

Article

The Encounter of Nursing and the Clinical Humanities: Nursing Education and the Spirit of Healing

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Abstract: Practicing the clinical humanities requires throwing oneself into the unpredictable locus of suffering, where one is unable to infer the actual situation of the other, a process which fosters self-disclosure. By using the term “clinical humanities” we are attempting to free the humanities and social sciences from their self-imposed boundaries which have brought them to their current dispirited condition. Bringing the depth of the humanities and social sciences into the clinical field in the service of relieving suffering and setting up a humanities support network will help the humanities renew itself by listening attentively to the great amount of suffering in the world. Conceived in this way, the clinical humanities has its own methodology and way of generating insight, and also has a unique contribution to make to the amelioration of suffering in all its forms. In moving beyond their current condition and into the clinical field, the humanities and social sciences take on a new conceptual framework and a distinctive rhythm. From this perspective, the encounter between nursing and the clinical humanities might be seen as the unlikely meeting of fundamentally different and incompatible fields. Indeed, the humanities and social sciences may seem quite alien to nursing and clinical practice. In this paper I explore diverse aspects of the clinical humanities and how they can be applied to nursing and nursing education. I also investigate some innovative perspectives on healing and the clinical humanities and the implications they have for nursing and nursing education.

Keywords: clinical humanities; nursing; healing; nursing education; social suffering

It could have happened.
It had to happen.
It happened earlier. Later.
Nearer. Farther off.
It happened, but not to you.
You were saved because you were the first.
You were saved because you were the last.
Alone. With others.
On the right. The left... [1]

1. Defining the Clinical Humanities

After being defeated by the Communists in the long-running Chinese Civil War, the government of the ROC (Republic of China) retreated to Taiwan in 1949 and made the island its redoubt while preparing to retake the mainland. Thanks to the political and military support of the United States (U.S.), as guaranteed in the Sino-American Mutual Defense Treaty, the ROC government succeeded in retaining possession of Taiwan, which was seen by the U.S. as a key buffer state in its efforts to contain the spread of communism. Over the following decades Taiwan was under martial law, and with substantial U.S. assistance entered into a period of rapid industrialization and Westernization. As elsewhere in the developing world, however, U.S. aid was contingent on the implementation of economic reforms along American lines. At the same time, the neo-liberal perspectives of the U.S. came to have a major impact on all aspects of life in Taiwan, a process sometimes referred to as “neo-imperialism”. Thus it comes as no surprise that Taiwan’s system of higher education is very much modeled on that of the U.S.

This is especially true in the case of medical education. Indeed, in present-day Taiwan there exists practically no alternative to the Euro-American approach, in which medicine is seen as a branch of the biological sciences. This has had a major influence on the medical culture of contemporary Taiwan, such that the traditional Chinese understanding of health and illness, as well as the wide variety of healing practices based thereupon (spiritual healing, *qigong*, *etc.*), are by and large rejected by the mainstream medical establishment as “superstitions” or “quackery”. One notable exception is the recent addition of traditional Chinese medicine to the types of treatment covered by Taiwan’s national health insurance program. Being based on the rationality of the natural sciences, the Western medical model attempts to objectify and universalize illness, diagnosis, and treatment, with the result that such subjective factors as the affective states and emotional intelligence of nursing staff is seen as irrelevant or even intrusive. Such a state of affairs has given rise to a medical system characterized by materialistic values and hampered by a sense of alienation on the part of patients and medical professionals.

The helping professions in contemporary Taiwanese society, including nursing and clinical counseling, are becoming increasingly specialized and compartmentalized, such that the meaning of “professional” has come to refer to a person who has acquired a highly specialized set of skills which can quickly bring about objectively verifiable results. In comparison with the holistic view of health and wellbeing in traditional Chinese medicine, such an approach is seriously lacking in cultural depth.

Indeed, Western medicine adopts the “fast food” approach to health care, and it seems that today’s national health care systems treat health as just another commodity. It is equally apparent that in Taiwan the humanities and social sciences are becoming increasingly isolated and superfluous due to their general lack of interest in facing the fundamental issues of human suffering.

In response to this situation, in the spring of 2009 a team of scholars in Taiwan headed by Professor Der-heuy Yee set up the Clinical Humanities Research Center (CHRC) and set about investigating the interface between medicine and the humanities and the application of the results to clinical practice [2]. The central idea of the clinical humanities is that health care is a key issue which has spiritual implications in all spheres of life. In this context the term “clinical” refers to the relief of human suffering by entering into the site of suffering. The clinical humanities strives to appropriately apply the insights of both the humanities and social sciences—including such seemingly unrelated fields as the fine arts, philosophy, literature, history, anthropology, psychology, and religion—to the understanding and alleviation of suffering.

By using the term “clinical humanities” we are attempting to free the humanities and social sciences from their self-imposed boundaries which have brought them to their current dispirited condition. Bringing the depth of the humanities and social sciences into the clinical field in the service of relieving suffering and setting up a humanities support network will help the humanities renew itself by listening attentively to the suffering in the world. Conceived in this way, the clinical humanities has its own methodology and way of generating insight, and also has a unique contribution to make to the amelioration of suffering in all its forms.

In this paper I present the central concerns of the clinical humanities from the ontological and epistemological perspectives, with a particular emphasis on how this emerging field can serve to increase the depth and breadth of our understanding of suffering and healing. One of the key purposes of the clinical humanities is to give more attention to the dynamic and transformative nature of the “place of suffering”. Inasmuch as the place of suffering is characterized by the flow and transformation of energy, the clinical humanities aims to function as a catalyst of healing. The main approach is to integrate and apply the perspectives of the humanities and social sciences to gaining a deeper, more comprehensive, and practical understanding of the abundant information which exists at the site of suffering. Such insight can then be applied to the formulation of techniques which have the capacity to bring about healing and transformation. Far from being an abstract concept or a simplistic model of cause and effect, above all the clinical humanities aims to bring about practical results [3].

In the clinical humanities the term “suffering” refers to not only mental and physical suffering, but also to all types of “social suffering”, including racism, sexism, and poverty. Likewise, the term “healing encounter” refers to the spontaneous healing which can result in the context of genuine and caring human interaction.

Seeing that human suffering always occurs within a particular cultural milieu, our understanding of suffering and its treatment must necessarily be indigenized. For this reason the CHRC has been utilizing the concepts of ethos and the ethical act to develop various indigenized techniques for treating both mental and physical suffering. Such an approach stands in stark contrast to that of contemporary mainstream psychiatry, which is based on the concepts of normality and deviance, and which tends to use invasive measures intended to bring about quick results. In the clinical humanities, however,

everyday life and the “body space” are taken as the “site of healing”, and the healing techniques utilized are gentle and culturally sensitive.

Based on the results of our research, we are now endeavoring to deepen and expand our understanding of suffering and healing, and to popularize the concepts of “lifeworld” and the clinical humanities. In addition to bringing the humanities and social sciences back into the everyday world, the clinical humanities can serve as a foundation for medical education and indigenized clinical counseling, a foundation which is very different than the currently favored one based on empirical science. Moreover, the clinical humanities transcends the limited perspectives built into the approach to health and wellbeing currently used in mainstream medical treatment and clinical and counseling psychology. Thus the clinical humanities can be seen as a way of bringing diversity to both clinical psychology and nursing education [3].

One of the main objectives of the clinical humanities is to establish an alternative foundation for the development of indigenous clinical and counseling psychology, cultural healing, and medical care. The underlying principle of the clinical humanities is that all forms of suffering—mental, physical, emotional, or existential—arise in a specific sociocultural context, and must be understood in relation to this context. This is why indigenized versions of the helping professions are shifting away from pathology and towards an ethicized social practice.

2. Towards a Medical Ethics Embedded in the Lifeworld

The “comprehensive care of body and mind” have already become buzz words in mainstream medicine. Yet, without a deep grounding in the humanities, so-called holistic body-mind treatment is merely another slogan. From the perspective of palliative care, such a grounding includes sensitivity to such issues as ethics, religious sentiments, and bereavement. These issues require a depth of understanding which is far greater than that required for daily life, and thorough familiarity with them is essential for anyone working in the clinical humanities. This is the starting point for a medical ethics embedded in the lifeworld.

When we point out this lack of human sensitivity in the field of medical care, some may object that this is simply the current state of affairs in Taiwan, and that the same situation prevails in all medical settings. However, our purpose here is not to compare the strong and weak points of the various treatment settings in Taiwan. Rather, we want to emphasize the human sensitivity which can be brought to bear on the issues of illness and death in different modes of providing care. One of the most trenchant objections to the current paradigm of medical treatment is that, in its over-emphasis on the elimination of symptoms, it also eliminates the lifeworld of the patient. In such a view, the modern medical profession transforms “suffering” into mere “symptoms”, in the process banishing the emotional element of illness and masking its true nature. Illness is necessarily an emotional experience [4], and what sort of emotions we produce lies in the depth of our human sensitivity.

In the words of Gong [5]:

Illness is an experience, not scientific knowledge. In approaching illness as it is actually experienced, we need to temporarily put aside the direct use of literal language and concepts in order to avoid narrowing the horizon; we also need to maintain a high degree

of sensitivity towards the patient's latent life narrative, and inquire into the structure of the patient's inclination.

Gong [5] quotes S. Kay Toombs decisive words:

In facing the most important ethical questions and carrying out open and intimate dialogue, an individual shifts his attention from direct involvement with worldly entanglements to his deepest inner emotions, in the process experiencing what to him has ultimate meaning.

As a scholar of rare and severe illnesses, Toombs speaks about suffering in a very personal voice, helping philosophy to occupy an increasingly prominent position in the discussion of medical treatment. Senior psychiatrist Arthur Kleinman¹ goes even further in the reflections he presents in *What Really Matters: Living a Moral Life amidst Uncertainty and Danger*, where he attempts to increase our understanding of psychiatry and apply its insights to the troubled moral life of contemporary society [6]. These are some of the more prominent voices calling into question the dominant paradigm in contemporary medicine and nursing care, especially its over-emphasis on the elimination of symptoms.

In the course of our teaching, research, and clinical experience, we gradually came to wonder whether it would be feasible to introduce the humanities into the alleviation of suffering, and whether the humanities could expand beyond its traditional confines and into the field of caregiving. At the same time, the humanities and social sciences can develop a new way of thinking which is situational and indigenized, and which has clinical applicability.

The CHRC brings together local and foreign scholars working in the humanities (e.g., art, philosophy, Sinology, literature, history, and religion) and the social sciences (e.g., cultural psychiatry, cultural psychology, psychotherapy, clinical psychology, medical anthropology, medical sociology, nursing, and social work). Our long-term goal is to form an interdisciplinary research network with the mission of exploring the accessibility and significance of the clinical humanities by organizing study groups, workshops, training camps, and academic forums which examine a variety of new approaches to the humanities and social sciences, as well as the possibility of designing an integrated program in the clinical humanities.

3. The Clinical Humanities Research Center

Based on the above considerations, in the summer of 2009 we officially established the CHRC, with Professor Der-heuy Yee (Graduate Institute of Religion and the Humanities, Ciji University) as the director, and Professor An-bang Yu (Institute of Ethnology, Academia Sinica) as the executive director. Based at the College of Humanities and Social Sciences of Ciji (Tzu Chi) University in Hualien, the center serves as a platform for incorporating the humanities and social sciences into medical and nursing treatment in a comprehensive manner. Because they are deeply involved with ethical, interpersonal, socioeconomic, and psychological issues, the humanities and social sciences have a natural role to play in the healing arts. Concretely speaking, our plan is to develop an

¹ Kleinman founded the Medical Anthropology Department at Harvard University, and beginning in the 1960s has done research in Taiwan on mental illness and spirit mediums.

interdisciplinary academic network of professors and other professionals with extensive related experience in order to achieve the following goals: (1) the development and elucidation of core concepts and key terminology, as well as the classification of the categories, extent, and applicability of the clinical humanities; (2) assisting participating professors in establishing related courses and organizing educational workshops for the collective development of teaching materials; (3) organizing workshops for the discussion of possible cooperative research projects and objectives; and (4) drafting the curricula for several short-term classes and making these available to the members of various academic societies.

In our view, practicing the clinical humanities requires throwing oneself into the unpredictable locus of suffering, where one is unable to infer the actual situation of the other, a process which fosters self-disclosure. By using the term “clinical humanities” we are attempting to free the humanities from its self-imposed boundaries which have brought it to its current dispirited condition. Bringing the depth of the humanities into the clinical field in the service of relieving suffering and setting up a humanities support network will help the humanities renew itself by listening attentively to the suffering in the world. Conceived in this way, the clinical humanities has its own methodology and way of generating insight, and also has a unique contribution to make to the amelioration of suffering in all its forms [2,7]. Before proceeding, it is necessary to elaborate on the meaning of healing.

In the view of Thomas Csordas [8] healing is not so much the elimination of illness, as a transformation in the person, in which the body arrives at a new understanding and enters into another reality. What is meant here by “body” is not merely the physical body, but may refer to any realm of experience, including religious, emotional, aesthetic, linguistic, historical, or political. For example, faith healing comes about through one’s relationship with God, by making a meaningful connection with the sacred. The end result is a transformational experience which has a profound effect on the person’s body, mind, and spirit [9].

According to Henri Bergson’s theory of immanence, healing is a type of inherent transformation, the occurrence of which is quite unpredictable. And when healing does occur, it happens at various speeds, yet it can become a continuous state. Moreover, this process freely extends from moment to moment, and is beyond the control and comprehension of the ego, just as one’s thoughts freely flow through time. From this perspective, healing is an immanent phenomenon, and its essential nature is time. In this sense, healing is a type of freedom [10,11].

An additional goal of the CHRC is to integrate the clinical humanities into both teaching and research. This includes helping teachers to seamlessly integrate the clinical humanities into their courses and introduce their students to such topics as impermanence and awareness of the body. The CHRC is especially concerned with the learning which takes place in the course of meeting suffering, and how to deepen this learning in clinical practice in order to gain a diverse perspective on key ethical issues.

One of the basic functions of the CHRC is the formulation of a practical development plan for the localization and regionalization of education, research, and clinical work. Here, “localization” means the seamless linking up of the work of the CHRC with the lifeworld of teachers and students, in order to bring about the integration of theory and practice in the clinical humanities. “Regionalization” means taking the “site of suffering” as the social category, and linking up those working in different areas into a diverse network of healing resources in order to create a healing community of learning,

resource sharing, and mutual support. This would include: (1) setting up experimental healing communities in various disciplines for the purpose of training in the theory and practice of the clinical humanities; (2) compiling and distributing writings based on personal experience of natural disasters, illness, and personal hardship; and (3) putting theory into practice by extending classroom learning into real-life situations.

In the past the humanities and social sciences have been tightly encapsulated within their own academic boundaries, remaining aloof from the many changes in perspective brought about by post-modernism. It is quite clear that a post-modern approach to the humanities and social sciences includes a blurring of traditional academic borders, in accordance with the trend of fluid boundaries between academic disciplines. Although at present a number of disciplines in the humanities and social sciences have begun to venture into related areas, they tend to do so in a tentative and limited manner. Indeed, effective interdisciplinary work can generate a new domain of knowledge and open up new realms of possibility.

4. The Encounter of Nursing and the Clinical Humanities

At the beginning of 2010 Professor Pei-fan Mu of National Yangming University's School of Nursing began to participate in a variety of activities organized by the CHRC. At this time she expressed her concerns about the current predicaments facing nursing education and research, as well as her interest in applying the perspective of the clinical humanities to effecting reforms in nursing education. As a result, in the spring semester of 2010 Mu added an elective course titled "Nursing Humanities" to the M.A. and Ph.D. curriculums of Yangming's Institute of Clinical and Community Nursing. This short-term course focuses on the application of the humanities to various methodological and epistemological issues in nursing, as well as effective ways for nursing professionals to increase their knowledge and understanding of the clinical humanities [12].

Formulated in accordance with the overall aims of Yangming's School of Nursing, the Nursing Humanities course covers the following topics: (1) the meaning and practical importance of the nursing humanities; (2) the educational goals of the "Nursing and the Clinical Humanities" module at Yangming; (3) the humanities techniques of narration and introspection; (4) using narration and introspection to explore various clinical issues in the nursing humanities; (5) ethics in theory and practice; (6) case studies which illustrate ethical issues in nursing; and (7) the interpersonal relationship between nurse and patient, doctor and nurse, nurse and nurse, *etc.* [13]. In short, the basic approach of the Nursing Humanities course is to use lectures and discussions to familiarize participants with the fundamental concepts and techniques of the clinical humanities, why they are important, and how to apply them to their own work.

Mu's ([12], p. 5) perspective on the Nursing and the Clinical Humanities module is made evident in the following extract from the introduction to the module:

The Nursing and the Clinical Humanities module being held by National Yangming University's School of Nursing was designed by the school's faculty and students in collaboration with scholars in the humanities. It can be seen as a milestone in the introduction of the clinical humanities into the curriculum of the School of Nursing. In January 2010 we began holding a series of seminars and workshops for nursing instructors

and scholars specializing in various areas of the humanities. The instructors shared their ideas about educational goals in nursing and how the clinical humanities might be used to bring about various improvements in nursing education. For their part, the humanities scholars shared their ideas on how their respective disciplines can be applied to health care and how we understand illness and disease. The nursing instructors also reflected on the best ways to integrate the nursing humanities into nursing education, how to apply concepts in the humanities to nursing education, and what the nursing humanities looks like in actual practice.

The Nursing and the Clinical Humanities module consists of four courses covering five themes: psychoanalysis and humanistic care; inquiry in the clinical humanities (readings in illness and ethnography); Western philosophy and humanistic care; art and humanistic care; and humanistic care in the helping professions. The main learning goals of the module are as follows: (1) to understand the various concepts, theories, and research methods used in the humanities and social sciences which have a bearing on caregiving, and how they can be applied to the relief of suffering; (2) to inquire into the meaning of the nursing humanities and become familiar with practical and effective techniques for relieving suffering; (3) to learn how to apply various ideas and methods from the humanities and social sciences to gaining insight into the experience of health, illness, and suffering; and (4) to learn how to gain insight from clinical experience, learn through self-inquiry, and understand the heuristic approach to nursing theory.

The main topics covered in each of the five themes included in the module are as follows:

(1) *Psychoanalysis and humanistic care*. This theme covers the history of psychoanalysis from Sigmund Freud to Jacques Lacan; linguistic analysis as it pertains to the etiology of illness; theories on human behavior; how the study of such pathological conditions as aphasia and hysteria led to the development of such concepts as the “organ of the soul” and the “apparatus of the soul”; the relationship between dreams, memory, and amnesia; and psychological defense mechanisms [14].

(2) *Inquiry in the clinical humanities* (readings in illness and ethnography). The focus of this theme is ethnographic writings on illness, including how writing can be used to reflect on illness; the position of illness in culture; the relationship between bodily experience and caregiving; and the relationship between the experience of being ill, illness narratives, and psychological healing [15]. In addition, this theme covers how bodily experience, metaphors for illness, and writing on illness are culturally mediated, leading the ethnographer to see certain phenomena, but not others [16]. Finally, the interdisciplinary approach of the clinical humanities is used to inquire into the future direction of the nursing humanities [2,12].

(3) *Western philosophy and humanistic care*. This theme includes inquiry into such Aristotelian ideas as beauty, goodness, love, and freedom; key concepts in existential philosophy, such as Kant’s ideas on free will, Nietzsche’s “will to power”, Kierkegaard’s ideas on existentialism, and neo-Aristotelian thought. Also covered are Hannah Arendt’s ideas on movement and thought; responsibility and judgment; the relationship between conscience and freedom; and the meaning of action, laboring, and making—all of which have a bearing on how value judgments apply to the nursing profession. This theme also covers how Heidegger’s concepts of *sein* and *dasein* relate to

Confucian, Daoist, and Buddhist thought, with respect to ethics and the difficulties which arise in clinical settings. Finally, considerable emphasis is placed on the ethics and duties of caregiving.

(4) *Art and humanistic care.* This theme covers the theories on aesthetics of such Western philosophers as Descartes, Kant, and Heidegger; the intersubjective relationship between the artist and his or her art; and the influence artistic creation has on caregiving. In addition, based on personal experience in community building and organizing spaces for public art, the lecturer discusses how a space is laid out influences artistic activity and our relationship with objects. Also covered in this theme are how the characteristic features of traditional Chinese gardens and temples reflect the designer's views on nature and space, and the practical implications this has for humanistic care.

(5) *Humanistic care in the helping professions.* In this theme the perspective of Western aesthetics is adopted to show how the helping professions can be seen as an art form, and how the caregiver can be seen as an artist rather than an instrument. From the perspective of aesthetics, the interpersonal experience which arises in the context of caregiving can be understood as the medium for creating art. Furthermore, the site of caregiving can be seen as a humanities space full of symbolic meaning, the changes in which the caregiver needs to respond to in an appropriate manner so as to make caregiving an aesthetic experience.

In order to increase the quality of the Nursing and the Clinical Humanities module, the instructors have adopted a flexible and exploratory approach to the course content and how they present it. Thus the emphasis is not so much on the various concepts and theories in different areas of the humanities, as on how the learning experience can raise meaningful questions and lead to a loosening of certain rigid and entrenched views and practices in the nursing profession. Indeed, such an experimental course opens up a discursive space conducive to free inquiry, self-inquiry, and taking a fresh look at the key issues in the nursing profession.

For example, one of the central ethical concepts of the nursing humanities is what Emmanuel Lévinas calls the attitude of “for others”. Caregiving consists of not merely practical care, but also requires providing emotional and spiritual support. In the course of providing practical care for patients, many of whom may have difficulty accepting their condition, a nurse is constantly confronted with the grim realities of birth, aging, illness, and death, and may thus find it difficult to maintain a positive and supportive attitude. Physical suffering is an inescapable fact of life. Thus, despite our best intentions, we don't have the ability to “become others”; the best we can do is adopt the attitude of “for others” [17–19].

Yang ([17], p. 12) also points out:

Whereas Lévinas starts from the ethical viewpoint of “responsibility” to describe the subject of suffering, Pierre Klossowski [20] starts from the ethical viewpoint of “volition” in an attempt to describe the possibility of another type of subjective existence. For Klossowski, responsibility leaps over will; that is to say that our ethical relationship with others is not merely taking an attitude of “for others”, but also entails actively aspiring to “become others”. In other words, if in the present moment I forget that I am taking care of another person, in that moment I am having the kind of experience Nietzsche spoke of as deliberately blurring the boundary between self and other. But what sort of self-image did

Nietzsche have in mind? And who is this person who will appear someday [21]. For this reason, Lévinas takes Nietzsche's "vision" and "prévision" as referring to the appearance of someone whose arrival we have been looking forward to.

In sum, in the process of caring for patients, by fully identifying with the patient and entering into the patient's experience, and then applying the attitude which arises therefrom to the process of providing practical caregiving, a nurse can engage in what Klossowski and Nietzsche call "life as the application of art" and "practicing beauty" ([17], p. 13). At the same time, we need to ask just what this type of approach to nursing care signifies in terms of the nurse's perception of the patient. This is a key issue and needs to be addressed from the perspective of phenomenology. Due to limitations of space and the need to remain focused on the main topic of this paper, this subject will have to be taken up in a future paper.

Based on the feedback provided in a focus-group discussion, the students in the Nursing Humanities course derived the following benefits: (a) They learned that the basic approach of the nursing humanities is to cultivate self-understanding and then extend this into the lifeworld of the patient; (b) They gained an understanding of the perspectives, concepts, central values, and practices in the humanities; (c) They learned how the perspective of the humanities can bring about innovation in the nursing profession; (d) They learned how to internalize and apply the humanities perspective to education and clinical work in nursing; (e) They gained an increase in self-awareness and maturity; (f) They learned that neglecting to take the patient's mental state into account makes caregiving more difficult and less effective; (g) They learned how interaction with colleagues can turn nursing work into an aesthetic experience, and also increase one's understanding of and appreciation for the value of nursing; and (h) They came to appreciate the value of innovative nursing techniques and integrating the humanities into nursing [12].

5. Nursing Revisited

Putting the spirit of healing into actual practice in nursing education requires inquiry into the clinical significance of nursing and healing. As for course design, this needs to be carried out with sensitivity to the needs of the human spirit. The Nursing and the Clinical Humanities module described above presents the perspectives of various disciplines in the humanities and social sciences, and how they can be applied to such issues as caregiving, ethics, and health. Making use of fieldwork and discussion, as well as the central ideas and research methods used in the humanities and social sciences, we can see how each discipline has its own vision of care and compassion, and how these can be skillfully applied to nursing. This approach also generates new ways of understanding the clinical humanities, health, and healing. This module also emphasizes making use of the students' clinical experience to probe into the meaning of nursing and healing, so as to generate practical insight into the nursing humanities and elucidate how this cutting-edge discipline can contribute to the future development of the nursing field.

From the standpoint of the philosophy of science Mu, ([12], pp. 9–10) states:

As for epistemology, in nursing knowledge develops out of clinical experience and the actual process of caring for patients. How to understand the patient's life experience and

current condition, and then apply this understanding to the caregiving process and the development of new measures and techniques—this is the long-term vision of the nursing humanities. This is a developmental process based on discussion, review, and refinement of the close relationship which exists between the humanities and nursing. In this process of interdisciplinary interaction and refinement, the ongoing task is to adapt the knowledge and concepts of the humanities and apply them to the creation of an innovative and patient-centered approach to nursing.

In this manifesto-like summary, Mu aptly elucidates the essential meaning of both the clinical humanities and the nursing humanities. Yet, if we understand the clinical and nursing humanities as requiring an extraordinary degree of character development, and see extensive knowledge of the humanities as a prerequisite for adopting this approach, we would be setting our sights unrealistically high. For, in light of the actual working conditions which currently prevail in the nursing field—overworked nurses who have little authority in the medical hierarchy—we have to avoid having unrealistic expectations of what nurses can and should do.

For example, in addition to primary prevention, the most effective way to reduce the overall cost of medical care is to effectively bring volunteer caregivers (those who have an “ethical connection” with the patient, *i.e.*, family, friends, neighbors, volunteers, *etc.*) into all levels of the caregiving process. Moreover, as medical ethics becomes increasingly focused on the wellbeing of the patient, more attention is being given to the healing relationship itself. Thus, making nursing care more person-centered and indigenized gives the patient a sense of not only being cured, but also being “cared for” [22].

Concretely speaking, in “ethical nursing care”, affective awareness and empathy are used to quell chaotic thought patterns. The emphasis is on a clear understanding of ethics and ethical relations. As for methodology, “ethical nursing care” relies on the patient’s personal life experience to generate self-awareness. The nurse is not so much a guide, as a provider of moral support, creating an open space conducive to the unfolding of the patient’s inner world [3,22].

In the words of [23] Shen (2010):

At the heart of the clinical humanities is a thorough rethinking of the body-mind discourse. In psychoanalysis the body and mind are seen as an inseparable unity, and only with this recognition can we see the great significance the humanities has for clinical practice... The clinical humanities gives primary importance to re-opening the discussion of the body-mind issue and is premised on re-examining their interrelationship... In the psychoanalytic view, illness involves not only physical pain, but also entails linguistic, social, and cultural suffering. This implies that the humanities can help us deepen our understanding of the healing relationship and the metaphors for pain, and can also serve as an important and direct therapeutic tool.

Thus the aim of this paper is to use the perspective of the clinical humanities to examine various facets of the nursing humanities. In sum, the nursing humanities is an extension of the practicality of humanism, confirmed and implemented through “questioning, subversion, and reform” [24]. As

Szyborska ([25]) puts it, “Any knowledge that doesn't lead to new questions quickly dies out: it fails to maintain the temperature required for sustaining life.”

In regards to nursing education, Tsai ([26], p. 5) has pointed out that “The heart of nursing is knowing how to care for others. This type of knowledge is different than that of science. The latter is guided by results, while the former is guided by ethics.” In my view, the Western approach to nursing based on empirical science and the approach of the nursing humanities based on ethical and cultural considerations are complementary rather than antagonistic. Professional nursing education needs to include both perspectives. In the current situation, this means making a place in nursing education for alternative medicine and the clinical humanities.

6. Conclusions

The encounter between nursing and the clinical humanities might be seen as the unlikely meeting of fundamentally different and incompatible fields. Indeed, the humanities and social sciences may seem quite alien to nursing and clinical practice. In the words of Yee [27]:

In the professional life of the nurse, the unknown is of utmost importance. On the one hand, it challenges the nurse to transcend his or her inherent self-limitations; on the other hand, it provides him or her with a point of entry into self-inquiry. But even though introspection requires transcending these inherent limitations, they can also be made the object of inquiry and introspection. This entails using the unknown as a medium for bringing these inherent limitations into relief, thereby clearly revealing their problematic nature, which in turn becomes the object of further inquiry.

Going a step further, we can examine the relationship between nursing and the clinical humanities by referring to Arendt's ideas on action, thinking, responsibility, and judgment [28]. In the words of Wang ([29], p. 1):

Thinking is invisible, but judgment is visible. Genuine thinking is life itself; it's an essential element of life. For Arendt, inasmuch as life is a process, it consists not of the results of thought, but of the process of thought. Yet, thoughts can become manifest by being expressed through judgment; thus judgment is the concrete expression of thought. Therefore, the reality of a thought is necessarily founded on judgment... Judgment means making a choice about something in the future; it doesn't mean merely making an appraisal of something that has already happened. Judgment is a part of conscience.

Indeed, conscience and the innate sense of right and wrong lead to the question of moral responsibility. In this connection Tsai ([30], p. 13) states, “Arendt interprets morality from the perspectives of self-examination (especially self-dialogue) and the manifestation of one's innate sense of right and wrong.” As for Arendt's conception of legal responsibility, Tsai ([30], p. 13) states, “Moral responsibility doesn't involve an individual's transgressions or criminal activity towards others; rather, it's a matter of personal integrity and consistency, including the purity of one's motivations.”

Of particular relevance to the clinical humanities are the paired concepts of action-thinking and responsibility-judgment. In particular, when using the concepts and spirit of the humanities to reflect

upon nursing practice and education, it's worth looking closely at how these two pairs of concepts can be edifying for nurses and caregivers. Wang ([29], p. 2) asserts:

If we understand the humanities to be about people, since thinking is an essential element of human life, then thinking and the clinical humanities are inseparably related. If we understand the humanities to be about mind or spirit, since thinking is the core of mental and spiritual life, then this also manifests the relationship between thinking and the clinical humanities.

The nurse-patient relationship is a type of intersubjective healing relationship, an opportunity for transformation which links up the intrinsic process of being and becoming for nurse and patient alike. Genuine healing takes place in the process of self-transformation, an inner process which manifests outwardly. As participant, companion, and catalyst, the nurse plays an essential role in the healing process.

Arendt astutely points out a universal crisis in the modern world resulting from the loss of our ability to understand and reconstruct the experiential freedom, authority, and political engagement we once had. The atrophy of this key ability reaches its climax in extreme dehumanization and objectification ([31], pp. 301–02).

Inasmuch as judgment is the concrete expression of thinking, the actuality of nursing and the clinical humanities has to be established in judgment. Remaining constantly vigilant as to the possible problems that may arise in the nursing profession in the future, as well as cultivating practical foresight, are both part of putting the clinical humanities into practice. Healing is a process in which the healing relationship facilitates an expansion of the patient's awareness and energy, thereby bringing about wholeness, balance, and transformation. Further, healing is a process in which the cultivation of human affinity and sensibility engenders a sense of rest, relief, and ease in body, mind, and spirit. The healing moment occurs in the intersubjective process, and entails a transformation of one's psychological state and mental activity, which in turn brings a sense of comfort, renewed interpersonal activity, and renewed order and harmony in one's engagement with society.

Gao ([31], p. 313) asserts that in Arendt's view:

A self completely outside the network of interpersonal relationships can't possibly exist. In *The Human Condition* [32] she states that an individual has various roles to play, and in the course of living and acting in the world, meaning and interpersonal understanding are generated solely through dialogue with others and with oneself.

Thus, with respect to the fortuitous encounter between the clinical humanities and education in the nursing humanities, putting theory into actual practice will be the primary challenge of all those working in this emerging discipline in the future.

Encounter, always manifesting with a certain apprehension.

Departing, so as to arrive at some exceedingly distant place.

A place bound by memory...

Conflicts of Interest

The author declares no conflict of interest.

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