

EDITORIAL

A CONTRIBUTION ABOUT PHENOMENOLOGY AND NURSING CARE

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1. THE EMERGENCE OF PHENOMENOLOGY: A SHORT CONTEXTUALIZATION.

With a view to establishing a method on which to base science and constitute philosophy as a rigorous science, phenomenology is defined as a “return to the things themselves”, that is to the phenomena, something that appears to our awareness, as its intentional object.

The word Phenomenology comes from the Greek “phainomenon”, that is, phenomenon, and indicates something that appears in itself, and from the word “Logos”, meaning treaty or discourse. Hence, from a hermeneutical viewpoint, phenomenology is a branch of philosophy for which the human being and the world can only be understood based on their experience, on their life context, by questioning themselves, the life world and their existence in it.

Phenomenology emerged with the ideas of Edmund Husserl (1859 – 1938), at the end of the 19th and the start of the 20th century. He conceived it as a philosophy, a focus and a method. Some of the most important followers and critics of Husserl’s premises were: Martin Heidegger, Merleau-Ponty, Paul Ricoeur and Alfred Schütz.

The essence is what makes a thing what it is and not something else. Phenomenology is a descriptive eidetic, comprehensive and not explicative science, because it tries to understand the phenomenon. The phenomenon should be known by intuition and not just discovered, as any phenomenon has the form of and necessarily contains an essence, something that characterizes it as it is. According to Husserl, the essence is found based on people’s intentional experiences (Capalbo, 1996).

Thus, the phenomena of human experience consist of meanings that are constructed by men themselves, and resort to the process of comprehension. The world is a product of the subject’s activity who, through the act of conscience, uses the intention to transform things, and that is why this world is called subjective world (Capalbo, 1996).

In this process of understanding himself, the other and the world he lives in, man lives his awareness of the world and the phenomena. According to Husserl, man is always located in and in view of the world, which appears to his awareness as it is and not just to be known and understood, but to make it possible to transform something by action, which always includes an intentionality of the subject who acts. Thus, according to Husserl, there exists a relation between awareness and intentionality, in which the former is directed at something and the latter takes interest in getting to know and unveiling something as a result of an inquiry. In this sense, awareness is intentional awareness guided by the individual’s experience (Leopardi, 2001).

In Sociology, particularly through the texts by Alfred Schutz, Social Phenomenology is the study of the ways in which people directly experience daily reality and imbue their activities with meaning (motivation theory). Thus, phenomenologists have prioritized the description of daily human life experience. According to Bottomore & Outhwaite (1996), phenomenological research generally does not intend to produce factual assertions, but non-empirical or transcendental philosophical reflections about knowledge, per-

ception and human activities, such as science and culture.

2. PHENOMENOLOGY AND POSITIVISM

Phenomenology emerged as an academic and philosophical movement opposed to the positivism of Auguste Comte (1798 – 1857), who considered that science should be guided by a system of propositions and procedures that would allow for the construction of theories and experiments. Against the idea of universality and generalization, phenomenology emphasizes human experiences as being unique for each person. As opposed to the principle of forecastability or control, phenomenologists advocate that human experience is unforeseeable. Phenomenology tries to unveil the essence of the phenomenon, mediated by the historical element. In positivism, on the other hand, historical and social factors are not considered relevant. Thus, in the positivist or objective method, facts are delimited as controllable, while the phenomenological or subjective method is concerned with what is happening, that is, with intentionalities and with what the other person wants to say.

Empiricism demonstrates that there is no other source of knowledge than experience and feeling, guided by the maxim: “nothing is in the intellect which was not first in the senses”. Against the thesis of rationalism, empiricism opposes the antithesis that says that: “the only source of human knowledge is experience”. Hence, reason does not have any a priori heritage. The cognoscent awareness does not obtain its contents from reason, but exclusively from experience (Hessen, 1987; Japiassu & Marcondes, 1993).

Differently from positivism, Phenomenology looks for the experiences the subjects live, through the senses, recollections of when and how the phenomena appear to them through experience. According to Boemer (1994), the researcher should look for the invariant in descriptions, for what remains, which indicates what the phenomenon is and, even if it does not explain it, at least describes it as it is.

The intentionality concept is one of phenomenology’s fundamental theoretical premises, defining awareness itself as intentional, as directed at the world: “any awareness is awareness of somet-

hing”. Phenomenology intends to fight against empiricism and psychologism and, at the same time, overcome the opposition between realism and idealism (Japiassu & Marcondes, 1993).

3. PHENOMENOLOGY AND NURSING

Our education as nurses (almost twenty years ago), was based on the positivist model of natural sciences, which focuses on the human being’s biological condition and on the technical procedures for nursing practice. However, during our professional experience, we have perceived that nursing also covers other perspectives, one of which is that of being-with-the-other, which understands people in their situation of being ill, against the background of their earlier experiences. Thus, in thinking about nursing from a phenomenological perspective, nurses can perceive new perspectives and look at their inquiries and conducts, attempting to interpret the way of being itself and the way of being of sick persons.

The relation between Phenomenology and Nursing reveals to be very important when one attempts to understand the relation between time and events. In this sense, Greek philosophers used the word *kairós* to indicate the importance of the moment, of the time each thing requires. Siles (1999) observes that a *kairós* continues to exist to satisfy each human need and in a social context, so that its meaning goes beyond the mere present. Thus, for example, the experience of a disease is not exhausted at the moment the person lives it, but still constitutes a whole phenomenon that will be cast during a large part of that person’s life and, in some cases, will accompany that person throughout his/her entire existence. This moment (experience) is so dense that it creates a time of doubts and uncertainties, giving rise to feelings, memories and expectations. Moreover, it demands the (re)planning of a lifestyle, which can be catalogued as an entire event at personal and family level and, as such, the professionals responsible for sharing these moments so loaded with meanings should understand it.

The relation between Phenomenology and Nursing also appears through the meaning of the term *kairós*, which has been used since Antiquity by the Greeks to interpret the instant, the moment,

as something more than the mere present, attempting to demonstrate that the present was not only a bridge between the past and the future. Hence, by valuing each *kairós*, phenomenology values the importance of the moment, of time and experience, considering that there is a time for each thing.

According to Burke (2005), many historians, especially empiricists or positivists, suffer from the disease called interpretive literality. Many of them work with historical documents as if they were transparent, paying little or no attention to their rhetoric. Many of them assess certain human actions as mere rituals, symbols, unimportant topics. Like cultural anthropologists, cultural historians, on the counterpart, have demonstrated the weaknesses of the positivist approach. Thus, nowadays, cultural history assumes a vast repertoire of objects: images, tools, houses and symbols, and does not limit itself to describing the popular equivalents of arts and sciences: popular music, popular medicine, etc. In this perspective, the culture of care is part of the context of cultural history, deserving greater attention by nursing experts in terms of the historical development of the triad: care, health and disease, at different moments (*kairós*) and in different cultures.

4. FINAL CONSIDERATIONS

Phenomenology refers to the endless ways of being, articulated with the sphere of existence. It is not a theory, but an attitude, a posture, a way of understanding the world (Critelli, 1996). In line with this perspective, Capalbo (1996) considers that the phenomenological attitude invites us to let things appear with their own characteristics, as they are, allowing the essence to manifest itself in the subject's awareness, so as not to transform, not to alter the phenomena's originality.

Knowingly or not, by understanding that we cannot keep on analyzing the health-disease phenomenon in isolation from the person who experiences it in practice, Nursing approaches the human sciences. Hence, interactions between nurses and patients should prioritize values, respecting feelings and engaging in the well-being of the persons receiving care. Thus, more authentic relations can be established, being-with-the-other, seeking new meanings, based on what is lived by the person and active subject of nursing care (Silva,

Damasceno, Moreira, 2001).

In sum, Phenomenology can help us, as nursing professionals, to look at care in an existential condition, approaching an understanding of the phenomenological encounter between the person receiving care and the caregiver. This opens up possibilities to understand man in his existential wholeness, in a given society whose history is inserted in a situated culture. Therefore, care is part of the dimension of existing in a world that is complex and singular at the same time, visualizing that "the ways of delivering care" are not exhausted.

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