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Theories of the Heart and Practices of the Mind: The Future of Feminist Nursing Scholarship

Presentation by
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Introduction

It is my pleasure this evening to open this celebration by the School of Nursing of the sesquicentennial of Queen's University. I have chosen for my title "Theories of the Heart and Practices of the Mind" as a way to begin to look anew -- to look from the inside-out at the managed misinformation that we have been taught concerning the relationships between nursing, feminism, and women's experience. The relationships between nursing and feminism are indeed un-easy ones. They are not easy because nursing, feminism, and indeed women's experience, does not "fit" the molds of the theories of man. Our practices are not well suited to the minds of men. What we know as our realities as nurses and as women goes against their grain, and our dis-ease with one another is really our dis-ease with our selves because we recognize our duplicity at some deep level of knowing. It is time to acknowledge that our experience is not the problem, that our difficulties are not of our own making, and that our uneasy relationships are symptoms of a social order that splits our realities and numbs our sensibilities.

In preparing for this presentation, I turned to important works by Barbara Walker,[1] who has documented metaphoric and symbolic meanings that concern women and women's spirituality. As I might have guessed but was nonetheless impressed to find, in women's traditions, the heart and the mind are not perceived as separate. The most ancient word known for "heart" is the Egyptian word "ab" meaning heart/soul, the central blood-soul emanating from the essence of the mother. It was one of seven souls bestowed to every human at birth by the seven birth godmothers. The seven souls were 1) the primordial life-spirit, resident in the blood, 2) the heart-soul, 3) the ghost that appeared after death, 4) the semblance or image seen in reflections, 5) the shadow, 6) the material living body, and 7) the secret name or soul-name. Thus, the heart and the body, the mind and the spirit, the soul and the self were one.

Likewise, in women's tradition and history, theory and practice, knowing and doing, are one. Vancouver author Anne Cameron has traced the history of Native North American women, whose stories and myths reflect ancient woman-centered culture in which knowing and doing were the same thing. In Anne Cameron's account: "Copper Woman warned Hai Nai Yu that the world would change and times might come when Knowing would not be the same as Doing. And she told her that Trying would always be very important."[2]

Tonight, I want to turn to the possibilities that exist if we re-claim this heritage, and begin to feel/know our hearts as well as our minds, to do what we know and know what we do from our heart/soul, from our mind/spirit. To begin this important journey, I turn to the tradition of Florence Nightingale, who gave us significant insights that have been largely neglected. In her essay titled

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[1] see Walker, The Woman's Dictionary of Symbols & Sacred Objects and The Woman's Encyclopedia of Myths and Secrets

[2] see Cameron, Daughters of Copper Woman, p. 53.

Cassandra, Nightingale poses the question: "Why have women passion, intellect, moral activity -- these three -- and a place in society where no one of the three can be exercised?"[3] I will use her insights and her tradition to re-define what we now think we know as issues in nursing, and to begin to envision a different future.

Our Feminist Inheritance From Florence Nightingale

Nightingale, like many early nursing leaders, did not consider herself a feminist politically or philosophically. However, there is clear evidence that her thinking and motivation were often consistent with feminist perspectives. It is worth examining this evidence.

Early in the British move to gain women the right to vote, she refused to lend her name to that movement, which leads some historians to label her as "anti-feminist". However, Nightingale wrote clearly that she felt that it was misplaced emphasis to seek the vote for women, which she saw as only a token gesture and something that would take a long time from which to see any benefit. She felt that there were far more pressing matters that would more immediately bring about improvements in the lives of women, such as assurances of educational opportunities and ways for women to gain economic security in their own right.[4]

It is no accident that her political position, and her feminist ideas have been erased from our nursing history. Too often in our nursing curriculum, Nightingale's life and work are trivialized or misrepresented -- a powerful tool to maintain systems of oppression. If Nightingale's insights were simply ignored, someone would be able to "discover" her insights, present them anew, and they would be considered as serious and worthwhile. By trivializing Nightingale and by misrepresenting her

[3] see Nightingale, Cassandra, p. 25

[4] see Woodham-Smith, Florence Nightingale

motives, historians effectively send the message that even if she had something to say, it is not worth taking seriously.[5] While Nightingale's contributions to nursing have been written about by a number of historians, an incredible number of erroneous representations of Nightingale flourish. It is time we re-claimed this great nurse scholar and appreciated her contributions to women and to nursing. The insights that Nightingale brought to nursing education and nursing practice were informed by her realization of women's cultural oppression.[6]

One of the most accurate works about Nightingale's life is Cecil Woodham-Smith's biography titled Florence Nightingale.[7] In it she traces the events of Nightingale's life, providing a picture of a multi-talented woman who had a clear vision about nursing and about women in society. Nightingale was very clear that nursing and medicine were two separate spheres of knowledge and responsibility. Intent on demonstrating the value of the educated nurse in the delivery of health care, she knew the difficulties of having those ideas accepted by medicine.

> No man, not even a doctor, ever gives any other definition of what a nurse should be than this - 'devoted and obedient.' This definition would do just as well for a porter. It might even do for a horse."[8]

She was very clear about the role of nurses as valued care-givers, independent in the practice of their art:

> A good nursing staff will perform their duties more or less satisfactorily under every disadvantage. But while doing so, their head will always try

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[5] see Spender: Women of Ideas and What Men Have Done to Them.

[6] Wheeler, ANS

[7] See Woodham-Smith, Florence Nightingale

[8] see Woodham-Smith, Florence Nightingale, p. 230

> to improve their surroundings in such a way as to liberate them from subsidiary work, and to enable them to devote their time more exclusively to the care of the sick. This is, after all, the real purpose of their being there at all, not to act as lifts, water-carriers, beasts of burden or steam engines - articles whose labour can be had at vastly less cost than that of educated human beings."[9]

The most popular of Nightingale's 200-plus books, pamphlets and reports, **Notes on Nursing**, was written because of her recognition that women's education left them ignorant of their own bodies and lacking in knowledge needed to carry out their responsibilities while caring for the sick.[10] In her closing note in this publication, Nightingale cautions her sisters against doing what men do merely because men do it, and against doing what women do merely because it is prescribed for them by society. She states: "Surely woman should bring the best she has, whatever that is, to the work of God's world, without attending to either of these cries."[11] Nightingale passionately believed that women should take their lives as seriously as men do theirs, to prepare themselves for the work they want to do and to do that work wholeheartedly. She perceived that the domestic obligations that women endured prevented them from fully developing and exercising their capabilities. She saw nursing as a serious occupation, one suited for women to excel and an avenue for women to gain economic independence while making significant contributions to society at large.

We can learn a valuable lesson from Nightingale's life by recognizing the effect of her refusal to be associated with the women's movement of her time - a heritage that nursing has unfortunately

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[9] see Thompson, **Nursing Outlook**, p. 295.

[10] see Ninghtingale, Notes on Nursing, p. 3

[11] see Nightingale, Notes on Nursing, p. 135

carried on to this day. From a feminist perspective, we can understand the choice that Nightingale made when she declined to identify politically with the women's movement of her time. She escaped from women's sphere into the realm of the male ruling class, in order to gain access to the world of male power and action.[12] In our own time, we can see that by doing so she sacrificed alliances with other women who were working for the same goals on behalf of women. We can speculate as to what might have evolved differently if Nightingale and other feminist activists of her day had worked more fully together. We can apply these insights to our own situation, and see more clearly the ways in which we might join with other women to create a new social order, where women's passion, our intellect and our moral activity can be exercised.

It is time to reclaim the passion, intellect and moral activity that Nightingale identified as women's rightful heritage to be exercised in society. Rather than embracing the tools and devices of men's sphere and further dividing ourselves as women, we can learn much from the feminist movement and embrace women's sphere to bring about the changes that we desire. To do that we must first get clear about the issues facing us today in nursing.

When we consider the issues in nursing from a feminist perspective, two things change. First, we see the "issues" in nursing very differently than we have typically seen them. We begin to see "loopholes" in the traditional arguments around the issues. The errors or "loopholes" are conclusions or beliefs that are based on stereotypes about women, stereotypes about nurses, assumptions that are based on myths, and false beliefs. The traditional definitions and arguments will not go away, but we will begin to understand why some of our traditional "solutions" have not worked and can move to different responses to the problems that have more potential for real solutions.

The second thing that changes when we see the issues from a feminist perspective is that we

[12] see Connors, Trivia

can re-define, or re-frame the issues themselves. This leads us to imagine new solutions, or new responses to the problems that we know exist.

Issue I: Failure to achieve unity

transformed to:

Exercising our Passion

From the frame of reference of mainstream thinking, a major issue in nursing is our failure to achieve unity. While in Canada you do have a strong unified professional forum in nursing, the issue of fragmentation and divisiveness still figures prominently in the issues that you face. From a feminist perspective, the real issue involves divisiveness and fragmentation that sustains oppressive relations in an industrialized, patriarchal medical system. Remaining divided from one another serves the interests of the dominant group. Rather than benefitting us, fragmentation in nursing serves to confuse us, to keep our minds and hearts focused on the dominant system for solutions that never materialize.

If we turn to the Nightingale tradition, the real issue involves how, when, where and with whom we exercise our passion in the world. When we accept the mainstream definition of this issue, our passions, our energies, are directed toward in-fighting, rather than toward solving the problems that concern us all. Further, the belief that we "do it to ourselves" arises from the fact that we take as a given the "right" of dominant groups to demand our loyalty to them, and to accept that we will not place our loyalties with one another.

The re-definition of this issue is claiming the right, and accepting the obligation, to make deliberate choices as to where we invest our energy, our loyalty, our passion. In so doing, we can begin to envision ending divisiveness and fragmentation that exist in nursing by making choices based on the values of nursing, values that emerge from women's experience in the world. We can make

choices that enable us to exercise our own passion -- our deep caring for the health and well-being of our Selves, other people, and the planet.

Feminist philosopher Janice Raymond has developed a philosophy of female friendship in order to "think in new ways about women's social, moral, and intellectual life."[13] In her philosophy, she explores what makes it possible for women to live in the world as we currently experience it and what will enable us to begin to break free of patriarchal oppression.

Raymond calls the message that "women are one another's worst enemies" cultural "noise pollution" that obscures the realities of women's friendships. By "realities", Raymond means the authentic ways in which we experience our world as women, and not the constructed interpretations that are imposed on us through stereotypes, patriarchal theories, myths, or culturally institutionalized prescriptions. Through women's friendships with one another, women create time and space for social and political existence -- literally the foundation from which we can exercise our passion. As Janice Raymond says, "The culture of female friendship has a distinctive purpose, passion, and politics. Its origins are to be found in those spheres where women were and are free to be for each other and where women provide women with a sense of difference, importance, autonomy, and affection".[14]

According to Raymond's philosophy, friendships between women strengthen our individual and collective autonomy and freedom. We are nurtured by a sense of shared female culture. In an atmosphere of shared culture and freedom, any perceived obstacles to female friendship lose their political and personal power. Female freedom means the personal and collective ability to be primary to our selves and to each other. Raymond uses the word "primary" in both a descriptive and a measured sense. Descriptively, to be primary means to be momentous, stirring, critical, vital, essential, never-to-

[13] see Raymond, **A Passion for Friends**, p. 38.

[14] see Raymond, A Passion for Friends, p. 38.

be-forgotten. In a measured sense, to be primary means a judgement of due proportion, giving to women what is due to women. Women who are primary to one another will not settle for less than the best. It means having a commitment to shape "the finest fabric of female existence".[15] Rather than viewing nursing as a "female occupational ghetto", we can begin to think in terms of the collective strengths and values -- our shared culture -- that derive from women's experience in the world -- strengths that are vitally needed in our work as nurses.

Janice Raymond traces the history and existence of female culture as a whole way of life -- material, intellectual, spiritual -- a full and rich culture that women have cultivated with each other. However, as Raymond notes, it is the obstacles to female friendship -- not our cultural heritage and experience -- that gets a lot of publicity. The obstacles to friendships between women are erected and maintained by culturally endorsed misperceptions and misrepresentations about women's experience. The message that "nurses are our own worst enemies" is a primary barrier to developing strong and positive relationships with one another. But when that message is aided and abetted by the silence about women always having been one another's good friends, many women succumb to the deafening noise and the sounds of silence -- the sounds of our own voices telling the truth inside our minds and hearts, but never being heard or spoken. While the "noise pollution" that distorts the realities of women's friendships coming from the larger popular culture cannot be altogether changed, we can begin to break the silence surrounding the reality of our positive experiences with one another. As we begin to focus on things that we share and diversities we appreciate, we will gain a sense of connection.

The noise pollution, combined with silence about our friendships, distorts our perceptions so that we can be led to believe that if friendship and support exist among women and in nursing, it is the

[15] see Raymond, A Passion for Friends, p. 35.

exception and not the rule. If we focus on those experiences that tend to divide us, they will gain importance far beyond their actual significance. It is time that we break the silence surrounding the reality of our experiences with one another. If we are to move beyond things that divide and destroy us, we can no longer afford to assume that we are uniquely qualified as our own worst enemies; we can instead turn our passion toward creating a shared culture -- a culture that gives form and meaning to our experiences as nurses and as women.

Female culture provides a fabric on which to build strengths and to resolve conflict. Female culture is like a multi-color, multi-textured quilt with each woman contributing to the overall desirn.ifferences are viewed this way, we have a collectrvm which to see our dif see our differences as enriching, rather than as divisive. When those differences create cons create conflict, or a disruption in the design we are collectively creating, they can be resolved in healthful and affirming ways. Counteracting the popular myths defining nurses and nursing, we begin to create a critical awareness among nurses of the nature of our culture. This includes finally telling and celebrating stories and ideas of our past, interpreting more fully the realities of our present, and creating dreams of our future. In so doing we nurture a recognition and valuing of our selves as individuals and in relationship with one another.

Issue II: Autonomy in practice

transformed to

Claiming the right to exercise our intellect

The second issue that has dominated mainstream conceptions of issues in nursing since the mid-1800's concerns autonomy in practice, and who controls nursing practice and education. The persistent unequal status of nursing in the health care system is a remarkable reflection of the broader

issues facing women in patriarchal societies that are based on gender, race and class privilege. Those who control corporate structures and who dominate health policy decisions are typically those who have privilege based on economic advantage, educational advantage, and who are also male in gender. This advantage is sustained by the low-paid and undervalued work of those who are undereducated, and who are also most often female in gender.

The re-definition of this issue is our right, and the obligation, to exercise our intellect, and to address issues around controlling our own practice on our own terms. To consider this issue, both with respect to the patriarchal-defined issue of nursing striving to achieve autonomy and the status of a "profession", and in terms of the transformed issue of exercising our intellects, I turn to two feminist writers of two different generations. Virginia Woolf lived and wrote in England in the early part of this century; Mary Daly presently lives and writes in New England in the United States.

Virginia Woolf wrote an important essay she titled Three Guineas in response to a letter she received from a prominent London lawyer asking her to contribute three guineas toward a fund to prevent war. Her essay addresses the "professions of educated men" and their utter lack of ability to prevent war. Her essay is an example of the sort of intellectual powers that can be called upon to challenge the status quo. She wrote this essay in 1938 -- just as the 2nd World War was escalating. We can only speculate that the course of history may have been very different if her words had been taken seriously, and heard as a critical appraisal of the danger that awaited us. This is a highly intellectual essay that addresses not only the fundamental reasons that men have failed to prevent war, but how their educational and social systems actually sustain war. She also gives powerful evidence as to how women's experience, and women's insights from their experiences hold a key to transforming social structures that support war.

Early in her essay, Virginia Woolf asks pointed questions as to how the "best" education in

England:

> "the finest education in the world, does not teach people to hate force, but to use it? [Does not] education, far from teaching the educated generosity and magnanimity, makes them on the contrary so anxious to keep their possessions . . . in their own hands, that they will use not force but much subtler methods than force when they are asked to share them? And are not force and possessiveness very closely connected with war? Of what use then is a university education in influencing people to prevent war?"[16]

Virginia Woolf saw the professions of educated men as part of the fabric that holds together an entire system of thinking where ownership of ideas, fragmentation, and competition prevails. She envisioned a new college, the aim of which would be

> "not to segregate and specialize, but to combine. It should explore the ways in which mind and body can be made to co-operate, discover what new combinations make good wholes in human life. The teachers should be drawn from the good livers as well as the good thinkers.[17] . . . If we are asked to teach, we can examine very carefully into the aim of such teaching, and refuse to teach any art or science that encourages war.[18]

Woolf asks:

> "We have to ask ourselves, here and now, do we wish to join that procession . . . ? Above all, where is it leading us, the procession of educated men? . . . [T]he daughters of educated men have always done their thinking from hand to mouth; not under green lamps at study tables in the cloisters of secluded colleges. They have thought while they stirred the pot,

[16] see Woolf, Three Guineas, p. 29-30.

[17] see Woolf, Three Guineas, p. 34.

[18] see Woolf, Three Guineas, p. 36-37.

while they rocked the cradle. . . . It falls to us now to go on thinking; . . . Think we must. Let us think in offices, in omnibuses; while we are standing in the crowd . . . let us think at baptisms and marriages and funerals. Let us never cease from thinking -- what is this 'civilization' in which we find ourselves? What are these ceremonies and why should we take part in them? What are these professions and why should we make money out of them? Where in short is it leading us, the procession of the sons of educated men?"[19]

And Woolf moves on to answer her question:

"There it is then, before our eyes, the procession of the sons of educated men, ascending those pulpits, mounting those steps, passing in and out of those doors, preaching, teaching, administering justice, practising medicine, making money. And it is obvious that if you are going to make the same incomes from the same professions that those men make you will have to accept the same conditions that they accept. Even from an upper window and from books we know or can guess what those conditions are. You will have to leave the house at nine and come back to it at six. That leaves very little time for fathers to know their children. . . . That leaves very little time for friendship, travel or art. You will have to perform some duties that are very arduous, others that are very barbarous. You will have to wear certain uniforms and profess certain loyalties. If you succeed in those professions the words "For God and the Empire' will very likely be written, like the address on a dog-collar, round your neck. And if words have meaning as words perhaps should have meaning, you will have to accept that meaning and do what you can to enforce it. In short, you will have to lead the same lives and profess the same loyalties that professional men have professed for many

[19] see Woolf, Three Guineas, p. 62-63.

centuries. There can be no doubt of that."[20]

As long as we direct our energies toward the struggle for recognition as a profession, accepting without questioning who is defining the terms of what it means to be a profession, we are sustaining a system that reverses the authentic values that we claim as nurses. Now I turn to present-day scholar Mary Daly, who explains how "Reversals" function in patriarchal constructions to dull our ability to think, to challenge, and to exercise our best intellectual skills in creating the world we envision.

Mary Daly has identified five types of patriarchal reversals.[21] Reversal # 1. Simple inversion is a reversal that involves labeling something as the opposite of what it really is. The United States military is notorious worldwide for doing this. The MX missile is called the "Peacekeeper". The recent "Strategic Defense Initiative" (or Star Wars) is actually the U.S. offensive militarization of space that manically accelerates the arms race. Coca-cola is called the "real thing"; make-up for women is sold as "the natural look", the "news" is really the same old thing over and over again.

> In nursing, we are plagued with the use of the term "health" when what is really meant is illness. We work in conglomerates called "Health Science Centers" in the United States, when in fact the major type of education that occurs concerns illness and disease. The predominant type of research that is done concerns the treatment of illness and disease. In fact, in these systems, developmental aspects of life, such as pregnancy, birth and death, are translated to be "medical diagnoses", legitimating their "treatment" as if they were a disease, not part of life experiences of healthy people. "Life support" is really "death support", where a machine is created as an extension of the human body-machine to sustain the mechanistic physiologic function only, without regard to the social, spiritual or personal

[20] see Woolf, Three Guineas, p. 69-70.

[21] see Daly, The Wickedary of the English Language.

consequences of these acts.

Reversal # 2. Reversals that claim mechanistic, man-made objects as models for natural phenomena are those that liken human and natural life to machines. We refer to the human body as a "machine", the heart as a "pump" or a "ticker", human rhythms as "biological clocks", the human brain as a "computer".

The consequences of this reversal in medical science are astounding, but we are so socialized to accept them that we barely notice the implications for nursing. We work in a system that has taken on a "spare part" mentality with respect to the human body. "Your heart has worn out? Here, we will put someone else's heart there in its place". The reversal that the human body is a machine has led to mechanistic solutions for human problems, to transplantations of human parts that destroys the human spirit and disregards the human consequences.

Reversal # 3. Reversals that project patriarchal male qualities onto women and nature are based in western psychological theory, but they have had an influence world-wide. For example, women are said to have "penis envy" if we demonstrate self-affirming qualities. Women are labeled as "castrating" if we are strong or proud. In fact, these projections are made in the context of a culture in which males are excessively preoccupied by the size and performance of their penises, and in which castration is considered the greatest of calamities that can befall a man.

This reversal works in the medical system to keep most of us afraid of exercising our intellect, but it also is a reversal that we take on in a subtle way to try to gain status and privilege in the professional arena. In the United States, the creation of the "nurse practitioner" role now claims greater status and greater "privilege" by virtue of having taken

on tasks and roles that were formerly the exclusive domain of medicine. Ironically, many of the tasks that are now assumed to have been "borrowed" from medicine were originally within the domain of women who were healers, such as the "expanded" roles of nurse midwives. But because they were appropriated by male physicians during the 18th century, they are now considered to be "advanced" tasks that carry with them greater status, privilege, and reward than nursing.

Reversal # 4. Reversals in which patriarchal males appropriate, or assign to themselves the capacities and qualities of women occur when the power of women is feared or envied. When western medicine claimed for males, predominantly, the exclusive legal right to assist women in childbirth, they were essentially appropriating a capacity of women. Institutions that are created to provide a (often false) sense of belonging or nurturance, such as the church or the university, are given female qualities or names -- "mother" is used for the church and for the university (alma mater) in western society, when in fact the people who administer, control, and represent these institutions are male.

In the context of the hospital, nurses are often the ones to inflict pain, to be present during the most frustrating of circumstances, to carry the bad news. Physicians, on the other hand, are often the ones to come to the rescue, to fix the problem, to give the order that brings relief -- the physician, and not the nurse, is then perceived by the patient as the one who "cares".

Reversal # 5. Finally, reversals by redundancy and contradiction are those that build on all the other reversals but combine them in ways to confuse and obliterate the real meanings. For example, the phrase "just war" is used in western cultures to justify the endless global assaults on other countries and cultures. The hidden assumption in the phrase "just war" is

that there is also an "unjust war" and that the enemy is fighting an "unjust war" that makes it necessary, even noble, to enter into conflict. In reality, from a feminist perspective, there is only "unjust war" and so the term "just war" is non-sensical.

The very term "health care system", is another such reversal. There is very little "care" delivered, and health is the last concern in most settings, and there is barely a "system" involved. Further, this reversal serves to totally obliterate nursing -- the "place" where caring is located.

Exercising our intellect means that we begin to recognize reversals and distortions for what they are. It means that we begin to challenge the definitions that are handed to us by the dominant culture. It means that we begin to question where we are headed, and where we are going by taking the paths set forth by the system. It means that we make deliberate, informed choices about our own destinies. It means that we draw on theories of the heart and practices of the mind to envision real solutions to the problems that place our own values, our own experience, at the center.

Issue 3: Lack of political power and legal definition

transformed to:

Claiming the right to define and to exercise our moral agency

The third issue that dominates the issues in nursing from a mainstream perspective is that of political power and legal role definition. Much of the energy and resources of individual nurses and of nursing organizations is spent attempting to gain political power and legal reform. When seen from a feminist perspective, the arbitrary value system upon which the political and legal structures are built become the more fundamental issue, and we begin to see as a problem the fact that women's views and women's experiences have been blatantly absent in creating these structures.

In both of our North American countries, nursing practice is legally defined in reference to medical practice. From a feminist perspective, this legal restriction not only places medicine in a dominant position to every other discipline, it defines medicine as the "norm", and as the "ideal", essentially making medicine's values and knowledge the standard by which all other values are judged. More fundamentally, this legal practice silences and erases the values and the knowledge that nurses or other health care practitioners might claim as their own apart from medicine, or it places that knowledge at such an insignificant level that it counts for very little.

In the Nightingale tradition, the issue becomes one of how, when and where we finally exercise our own moral agency in the world. Re-defined, the issue now concerns learning to value and claim that which we already know as nurses and as women, without judging what we value against a male-defined standard. We cannot ignore the legal and political systems in which we live and work, but we can seek to transform these systems in a way that takes into account our perspectives, our experience. The re-definition of this issue involves claiming the right and accepting the responsibility to exercise our moral agency. The feminist alternative issue is that of learning to respect our own knowledge, our own practice, and our own values as nurses and as women; and then to build our practice on our own values. To examine this issue, I turn to feminist educator and philosopher Nel Noddings who has developed a philosophy and a relational ethic based on women's experience of the world as those who nurture.[22]

Recognizing that we are inextricably immersed in the culture in which we live, Nel Noddings also believes that as humans we also can envision a future reality that is different from what we come to know as the past. The vision of ethics that Nel Noddings proposes is one that is grounded in women's experience in the world -- the experience that tends to be universally assigned to women as care

[22] See Noddings, Women and Evil

givers, nurturers, and protectors of the young. This is not to say that all women experience this assigned role the same, or that we can in any way generalize as to what that experience is like for all women. What Noddings has done is to place that which is universal in women's experience at the center of consideration in constructing a different view of what is evil, what is good, and how we define what is ethical behavior in society.

There are a number of compelling reasons that we as nurses need to look at Nodding's construction, aside from the fact that nursing is also grounded in women's experience. As Noddings' and others point out, the very survival of our world depends on our ability to exercise caring values --to act out of our concern for the welfare of the earth, people, and all forms of life on the earth. More specifically, in nursing we live and work in institutions (educational and practice) that engage in practices that can and are being used as tools for dehumanization. If we are to maintain an essence of human caring in these environments, we must develop an ethic, a guiding principle, that gives us clear direction for the actions we take and what we value. If we are to develop a sense of valuing our own knowledge and self-respect, we must develop our practice in concert with this ethic.

Another reason we need a new ethical perspective is because as nurses we are in persistent and lasting conflict with the traditional western views of ethics in most situations we face in practice. There are many complex reasons why this is so; one reason is that our practice places us in frequent and unique "caring occasions" -- occasions that call forth feelings of responsiveness to another human being's plight. It is this response that has been neglected in forming traditional ideas about ethics, even though ethics and morality are supposed to govern the very responses that are called forth in these types of occasions. It seems logical that it is time to turn to that experience of the caring occasion itself to "test" the "logic" of our traditional views of ethics, and to create a different view if that logic does not hold. As Noddings states: "From the perspective of those who must feed, wash, lift, transport,

puncture, watch over, and suffer with, the entire matter needs a thorough reexamination."[23]

Noddings begins by constructing the idea of "ethical concern". Fundamental to ethical concern is a re-definitions of "evil". Noddings defines evil simply as anything that harms us or threatens to harm us. The "good" response to evil, in her construction, is to act on our concern for those that are harmed, or who are threatened with harm. Noddings identifies 3 types of evil in the world: natural (earthquakes, disease); cultural (misogyny, poverty, war); and moral (deliberate acts by individual people that create pain, isolation, and helplessness). Evil becomes moral when there is a specific agent who intends, and does evil. For Noddings, "This is evil - to inflict or ignore pain, to induce separation or deny relation, to aggravate or ignore helplessness."[24]

Noddings calls her ideas a relational ethic -- it is an ethic that is centered in people's real relationships with one another. It is in the response of people to one another that we look to form moral or ethical understanding. In this view, there is no "redemption" for evil -- it cannot be justified or explained away. Natural evil has to be recognized as a tragic part of human life. We can steadfastly refuse to participate in cultural evil, and we can focus our attention on alleviating the pain, isolation and helplessness that results from both natural and cultural evils. Our response to moral evil is first to recognize that we all have the human capacity to commit such evil. We do so in ways that we do not often acknowledge simply because we have not yet learned to see as evil anything that inflicts pain, isolation, or helplessness in others or in ourselves. Once we recognize these conditions as evil, then our response to evil acts becomes quite different, and our response to the person or people who are suffering becomes very different.

Because our traditional views of evil have not provided a way to conceive of natural evil, cultural

[23] see Noddings, Women and Evil, p. 142.

[24] see Noddings, Women and Evil, p. 153.

evil, or moral evil as distinct, the boundaries between our responses to these realities is totally blurred, and we use essentially the same response to any evil. When we think that an evil we experience is not of our own doing, then logically it "belongs" to someone else (the poor suffer their poverty because they are lazy, stupid, etc.). Or, when our acts are really only a means to a greater good, we can justify our own evil in the name of that greater good (deceiving research participants in order to discover the truth).

Since we are not often not accountable directly to the person who is effected by our own actions, we can easily locate the evil in the other person, thereby justifying our actions. We essentially strip the other person of moral significance by assuming that their own inadequacies, sin, wrong-doing, or evil intentions renders them deserving of any evil that comes their way. By rendering them morally insignificant, we are no longer responsible to respond to the pain or suffering, isolation, or helplessness that they experience. Even more pernicious (causing harm or ruin) is our tendency to do questionable things in the name of an act of love or caring. This happens regularly in the teacher-student relationship, in our relationships with everyone who is involved in research activities, and in nursing practice, when we claim to know what is best for the student, subject, or patient, and when we use means of enforcing our own point of view that inflict pain, isolation, and helplessness.

Women and nurses bear an enormous burden with respect to the traditional views of evil. Many of the traits assigned to us by male arbiters of moral and ethical theory are also associated with evil or with temptation. In our social roles we are expected to prevent evil, including the suffering that accompanies evil. We are expected to raise children who will do no evil, to keep our man happy so he will not be tempted to engage in evil, and yet to refrain from presenting the "temptations" of sexual pleasure that epitomize the essence of woman as evil. We are assigned to care for those who suffer and yet we are clearly warned against showing mercy to those who deserve to suffer at the risk of

contributing further to evil.

Recognizing that we cannot simply erase these deeply seated attitudes and feelings, we can turn to a view of evil that re-names, and re-focuses our thinking and our actions. If we begin by consciously naming as evil anything that causes pain, isolation and helplessness, then we have an entirely new way of seeing the difficult dilemmas that we experience in caring occasions. Our primary ethical concern becomes not that of deciding whether or not to discontinue life support systems (for example), but rather we begin to look for cues as to how to respond to the pain, isolation, and helplessness of the individuals in the situation. Our perspective immediately becomes much more complex, much more accurate to the real situation with which we are faced, and much closer to our experiences as nurses. We know that there is much more than just physical pain to deal with in this situation. There is the psychic pain of each person who is close to the situation, including our own. There is the physical helplessness of the person on the life support system, the isolation of that person from responsive human interactions with loved ones. The injury or illness that precipitated the situation, in this view, is a natural evil that just is. We may learn something about this condition in order to prevent it happening again to someone else, but in this situation, it is an unavoidable, tragic part of life. Where natural evil is concerned, our responsibility according to Noddings is to respond to alleviate pain, isolation and helplessness.

However, we are rarely confronted only with natural evil. In the dramatic life-support system scenario, we become party to certain cultural evils that are not entirely within our power to control or influence. We exist in cultural systems that may not grant rights to a loved one because they are not the "right" gender or proper relation. We exist in institutional systems that are driven to excess by techno-mania and money-mania (and in the United States by litigation-mania). These are cultural evils, each of which create pain, isolation and helplessness.

Moral evil is the direct agency that we exercise with respect to inflicting or failing to alleviate another person's pain, isolation or helplessness. The issue here is not one of deciding whether or not to remove life support systems. Ultimately that decision must be made, and as nurses we do participate in that decision and have some accountability for it. That is a decision that has been created by the technological system in which we work and so in some respects it is also a cultural evil. Our primary concern with respect to our own ethical behavior has to do with our intentional infliction of, or failure to alleviate another person's suffering. The decision to remove or sustain life support systems, from this perspective, becomes one instrument or means to that end, rather than an end in itself. The ethical dilemma begins as we create knowledge of how every significant person in the situation is responding to the situation, and try to discern with those people what can be done to alleviate their suffering. The people involved are not simply "patients", or "family members" or "significant others", or "guardians." These are real people who are in relation with us as care givers. Our actions and our responses directly effect them, and their responses directly effect us. The morality of our acts is judged by their responses, not by abstract principles that must be adhered to. The morality of our acts springs from and is guided by the ideal of natural caring, which Noddings describes as:

- engrossment by the care giver,
- displacement of motivation (taking on the other's motive rather than one's own), and
- recognition and response from the one cared for.

Ethical caring is grounded in the ideal of natural caring. It arises from concern for not only the immediacy of the caring occasion, but from our comprehension of the larger issues, including the future that we choose to shape.

Conclusion

Theories of the heart and practices of the mind will lead us to a future where we can claim the right and the responsibility to exercise our passion, our intellect and our moral agency. We can do so. Indeed, we must do so. How we go about doing so will depend upon the connections we form with one another, the dreams we dream together, the "common sense" that arises from our experiences as women and as nurses, and the values that take as primary our relationships with others.

The uneasiness that we experience between nursing and feminism is an important message. Let us begin to see this message as a significant signal alerting us to the fact that what we know and what we feel deserves our undivided attention. It is time to recognize that our uneasiness is something to embrace and value. We should be proud that we feel dis-ease over a situation that should never exist in the first place, a situation that is wrong. It is time to acknowledge that it is the patriarchal system and structure that keeps us divided from one another, and pitted against one another. It is time to shift our attention to healing the splits, to bringing the whole of us together.

As we move through the next day together, I invite all of us to explore what it might be like to begin, here and now, to create a reality that is informed by all that we know in our hearts/minds. For too long we have confused the theories of the learned as truth. We have confused what we read in books as knowledge. We have confused what we know in our hearts and feel in our bodies as unworthy of serious scholarly attention -- to the point that many of us hardly know what we know, much less what we do. It is time to become whole, to heal the splits of our minds and our hearts, our friendships and our communities, our persons and our professions. I look forward to beginning the journey of health and healing together -- a journey that will reveal theories of the heart, and practices of the mind.

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