

HEALTH AND CARING—FROM A EUROPEAN PERSPECTIVE

Intertwining caring science, caring practice and caring education from a lifeworld perspective—two contextual examples

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Abstract

This article describes how caring science can be a helpful foundation for caring practice and what kind of learning support that can enable the transformation of caring science into practice. The lifeworld approach is fundamental for both caring and learning. This will be illustrated in two examples from research that show the potential for promoting health and well-being as well as the learning process. One example is from a caring context and the other is from a learning context. In this article, learning and caring are understood as parallel processes. We emphasize that learning cannot be separated from life and thus caring and education is intertwined with caring science and life. The examples illustrate how an understanding of the intertwining can be fruitful in different contexts. The challenge is to implant a lifeworld-based approach on caring and learning that can lead to strategies that in a more profound way have the potential to strengthen the person's health and learning processes.

Key words: *Caring, caring science, education, learning, lifeworld, nursing, phenomenology*

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Caring science has its roots in the human sciences and is characterized by the development of knowledge of the patient from a holistic approach. The aim of caring science is to develop such knowledge in order that a greater understanding of the patient and his/her situation can be attained and from that point develop an optimal care. The focus on the patient's world denotes also an attitude that reflects an ethical approach. The holistic view in caring science entails the patient always being seen and understood in his/her total situation (Dahlberg & Segesten, 2010). The patient can thus not be separated from his/her lived world, with all that this entails in terms of experiences, traditions, culture, close and other relationships, surroundings, etc. The patient's perspective is in this way a perspective of priority within caring science that needs to be transformed into practice. In this article, we try to illustrate how caring science can be a helpful foundation for caring practice and what kind of learning support that can enable the transformation into practice.

Caring science grounded in lifeworld theory

The lifeworld theory is an epistemological foundation for caring science. Two concepts are of specific interest here and are useful for gaining an understanding of the patient perspective as a foundation in caring and learning contexts; these are the "lifeworld" and the "lived body."

The lifeworld approach is based on the philosopher Edmund Husserl's theory of lifeworld (Husserl, 1970/1936, 1977/1929). This approach emphasizes the individual's experiences that thus demand an approach that recognizes the world as the patient does, particularly in terms of suffering and well-being. Consequently, giving attention to the patient's everyday life and questioning medical facts and viewpoints from the perspective of the patient is of importance here. The patient is seen as the main expert on him/herself and his/her life situation. Being sensitive toward the patient's experiences and expressions requires an open attitude in caring

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practice. It is a question of coming close to the patient's lifeworld and what it is like to live with illness and to suffer from disease.

The concept lived body makes it possible to develop the meaning of the patient's perspective. This is done with support from how the philosopher Maurice Merleau-Ponty (2002/1945) had developed and described this concept. An elementary idea with the term lived body is that a human being is an indivisible unit, in continual interplay with other people, and the surrounding world. Descriptions of a person as physical, mental, spiritual, social, and cultural do not mean that a human moves between different dimensions but is all of them at the same time. The lived body is physical, mental, and existential at one time. It is full of memories, experiences, and wisdom. A human is his/her body and through it he/she has access to the world. The body is thus the hub of a human's existence, around which everything revolves. One's body is always present, and each experience is an entirety through the lived body. The human body is, of course, physical in its nature and exists in time and space but it is more than that. It is the bearer of a human's life history, meaning, and self-image. The understanding of the body in caring science goes beyond the biological foundations which means that the human biology is also understood as lived. It is not only the body organ that is important, but also how it is experienced by the person, the patient. The body contains feelings and is our means of having contact with the outside world; it is thus more than a physical figure that is of fundamental importance in caring science. Each change in the lived body generates a change in access to life that becomes palpable in relation to ill health, illness, injury, or other suffering. The approach of the patient as a lived body demands caring and learning strategies that have the potential to consider subjective experiences in a deeper and holistic meaning.

Consequently a lifeworld perspective has a focus on existential issues concerning the patient's world, that is what it is like to live health, illness, and suffering. In other words, how health/illness, suffering/well-being influence a person's lifeworld and existence. Caring science's interest in the patient's world denotes a holistic view that distances itself from dualism and polarization. The patient is instead seen as a lived subject that includes all human aspects. It means for example that biological and medical aspects are recognized in the same way as everything else in the patient's world (Dahlberg & Segesten, 2010). The intertwining reflects a characteristic of the caring science knowledge.

A caring science perspective on health and well-being

Caring science is health oriented which means that caring should focus on strengthening a persons' health and facilitating well-being (Dahlberg & Segesten, 2010; Dahlberg, Todres, & Galvin, 2009). Dahlberg and Segesten (2010) described the essential meanings of health in terms of well-being and a quality of "being able to" achieve life projects. Thus, health is more than biological health and the absence of disease. Being able to describe the meanings of "well-being" as well as the meanings of "being able to," and the underlying conditions is therefore an important task. Well-being is the individual experience of health. The phenomenon well-being is to be understood from a holistic perspective. Well-being is subjective and personal and is expressed in a human being's way of being-in-the world. This means that well-being cannot be divided into physical or mental well-being. Being is a holistic condition, where each person finds his/her own balance in harmony with the existence in which the individual lives (Todres, Galvin, & Dalberg, 2009). Todres and Galvin (2010) highlighted that well-being is both a way of being in the world as well as a felt sense and they described the deepest existential well-being as "dwelling-mobility."

Health or well-being is something that we do not notice specifically in our everyday life when everything runs smoothly, that is "health is silent" (Gadamer, 1996). It is first when we become ill and our lived body is chanced in a way that we become most aware of well-being as something desirable. The illness disturbs the lived bodies' access to the world and prevents a person carrying out his/her natural daily life (Svenaues, 1999; Toombs, 1993). Toombs (1993) clarified that when the body breaks down, it also means a break down of life. In this situation, the person tries to regain well-being and balance in life. Dahlberg (2011, p. 23) expressed that "Well-being is intertwined with the experience of existential vitality, having the power, lust and mood to carry through one's major as well as minor life projects." Furthermore, Dahlberg clarified that health and well-being even includes "life rhythm" with a harmony between movement and stillness in the life situation.

Transforming caring science to caring practice and learning contexts

Transforming caring science to practice means a beginning in the individual and subjective world, in other words to acknowledge "Lifeworld" as the

platform for caring and learning. The lifeworld approach emphasizes the individual's experiences that thus demand an approach in caring situations that recognize the world as the patient does. In the learning situations, the lifeworld perspective means to consider the learners' experiences and his/her understanding and embodied knowledge of caring phenomenon. The lifeworld approach is accordingly a fundamental approach for both caring and learning that needs to be considered in the transformation of caring science to practice and lived situations. The view on the person is the same, no matter if it is in a caring situation or in a learning situation (Ekebergh, 2009a). This will be illustrated in two examples in this article. The transformation of caring science to practice means an intertwining process, including caring science knowledge, practical knowledge, and lifeworld knowledge; the latter means the subjective and lived knowledge. This intertwining process needs a support that has the potential to meet the carer's or learner's lifeworld. Reflection is of crucial importance here, it is through lived reflection that a person can intertwine knowledge and gain a new and deeper understanding of the phenomenon in question (Ekebergh, 2007).

Lifeworld-led didactics that have the potential to intertwine caring science with lifeworld knowledge

Didactics that have the potential to intertwine caring science with lifeworld knowledge are characterized by being open and sensitive for the learner's lifeworld (Ekebergh, 2009b). Learning is individual and takes its point of departure in the learner's previous experiences that accompany the learning process. This entails that each individual has a specific learning profile depending on one's subjective dimension in terms of understanding, values, interests, perspectives, and so forth. It is thus of crucial importance to be sensitive to the learner's horizon of understanding and his/her reflection and knowledge. The meaning of caring in a deeper sense is an intertwining of patients' and carers' lifeworlds that require didactics that support a reflective attitude and self-reflection; in other words, that enable an open attitude. Didactics must be used with tact and sensitivity according to the lifeworld perspective (Ekebergh, 2009a; van Manen, 1993). The goal with the learning process, which includes the transformation of caring theory into practice, is to relieve the patient's suffering in an ethical way and to strengthen well-being.

Lifeworld-led didactics play an essential role in the transformation of caring science into a professionally focused knowledge. In learning contexts, either educational or clinical, the didactics have to be

flexible in response to caring science matter so that the development of the understanding of the patient's world, the caring, and the carer's professional knowledge can be pervaded by this knowledge base. The starting point of the lifeworld perspective is the "patient's narrative" and through this, the patient's world becomes visible. In a reflective process, caring science concepts play an important role as tools for analysing and penetrating the patient's narrative. This learning process is characterized by a meeting between the patient's world and caring science that develops a new understanding for the patient's situation. However, the patient's narrative is often complex and it requires different knowledge to be able to deal with all the patient's health problems and being able to care for the patient. With help from a caring science perspective, the carer can be attentive to patient's experiences and from that base select knowledge that is needed from other areas to meet the patient's needs. Caring science can thus illustrate the knowledge that is necessary for a carer to be able to meet the patient's needs and develop a preparedness that is based on a deeper understanding of the context in question, from a holistic perspective. By selecting the right didactic strategies, the learner can acquire adequate knowledge of the profession, at the same time a caring approach, based on a caring science perspective, is developed and can be capable of permeating thoughts, feelings, and actions in the learning process. This can be seen as both a parallel process and an interweaving process, where the patient's world, caring, ethics, and specific professional knowledge are the core components (Ekebergh, 2009b). The perspective of the patient dictates the acquisition of knowledge. Research within caring science didactics has shown that caring science knowledge is an important tool in the reflective learning in order for the learner to be able to acquire professional knowledge that can accomplish an evidence-based and qualitatively good care. A precondition is, however, that the support to the learning process is such that the learner's lifeworld is taken into consideration in the same way that the patient's lifeworld is taken into consideration in the caring (Dahlberg & Ekebergh, 2008). Learning and caring are thus parallel processes that constitute one important caring quality and at the same time illustrate how caring science forms the knowledge base for the professional knowledge.

The following two examples from research show the potential for promoting health and well-being as well as the learning process. One is from a caring context and the other from a learning context. Both examples are based on the Reflective Lifeworld

Research approach, founded on phenomenology (Dahlberg, Dahlberg & Nyström, 2008).

The first example is from a study of touch with rhythmic embrocation from the patients' perspectives in an anthroposophic care context (Ozolins, 2011). The findings show that the patients experience touch in the form of rhythmic embrocation as something that makes them aware and attached in a meaningful context. Touch contributes to a caring space, where the patients can become susceptible for care and have a potential to open up and awaken their bodies from being numb, tense, and painfully enclosed in themselves. When the patients open up, both to themselves and to the world, they become more aware of what they need to feel better. Touch in rhythmic embrocation pays attention to and touches the senses of the patients, so that these are set in motion. Opportunities for both stillness and activity may be used in a beneficial way for the patient. Touch seizes hold of the patient, touches upon, and at the same time it can stabilize. Touch thus creates possibilities for both activity and stillness and it paves the way for an awakening of rhythm and balance in life. Touch can thus support the life rhythm, life projects, and movement intertwined with stillness.

The reciprocity and attachment of touch mean both a connectedness with the other and oneself, and are thus more than the visible body contact and may alleviate the patients' suffering and give them joy and vitality.

Touch has a multifaceted and unpredictable character and may be frightening and cause or intensify suffering. Furthermore, it can severely hinder the caring power to work for the well-being of the patient, if it is not balanced against the patients' vulnerability.

There are some requirements for using the caring power of touch. The patients need to be invited to a respectful form of touch which means that the carer needs to be present, attentive and open to the patients' needs and expressions, so that they can come together in a rhythm with each other. This movement in touch is interwoven in the genuine meeting between the patient and the carer. Openness, attentiveness, and immediacy are crucial to get into a contact that enforces the health processes.

The second example is from a study of film as support for promoting reflection and learning caring science (Hörberg & Ozolins, 2011). It has been shown that nursing students may have problems in assimilating theoretical knowledge and also understanding the usefulness of the knowledge in practice, when trying to understand the intertwining of theory and practice, and of the patient and the nurse in the caring encounter (Ekebergh, 2001, 2007, 2009b). The theoretical courses have a tendency to become

all too theoretical, whereas in the practical courses, the theoretical element is sometimes absent. In lifeworld-led learning, there is a need for a variety of didactic tools to both deepen and expand the understanding where the lived body is taken seriously. Questions have been raised about how film can be used to enhance and support students' learning and possibilities for integrating the theoretical knowledge with practice, and in what ways it may contribute to a greater and deepened understanding of caring science.

The aim of this study was to describe how film as learning support can boost reflection when learning caring science. The data were collected through audio-taped seminars, written reflections, and group interviews with students on basic-, advanced-, and doctoral levels. Films were shown to groups of students to investigate this. The choice of films was made with respect to the learning aims of the courses, and that the film was related to caring and nursing and could illustrate people's existential conditions, health, and suffering.

The findings show that film, as a means of expression, creates an opportunity to understand caring science by bringing the theoretical knowledge to life that can be understood as relating to a meaningful and more vivid context and enabling a more profound and broader understanding. Bringing caring science to life takes place when one is moved and touched in several senses. This enables learning—supported by reflection—to be vitalized, incorporated, and related to one's own nursing. Touch is powerful, and with the support of reflection, conditions for learning caring science may be created by creating a movement between theory and practice. Using the "caring science perspective," an understanding of caring science may be given a meaningful "space." This illuminates movement and the intertwining between the lived body (Merleau-Ponty, 2002/1945) and the understanding of caring science theory and how it can contribute to a deeper understanding of caring relations and the support of life knowledge.

In order for optimal learning to take place, one should give a structure for learning support related to the film, such as focus and purposes with watching the film as well as support for follow-ups. The students are guided in reflection and are given support in using a "caring science perspective." The film "by itself" does not create such support and guidance but must be combined with well-grounded educational considerations on how learning can be supported.

The study shows that films can be used in nursing education to clarify aspects of the human condition such as health and suffering as well as the substance of caring science. Film may thus under optimal

learning conditions, as previously suggested, integrate theory and practice with the student's lifeworlds (Hörberg & Ozolins, 2011).

Reflections on the lifeworld perspective and the intertwining of caring science, caring, and education, that is learning contexts

Learning cannot be separated from life and thus caring and education are intertwined with caring science and life. The examples illustrated how this understanding of the intertwining can be fruitful in different contexts.

The first example from a caring context shows that touch opens up oneself, the other and the world, and is illustrating the overall connectedness in existence. This connectedness also implies vulnerability in relation to others and the world. One can reflect upon the opening and awakening character of touch in relation to the risk of wounding, a paradox that we have to live with but that must be problematized in the care of others. Lifeworld theory helps us to balance our understanding of such a phenomenon.

Todres (2007) had, inspired by Heidegger and Boss among others, reflected upon the existential freedom-wound, and he articulated the existential nature of human vulnerability and that vulnerability paradoxically comes from human beings' openness to the world to receive and perceive, which also refers to Merleau-Ponty's (2002/1945) understanding of the lived body. Belonging to the freedom wound could also be metaphorized as a lived space embracing the ambiguity.

We believe that touch, as a phenomenon, needs to be understood as receive-perceive, and to be described with sensitivity regarding its ambiguity, its possibilities, and with respect for its complexity, and where tactility is not separated from the lived body and the understanding of existential vulnerability. This could also be understood with the help of Merleau-Ponty's "flesh of the world" and the chiasm (Merleau-Ponty, 1968/1964) where people and world are intertwined, and are of one another but never the same. This means that as we come close in touch, we always understand the other person from our own opening to the world. In touch, we can come close in caring relationships, but we always have to embrace the ambiguity, and the reversibility in touch is related to not only possibilities, but also to the risk of hurting patients. In caring, there must always be a focus on the other persons' needs, that is the patient, to understand his or her unique opening to the world as Dahlberg and Segesten (2010) suggested, and to be able to balance the movement and the ambiguity.

Humans can never escape their existential vulnerability and it is shown even in the example from holistic care, that is anthroposophy, where carers really try to understand the complexities of care and life itself. Touch can thus never be considered a technique or method; the personal experience and the intersubjectivity must always be in focus. The openness that we perceive-receive in touch is best cared for in rhythm with each other in a caring space.

Touch may be understood in relation to Todres' (2007) understanding of the flow of relational life, where it may be a nourishment of the play of home and adventure. Touch is in the sphere of home and adventure, and healing can take place in this vulnerable openness but it includes the risk of pain.

If touch is to be considered as caring and promoting well-being and healing, carers need to understand and respond to patients' needs and explore the patient as a person, and not ignore the open horizons in touch that can mean both home and adventure.

We stress that the understanding of the lived body, the existential vulnerability—and its deep connectedness to others and the world—is fundamental in caring science and in the care of patients to understand and meet their needs.

The second example with findings from lifeworld-based learning (Hörberg & Ozolins, 2011) clarifies the need of a learning relationship that gives the students the possibility to be understood as complex beings and lived bodies. The present learning context does not separate life from learning. The students need an opportunity to be understood in their complex learning to be able to transform a more rigid theoretical knowledge into a more vibrant and lived experience that can transcend the learning situation. Merleau-Ponty's philosophy of "the lived body" gives the understanding of the importance of approaching the students from a lifeworld perspective. "The body is the vehicle of being in the world, and having a body is, for a living creature, to be intervolved in a definite environment, to identify oneself with certain projects and be continually committed to them" (Merleau-Ponty, 2002/1945, p. 94). Film as learning support facilitates making theoretical knowledge more vibrant. When students have the opportunity to reflect upon and relate to this more vibrant knowledge, it could be easier for them to embrace the theory, and live it in practice.

Merleau-Ponty's philosophy, of "the flesh of the world" (1968/1964), can lead us to understand how the students are interwoven with the film and the teachers' and the other students' perspectives, where the personal experience stands out in relation to others and how some meanings have more generality. In this situation, the students have an opportunity to both see themselves and others as well as

being seen. The students can understand and be understood, both in relation to generality and particularity. They have their own understanding that is always in relation to something else, or others, and to space and time. This could be understood in relation to the “flesh of the world” that entails that everything, both men and matter are from the same “flesh” and are affected by the same world.

Merleau-Ponty (1964/1948) argued that film is not a sum total of images but a temporal gestalt and an expressive force that makes us sense a coexistence and simultaneity of lives in the same world. In caring science, the meaning of health, well-being, and suffering is paramount. Films as meaningful narratives could be related to the students’ understanding of health and suffering, and the caring science substance, in a flexible learning situation that can make their learning more vivid and vibrant.

Conclusion

Caring and learning are intertwined and cannot be separated from life. When applying caring science knowledge into practice, it must be sensitive to the lifeworld. This demands learning strategies that have the potential to enable an encounter between scientific knowledge and lived reality or life. In the same way, caring demands caring strategies that are able to meet the lifeworld’s complexity. The challenge is to implant a lifeworld-based approach on caring and learning that can lead to strategies, which in a deeper way has the potential to strengthen the person’s health and learning processes. It is a challenge to understand such a complex and intertwined phenomenon, and further studies are required, both theoretical and empirical.

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