International Practice Development Journal

Online journal of FoNS in association with the IPDC (ISSN 2046-9292)

INTERVIEW

The articulation of impressions

An interview with Kari Martinsen

Interviewers: Associate Professor Christine Øye, Stord/Haugesund University College and Associate Professor Tone Elin Mekki, Bergen University College. Both are part of the Centre for Care Research at Bergen University College and members of the Person-centred Practice International Community of Practice.

The interview started on the 10th of April 2015 and continued during the spring and autumn of that year. It was originally conducted in Norwegian, but translated by Hilde Haaland-Kramer.

doi: 10.19043/ipdj.61.001

About Kari Martinsen
Kari Martinsen is a psychiatric nurse and has a masters degree in philosophy and a PhD in history. She is currently Professor Emerita at the University of Tromsø and VID Specialized University, Bergen Campus. Martinsen has worked at the University of Bergen and University of Tromsø in Norway, and Aarhus University in Denmark. At Aarhus, she and fellow colleagues developed and started the masters and PhD programmes in nursing science in the early 1990s. Her academic thinking has been shaped and expressed in the academic settings she has been associated with and collaborated with, such as the Danish theological research group associated with K.E. Løgstrup's thinking, a Nordic network of research on diaconal history, research on nursing, and not least a group working with M. Foucault's thinking and texts. Martinsen's authorship embraces phenomenology, ethics and social history. Currently she is working with architecture, philosophy of sensing and the sacred (Løgstrup) in relation to heterotopic spaces and traditions of asceticism (Foucault). Martinsen's style of writing is essay-like, explorative, wondering and unhurried. She has written several books and articles.

Keywords: Nursing philosophy, phenomenology, ethics, vulnerability, political Samaritan

Academic editor's note: the interview is as translated with no editorial changes made by the journal and the presentation of the text is as approved by Kari Martinsen.

Interviewer (I)/ You are known for moving toward a philosophical thinking in nursing – what is the reason you started to read philosophy?
Kari (K)/ The reason was that I did not understand the theories of nursing – they were very airy. They were concerned with concepts, and they did not relate to the practical realities that I experienced as a young nurse working in psychiatric health care.

I started to read philosophy and Norwegian philosophy in the 1970s and 1980s, which was, for me, quite far from reality. We were supposed to read different philosophers, such as Kant, and we were supposed to discuss their understanding of transcendentalism.

Then I got to know the Norwegian philosopher Hans Skjervheim, both his writing and him personally. He worked at the University of Bergen where I was a student. Skjervheim had studied in Germany.

Skjervheim was interested in phenomenology and the fact that philosophy also has to do with human beings' experiences, and through his writings, I became interested in phenomenology as philosophy, Husserl and Heidegger among others.

In 1990, I was asked to apply for a position in Denmark at Aarhus University as an associate professor – a position I accepted. The task was to build up a masters and PhD programme in Denmark together with Danish researchers. There I got to know the Danish theologian and philosopher K.E. Løgstrup's phenomenological and theological thinking. Løgstrup, who died in 1981, had been a professor at Aarhus University for years. I was very fortunate to get to know his wife, Rosemarie Løgstrup. She was a German philosopher. [Note 1]

Løgstrup's writings opened a new path for me – because his thinking was so concerned with experiences – based on reality – and he often used novels and short stories in order to illustrate difficulties in life, such as suffering, sorrow, pain, etc.

When I read Løgstrup's writings, the relationship to Skjervheim's philosophy became clearer. It is a philosophy that is concerned with experiences, wondering, and open in its nature. It is searching and exploring, not goal-oriented, as parts of nursing and science are. At its core, philosophy is about asking questions – wondering – and not getting any further than asking new questions. This is a way of being present, which in a way is almost opposite to what is emphasised today in our society where everything has to be useful.

The concept of interaction is important when working with philosophy in relation to science/practical nursing. The concept of interaction means that there is a connection between phenomenon and thoughts, but that it is not overlapping. One field can be enlightened by the other. Philosophy can be informed by nursing practices and nursing can be informed by philosophy. Philosophy can inform science and science can inform philosophy. In other words, there is an interaction. You should not mix the two or propose that one leads to the other. Instead, I believe that there exists a space between the disciplines, and in this space you can use philosophy, both in regards to research and professional work. Philosophy, I believe, is a discipline/subject/field that can enhance our experience of life.

I/ How do you think philosophy has been of importance to nursing, such a practical field?
K/ It is a little complicated, because philosophy is also a field in itself and a subject that has to be taught. However, it is not taught in nursing education. Nursing education and research are very much influenced by psychology and oriented towards practice.

For me it is important that philosophy can also become a relevant subject to teach in nursing education and to work with in nursing research. By this, I mean a philosophy that is concerned with experiences and human beings' lives, their happiness and sorrows, sufferings, passion and longings, and phenomenology can provide insight into this.

Philosophy should be used in interaction with nursing, one can enlighten the other. This means that nursing and nursing research are not subordinate to philosophy. Neither should philosophy be applied, but used for further reflections on new relationships in an interchangeable way. When it comes to phenomenology, I have mainly worked with Løgstrup's thinking. Briefly, I would say that, in this context, phenomenology is concerned with 'the articulation of impressions'. I would like to elaborate on the concept 'articulation of impression':

The task is to work with what is present in everyday experience but overlooked. Phenomenological philosophy will remind our everyday understanding about something in its own presuppositions, which it has difficulty making explicit: the existence of 'life's fundamental conditions' as expressed through

that-statements. *That*-statements are phenomena such as life is fragile, that we are dependent on each other and exposed to each other through mutual responsibility and in a power relationship, that suffering is part of life, that we are sensing and always trying to understand some of what touches our feelings, that life is spiritual and that we will die.

On the other hand, life is also supported/held up by phenomena such as hope, compassion, trust and charity. This is about the fundamental conditions related to life, which human beings have neither chosen nor created. *That*-statements about life are ontological questions. It is the task of phenomenology to express these.

The present phenomena presented as *that*-statements are, by their very nature, universal and typical in appearing before us in singular situations. We cannot lock their meanings into tight definitions, nor do we have exhaustive knowledge about them. We cannot know more about them than we ourselves have experienced or others have shared with us of their experience. We can discover something about them on the basis of a singular situation, a situation which is always sensitively tuned and filled with impressions, which a person is seeking to express. All life is tuned, and we recognise tuned sensations, which emerge from holding in our hands something of the life of a vulnerable person. We have in our own lives experienced what the compassion of others can mean. In our sensing we are always tuned by impressions carrying significant meanings, impressions which we are touched by and which move us. Phenomenology deals with releasing and expressing some of the meaning inherent in the impression which moves us ('life's fundamental conditions' expressed through *that*-statements). It is to uncover and be able to describe the tuned sensations within the phenomena that reveal their universality in the singular situation.

The 'articulation of impressions' is my designation of this phenomenological philosophy which takes as its pivot the thinking of K.E. Løgstrup, the Danish philosopher.

In the articulation of impressions two aspects are essential. The first concerns what the individual person receives, the meanings carried by the impression itself. This is what is being received, e.g. from the patient. In the interpreting release of the impression one needs to be aware of the resistance which the impression in itself offers against our intervention. It is a critical resistance or challenge to the understanding subject exerted by the phenomenon which makes an impression on us. It evokes a cautious gentleness not to violate or infringe on the untouchable zone of the other. The second aspect essential to the articulation of impressions is what the individual person contributes. Here we find three inseparable considerations: that we are open and perceptive to what makes an impression on us; that we actively discipline ourselves to stay with the impression and let it sensitively tune us; allowing some meanings to emerge from what has made an impression on us; and that we make room for reminiscences in the interpretation of our impressions. In reminiscing, we will in the here and now be reminded of something which brings us towards something else. Reminiscence refers us to a creative aspect of articulating our impressions in a sensitively tuned space for thought.

The articulation of impressions involves the art of actively shaping words, which aims to find expressions allowing the tuned sensitivities of the impression to resonate through. Phenomenology is concerned with interpreting the sensitively tuned impressions. It invites a variety of expression in narrative form. Phenomenology can thus not be said to be an expression of 'sameness', for which it has been criticised. It is rather the opposite, setting distinctions and contrasts in order to describe the same phenomenon in the greatest possible range of nuances and variations. This enables us to recognise vulnerability as a phenomenon as described in a variety of situations. [Note 2]

I/ You have several times criticised technical rationality as the foundation for nursing – also inspired by Hans Skjervheim. What are the reasons for your critique?
K/ Yes, I have been critical because this technical rationality, compared with a hermeneutic rationality, is more bound by the rules and lacks judgment. In complicated situations, when you don't know quite how to think or act, the technical rationality will give you some manuals that you can act according to. There is no room for judgment.

Of course, I believe that procedures, techniques, and tasks are important, but they should be evaluated using judgment. When the technical rationality is dominating, as it seems to be in our western society today, there is little room for the use of judgment. In addition, the acceleration of things, the speed in which things have to be done is greatly accelerated in our postmodern western world. This makes it difficult to slow down and evaluate a situation. Postmodernism is characterised by a tempo of hectic episodic movements. Human beings are supposed to be mobile, ever changing, and flexible – not bound by place. This is a challenge for our judgment, which is bound by place, connected to a situation that should be evaluated.

I/ Do you believe that this acceleration is a societal condition, which may hinder the possibility to create room for judgment?
K/ Yes, this is what Skjervheim, already in 1972, called an 'instrumental mistake'. The 'instrumental mistake' is when the instrumental or technical rationality is considered superior and normative for human interaction. In such situations, there is only one way of doing things. Emphasis is made on whether rules and manuals work, in practical work as well as in research. Today, this strategic and economic rationality dominates the health care sector. Both practical work and research are pushed towards showing how knowledge can be applied, not in a hermeneutic but a technical-rational way. In other words, that the results of the research are measured in terms of economic gains (i.e. savings).

This may result in power struggles in our research community, forcing us to think and write in a certain way – without room for wondering and imagination. Imagination is a basic concept in Løgstrup's thinking and central to the concept of judgment. This judgment is important both for scientific and practical work. Judgment presupposes imagination, where you can turn around and think differently. If the framework for research and practical work is too narrow, there is no room to turn around and be open for other interpretations and other ways of approaching a problem or a situation.

I/ How do you relate to the concept which is much discussed today, namely 'person-centred' care?
K/ I have not used nor worked with the concept of person-centred care. It seems to me to be a more recent concept. In my book titled *The Eye and the Calling*, which was published in 2000, I used the term 'person-oriented professionalism'. The context here is important. At that time there was a discussion about professions and professionalism. The debate about professionalism was related to the concept of 'being professional' – to keep your distance, to be objective, to be fact-based, and hold back emotions. As a response to this, I created the term person-oriented professionalism. We have to get involved as a person, we have to be engaged when we use judgment in our profession, otherwise, it is only a technique. No understanding without emotions, says Løgstrup in his book *Range and Pregnancy* (1976). Løgstrup writes that emotions can be of different character, and he separates emotions that are connected to something external to the person (such as dedication to a cause, engagement to a person, or involvement in an action) or emotions that he calls revolving emotions of thought (i.e. the emotions are self-centred).

As mentioned, person-centred care is a concept that I have not related to. Several authors have mentioned that one of the origins of this term is personalism. Personalism was a movement that started in the years between the two world wars and was associated with the French Christian-existentialistic philosophy, especially the philosopher Emmanuel Mounier (1905-1950) and the monthly journal *Esprit* (which he founded in 1932). Mounier was influenced by, among others, another French philosopher,

Gabriel Marcel (1889-1973). The basic idea in personalism is that the human existence is bodily, and includes a relationship to the other person (the 'you' – the philosophy of dialogue). Furthermore, it proposes that the human existence is always engaged. The person is the one aspect of the human being which cannot be objectified, it is always bodily and situated in a historic context. Personalism was a reaction to idealism, and it also places itself in opposition to individualism (especially Sartre's existentialism) and collectivism (socialism, especially Marxism).

These traits associated with personalism are also similar to German phenomenology of the same era, which I relate to. In Husserl's (1859-1938) later writings, human beings are thought of as an individual and a person. The human being has, as a person, an incarnated (bodily) existence. It is a human being situated in both a historic and bodily context, in a fellowship with others. The person cannot be de-personalised, but the individual can. The individual can be counted, measured and objectified. This was the topic of my thesis in philosophy in 1974: *Philosophy and Nursing. A Marxist and Phenomenological Contribution*. [Note 3]

Husserl's concept of person and my later interest in Løgstrup's philosophy of sensing, which is bodily situated, and Mounier's personalism may point to some possible connections between my phenomenological thinking and person-centred care. But I would like to stress, that I have not used the term person-centred care in my own writings. What I feel is missing from the discourse is a few self-critical questions: How is it that the concept 'person-centred' care suddenly appeared and was so readily accepted? What is it in opposition to? I believe a discussion related to the reasons why the concept is used today and in what context it is used is warranted. It is also necessary to encourage an awareness about the historical origins of the concept, where I have only mentioned one among several.

I/ In some of your writings, you refer to the concept of 'the political Samaritan'? What do you mean by that?

K/ The story of the Good Samaritan is one of the central stories of compassion, and it tells about the meeting of human beings in bodily closeness to each other. We can continue this story, writes Løgstrup in his book *Ethical Concepts and Problems* (1996, p 52), and imagine that out of the Good Samaritan comes 'the political Samaritan'. 'The political Samaritan' is not in a concrete/physical relationship to his fellow man. This is about compassion as an idea, not as a consummation. Therefore, he must imagine himself in the place of his fellow man, and build cultures that take into consideration that compassion is fundamental to human existence. If I should relate this to nursing or other health professions, then I believe we should ask the question: how can compassion as an idea permeate the norms currently dominating health services? Is it possible to organise a health care system where power is used to serve 'the other' instead of using power to organise a system that may be a breeding ground for shameless actions?

One example of how power can be used to serve others is by engaging in political discussion on behalf of people who do not have a strong enough voice to call attention to their plight. There are patients who may not necessarily evoke spontaneous compassion from health care professionals. In fact, they may experience that health care workers believe that their condition is their own fault, for example, smokers, alcoholics, or drug addicts. This attitude, that certain conditions or illnesses are self-inflicted, is part of the culture as politically correct and undermines these patients' ability to be heard. I believe that it is the health care professional's duty, as a 'political Samaritan', to advocate for ethical guidelines and norms, which do not legitimise the shamelessness aimed at these patients. The professional has, in a way, two different roles: 1. As the Good Samaritan, you are in relation to the distressed other in a concrete setting, where the distressed demand of you material help – where you have to use your imagination and professional clinical judgement in a concrete situation; and 2. As 'the political Samaritan', you have to argue on behalf of groups that have not been heard. Therefore, I feel that 'the political Samaritans' are very important, also in research. I have written about the Good and 'the political Samaritan' in several of my books, most recently in *Løgstrup and Nursing* (2012).

I/ Can you elaborate on how Michel Foucault has inspired you and your thinking?
K/ Foucault has inspired me by the way he thinks and asks questions. It has inspired me to discuss Foucault's and Løgstrup's thinking related to universality and ethics (technology of self as elaborated in Foucault's later works). Foucault is an open, reflective and self-correcting thinker, who does not want to fixate on one theory. Foucault writes in *The History of Sexuality II: The Use of Pleasure*: 'But, then, what is philosophy today – philosophical activity, I mean – if it is not the critical work that brings to bear on itself? In what does it consist, if not in the endeavour to know how and to what extent it might be possible to think differently, instead of legitimating what is already known.' (Foucault, 1984/1990; pp 9-10). Foucault teaches us to never accept that 'this is the way it is'. He wants to shake up established forms of practice and truths. He wants to show that contexts historically constructed by society are constructed and can never be universal, and that what we call 'truth' is also constructed. Therefore, Foucault does not necessarily ask 'why?' – a question that presupposes that something is. Instead, he poses questions related to place and context – 'how?' and 'from where?' – in order to ask critical questions related to 'why?'. This is what Foucault does in the short essay *Nietzsche, Genealogy and History* from 1971, which I return to again and again for inspiration and knowledge in order to not become stuck in truths determined by traditions.

In this short essay, Foucault takes as his starting point what is closest, a place, and how the body, inscribed in the place, is infused with history. Foucault wants to make it clear that the one who asks questions must be conscious of the place, from where one stands, in order to know from where one asks the question 'how?' In other words, to make it clear that we always view things from a position and through a perspective. What we see is shaped by our perspective, and we should also dare to challenge the perspective that we use and the perspectives we address. This is what it means to be self-corrective, to think differently, and to not legitimise what we already know. It is a demanding exercise, but as Foucault writes: 'There are times in life when the question of knowing if one can think differently than one thinks, and perceive differently than one sees, is absolutely necessary if one is to go on looking and reflecting at all.' (Foucault, 1984/1990; p 8). This is also a challenge for me and my work with Løgstrup's thinking, where existential and universal questions are asked. How can Foucault's critical thinking be of use in order to dare to challenge also the universal question: What does it mean to not trust the metaphysical and universal as a starting point, while at the same time not deny their existence beforehand?

On the other hand, Løgstrup, who also encourages us not to fix our thinking according to a measurement, can challenge Foucault's thinking. In other words, by discussing one person's thinking related to another, in view of universality and ethics, these topics can be challenged as well as elaborated and nuanced. It will be possible to think new and different thoughts and challenge fixed and established analysis of the theories of these thinkers. This is a way to take both Foucault and Løgstrup seriously when they encourage us to problematise what we take for granted and shake naturalised truths.

I/ In your book *Utenfor Tellekantene* [*Beyond Audits*] (2015) you are concerned with the creation of space. What do you mean by the concept of space in relation to nursing?
K/ The book is a collection of essays and was edited together with the Danish hospital chaplain, Tom A. Kjær. Just as both Foucault and Løgstrup think from the position of a place, this book is also about the place. From the position of a place, we ask about the different meanings of space, and the atmosphere of the space. Spaciousness is the main theme of the book. We are inspired by art and poetic language, which we believe is suitable to give the human sciences a new blood flow and life force. We describe how sensing cannot be avoided in the physical rooms of the health services. Working with impressions triggered by sensing demands of us that we work slowly and wondering with the words. The essay is our form of expression. The book can be read as a corrective to the focus on marketisation and productivity, which has entered today's health care services.

I/ In order to sum up, Kari, when reflecting on your long career as a critical thinker, and your interest in the question of the practical realities of nursing, what are the urgent issues that should concern 'political Samaritans' in health care services and research?

K/ There is power in the rooms of the health care system, but also counter forces. One of the most important tasks of the political Samaritan in health care today is to be courageous and disobedient! To not care about the norms that we are stuck in, in order to build and protect the cultures that give the caretaker more time to spread their wings, time to be closer to each other's heartbeat rather than the tick of the clock. To be disobedient toward the medical hubris, which ignores those for whom the health services really should serve: the weak, the vulnerable, the destitute, and the people most in need of help. Counter forces should raise this on a political level. If I have to list a few key points, it would be these:

- That it is possible to have a different culture and distribution of the financial means allocated to the health care services
- That dependency, vulnerability and death also belong to life
- That nurses in practical work receive encouragement to be in the moment of caring together with the patients, and that their work is appreciated
- That research in the human sciences pays attention to these issues, in other words that research has a constant critical eye on public governing bodies and a bottom-up perspective on its own research. Research should be faithful and faithless (*The Eye and the Calling*, 2000, pp 80-81). Faithful to the field of practical work, where the experiences of nurses, patients and next-of-kin are upheld as important. At the same time, the researcher should be faithless in his/her analysis and critical discussions of the power structures in the field of practical work, which may be both infringing and shameless, in order to be faithful
- That joy and happiness is given time and space to enter the health care services, so that together we can have the opportunity to take care of that which gives life to human existence, just as the Norwegian poet Nordahl Grieg gave words to the poem *For The Youth* from 1936:

We will take care of
the beauty, the warmth
as if we carried a child
carefully in our arms!

This is what nursing should protect and carry. This requires courage and disobedience.

Notes

1. In connection with the 100th anniversary of the theologian and philosopher K.E. Løgstrup's birthday, *Slagmark* (*Battlefield*), a journal of history of ideas at Aarhus University, published an issue of classics in 2005. Several of the articles in this issue wanted to promote the breadth of Løgstrup's thinking related to areas such as metaphysics, aesthetics and ethics. It also includes an interview with Rosemarie Løgstrup; 'To be a co-thinker! – A life spent together with K.E.Løgstrup'.
2. For more in-depth reading about 'articulation of impressions', see Eriksson and Martinsen, 2012.
3. Martinsen, K. (1974) *Philosophy of Nursing. A Marxist and Phenomenological Contribution*. University of Bergen: Report Series. Institute of Philosophy.

The only texts by and about Martinsen, to date available in English:

Martinsen, K. (2006) *Care and Vulnerability*. Oslo: Akribe /Cappelen Damm Akademisk.

Eriksson, K. and Martinsen, K. (2012) The hidden and forgotten evidence. *Scandinavian Journal of Caring Sciences*. Vol. 26. No. 4. pp 625-626. doi: 10.1111/j.1471-6712.2012.00978.x.

Martinsen's writings are presented and commented upon by Herdis Alvsvåg (2014) in Philosophy of caring. Chp. 10 *in* Alligood, M. (Ed.) (2014) *Nursing Theorists and their Work*. (8th edition). St. Louis, Missouri: Mosby/Elsevier. pp 147-170.

Literature referred to in the interview:

Eriksson, K. and Martinsen, K. (2012) The hidden and forgotten evidence. *Scandinavian Journal of Caring Sciences*. Vol. 26. No. 4. pp 625-626. doi: 10.1111/j.1471-6712.2012.00978.x.

Grieg, N. (2006) Til ungdommen (*For the youth*). *In Folkehøjskolens Sangbog*. Odense: Foreningens Forlag.

Foucault, M. (1984/1990) *The History of Sexuality II: The Use of Pleasure*. New York: Vintage Books.

Foucault, M. (2001) *Nietzsche, Geneaalogy and History*. København: Hans Reitzels Forlag.

Kjær, T.A. and Martinsen, K. (2015) *Utenfor Tellekantene* (*Beyond Audits*). Bergen: Fagbokforlaget.

Løgstrup, K.E. (1976) *Vidde og Pregnans* (*Range and Pregnancy*). København: Gyldendal.

Løgstrup, K.E. (1996) *Etiske Begreber og Problemer* (*Ethical Concepts and Problems*). København: Gyldendal.

Martinsen, K. (1974) *Philosophy of Nursing. A Marxist and Phenomenological Contribution*. University of Bergen: Report Series: Institute of Philosophy.

Martinsen, K. (2000) *Øyet og Kallet* (*The Eye and the Calling*). Bergen: Fagbokforlaget.

Martinsen, K. (2012) *Løgstrup og Sykepleien* (*Løgstrup and Nursing*). Oslo: Akribe Forlag.

Sørensen, B. Vind and Sørensen, P. Aaboe (2005) An interview with Rosemarie Løgstrup. To be a co-thinker! A life spent together with K.E.Løgstrup. *Slagmark, Tidsskrift for Idehistorie*. (*Battlefield – Danish Journal for the History of Ideas*). Aarhus University. No. 42. pp 19-37.