the thought that it could completely be captured by formal statements just as the experiences of health, illness, and suffering have been trivialized by analytically separating the mind and body.

INTERPRETIVE RESEARCH STRATEGIES

Hermeneutics is a systematic approach to interpreting a text. Interview material and observations are turned into text through transcription. The interpretation entails a systematic analysis of the whole text, a systematic analysis of parts of the text, and a comparison of the two interpretations for conflicts and for understanding

the whole in relation to the parts, and vice versa. Whole cases can be compared to other whole cases. Usually, this shifting back and forth between the parts and the whole reveals new themes, new issues, and new questions that are generated in the process of understanding the text itself.

The participant offers a depiction of the lived experience and the interpreter seeks commonalities in meanings, situations, practices, and bodily experiences. Interpreters use their distance and perspectives to understand the immediacy of the lived situation but these experience-distant perspectives must take into account the person *in* the situation. The interpreter enters into a dialogue with the text. For example, in proposing a clinical ethnography of an illness trajectory, the author has recommended that the interpreter consider the following experience-distant perspectives as possible starting points for interpretation: (1) the changing experience of the body; (2) changing social relationships as a result of the illness; (3) changing demands and tasks of different stages in the disease process and illness trajectory; (4) predictable responses and effective coping strategies for treatment side effects and sequelae; and (5) the particular—what the illness interrupts, threatens, and means to the individual.²¹ Such predictable sources of commonality provide a starting point for the interpretation, but they do not set limits on what can be discovered in the process of allowing the text itself to make claims and raise issues with the interpreter. Three strategies—paradigm cases, exemplars, and thematic analysis—are useful for allowing the particular claims of the text to stand out and for presenting configurational and transactional relationships.

Paradigm cases

A whole case may stand out as a paradigm case, a strong instance of a particular pattern of meanings. Such a case is a "marker" so that once a paradigm case is recognized because of its particular clarity or vividness, other more subtle cases with similar global characteristics can be recognized.

Paradigm cases are useful as a recognition strategy because early in the interpretive effort the interpreter may recognize only that this case is a strong instance of a particular relationship or meaning but may not be able to articulate *why* the case stands out or *what it depicts*. Through asking questions such as: Similar in what respect or different in what respect? How does this case stand out in relation to other cases?, the interpreter is able to put into words what this case is depicting. Paradigm cases are also useful as presentation strategies because the pattern of meanings and concerns depicted by the case often cannot be broken down into small units without losing important aspects of the patterns.

Exemplars

Exemplars are also useful as recognition tools *and* presentation strategies. An exemplar is smaller than a paradigm case, but like a paradigm case is a strong instance of a particularly meaningful transaction, intention, or capacity. An exemplar is a vignette or story of the particular transaction that captures the meaning in the situation so that the reader is able to recognize the same meaningful transaction in another situation where the objective characteristics might be quite different.

Both exemplars and paradigm cases are presentation strategies that allow the depiction of the person in the situation.

Both exemplars and paradigm cases are presentation strategies that allow the depiction of the person *in* the situation. They present the context, the intentions of the actors, and the meanings in the situation.

Thematic analysis

A third interpretive strategy is that of thematic analysis. The interpreter identifies common themes in the interviews and extracts sufficient interview excerpts to present evidence to the reader of the theme. A thematic analysis is useful for presenting common meanings. In all three presentation strategies, sufficient interview documentation is provided to allow the reader to participate in the validation of the findings.

All three interpretive strategies (paradigm cases, exemplars, and thematic analysis) work both as discovery and presentation strategies. They all allow for the presentation of context and meanings. In interpretive research, unlike grounded theory,^{34,35} the goal is not to extract theoretical terms or concepts at a higher level of abstraction. The goal is to discover meaning terms and to achieve understanding. If attempts are made to decontextualize the meaning, then the phenomenon is changed or rendered meaningless. This is the same point that Kuhn makes about the practical knowledge of the natural scientist that

resides in shared exemplars and not strictly in rules and procedures. He writes:

When I speak of knowledge embedded in shared exemplars, I am not referring to a model of knowing that is less systematic or less analyzable than knowledge embedded in rules, laws, or criteria of identification. Instead, I have in mind a manner of knowing which is misconstrued if reconstructed in terms of rules that are first abstracted from exemplars and thereafter function in their stead.^{30(p192)}

The discovery of paradigm cases, exemplars, and recurring themes can be systematically and rigorously validated by experts and by those who are living out the practical knowledge and meanings presented in these interpretive strategies. However, if the method of validation requires decontextualization, as in operationalism, then the relational issues, that is, the concerns, meanings, and practical knowledge conveyed by presenting the person in context, will be lost. The experiences of health, illness, and suffering are trivialized by analytically separating the mind and body, and by using research strategies that systematically exclude the lived meanings of these experiences.

BIAS CONTROL STRATEGIES

Multiple stages of interpretation allow for bias control by exposing contradictions, conflicts, or surprises that cannot be accounted for by an earlier or later interpretation. Actions and practices may not necessarily be rational, but it is assumed that they will have understandable, meaningful patterns. Multiple interviews with the same participants also provide a bias control strategy inasmuch as they allow

patterns to emerge and prevent the interpreter from emphasizing a nonrecurring, idiosyncratic episode, statement, or behavior. Redundancy provides confidence in the interpretation. The interpreter attempts to be "true" to the text and not read in meanings that are not supported by textual evidence. Expert consensual validation is sought for at least a subset of the data to guard against the importation of meanings not actually supported by the text. The assumption is that the interpretations offered are based on shared cultural meanings and are therefore recognizable by other readers who share the same culture. This is congruent with the Heideggerian assumption that the meaning and organization of a culture precedes individual meaning-giving activity.¹⁷

The goal of this kind of commentary is to make the commonplace visible and understood. In achieving this goal, the interpreter has the same problem as the anthropologist who returns home. The anthropologist at home runs the risk of overlooking key meanings, not because they are so esoteric or uncommon, but rather because they are so pervasive.¹⁷ The reader of the interpretation actively participates in the validation process. The reader should approach interpretive works with the following five criteria of internal validity outlined by Cherniss:

First, they should help us to understand the lives of the subjects; we should better comprehend the complex pattern of human experience as a result of these. Second, the themes should maintain the integrity of the original "data." Third, the interpretations should be internally consistent. Fourth, data that support the findings should be presented. Usually, these data will take the form of excerpts from

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interviews. Finally, the reported conclusions should be consistent with the reader's own experience. In qualitative research, the readers must critically scrutinize the results of the thematic analysis, playing a more active role in the process of "validation" than they normally would.^{36(pp278-279)}

Cherniss's third point on internal consistency should not be misconstrued to mean that the interpretation should reveal only internally consistent practices and commitments by participants. Conflicting, inconsistent practices and commitments are common and are often what is uncovered in doing the interpretation. Interpretations are considered internally consistent if the textual data presented match the interpretations offered.

The author is enough of a pragmatist to believe that the final proof of the hermeneutic phenomenology position lies in the knowledge it uncovers. We have to ask what our theory and method screens allow us to see. Do theories lend themselves best to a chart audit to determine the completeness of records, or do they tell the clinician how to promote healing and wellness and understand illness and suffering to promote comfort and cure? Do theories allow for mere categorization of information or do they provide guidelines for interpreting the information? Are predictions so deterministic that they overlook human possibilities, change, and growth?

Science at this point needs to return individuals to the things themselves, the experience of health, illness, suffering, and the wisdom and ignorance embedded in practice. There must be a return to the systematic study of practice and of health, illness, and suffering.²¹ The study of practice should offer more than a sociological description of role relationships. The goal

should be to find out the wisdom, frustration, puzzles, dilemmas, and knowledge embedded in practice. The study of health and illness should offer a new understanding of the lived body in health and illness. The hermeneutics of early Heidegger offers a promising methodological approach.¹⁷

The author is not a single paradigm expectant scientist,^{26,37} because a single paradigm in the human sciences claims that one single perspective provides the *one* explanatory vantage point and that all other paradigms are inferior or subordinate. One paradigm would provide a totalitarian explanatory system for all human behavior and would assume one privileged position exists from which to view situations, capacities, and problems of human beings. Such a singular paradigm works in the natural sciences because the background practices, skills, and assumptions of the scientists are not issues for them. Decontextualizing practices can be ignored after standardization because the natural scientist searches for objectified and decontextualized elements that can be related by strict laws.¹³ But as Dreyfus and Rabinow point out:

If the human sciences claim to study human activities, then the human sciences, unlike the natural sciences, must take account of those human activities which make possible their own disciplines.

Thus, while in the natural sciences it is always possible and generally desirable that an unchallenged normal science which defines and resolves problems concerning the structure of the physical universe establish itself, in the social sciences such an unchallenged normal science would only indicate that an orthodoxy had established itself, not through scientific achievement, but by ignoring the

background and eliminating all competitors.^{26(pp163-164)}

Such a totalitarian stance is not only unattractive; it simply does not offer much in the way of explanation, prediction, and understanding because the theories in human sciences must always presuppose common background meanings and practices. For example, Taylor¹¹ points out that objective political science is dependent on cultural practices that are not immutable but subject to change in a constitutive way. Political theory in an individual-based contract society such as the United States will not work on a background of different cultural interpretations such as the Japanese cultural background of consensus and group orientation. The scientist is always in a culture and cannot completely step outside the particular historical understanding available during his or her period. There can be no value-free or interpretation-free data language. Consequently, deterministic monological theoretical schemes will necessarily be time bound and limited in their predictive and explanatory power. Such deterministic theoretical schemes are a part of the cultural press for extreme rationalization and objectification. Weber,³⁸ Adorno,³⁹ Foucault,⁴⁰ and Dreyfus and Rabinow²⁶ have been concerned with this pervasive press for rationalization in the western tradition.

Certainly the strain of objectification is

felt in the study of health, illness, suffering, and disease. The very labeling and technologizing of symptoms add to the stress of the "target population" at "high risk."⁴¹ Discovering that one is in a high-risk group increases the risk. But coming to view oneself as a collection of needs, wants, and health risks that must be scientifically met creates a stressful, effortful life style based on the premises of control and balance.²⁰ Such a formula works well until the limits of control are confronted, which for the person experiencing illness or suffering is frequent.²⁰ As a nurse scientist, the author does not want to increase the rationalization and objectification of the notion of health and the experience of illness and suffering by the formal models and methods used to study individuals.

Extreme objectification and subjectification cannot capture the lived experiences of health and illness because human beings are never fully object or fully subject; they exist in a network of concerns and relations. If the way of doing science objectifies or oversubjectifies (in the sense of making the health-illness experience an extremely private, idiosyncratic one), then those individuals using these approaches will unwittingly contribute to the stress-related diseases so prevalent in today's society, do little to treat illness and disease, and finally blunt the ability to alleviate suffering. Heideggerian phenomenology generates forms of explanation and prediction that offer understanding and choice, rather than manipulation and control. Nursing requires access to concrete problems and dilemmas associated with health, illness, suffering, and disease and an understanding of the power of human practices, skills, and relationships that engender hope and promote healing.

The scientist is always in a culture and cannot completely step outside the particular historical understanding available during his or her period.

REFERENCES

1. Kleinman A, Eisenberg L, Good B: Culture, illness, and care: Clinical lessons from anthropologic and cross-cultural research. *Ann Intern Med* 1978;88:251-258.
2. West JW, Stein MS (eds): *Critical Issues in Behavioral Medicine*. Philadelphia, Lippincott, 1982.
3. Merleau-Ponty M: *Phenomenology of Perception*. London, Routledge and Kegan Paul, 1962.
4. Cassell EJ: The nature of suffering and the goals of medicine. *N Engl J Med* 1982;30:639-645.
5. Sandel M: *Liberalism and the Limits of Justice*. London, Cambridge Univ. Press, 1982.
6. Gilligan C: *In a Different Voice*. Cambridge, Mass, Harvard Univ. Press, 1982.
7. Yankelovich D: *New Rules in American Life: Searching for Self-Fulfillment in a World Turned Upside Down*. New York, Random House, 1981.
8. Dreyfus HL: *Being-in-the-World: A Commentary on Division I of Being and Time*. Cambridge, Mass, MIT Press, to be published.
9. Hempel C: *Aspects of Scientific Explanation*. New York, The Free Press, 1965.
10. Toulmin S: Concepts and the explanation of human behavior, in Mischel S (ed): *Human Action*. New York, Academic Press, 1969, pp 87-88.
11. Taylor C: Interpretation and the sciences of man, in Rabinow P, Sullivan M (eds): *Interpretive Social Science*. Berkeley, University of California Press, 1979.
12. Taylor C: *Explanation of Behavior*. New York, Humanities Press, 1964.
13. Dreyfus HL: Why the study of human capacities can never be scientific. *Berkeley Cognitive Science Report*, no. 11. Berkeley, University of California, Cognitive Science Program, Institute of Human Learning, 1984.
14. Wolf S: Introduction: The role of the brain in bodily disease, in Werner H, Hoyer MA, Strunkard AJ (eds): *Brain, Behavior, and Bodily Disease*. New York, Raven Press, 1981, pp 1-9.
15. Lazarus RS, Launier R: Stress-related transactions between person and environment, in Pervin L, Lewis M (eds): *Perspectives in Interactional Psychology*. New York, Plenum Press, 1978, pp 287-327.
16. Weisman A: *Coping with Cancer*. New York, McGraw-Hill, 1979.
17. Heidegger M: *Being and Time*, Macquarrie J, Robinson E (trans). New York, Harper & Row, 1962.
18. Heidegger M: *The Basic Problems of Phenomenology*, Hofstadter A (trans). Bloomington, Ind, Indiana Univ. Press, 1982.
19. Benner P: *From Novice to Expert: Excellence and Power in Clinical Nursing Practice*. Menlo Park, Calif, Addison-Wesley, 1984.
20. Benner, P: *Stress and Satisfaction on the Job: Work Meanings and Coping of Mid-Career Men*. New York, Praeger Scientific Press, 1984.
21. Benner P: The oncology clinical nurse specialist as expert coach. *Oncology Nurse Forum* 1985;12(2):40-44.
22. Kuhn TS: *The Essential Tension*. Chicago, University of Chicago Press, 1977.
23. Geertz C: *The Interpretation of Cultures*. New York, Harper & Row, 1973.
24. Garfinkel H: *Studies in Ethnomethodology*. Englewood Cliffs, NJ, Prentice-Hall, 1967.
25. Lazarus RS: The trivialization of distress, in Rosen JC, Solomon LJ (eds): *Vermont Conference on the Primary Prevention of Psychopathology*, vol. 8. Hanover, NH, University Press of New England, to be published.
26. Dreyfus HL, Rabinow P: *Michel Foucault Beyond Structuralism and Hermeneutics*. Chicago, The University of Chicago Press, 1982.
27. Bernstein R: *Beyond Objectivism and Relativism: Science, Hermeneutics, and Praxis*. Philadelphia, University of Pennsylvania Press, 1983.
28. Palmer RE: *Hermeneutics*. Evanston, Northwestern Univ. Press, 1969.
29. Taylor C: *Dawes Hicks Lecture, Theories of Meaning. Proceedings of the British Academy*, London, British Academy, 1982, pp 283-327.
30. Kuhn TS: *The Structure of Scientific Revolutions*, ed 2, enlarged. Chicago, The University of Chicago Press, 1970.
31. Dreyfus HL: *What Computers Can't Do*. New York, Harper & Row, 1979.
32. Bourdieu P: *Outline of a Theory of Practice*. Cambridge, Cambridge Univ. Press, 1977.
33. Benner P: Issues in competence based testing. *Nurs Outlook* 1982;30:303-309.
34. Glaser BG, Strauss AL: *The Discovery of Grounded Theory*. Chicago, Atherton Press, 1967.
35. Glaser BG: *Theoretical Sensitivity*. Mill Valley, Calif, The Sociology Press, 1978.
36. Cherniss C: *Professional Burnout in Human Services Organizations*. New York, Praeger, 1980.
37. Rabinow P, Sullivan WM (eds): Introduction, The interpretive turn: Emergence of an approach, in *Interpretive Social Science*. Berkeley, University of California Press, 1979.
38. Weber M: *The Protestant Ethic and the Spirit of Capitalism*. New York, Scribner, 1958.
39. Adorno T: *Against Epistemology*, Domingo W (trans). Cambridge, Mass, MIT Press, 1983.
40. Foucault M: *Madness and Civilization: A History of Insanity in the Age of Reason*. Howard R (trans). New York, Random House, 1973.
41. Horowitz MJ, Dimon N, Holden M, et al: Stressful impact of news of risk for premature heart disease. *Psychosom Med* 1983;45(1):31-40.