

## The Metaphysics of Care

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Impressive work is being done in two disciplines on the topic of care. The publication of the work of Carol Gilligan several years ago sparked a great surge of interest among feminist philosophers. In a series of influential articles, eventually turned into a book under the title In a Different Voice, Gilligan took issue with psychologist Lawrence Kohlberg's analysis of human moral development. She pointed out that Kohlberg's theory of stages of moral development had been developed on the basis of research on an all-male sample, and suggested that the moral development of women might take a different course than that of men. Inspired by her work, feminist philosophers began to focus on the possible relevance of gender for ethics. The alternative highest stage of moral development described by Gilligan featured attention to special relationships and the context in which moral judgment occurred. Since she termed this "different moral voice" the voice of care, much of this work has been done under the description of an "ethics of care." Some of the work of Nel Noddings, Annette Baier, Marilyn Friedman and others makes explicit reference to the work of Gilligan, and describes itself as following an agenda her empirical research set<sup>1</sup>. Many of these feminist philosophers are exploring ways of giving moral character, interpersonal relationships and the context of moral judgment a larger role in ethics.

In another discipline, nurses have recently begun questioning the dominance of rule and principle, reasoning in biomedical ethics, and are asking whether there is a distinctive nursing perspective in health care ethics. Because of the centrality of the concept of care to the self-definition of nursing, this discussion too is being carried out under the description of an "ethics of care." It is not

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<sup>1</sup> See for instance Friedman, M (1987): Care and context in moral reasoning. In E. F. Kittay and D. T. Meyers (Eds), Women and Moral Theory, 139-153; Baier, A (1986): Trust and antitrust. Ethics 96 231-260; Caring about Care, Ethics ; Noddings, N (1984): Caring: A feminine approach to ethics and moral education. Berkeley: University of California Press.

the woman's voice but the nursing voice that is being articulated; but it is speaking against a dominant moral paradigm which like Kohlberg's work is heavily indebted to the Kantian tradition in ethics. There is a growing body of nursing literature then on the ethics of care; no closer to consensus than its feminist equivalent, but certainly no less interesting. Recent work on the ethics of care by such nursing scholars as Carolyn Cooper at UNC-Chapel Hill or Beverly McElmurry at Chicago Circle frequently does refer to the philosophical literature<sup>2</sup>; but so far the feminist philosophers seem pretty oblivious to the excellent work being done in nursing.

But it is not ethics that interests me here, but some other aspects of nursing's growing body of literature on care. If nursing is asking a question in ethics which feminist philosophers may be able to help answer, feminist epistemologists and philosophers of science may well be asking questions which nursing may be able to help answer. I would like to briefly indicate some issues of concern to feminist philosophers, and discuss some nursing literature which addresses, directly or obliquely, those concerns. Instead of speaking of the ethics of care, I will be talking about the epistemology, and, briefly, the metaphysics, of care.

In nursing, care has long been one synonym for the skilled practice that lies at the heart of the science and art of nursing. Many modern conceptions of nursing make the nurse/patient relationship central to or constitutive of the discipline, and consequently a great deal of work has been done on the notion of "care" implicit in the care the nurse gives the patient in that relationship. The concept of care in nursing is both broader and more specific than that with which feminist ethicists have been working. It is broader because it explicitly includes a wide range of disciplinarily appropriate tasks, as well as an attitude and a socially sanctioned professional role. It is more specific because the nurse / patient relationship provides a different model of what it is to care than either the pedagogical relationship

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<sup>2</sup> See for example Cooper, M C (1989): Gilligan's different voice: A perspective for nursing, ANS 11(4), 9-22, and Cooper, M C (1990): Reconceptualizing Nursing Ethics, Scholarly Inquiry for Nursing Practice 4(3). Also Yarling R R and McElmurry, B J (1986): The moral foundation of nursing, ANS 8(2) 63-73.

between teacher and pupil, or the parent-child relationship, the two models most frequently found in the philosophical literature on caring.<sup>3</sup> Just as feminists who interest themselves in ethics can learn a great deal from the work being done on ethics by contemporary nursing scholars, so feminists interested in epistemology and philosophy of science will find much to interest them in contemporary discussions by nurses of three issues: (1) How do you learn and teach clinical expertise, the skills of care? (2) Is it possible to develop a systematic body of knowledge about care, a "science of care?" and (3) What is the nature of the caring self?

### **Learning and Teaching Clinical Expertise**

a--a philosopher's question

Canadian feminist philosopher Lorraine Code begins a recent article<sup>4</sup> by claiming that "two central, interconnected tasks that face feminist philosophers working in theory of knowledge are that of finding appropriate ways of knowing women's experiences and the structures that shape them; and of developing theoretical accounts of knowledge which retain continuity with those experiences." If, as feminists believe, gender is epistemologically relevant, it is because knowledge is connected with experience, and the experiences of women may differ in some systematic ways from those of men. The epistemological problem is expressed then in two questions: (1) First, a question of how to get the necessary data: How can we understand women's experiences and the structures that shape them? and (2) second, a question of theory: What theoretical account of knowledge can we develop which retains continuity with that experience?

Code's own example of a fruitful model of knowledge development which reaches useful

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<sup>3</sup>--Nel Noddings' work on caring uses the pedagogical relation as her model, and analyses it in parental terms. The work of Carolyn Whitbeck and of Sarah Ruddick present careful and very useful analyses of mothering as skilled expertise, and a recent criticism of feminist ethics presupposes (I think quite incorrectly) that the experience of mothering is a necessary condition for developing an ethic of care.

<sup>4</sup>--Code, Lorraine (1988). "Experience, Knowledge and Responsibility." In Morwenna Griffiths, ed., *Feminist Perspectives*, Indiana University Press, p. 187. Code has developed her position in several books, including *Epistemic Responsibility* and, most recently, *Whose Knowledge*.

feminist conclusions is Gilligan's empirical work on the moral development of women. Her analysis of this example is an interesting one. She does an epistemological reading of Gilligan, suggesting that Kohlberg's male and female subjects differ from each other not so much ethically, in their moral judgments, as epistemologically, in their apprehensions of the situations they must judge.<sup>5</sup> Code praises Gilligan's method as one of "listening responsively, and so, I would maintain, responsibly," to women's stories as they recount their experiences. She suggests that Gilligan's methodology, the story-listening techniques she uses, could be adapted and amplified, as a means of "mak[ing] sense of how it is that actual, historically situated, gendered epistemological and moral subjects know and respond to actual, complex experiences." (p. 198). She draws an analogy between Gilligan's "responsible/responsive listening" to the stories of women and what she sees to be the moral approach characteristic of women:

"Attempting to position oneself reflectively within a situation, in relation to various of its aspects, so as to achieve a stance which will allow one to take account of as many of the implications [both of motives and actions] as possible...one needs to cultivate an attitude perhaps best described...as one of 'passionate detachment.'" (p.196.)

She concludes her account of Gilligan's work,

"There is an evident concern in her work to maintain contact with, and derive insights from, accounts which not only arise out of experience and are firmly grounded in it, but which stay in touch with that experience in drawing their conclusions. This contrasts with methods of epistemological and moral theory construction which aim to transcend experience, to move beyond it, allegedly toward greater clarity and accuracy; but at the expense, I believe, of the insight and understanding that a maintained continuity with experience can afford." (p. 197.)

b--a nurse's answer

In 1984 nursing scholar Patricia Benner published a book called From Novice to Expert: Excellence and Power in Clinical Nursing Practice.<sup>6</sup> Its thesis was that actual clinical practice facilitates

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<sup>5</sup>--Code, p. 195.

<sup>6</sup> Patricia Benner (1984): From Novice to Expert: Excellence and Power in Clinical Nursing Practice. Menlo Park: Addison Wesley Publishing Company.

the acquisition of clinical skills in a way which theoretical or didactic education cannot duplicate. This book had several novel features. One novelty of the book was its focus on clinical expertise: the knowledge which accrues through the practice of nursing, and manifests itself in doing that practice better. The second novelty was its theoretical basis: its utilization of a model of skills acquisition which characterizes the move from lower to higher level of proficiency in terms of a movement away from, rather than toward, abstract principles, and the substitution of past concrete experience as paradigms to replace abstract principles as a basis for clinical judgment.

The third novelty, closely allied to the second, was the method of presentation of the content of the book. Since the theoretical model suggested that as nurses gain expertise, concrete incidents became increasingly important as factors in clinical decisions, Benner chose to let concrete incidents--or more precisely, clinicians' narrative accounts of concrete incidents--play a crucial role, not only in generating, but in conveying, the message of the book. Generalizations about differences between expert and novice clinical practice were developed from interviews of practitioners of different levels, and were conveyed to the reader through the inclusion of over 80 narrative paradigms, or "exemplars," interspersed throughout the text.

The result has been a powerful and extraordinarily influential book, not only useful to novices as a learning tool, but perceived by more expert practitioners as true to practice in a way few textbooks can claim to be. Although by no means the only philosophically sophisticated nursing scholar, Benner is probably the best known and most widely read, not only among fellow scholars, but among rank and file practitioners. The key to her popularity with both audiences is the extraordinary combination in her writing of theoretical exposition with anecdotal narrative. Its pedagogical virtue is also the key to its usefulness as an example of knowledge generation and transfer which I consider of great potential value to feminist theorists.

Benner's work suggests the following answers to the philosopher's questions:

1. How can we understand women's experiences and the structures that shape them? We can understand nurses' experiences, and perhaps, analogously, the experiences of women, through their

narrative accounts of those experiences, and can teach by using those same narratives.

2. What theoretical account can we give of knowledge which retains continuity with experience? Knowledge, Benner suggests, is not solely "knowing that" something is the case, and acquired through and expressed in theory and rational argumentation, but also includes "knowing how" to do things -- how to perform a variety of skills and practices.

Code's demand for an epistemology which is adequate to women's experiences and the structures that shape them is going to be hard to meet. On the one hand, the experiences of women are as diverse as the individuals, each with her context and situation. On the other hand, feminists suggest there are commonalities of race, class, and ethnicity which are conditioned by the universals of patriarchy and the subordination of women, which unite diverse individuals. Benner's epistemological thrust concentrates not on what happens to women, their experience and the restrictions on it; but on what nurses **do** -- exercising the skills and accomplishing the tasks which may (or may not) be associated with their gender, and the conditions which improve those skills. In her analysis of clinical expertise and the role of experience in excellence in nursing, Benner puts into focus the extent to which caring is a learned skill, an expertise, for which an attitude of concern, if necessary, is not sufficient. Love is not enough; and an adequate account of care must acknowledge that one must love wisely in order to love well. Benner's insistence upon an understanding and a respect for the skills of care is resonant of the work by feminist philosophers Carolyn Whitbeck and Sarah Ruddick, who analyse maternal thinking as forms of expertise.<sup>7</sup>

It may not be the structures which shape women's experiences that are the appropriate objects of concern for feminist epistemology, but the experiences themselves, and the skills which they exemplify. And it may not be theoretical accounts of knowledge which are desirable in learning and teaching those skills, but the narratives which exemplify them, which best maintain continuity with those experiences. Benner's model for learning and teaching skills, with which Code is apparently

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<sup>7</sup> Whitbeck, Carolyn (1984):  
Ruddick, Sara (1980): Maternal thinking. *Feminist Studies* 6, 342-367.

unfamiliar, and Benner's theoretical content, including her model of skills acquisition, are of great potential interest to feminist epistemology.

### **A science of caring**

a--a philosopher's question

In the last 10 years feminist philosophers have been paying a great deal of attention to epistemology and philosophy of science. Until fairly recently, when some anthologies about feminist methods in the social sciences began to appear, feminist attention to science accepted a natural science such as physics as the paradigmatic science; and leveled its critiques against that model. Noting about contemporary scientific practice and culture that it is dominated by male practitioners and directed toward problems determined predominately by male interests, feminists speculate what might change in the methods and goals of a science with a more egalitarian gender distribution in its practitioners and interpreters. In a 1983 anthology<sup>8</sup> Merrill Hintikka and Sandra Harding collected work which began to suggest that perhaps not only the content of contemporary science, but the methods as well, could profit from scrutiny and revision. Sandra Harding, a philosopher at the University of Delaware, has been particularly important in suggesting feminist alternatives to, as well as feminist criticisms of, the mainstream scientific tradition. In her 1986 monograph, The Science Question in Feminism, Harding identifies as one of the important feminist research programs what she terms "an alternative understanding of how beliefs are grounded in social experiences, and of what kind of experience should ground the beliefs we honor as knowledge."<sup>9</sup> What Harding calls "feminism's successor science" is hypothesized and puzzled over; various writers talk about what difference a woman's voice might make in the current criteria for what counts as science, and what counts as good science.

For their own reasons, and out of their own agendas, some feminists have begun generating a

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<sup>8</sup> Hintikka M and Harding S (1983): Discovering Reality. Dordrecht: Reidel.

<sup>9</sup>--Harding, S. (1986). The Science Question in Feminism, p. 24. She continues, "These feminist epistemologies imply a relation between knowing and being, between epistemology and metaphysics, that is an alternative to the dominant epistemologies developed to justify science's modes of knowledge-seeking and ways of being in the world."

vision of what science must be or become in order to adequately accommodate women's values, interests and experience. There is no monolithic or universally agreed upon view, but there is some degree of consensus and convergence among, for instance, feminists working in the social sciences. One author, Mary Gergen,<sup>10</sup> suggests a list of traditional empiricism methodological principles which feminist epistemologists tend to reject:

1. The independence of scientist and subject
2. The decontextualization of the subject matter from the field in which it is imbedded, physically and historically
3. Value-neutral theory and practice
4. The independence of "facts" from the scientist
5. The superiority of scientists over other people

"Feminist inspired research", she suggests, "would endeavor to recognize that scientists, subjects and 'facts' are all interconnected, involved in reciprocal influences, and subject to interpretation and linguistic constraints. In addition, scientific endeavors would be treated as value-laden and would be formed with specific value orientations in mind. This research approach would treat scientists as participants in the research project along with the subjects of the research, and not as superior beings who maintain a knowledge monopoly among themselves." (p. 94)

The philosopher's questions seem to be: (1) What model of science is appropriate for feminist inquiry? (2) What might a science with more equitable gender distribution, or a science in which women predominate, take as its model?

b--a nurse's answer

In a 1987 article in the Journal of Advanced Nursing, Australian philosopher Margaret Drummond poses the question of whether there can be a science of care<sup>11</sup>. She asks whether caring as

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<sup>10</sup> Mary M Gergen (1988): 'Toward a feminist metatheory and methodology in the social sciences. In M.M. Gergen (Ed), Feminist Thought and the Structure of Knowledge. New York: NYU Press.

<sup>11</sup>--Drummond, M (1987) "Is a Science of Care Possible?" JAN

an emerging construct in nursing literature is compatible with science, and whether there can be a "science" of care in the nursing sense of that word. Distinguishing between a science **for** caring and a science **of** caring, Drummond notices that within the traditional view of what a science is, to have a science **OF** caring would imply "that caring can be operationalized in some way as a set of behaviors which can be observed, counted or measured." (p.666) But that is difficult, for any instance of caring behavior counts **AS** caring, in Drummond's view, only because of its effect and appropriateness within the context of the nursing situation. Any components in terms of which caring might be explicated are themselves as dependent upon context as the whole of which they are seen to be a part. To explicate caring in terms of context-free, universal or universalizable variables, as is expected in the traditional model of science, may yield a result which cannot easily be identified as caring by practitioners. She draws an analogy with the operationalization of intelligence as IQ, a case where the results, although quantifiable and interesting, bear little resemblance to the concept with which the researchers began.

The problem then with a science of care is not with nursing's understanding of care, but with nursing's understanding of science. Because the knowledge appropriate to a science of care must be historically and culturally specific, in order to give a positive answer to her question, it may be necessary to characterize science in a way different from the traditional empirical model. The science which she envisages as an alternative model is contextual, historically and ethically conditioned. "This suggests," Drummond concludes, "that if nursing really wants to have a science of caring...then it may have to take a hermeneutical form." (p.688)

Nurses typically, though certainly not universally, do describe themselves as scientists. If they don't, it is often because of their fear that the term "scientist" has been associated with an inappropriately narrow model of what it is to be a scientist. Nurses then, for their own internal disciplinary reasons, carry on discussions and critiques of science and scientism that some of the non-nursing feminists who work in philosophy of science might find sympathetic. Drummond suggests the following answers to the philosopher's questions:

- (1) What model of science is appropriate for feminist inquiry? Nursing is finding it useful in

some contexts to conceive of itself as an interpretive, human science, rather than an explanatory, strictly empirical science. Perhaps feminism too might find this self-conception useful and illuminating. (2) What model of scientific method might a science with a more equitable gender distribution, or a science in which women predominate, adopt? If there is to be a science appropriate to a feminist model of inquiry, analogy with nursing suggests it might be appropriate to consider social, rather than natural, science as an appropriate model. And the characteristics of nursing as a discipline which is not dominated by male practitioners presents an interesting case study for scholars of the scientific disciplines. Looking at nursing, feminists interested in speculating about the characteristics of a possible feminist "successor science" can find a large, relatively well-established discipline which considers itself a science; but which for reasons internal to its discipline, and related to the nature of its practice, is working out a model of what it is to be a science which differs from the traditional natural science paradigm.

### **The caring self**

So far we have been speaking primarily of the epistemology of care. In turning to the question of the caring self, we approach the "metaphysics" of care. In her second book, The Primacy of Caring (1989), Benner speaks at great length about care. Drawing heavily on Heidegger, Merleau-Ponty and other writers in the continental tradition, she sketches a notion of self as defined and characterised essentially by the concerns of that self -- its intentions, projects, attachments. In a characteristically self-referential style, Benner speaks of the care constitutive and definatory of nursing, as the care **of** caring selves **by** caring selves--the care of people who care about things by people who care about them, and thus by extension, care about what they care about. By making the nature of the self central to her book, she can talk in one common language about the patient as subject of his or her own activity and as object of the attention of the nurse; and can use the model of what it is to care about whatever the patient cares about as the model for what it is to care for the patient.

Benner describes the book as "devoted to an interpretive theory of nursing practice" (p. 9), which she later terms "a phenomenological stance." In her second chapter, entitled "On what it is to

be a person," she develops her view of the person as a self-interpreting being. There are four characteristics of this self:

- (1) The self is embodied intelligence, and capable of knowing (and acting on its knowledge) through its body as well as its mind.

...the innate capacities that humans start out with make it possible for them to experience an embodied self and to inhabit a world that has meaning for that self....All of these aspects of embodied intelligence make possible a non-reflective grasp of a situation in terms of its meaning for the self. (p. 45)

- (2) The world into which we are born is constituted by trans-individual culturally formed meanings, and we understand the world in terms of these meanings, which surround us from birth, provided from and constituting our cultural background, subculture and family. This background of meaning is not limited to attitudes or belief systems, but is embedded in cultural practices and skilled activity; and changes over time.

- (3) Because things, including other people, matter to us, we become involved in the world. Through our understanding of people as involved in their context, we can see their actions as living out their concerns. "We have the capacity to care, and our caring causes us to be involved in and defined by our concerns." (p. 42).

- (4) Because of embodied intelligence, background meaning and concern, people grasp a situation directly in terms of its meaning for the self. People are engaged by their worlds, and constituted by them.

The nursing concepts of stress and coping, instanced in several contexts throughout the book, are understood in terms of the competent function of the caring self in its inhabited world, or the breakdown of that function. And the role of the nurse as health care provider is sketched in the same vocabulary. The nurse is seen as an interpreter to the patient of the lived world of that patient, and as facilitator of the coping skills of that self for itself. The book can be seen as an expansion on a remark in the first book:

Nursing is a human science, conducted by self-interpreting subjects (researchers) who are studying self-interpreting subjects (participants), who both may change as a result of an investigation." (From Novice to Expert, p. 171.)

The consequences of this position for epistemology are clear from Benner's earlier book. Her account of the phenomenology of the caring self grounds or justifies her methodology in the first book to some extent, although her enterprise there can certainly stand alone. There are implications for an ethics of care as well; and recent publications suggest that Benner is now turning her attention to developing a full-blown phenomenological nursing ethics to complement her epistemological and metaphysical enterprise.<sup>12</sup>

In a sense, Benner does too much. By making "care" essentially constitutive of the self, and virtually equivalent to intentionality, she makes it harder to say what care is NOT than to say what it is. Even destructive or dysfunctional activity is a manifestation of the concerns of a caring self. On the other hand, it does do what some other accounts do not. By focusing attention on the ontology of the caring self, Benner takes moral primacy away from the consequences of actions and allows consideration of the character and intentions of the agent; and allows for a definition of moral, or for that matter, of professional agency, in a way which takes cognizance of the interpersonal and relational nature of human action without presupposing a radically atomistic or solipsistic self. Considerations of either epistemology or ethics eventually lead us to questions of the nature of the self, as agent and as knower. Benner's acceptance of the necessity for this consideration makes her work one plausible candidate for a systematic treatment of, or "science," of care.

### **The role of theory**

In my discussion of nursing literature on the topic of care, I have said both too much and too little about one nursing scholar and the possible interest of her work to non-nurse feminists. It may sound as if there is this one interesting scholar, rather than, as was my intention, this great neighboring

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<sup>12</sup> Cf., eg., Benner, P (1989): The moral dimensions of caring. In J Stevenson and T Tripp-Reimer, Eds., Knowledge about care and caring. Proceedings of a Wingspread Conference. ANA.

discipline chock full of all kinds of interesting writing. At the same time I have neither adequately situated nor critically evaluated the work of Benner herself, as one writer with one project. But rather than attempt to remedy these defects, I would like instead to look at the role of theory in feminism and in nursing.

I have been speaking of nursing and feminism as if they were adjoining and parallel disciplines with their own practices and theory, and with parallel relations between their practices and their theory. I have spoken of the metaphysics, epistemology and ontology, as well as the ethics, of caring, and have altogether been behaving as if there were two tame little niches in the platonic world of academic disciplines, one labelled "nursing" and one labelled "feminism." But this postulate conceals many vital and vexed issues, which cannot be so easily passed over in silence. Is nursing a science, or an art? Is feminism a philosophy, or a politics? Those who participate in the practice, as well as the theory, of caring, or who identify their passions with that part of feminism that is praxis rather than theory--and revolutionary praxis, at that--are likely to be impatient with what can only be described as the naivety and irrelevance of my kind and level of engagement with feminism. And those who are aware of the history of the relations between feminism and nursing might be angered by my apparent obliviousness to the long history of snubs and disagreements between the positions represented by nursing and by at least one wing of feminism.<sup>13</sup> By my treatment of common questions and common answers, I do not wish to beg any of those complex questions, but only to prepare the way for a common examination of them by nurses whether or not they are feminists, and feminists whether or not they are nurses. But the philosopher's question which this section poses is the question of whether feminism is, or could be, or wants to be, a science: a systematic and interrelated body of paradigmatic problems with consensus about what counts as solutions to those problems; posing methodological and structural problems, and giving answers. The question of what kind of theory -- of ethics, of epistemology -- is appropriate for feminist concerns is controversial; but nothing like as controversial as the question of the

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<sup>13</sup> I am grateful to discussions on this topic with my UVA colleague Barbara Brodie, and with Lois Montero, whose article in *Signs* introduced me to the disagreement between Florence Nightingale and American physician Elizabeth Blackwell.

appropriateness of theory altogether. And here too I see analogies with central issues confronting nursing.

The problem for feminism, pro and con, was most clearly posed in a symposium published in New Literary History in 1987. It consisted of an article by Ellen Messer Davidow called "The Philosophical Bases of Feminist Literary Criticisms," and 12 responses, almost uniformly negative. The conflict was best seen in the contrast between Davidow's persuasive and coherent systematic presentation and Jane Tomkins' equally persuasive response. She saw Davidow's theoretical approach as an expression of anger at the exclusion of women from what she called "the discourse of 'Western man.'" She continues, "I interpret her behavior this way because anger is what fuels my engagement with feminist issues; an absolute fury that has never even been tapped."<sup>14</sup> She closes her comment,

So for a while I can't talk about epistemology. I can't deal with the philosophical bases of feminist literary criticisms. I can't strap myself psychically into an apparatus that will produce the right gestures when I begin to move. I have to deal with the trashing of emotion, and with my anger against it. This one time I've taken off the straitjacket, and it feels so good. (p. 138)

Tomkins, herself a theoretician of great subtlety, is expressing a profound impatience with the relevance of theory to feminism. If not absolutely inappropriate, theory is at least expected to be answerable to politics. Thus undesirable political consequences of a position are good reason for doubting the adequacy of that position; and one of the most serious objections raised against the so-called "essentialism" of some feminists is the fear that to speak of "woman's" experience is to strategically concede to our patriarchal opponents a "difference" which will then be used as justification for denying women equal access to power and privilege.

Nursing is similarly uneasy with the idea of theory, for many reasons. The attempt to understand nursing as one science among others calls into question deep-rooted commitments to the view that nursing is an art, a calling, a vocation or dedication, more analogous to motherhood or entry

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<sup>14</sup>--Tomkins, J. "Me and My Shadow." New Literary History 19 (Autumn 1987), reprinted in Linda Kauffman, Ed., Gender and Theory: Dialogues on Feminist Criticism; Basil Blackwell, 1989, pp. 121-139.

to a religious order than to training in biochemistry. Too, the term "theory" in nursing has its own tradition and associations; nursing theory has sometimes taken the form of an overarching "grand theory," from which practice can be deduced. But the inductive focus on actual experience which much contemporary nursing research represents is best seen as a demand for a new kind of theory, not as a rejection of theory. Just as extreme nominalism, the denial of any universals, is one position in the discussion of universals, so the denial of theory, its radical restriction or restraint, can be seen as one valid option in the ongoing, multidisciplinary discussion about the proper relation of theory to practice. In nursing, a discipline with a deep commitment to practice, it is unnecessary to deny the existence or relevance of theory, so long as one remembers the importance of deriving it from and making it answerable to nursing practice. This is an increasingly popular position in nursing; and represents an important option for feminists as well.