

THE HUMAN SITUATION

By Mr. EDUARD C. LINDEMAN

INTRODUCTORY STATEMENT *by the Author*

Our contemporary intellectuals seem to be engaged in the occupation of hanging dismal pictures on the walls of our time. A dark mood appears to have encompassed them; they "bemoan and bemoan"; they preach disconsolations and announce an incessant series of negatives.

A learned Dutch philosopher of history, Professor J. Huizinga, opens his essay called *In the Shadow of Tomorrow* with the following "apprehension of gloom": "We are living in a demented world. And we know it. It would not come as a surprise to anyone if tomorrow the madness gave way to a frenzy which would leave Europe in a state of distracted stupor, with engines still turning in the breeze, but with the spirit gone."

I have taken my title for the following essay directly from the recent Gifford Lectures delivered at the University of Glasgow by one of the great English masters of erudition, Emeritus Professor of English Language at the above-named university, W. Macneile Dixon. I invite you so give attention to a few of his charmingly-expressed broodings: "For the first and the last of all of life's complicated circumstances, the presiding fact, utterly astonishing, even stupefying, is that we are wholly in the dark about everything. Blank ignorance is our portion. . . . All forms of life, all organisms in which it is manifested, are engaged in an unceasing struggle to maintain themselves against the disintegrating forces of nature. All are in conflict with each other for the means of life, clan against clan, individual against individual. Each exists at the expense of others, and keeps its foothold only by success over the rest. . . . How deep it goes, this warfare, you may conjecture if you remind yourself that the very trees of the forest are battling with each other for the light of the sun, and that the plants have their defensive armour, the rose and thistle their thorns, the nettle its sting. Make your heart iron within you, when you remember that to live you must kill, either plants or animals."

Since the temper of pessimism is uncongenial to my nature, I shall not search further for evidences of these "darker aspects of the universe". If you will but glance through the tables of contents of current critical journals you will find many titles to corroborate my thesis, as, for example, Malcolm Cowley's recent series labelled *The End of Reasoning Man*.

Recurrent moods of pessimism and despair are themselves integral to the human situation and need thus to be understood and interpreted. William James, who had no sympathy for Schopenhauer's tendency to see only the shadows in human experience, nevertheless gave him credit for being among the first of the philosophers to speak "the concrete truth about the evils of life".

Our modern dispensers of gloom do not frighten me but they have something to teach. Invariably, they make a poor case for despair: it is as if they had somehow frightened themselves, had created an unbearable world; they seem to enjoy the intellectual description of a universe of gloomy forebodings, but they shrink from living in it, and hence they always attempt to salvage something on the side of hope. Thus, Professors Dixon and Huizinga both close their melancholic essays with tentative promises.

The fact of the matter, if actual experience is to be taken as our guide, seems to be that despair is not a common animal trait, and that the will to live is by all odds the strongest passion of the organism. We must not take the Jeremiahs too seriously, since, as Chesterton once intimated, they may have a secret optimism for their object. In any case, we may use them for our own constructive purposes if we can attend to their criticisms without succumbing to their conclusions. I recall, by way of illustration an incident in the life of William James when the experience of listening to music prompted him to proclaim, almost to shout: "Oh, God! an end to the idle, idiotic sinking into *Vorstellungen* disproportionate to the object. Every good experience ought to be interpreted in practice. . . . Keep sinewy all the while, and work at present with a mystical belief in the reality . . . of humanity."

So far as I am concerned, the belief in the reality of humanity need not be mystical. I have encountered human nature. I have seen it function in moments of calm and in moments of crisis. I have recognized its heroic and its evil manifestations. I accept the natural man. He is far from perfect. One item in his make-up I cannot ignore or dismiss; he wants to live. Hence, I see nothing incongruous in the unceasing effort to make his life more efficient, more healthful, more satisfying, and perhaps happier.

I have learned to mistrust those who, in their interpretations of the human situation, pronounce a disbelief in reason. Even "the most convinced pessimists are in no haste to die." They resort to reasoning while preaching its futility. The "merchants of gloom and traders in despair" will always have customers, but I, for one, am determined to inspect their commodities with rigorous scrutiny. Disbelief in reason is tantamount to disbelief in life itself, but suicides are still considered relatively rare and, so far as I am aware, are still considered by the common man to be evidence of pathology or abnormality. Hence, I adhere to reason and give unfailing allegiance to reason's servant, education. If the human situation is ever to be bettered, as I believe it will be, the instrument to be used, the only one at our disposal, is reason and learning.

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By courtesy of *The American Journal of Nursing*

In the realm of education there is no truce. No generation can assume that it has solved its educational problem. Imperfect man can never achieve perfect adaptation to his changing world

and consequently his education must be continuously reconsidered, criticized, and reconstructed.

Educational unrest is a sign of a healthy society. If we were content with the variety of education now available to our children, this would be an indication that we had become static or indifferent. This applies particularly to professional or occupational education. The professions exist primarily for the purpose of aiding man in his adaptations. The professional person enters the human situation when adaptation has somehow failed, or when men are engaged in planning for their future welfare. The importance of the professions increases in direct proportion to the extent of man's attempt to alter his environment for the purpose of meeting his needs.

I

Health is a universal need. Around this need has grown a great profession, nay, a score or more of professions. The public interest in these professions exceeds, perhaps, that extended to any other. All human beings, whether they will so or not, must some time or other give attention to the problem of health. Those members of the public who have come to a higher level of consciousness concerning health and its bearing upon life as a whole, are now asking three significant questions about the practitioners of health, namely: (a) What are the principal goals or ends of this profession? (b) How are its practitioners trained? and (c) How do they function in actual relationships with their clients and patients?

These are all questions which cannot be answered satisfactorily if our examination is restricted to mere observation. If we should visit a medical school, a hospital, and a home where sickness is being treated, and in each instance observe what takes place, we should not be able to answer the questions which now agitate the public mind. The questions which disturb the more thoughtful of our citizens are not primarily directed towards efficiency. As a matter of plain fact, why should the citizen with no competence in the field of medicine presume that he possesses the right to visit a medical school and to pronounce a verdict upon the quality of education there found?

No, this is not what the layman is proposing to do. What he really wishes to know is whether or not the profession of medicine is travelling in a democratic direction. He wants to know if it can be *sufficient* as well as *efficient*. One of the problems which perplexes him is, indeed, elemental. He wants to know why good medical attention is the privilege of so small a sector of the total population. In a democracy, it would be assumed, health would be one of the requirements which the State itself could not neglect, and which, therefore, the State would seek to democratize, that is, to distribute as widely as possible.

The citizen who raises this question finds at hand a study on the costs of medical care which contains some astounding information, the bulk of which tends to demonstrate that the medical profession

has not in the past operated with a sensitiveness to democratic values. Hence, the reflective citizen continues his inquiries which, I repeat, are not primarily questions of technical proficiency, but are rather queries arising from the misgiving that medicine, like most of our other professions, has understood its basic relationship to the democratic process. If we are by tradition and declaration a democratic people, it should then become possible to orient the goals and purposes of all our institutions and professions in terms of the values and principles which inhere in the democratic ideal. From my viewpoint this is not merely an interesting intellectual enterprise, but becomes, in a society such as ours, something of a necessity.

The various professions absorb a vast amount of the functional energy of our nation. A large proportion of the important decisions which determine the quality of our lives are made by specialists or technicians, that is, by professionals. In a very genuine sense, the fate of democracy depends upon the behaviour of specialists. Indeed it is my opinion that a functional view of modern society demonstrates that the ultimate future of democracy is more fatefully dependent upon the conduct of specialists than upon the decisions of politicians.

II

I have stated, I hope, a proposition which we may now test in the light of a specific problem within the larger context of the medical profession. This problem we need not select at random since it is prescribed for us by the nature of the occasion for which this address was prepared. Miss Goodrich, the leader to whom this lecture is dedicated, is memorably identified with one branch of medical education, namely the training of nurses, and it is to this theme that I now turn in the hope that it will suffice to illustrate my principles.

You are trained nurses, skilled educators, and proficient specialists in fields which I have not explored; you possess knowledge and experience in these areas, and I lay no claim to competence with respect to the technical matters which concern your profession. I speak as a plain teacher of philosophy whose paramount aim in life is to bring facts into relation with values and principles. A philosopher, if he is to risk his wares in the market-place, must learn to apply his tests wherever there is perplexity, distrust, and frustration. He must play the rôle of critic, but it should be remembered that he seeks, in the end, affirmatives.

You may have already detected what appears to be an error in one of my foregoing statements in which I have included the training of nurses as a sector of medical education. But the meeting for which this address was written was held in a teachers college rather than a school of medicine. The Division of Nursing Education of Teachers College functions primarily within the context of pedagogy and not of medicine. This fact is in itself revealing, since it illustrates an important consideration, namely, that the demand for trained nurses did not receive its main stimulus from physicians. This fact further demonstrates a lack of integration between the

nursing profession and the medical profession, a situation which is widely recognized by the public.

I have, no doubt, already strained your patience with my generalizations, since to generalize seems to be the favourite recreation of philosophers. If generalizations are to be of any practical value, however, they must be brought into relation with actual, concrete situations, and that is what I now propose to do.

III

My central question may be stated thus: *What form of education is most desirable for nurses in view of the consideration that they must acquire a body of technical knowledge and skill to be utilized in a manner which meets the democratic conception of human needs and their satisfaction?*

In striving for a reasonable answer to this query I shall not, obviously, cover the entire field of nursing education. On the contrary, I shall select only a few problem areas for purposes of illustration, and in each instance it will be clear that I have been motivated by a sense of something missing or of something faulty in either the preparation or the functioning of trained nurses.

The nurse functions in restricted environments of hospital, clinic, or home. Her responsibilities are extremely serious but not wholly clear. Her primary responsibility is, obviously, to the patient, but she is also responsible to that vague entity known as the public, which, after all, furnishes her with the means of subsistence. In addition, she is responsible to the physician, to the officials of the hospital, to her profession and its standards, to other allied professions, and to the science and art of medicine. Her sphere of mixed responsibilities is composed of relations with other individuals, with groups, and with scientific method. In what manner is the nurse's training to be regarded as a preparation for the exercise of these responsibilities?

Responsibility is a two-way process. To be responsible does not mean to submit to authority. On the contrary, it implies joint creation of authority. A genuine atmosphere of responsibility is produced when all participants in a situation achieve personal dignity. Under democratic conditions, those who are governed must also govern. I do not see how a nurse can attain personal dignity, or function efficiently, if she is so trained as to make her a submissive agent of another person. I am not implying that training courses for nurses are designed with the purpose of rendering nurses timid and submissive. What troubles me, however, is the observation that nurses so frequently appear to be imitating military discipline. They take orders and they seem to enjoy the experience. Occasionally one does discover a physician who carries on a consultative relation with the attending nurse, but these are rare exceptions. The rule seems to be one which in effect makes the nurse a servant to the physician.

The penalties which are exacted of us for failure to be sensitive about our human relations are fateful, fateful, that is, in the light of our democratic prospects. The nurse who is

"bossed" will in turn "boss" someone else when the opportunity presents itself. And in her case it does present itself, since the patient lies under her supervision. Once the regimenting process is begun, it tends to encompass the whole of behaviour. Observe, for example, what happens to the nurse who has long suffered the discipline of authority when she herself achieves a supervisory position! Is anything more rigorous than the obedience required by the "head" nurse?

I surmise that one of the reasons which leads specialists so frequently to disregard the tenets of democratic behaviour is the result of a misconception of the total situation. The doctor assumes that he is dealing with a fraction of the patient's personality. The nurse, on the other hand, soon learns that the patient's total personality is involved. She knows how he behaves when the doctor is not present.

It appears, then, that at least two sets of facts are involved, namely, those which the physician reaches by means of his medical training and experience, and those which emanate from the nurse's knowledge of the patient's personality and his total situation. Both sets of facts are needed in a therapeutic programme. I am convinced that if doctors and nurses demonstrated the two-way conception of responsibility more frequently, the result would be not merely to hasten curative processes but to improve vastly the patient's attitude towards his health and the public's attitude toward the medical profession and nursing. In other words, I believe that if medicine were practised more democratically, the consequence would be an improvement in its results and a great increase in the demand for medical treatment.

IV

I address myself next to a problem which has concerned me over a long period of time, to wit, the persistent lack of understanding on the part of the public with respect to the actual purposes and functions of professional nursing. The situation is not worse, I feel sure, in connection with nursing than in the other professions. In some peculiar manner all of our professions seem to lose their direct and intimate contact with the people. In other words, there appears to be a discrepancy between professional development and our democratic declarations.

The professions speak a strange language which at first awes and then alienates the layman. Between the layman and the professional there exists a peculiar tension. Patients sitting in the outer room of a doctor's office seem to me to have the same look on their faces as is encountered in the anteroom of a police station. I have seen nurses come into a home where sickness has occurred and "take charge" in a manner which instils in all members of the family a fear like unto that of the fear of God. Illness and health are, after all, universal facts. We all have them. Why must there be so much furtiveness and subordination wherever illness is involved? The obvious answer, of course, is that we have failed to educate the public. We have not properly interpreted the

profession of nursing to the people who need it and who in the end are obliged to pay for it. Here stands at least one sound reason why nurses should be trained in an educational environment, that is, in an institution dedicated to the widest possible dissemination of knowledge.

I feel certain that professional training will in the future include courses designed to aid the nurse in terms of her responsibility to enlighten the public. This cannot come about too quickly, for already we have a current Hollywood conception of the nurse which is false, even fantastic. In one motion picture the nurse is portrayed as a glamour girl, in the next as a crime detector, and in the next as a person whose white uniform is but a shield to cover her scarlet life. I presume there is something romantic about nursing, otherwise it would be difficult to account for the fact that so many young persons of unsuitable temperament strive to become nurses. But I also assume that it is our aim to give the public a conception of nursing which is the natural result of having understood the nurse's functional rôle in society.

Many of the defects in nursing training are due to faulty public notions. For example, many nurses are still trained as though they were apprentices in a factory. Every little hospital carries on its own training course, regardless of whether or not there are any educators on the staff. The public will be content with this variety of training so long as they do not understand what a genuinely trained nurse is supposed to do.

V

The third problem area which has precipitated debate has to do with the relation between nursing and other allied professions. We may take for granted that the relationship between nurses and physicians will of necessity receive attention, and we may hope that improvement in this sphere will come. I recognize, however, a certain tension between nurses and social workers and between nurses and teachers which needs to be considered.

We seem to have a tendency to believe that we have solved problems of inter-relationship when we have merely coined new and hyphenated words such as medical-social worker and health-educator. These hyphens give indication of unresolved conflicts. One does not, for example, arrive at a meaningful definition of a medical-social worker by first describing the functions of a nurse and then those of a social worker and then adding the two descriptions together. Likewise, to know what a teacher in the public schools does and to know what a nurse does is not to know what a health-teacher does. Occupations which have to be denoted by hyphenated words present perplexing problems to the curriculum designers of professional training institutions no less than to the general public. Is this, for example, a legitimate question to raise: If nurses were properly trained, would there still be a need for medical-social workers? Or, if teachers were properly trained, would there still be a need for health-educators?

There is no method for resolving these questions, at least so far as I know, which does not call for two apparently contradictory

adjustments. If we are to know more clearly what the province of the nurse is, her function must be stated in highly specialized terms. If, on the other hand, we are to assume that she must know something about dietetics, psychology, psychiatry, family life, pedagogy, community resources, and a dozen other matters in addition to her knowledge of health and disease, our reflections will carry us toward greater generalization. But sharp distinctions are needed.

Education for nurses will consist of two types of courses. One set may be called horizontal and will consist of those skills and knowledge which are indispensable to the nurse's central function; another series of courses which may be called vertical will consist of studies in related fields of subject matter which will enable the trained nurse to understand the total situation in which health or sickness is for the moment the primary factor.

Difficulties arise from two sources when this procedure is followed. Wherever nurses and social workers transect each other's functions, there is likely to be a tendency to develop misunderstanding and suspicions. The nurse who has had an elementary course in case work may think that she knows all that is essential to know about social work; also the social worker who has had a single course in health thinks she knows all a nurse needs to know. I have used social work as a unit of comparison because this happens to be an allied profession which I know best, but the case is similar wherever two professions cross lines.

If the plan which has been suggested above, providing for two types of courses is followed, and I assume that it is already in general practice, there will always be some doubt regarding the precise nature of horizontal and vertical courses. I should take the position, for example, that a nurse should pursue a required course in human behaviour and I should classify this as a horizontal course.

Sickness is a primary source of human fear. The nurse who knows how to deal with fear will be more successful, no matter how proficient she is in other respects, than the nurse whose background has included little of the psychology of human motivation and of human relations. Sickness is, even for the most rational of human beings, an emotional problem, and both the doctor and the nurse should be equipped to deal with the emotional components in illness. Invariably, the process of getting well involves breaking old habits and establishing new ones. Here again, the nurse will be invaluable if she understands the psychology of habits.

In a surprisingly large percentage of families, sickness is also a social problem. It means, not merely the cessation of income in most cases, but it also means a deepening of the sense of insecurity. The nurse should not be expected to handle all elements of the total health situation as a technician, but she should know where to find aid, and she should be prepared to guide her patients to the appropriate sources of sound advice. Above all, she should be on such good terms of understanding with all the allied professions as to make it easy for her to collaborate with them in a comprehensive attack upon the total situation.

VI

I have spoken thus far in a critical vein, but criticism is not negativism. On the contrary, it is preparation for being genuinely positive.

The status of the nurse in our civilization is secure. In the not distant future we shall know, I believe, how many nurses are needed per thousand of our population and we shall aim to meet the demand with an adequate supply. By that time we shall also have come to the realization that a poorly trained nurse is a luxury which we cannot tolerate. But we shall not, I fervently hope, resort to regimentation in order to achieve efficiency.

If democracy persists, there will also be many varieties of nurses functioning under a wide diversity of auspices. There will be so-called private nurses who come forth upon call to attend an individual patient; the fees which they receive will vary, although a degree of regulation leading toward greater uniformity will become inevitable. There will be regularly employed nurses who work for salaries in hospitals and in numerous other institutions. And there will be an increasing number of public-health nurses who will also enjoy permanent tenure and whose task will be primarily educative and preventive in character. These variations will continue to create confusions, misunderstandings, and even jealousies.

The essence of democracy is diversity, not uniformity, and hence if we really believe in the democratic ideal, we shall not despair over the fact that the nursing profession precipitates an unending sequence of problems. Those who are capable of enjoying democratic experience are those who do not shrink from conflict. Democratic societies have their own inner strength, and it derives, not from uniformity, but from difference. As organisms we are able to walk in a given direction because we have two sets of muscles and each set pulls in an opposite direction. If this were not so, we should stumble and fall. Dynamic equilibrium is the resultant of conflicting forces. Democracy is organismic, not mechanistic. Its strength comes from its capacity to make creative use of difference. This is not to imply that democracies do not stumble and sometimes fall. The recent history of our world reveals all too poignantly that democracies can fall and, alas! have fallen.

Democracies fail when their leaders misconceive and misinterpret the human situation. At such moments the sense of direction is lost and that bewildering fear which possesses the lost person takes hold of the nation. We have come perilously near such a situation at the present moment. As we sit nervously near our radios these days, listening with apprehension in our hearts, the fear that we too may lose our precious heritage of freedom and democracy fills our minds. We have need of courage. We require that brand of courage which the qualified nurse so frequently brings at dawn to the patient who has passed through a dark night, or to the frightened community which is confronted with an epidemic disease.

I appeal to you, then, as specialists in health, to think also of the health of your nation. I implore you to regard yourselves

as something more than mere cogs in a vast health machine. Your problems are the common problems of our democracy. You may choose to allow your conflicts to simmer in the dark room of suspicion, or you may bring them into the sunlight of candid discussion—there to take their places as elements in the total human situation.

We all tend to become specialists, but our specialized functions do not encompass the whole of our personalities. We are also human beings. We cannot be “good” human beings if we do not also achieve such relations with other specialists as will keep all the professions humanized. We need to learn how to elevate our little conflicts to the higher levels of national concern.

The nursing profession has become indispensable to the nation's health. I wish it might become more than a necessity. I long to see its individual members view their function as an integral part of that long, long struggle towards the democratic ideal, that valiant endeavour to create a society characterised by freedom, tolerance, an approximation of equality with respect to the basic requirements of life, widespread participation in cultural activities, personal dignity, and universal education. In truth, what I am striving to say has already been said, and by a member of your profession. In an essay written by a practising public-health nurse there appears this closing comment:

“I used to watch a single pulse day after day for signs of returning health. I sometimes asked myself: ‘Whose pulse are you watching now?’ And because I believe that we cannot be a healthy country unless all our people, high and low, are healthy, I smile at my own temerity and answer myself, ‘Maybe, just maybe, it is the pulse of the U. S. A.’ ”*

We are greatly indebted to Mrs. Gleim Fisher not only for sending in this splendid article but for writing to her friend Mr. Lindeman and asking him for the introductory statement. We also thank Mr. Lindeman very much indeed for sending it. It is both an honour and a pleasure to be able to print both the article and the introduction.

TRAINING SCHOOLS IN FINLAND

By Miss EDITH PAULL, Bombay

There were three Central Preliminary Training Schools in Finland until the beginning of this year, the first one being founded by Baroness Mannerheim on returning to Finland from St. Thomas's Hospital, London. The three central schools were at Helsinki, the capital, at Abo, and at Viipuri. In 1930, the State took control of all hospitals. There were then six State schools of nursing, one municipal school of nursing, and two Deaconess Schools.

By the law, the State is responsible for the training of nurses in Finland, under a State Inspector, who lays down the minimum requirements. There is a “Board of Matrons” with a President, to enable co-operation. All problems for the education of nurses

* Nan Potter, “Nursing Is My Job,” *Survey*, Vol. 73, May 1937, pp. 142-143.