EDITORIAL

For about 20 years I have been participating in caring science research, as a doctoral student, researcher, teacher and doctoral student adviser. The research has been characterised by a phenomenological approach and guided by an interest in the lifeworld of patients, as well as the lifeworld of their spouses and carers. After some years, and together with some colleagues, I wanted to create a comprehensive understanding of the methodological experiences from this research, which resulted in the publication of Reflective Lifeworld Research. However, the collected research outcome does not only provide us with good examples of research methodology, but also good examples of what caring is, or what caring should be. At present I am carrying out a meta-analysis of the collected empirical outcome with the aim of presenting a caring science theory. The empirical analysis is complemented by an analysis of continental philosophy, and in particular the philosophy of Husserl, Heidegger, Merleau-Ponty, Sartre and Gadamer.

One core concept in the new caring science theory is health, which is described as the basic category of caring. Consequently, health is the main goal of caring, and the aim of caring is to support and strengthen people’s health processes. However, health is a complex phenomenon, quite vaguely defined and described, and a parallel analysis of contemporary caring science literature showed that most scholars in the field do not deal with ‘health’ at all. Instead, diagnoses and illness are most often the focus of caring science and not least of nursing research. In general, health is a taken-for-granted and un-reflected phenomenon.

A theory of caring with its focus on health must be explicit about the meaning of health. First of all, the essence of health is understood as the experience of well-being. However, ‘well-being’ is marked by a similar vagueness as ‘health’. Well-being means to ‘feel good’ and that one has a good everyday life, but well-being means more than that. Health is not completely understood as an experience of feeling good. The analysis shows that in order to experience health and well-being there must be an experience of being able to. The essence of health is thus that one experiences well-being and is able to fulfil one’s minor as well as major goals of (the everyday) life, i.e. is able to carrying through one’s minor and major life projects.

The meaning constituents of health are described in terms of vitality, life rhythm and life context. In order for a person to experience health and well-being s/he must be able to experience a sense of life power and a zest and lust for life. Life must include moments of movement as well as stillness. These meanings cannot be polarised; movement always has to be understood as figure against a background of stillness, and stillness has to be understood as a figure against a background of movement. The personal rhythm of movement and stillness is in constant interchange with everyone’s life context, e.g. one’s everyday life activities and with others. The pattern that is formed by relationships of ‘vitality’, ‘life rhythm’ and ‘life context’ are characterised by limitations and restrictions as well as opportunities and possibilities.

Care that aims at supporting health and well-being of the patient must be characterised by consideration of the above described meanings of health as well-being. Carers must – in one way or another – touch the patient’s world, i.e. the lifeworld.

Now, to create knowledge and to illuminate all nuances of health and well-being, also in science and research the aim must be to touch upon, understand and systematically describe the patient’s world, the lifeworld. All disciplines involved in health care need to know how to support individuals’ vitality and life rhythm, and how health and well-being relates to the individuals’ life contexts.

Such research cannot happen just by the practice of “a method”. First of all, the research must be carried out by a lifeworld sensitive approach. For an approach to make the meanings of health and well-being explicit, it must build on a strong foundation of ontology, epistemology and methodology. Research approaches that stem from phenomenology have the strength needed. Phenomenology as a scientific foundation gives to research a thorough understanding of what ‘knowledge’ is, what knowledge needs in order to be scientific, and how a researcher gets access to scientific knowledge of the lifeworld. Phenomenology serves research with a thorough analysis of ‘meaning’ and how meaning can be made explicit by ‘descriptive analysis’, i.e. analysis that stays with the empirical data, or by
interpretive analysis’, i.e. where some external source of data has been added to the empirical analysis. Phenomenology also provides researchers with an awareness of how understanding comes to be, and how every part of the research process must be “bridled” so that the researcher, for example, avoids meanings that do not belong to the phenomenon but to the researcher’s own assumptions and lived experiences of the phenomenon. In such research, attention is directed on how openness and “pliability” to the phenomenon of study and its meanings are practised, and every choice of method is directed by the phenomenon and its appearance. With such research, health and well-being can be understood and the essential meanings as well as many nuances of health and well-being can be displayed.

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Notes
1. Dahlberg, K., Dahlberg, H. & Nyström, M. (2008). Reflective Lifeworld Research. Lund: Studentlitteratur.
2. The philosophical analysis has partly been carried out a in a collaborative research project that involves Bournemouth university, UK and Växjö University, Sweden, and have been previously published in Todres, L., Galvin, K. & Dahlberg, K. 2007. Lifeworld-led healthcare: revisiting a humanising philosophy that integrates emerging trends. Medicine, Healthcare and Philosophy, 10, 53–63.
Dahlberg, K., Todres, L. & Galvin, K. 2009. Lifeworld-led healthcare is more than patient-led care: an existential view of well-being. Medicine, Health Care and Philosophy.
3. Cf. Smith, S. J. & Lloyd, R. J. 2006. Promoting vitality in health and physical education. Qualitative Health Research: An International, Interdisciplinary Journal, 16(2), 245–267.
4. Biology is important for the understanding of health, and biological health is the core of medicine. The meaning of biological health must be included in the clinical practice of caring science, but is not included in a caring science theory, that is existentially based.