

Dying in Nursing Research: An Ontological & Epistemological Expedition

by

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Supervisory Committee

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Abstract

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Palliative care and hospice philosophies, practice, and research can be understood as a movement to counter dehumanizing aspects of the medicalization of death—a movement to “reclaim” the individuality of dying. However, this push to singularize dying (as one’s own) becomes part of a universalizing process as death is managed within institutional spaces and medical discourses. From an ontological perspective, the individuality of mortality—i.e., dying—can be understood in opposition to the universality of death. In contemporary society, there is a *paradoxical* relationship within the management of death: there is an attempt to universalize the singularity of dying. This thesis is proposed to address contemporary conceptual “problems” of dying and responses to them, as historically and contextually situated, through a Heideggerian phenomenological understanding and methodological critique of selected phenomenological nursing research related to dying. The intent is to explore the ways dying is constructed as an object of phenomenology through an analysis of the ontological and epistemological ambiguities within this literature to pose the ensuing methodological implications. The thesis hopes to propose an alternate way to conceptualize dying for this literature and it aims to suggest implications for theory and method in this field of research.

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Dedication

The truth is, I can't read anything with any distance. Every book is a self-help book to me. Just having them makes me feel better. I underline profusely but I don't retain much. Reading is like a drug. When I am reading from these books it makes me feel like I am thinking what is being read, and that gives me a rush. That is enough. I glean what I can. I finish some of the unfinished thoughts lingering around in my head by adding the thoughts of geniuses and I build from there.

-Marc Maron
Attempting Normal

Introduction

*There is no such thing as natural death; nothing that ever happens to a man is ever natural, since his presence calls the world into question.
(de Beauvoir [1969] in Seymour 1999, p. 692)*

Within the last 30 years, nursing research on death and dying has embraced methodologies outside of the natural sciences. This shift in focus has resulted in investigations of the lived experience of dying that have become foundational in the quest to provide better care. These methodological shifts have followed the conceptual, and practical, challenges to the dominance of medical discourses. Empirical critiques of the medicalization and institutionalization of death, specifically, can be traced to the 1960's. Psychologist Kubler-Ross (1969) wrote about her experiences with dying people in institutions; she is credited for "pointing up inadequacies in the established institutional care of the dying" (Fox 1981, p.51). Two years prior to this 'ground breaking' book, Cicely Saunders opened the first free standing hospice in the United Kingdom designated for the treatment of those with terminal cancer (Seymour, Clark & Winslow 2005). Saunders is associated with the term "total pain"—beginning a movement that focused on dealing with what may be referred to as the existential issues surrounding death, and which incorporated the social, psychological and spiritual aspects of dying (Strang & Strang 2002; Seymour, Clark & Winslow 2005). These critiques of the medicalization and institutionalization of death mark the beginning of a discursive shift away from positivistic methodologies in nursing research to the embracing of qualitative methodologies. And following this shift, phenomenologically-informed critiques of the medical-institutional approach to death and dying promoted the idea of the individuality of dying, thereby giving rise to new theories and methods to research the care of dying people.

Is human finitude a phenomenon? Can death be taken as an object, as an entity? Is one to study death and dying and thereby individual awareness of mortality or cultural conceptions and practices of death—to pursue research? Ireton's (2007) work can be used to situate questions like these within a philosophical binary of understanding: "Death can thus be understood in one of two ways: either as a constituent aspect of nonbeing or as an integral phenomenon of life" (p.3). The former leads into metaphysical conceptions of death as a futural event—"a transition to a nonhuman form of reality, whether physical corruption or metaphysical transcendence" (p.6)—while the latter can be understood in terms of an ontological perspective that includes the inevitability of finality within existence. This opposition can also be extrapolated in terms of the universality of death (every human is mortal) versus the individuality of mortality (I am mortal) (Ireton 2007). This process of individualization removes dying from abstraction and situates it within the particular, experiential realm. The appropriation of death, through the assigning of meaning(s), is epochally contingent; the meaning(s) of death and dying are not universal, they change depending on time and space—culturally and historically. As Pernick states, "death has never been completely definable in objective technical terms. It has always been at least in part a subject and value based construct" (in Zaner 1988, p. 17). This thesis is situated within the context of existing research which can be traced to the original thanatological works, such as Glaser and Strauss (1965, 1968), Berger (1967), Aries (1981), Illich (1976), Turner (1991), and Elias (1985). These works are heavily cited within contemporary literature and articulate death as a social phenomenon, as it has shifted from a communal event, bound within symbolic religious meaning, to a private, atomized [individual] event, situated within scientific medical reductionism. As Illich (1976) claimed, the medical model "brought the epoch of natural death to an end" (in Clark 2002, p. 905). As death became

located within the body and reduced to an object, the social aspects of death (regardless of whether or not they are considered as contingent), arguably, became irrelevant. This conceptual and practical shift from (pre-modern) communal death towards the (modern) medicalized death is paramount in contemporary discussions of death and dying. The proposed thesis dwells in the discursive-conceptual shift within the management of dying and palliative care as reflected in the nursing literature on death and dying. The purpose of this research is to explore the paradox of how the singularity of dying of each individual is represented in this literature, both conceptually and practically, through research on the universalizing processes and practices of palliative care and nursing research. Universalization, in this sense, refers to a generalized applicability of principle tenets, which are translated into practices for ‘all’. This research project explores the assumption that death is not inherently problematic, and that the construction of the meaning of mortality, through definitional processes, articulates death differently, depending on time and space. This thesis takes nursing research and palliative care literature as a starting point to address contemporary problems of managing death, conceived in a phenomenological manner, by contextualizing these concerns (medicalization, institutionalization, etc.) and their ensuing responses as they are embedded within (and co-constitute) the conceptual paradox of the singularity of dying and the universality of management of death.

The following two broad questions will guide this thesis:

1. In what ways are death and dying constructed as objects of phenomenological investigation in nursing research and palliative care literature? A particular focus will be on the manner in which researchers interpret Heideggerian phenomenology.
2. What are the implications of this type of research for the way death and dying is conceptualized as a problem, and responded to—and the potential cyclical implications of the ensuing ontological and epistemological foundations? In what ways do the methods of investigation contribute to the constitution of the original phenomena in question?

Chapter One: Theoretical-Philosophical Framework

In preparation for accounting of the way literature, particularly in the field of nursing, on dying—following historical paradigm shifts and changing discourses from medicalization of death (Aries 1981; Elias 1985), which involved a reductionist approach to the body, to a more nuanced, patient-centered, orientation (Goldsteen et al. 2006) in recent years, an interpretive, subjectivist (qualitative) approach—has opened up new possibilities for thinking and perceiving death, we must offer, in this Chapter, the general contours of a theoretical-philosophical framework. Once established, it is hoped, this framework will enable a certain nuanced engagement with the existing nursing literature which, in the spirit of relying on the tradition and expanding it, will in turn allow for this thesis to offer methodological contributions to the study of dying.

A double analytical trajectory

This thesis is manifold and precarious; it attempts to explore the *paradox* of the singularity of dying and the universality of death—without grounding—proposing that new possibilities of individual dying without a foundation or an immutable understanding of death can exist. To delve into dying (and death) as a social phenomenon, discussions of ontology and epistemology are imperative, particularly within our current epoch and the crises of foundationalism with its unavoidable implications for the Social Sciences in general and research into palliative care in particular. The theoretical and philosophical frameworks for understanding the questions posed within this thesis are integral, inherent even, to the very exploration itself. In my understanding, the three thinkers that I draw upon within this chapter—Vahabzadeh, Heidegger, and Foucault—while diverse in their endeavors, share(d) a quest for inquiry into truth, knowledge, and origins—

intelligibility (what and when)—as critics of western thought and metaphysics. To begin, I discuss beginnings. By referring to Vahabzadeh, who credits Reiner Schürmann, as a post-Heideggerian, I situate this thesis within the thinking of radical phenomenology; I take up an understanding of epochs, and the inception of *foundations which govern what is intelligible*, to then distill this to the study of social phenomena, particularly dying—discovering Truth through the “Real”. Following this, I divert to Heidegger and his pursuit of a fundamental ontology to overcome metaphysical thinking that has left out Being, and the dualism that has given prominence to the subject. This will be extrapolated in Chapter 3, in relation to the act of research on dying and the (mis)usage of Heideggerian phenomenology in existing nursing literature. And while seemingly unrelated, I shift to the alternate trajectory of this thesis toward the thinking of Foucault who also pursues discussions of the conditions in which knowledge is produced, and counted, as intelligible, an account of discourse which will be taken up in the next Chapter to understand existing thought and action related to dying (i.e. Palliative care). While I make no attempt to reconcile or amalgamate these three thinkers they each offer relevant ideas to this thesis—my wish is not to appropriate their thinking but to expand my own.

An Original Loss

Vahabzadeh (2005) returns to a passage by Nietzsche (1895) entitled, “How the ‘Real World’ at last Became a Fable”, followed by the “‘history of an error’—of mistaking the Real for Truth” (in Vahabzadeh, p. 376). He relates this “loss” of the real world in relation to the representational substitutions that come to replace the “Real” to the extent that the “original”—that which can be received, sensed, and experienced in an im-mediate (un-mediated) way—is irretrievable through compounding substitutions (substitution upon substitution). For

Vahabzadeh it is this infinite “progressive” process which “defines the history of metaphysics”—in that it is this “loss” that becomes a foundation on which ultimate referents are born. And as we have continuously sought, and seek, truth in this “apparent world” (the substitution for the “Real”), we repeatedly delegitimize these truths through our interpretations—a failing logocentrism—thereby perpetuating or constituting an unattainable “Real.” The very act of representation, substitution, evokes interpretation that rescinds attainment of the “Real” *and* the “apparent world”. Vahabzadeh (2005) sees this as an attestation to the end of metaphysics: “as representations of ultimacies run their course to their possible and eventual exhaustion, the very possibility of a return to the ‘Real foundation’ loses momentum” (p.377). Because of this “originary” loss we continually and “compulsively” attempt to replace foundations with ultimate foundations; with the increasing difficulty of asserting the current foundations on which our epistemic knowledge is referred (or justified) our thinking and acting is governed without question.

Vahabzadeh (2005), drawing on the epochal theory of Schürmann, explains the three eras of our “metaphysical history” in the West by attributing an ultimate referent to each— “the ancient period” where it was “natural substance (as the self-presence of entities), for the medievals it was (the Christian) God, and for the modern man it was/is the subject and his consciousness (as in Descartes’ *ego cogito*)” (Vahabzadeh 2005, p. 379). According to this radical phenomenological conception each epoch is “governed by an arché or a founding First” (Vahabzadeh 2005, p. 378) —understanding the First as the point of inception of epochal emergence in which a supreme principle governs what is intelligible. This “code of intelligibility is called *principium*” which is legitimated through the “*princeps*” and together “principium-princeps mark the establishment of a regional-epochal public life and are expressed through

certain epochal-political regimes that reveal the ultimate principle of the epoch” (Vahabzadeh 2005, p. 378). This allows us to historically place intelligibility by identifying the ultimate referents which govern all thinking and acting within an epoch—“the modalities of the possible have already situated us in a structural totality that can be genealogically traced back to the institution moment(s)” (Vahabzadeh 2005, p. 378). As such, radical phenomenology enables a critical understanding of both “theory and practice,” which is an imperative component to this thesis, and simultaneously opens up the potentialities of new thinking within our current epoch as we become aware that our quest for foundations is exhausting.

Vahabzadeh’s (2009) “ultimate referentiality” is used to narrow this thesis—as a sociological research project of dying—as he uses the term to “designate a point of ultimacy, a foundation or ground, that justifies an entire theoretical approach to social phenomena” (p. 458). This critical awareness, which is enabled by Derrida’s critique of “metaphysical parallelism” and “logocentrism,” requires a shift in theory and practice (research) through reflection on the process of *reification* that occurs when we conceptually elevate “society,” as the “real,” to the centre, which in turn legitimizes our theoretical assumptions/approaches while simultaneously validating society as a foundation.

As a tool for both critically understanding our past, as well as our present, in relation to our construction of knowledge and truth, radical phenomenology is used in this thesis as an overarching way of understanding the realm of sociology as the “science of society.” This understanding resides within a critique of Cartesian dualism, which situates the phenomenological analysis of the study of dying, and dying as a social phenomena. An in-depth analysis of our current epochal mode of thinking must be traced back to the First, or the *principium* from which it “originated.” Reference to the Enlightenment becomes a crucial point

of departure; Vahabzadeh (2009), referring to Descartes' *Meditations on First Philosophy*, succinctly presents the foundation of metaphysical, and scientific modes of thinking, noting that Descartes constructed a:

[A] subtle but operative distinction between the sensible and the intelligible enables a division between subject and object, which in turn reintroduces the age old question of causality, not in terms of god's will or predestination, but as factual causality: idea (theory) "must without doubt derive [objective reality] from some cause in which there is at least as much formal reality as this idea contains in objective reality." (Vahabzadeh 2009, p. 448)

This can be understood as an abstract extension of the previous discussion of the passage in Nietzsche's *Twilight of the Idols*. Truth comes to be understood through the existence of the objective reality in the "idea or concept" (p. 448); what is intelligible, what is seen as object, becomes *representative* of Truth – a scientific mentality which has dominated the production of knowledge. This representation reifies the Truth (fact) within the object that can only come to be known through the "knowing/thinking subject". The complexity of this discussion, within the context of this thesis, arises from the critique of "duality between sensible and the intelligible" in which the intelligible is superior (Vahabzadeh 2009, p. 454) and the subject/object, mind/body binary in terms of the founding First, *ego cogito*. Objects become conflated with the "idea" of the subject that in turn reify a certain representation of the object (as presence, as "Real") and simultaneously give prominence to the subject (and the division itself). This can be understood in relation to empirical research practices in that the Truth of objective reality can then only be accessed through a Cartesian conception of "subject", or individual, in relation to "objects":

The intelligible, the principle that distinguishes *ego cogito* as modern humanity, functions as an operative assumption because it takes meaning as full presence (intelligible), a presence (bearing the stamp of metaphysics) transparently evident in the sensible as if the sensible effortlessly volunteers meaning to the rational mind. (Vahabzadeh 2009, pp. 454-55)

Truth as fact of objecthood becomes foundational, thereby delimiting what can be discovered and known; this process of inquiry restricts alternative possibilities by having a foundation encompassing what counts as intelligible, against which all knowledge must be verified (including the process of the production of knowledge). Within the social sciences this centre of causal Truth is “society”: “sociology posited a fully rational domain in the real – a certain conception of society whose truth can be revealed only if our theories and methods are equally rational” (Vahabzadeh 2009, p. 453). The metaphysical mode of thinking requires stability (rationality) within the original central concept, as such, given that “society” is ever changing, the quest for a foundation upon which sociological research can be based (verified, legitimized) contentiously continues.

The pursuit of sociological foundations are most explicit within the struggle between positivist and interpretative frameworks, and qualitative and quantitative research, in relation to the dominance of the natural sciences, a discussion which will be expanded upon in Chapter 2 within the context of phenomenology as methodology. Long-standing debates regarding the nature of social sciences are generally understood as a divide between objective and subjective approaches, positivism in opposition to interpretivism. Narrowing the scope to that of sociology I refer, again, to Vahabzadeh (2009) who brings forth the work of Durkheim and Weber as their founding works offer an explicit representation of history of this division within the social sciences.

Durkheim (1933 [1984]) proposes that “social facts” are objects of study and that although we can only understand them as partial representations, through comparison we can develop a greater understanding of the whole of the external world—in the society that produces them. He presents moral facts as social facts: “as phenomena like any others” (Durkheim 1933

[1984], p. xxv). It is in this re-conceptualization that he attempts to reconcile the study of internal consciousness objectively, within an external society, without studying individual meaning and interpretation (the metaphysical realm), necessarily. By conceptualizing moral facts as social facts it becomes methodologically possible to seek out the laws and rules (and social institutions) pertaining to human conduct *scientifically*. Contrastingly, Weber defines the objective of sociology as the interpretation of “the meaning of social action” to “give a causal explanation of the way in which the action proceeds and the effects which it produces” (Weber 1978, p. 7). Because actions are related to both internally and externally attached meanings, there will always be a multiplicity of meaning, simultaneous perspectives of observers as well as simultaneous (and potentially conflicting) subjective meaning making of agents, in social action. Weber explains that you cannot understand behaviour by looking solely at an individual, as a concrete individual or entity, or, in relation to Durkheim, as factual – the objective is to explore meaning making. For Durkheim, methodologically, the process of objectifying the realm of the social is value free, for Weber, “facts indeed embody values: scientific attitude is but a product of value judgment” (Weber 1978, p. 451). Objectivity is still desired, a rigorous method of inquiry is maintained in the explanation of meaning, but it is a reflexive process of interpretation, rather than representation. The object/subject division can be taken further through the positivism of Durkheim as quantitative research in which theory most ‘accurately’ captures the actual, and is therefore generalizable— and the interpretivism of Weber as qualitative research, which is premised upon subjects and their context and is therefore bound within in it.

While demonstrative of the division between positivism and interpretivism, both schools:

...at least initially... were informed by a search for mooring sociological observations to ascertainable and undeniable social groundwork. Both of these foundational approaches share a careful delineation of the subject matter of social analysis in order to reclaim its scientific status. (Vahabzadeh 2009, p. 450)

Both sought objectivity or validity, in relation to the dominance of rationality and the scientific framework of causality—despite the initial lack of a “central signifier”, or “original centre” (Vahabzadeh 2009, p. 454). This dualism or “metaphysical parallelism”, despite its multiple trajectories, becomes the ultimate foundation out of which a particular conception of “society” comes to be understood as the real, and against which sociological truth arises—the “ultimate source that can satisfy sociological inquiry” (Vahabzadeh 2009, p. 451). It is here that we return to Vahabzadeh’s “ultimate referentiality” which captures the long standing tradition of sociology as it seeks an original centre, or cause, through “self- grounding principles”: “The immediacy of meaning, the belief that the social world is directly and accurately intelligible, and that such intelligibility can be extracted through predefined methods that guarantee relative exactitude, is a characteristic of ultimate referentiality” (Vahabzadeh 2009, p. 453).

The consecutive and concurrent multiplicity of conceptions of “society”, and in turn the methods used to discover the “truth” within it, attest to the instability of society as an ultimate referent. Contemporary methodological resistance to universalization may reflect the increasing resistance to homogenization within everyday life. Yet in relation to the management of dying, particularly in North America, despite the push toward incorporating— theoretically as well as in terms of policy implementation—the “individuality” of dying, still exists within a metaphysical framework, a technological epoch in which universalization is required for the maintenance of “society”. As such, it is imperative to contextualize the latter half of this Chapter within the previous discussion of epochal understanding, and the dualism that governs the thinking of dying, while simultaneously considering a post-metaphysical and new interpretive sociology. The discussion of Foucault’s conception of discourse, in the latter half of this Chapter, is taken

up to illuminate an understanding of current end of life care, as it is researched, but again, through an overarching radical phenomenological understanding. The immediate discussion of Heidegger's *Being and Time* lays the groundwork to explore the ontological considerations of Being, which become the basis for understanding phenomenology as resistance to the subject/object binary, as well as the foundation for critique of authenticity in dying, in the construction of existing methodologies, which will be discussed in Chapter 3. The work of Heidegger serves a triple function in this thesis: It is imperative to methodological critiques within nursing ([mis]readings of *Being and Time*); It is used to contextualize contemporary conceptions of "death philosophies" (particularly in relation to the "good death"); And it is inherent to the overarching theoretical framework of radical phenomenology, which is a derivative and reformulation of his thought.

The Oblivion of Being; Absence as Presence

I offer a preliminary exposition of *Being and Time* as it is essential as part (of a complex whole) of the double analytical trajectory of this thesis¹. For Heidegger, "an epoch can be understood as a historical period which, inevitably, witnesses the self-withholding of Being in a specific fashion" (Vahabzadeh 2009, p. 457). This transition into Heidegger follows the critique of reliance on the framework of the natural sciences, and the metaphysical mode of thinking that frames what it is that can be known, specifically in our technological epoch: "Science always encounters only that which its type of representation permits in advance as the object that is possible for it" (Heidegger 1972, p.170). In this sense, beings become entities—an ontic rather than ontological foundation—which obliterates Being through the duality of the subject and

¹ Further discussion on death in *Being and Time* is taken up in Chapter Four.

object (and reliance on the object as the full presence of Truth, which is known to the subject).

This duality is important as a central site for the pursuit of a fundamental ontology within *Being and Time*, and the extrapolation to epistemological contestation within the context of phenomenology, which will be discussed in Chapter 3.

Heidegger (2010[1953]) challenged Husserl's "categories of natural science" but also the relationship (or perhaps disassociation) between subjects and objects, and the role of consciousness. Unlike the natural sciences, which place truth in objects, Husserl sees the experience of the subject as the truth through experience. While this can be considered as a step away from the limitations of giving ultimacy to the objects as entities in the material world, this method of perception becomes problematized, as consciousness becomes the primary source of knowledge.

Drawing on his primary work, *Being and Time*, one can understand how Heidegger's conception of "ontological difference, the difference between being as entities and *Being*", is directly associated with his phenomenology (ontology) as philosophical inquiry. Accordingly, he presents "Being" as the focus of inquiry, rather than the examination of "knowing beings"; ontological *Being* from that of the thinghood of an ontic being. It is here that we see the shift away from the Cartesian duality. Heidegger (2010[1953]) challenges Husserl's conception of "direct seeing", for we are always already in the world. The separation between subjectivity and objectivity does not exist in the same way, as subjects we do not "contemplate" objects (intentionality); fundamental to being, we "do." Thus, Heidegger's phenomenology is hermeneutical, it does not merely rely on descriptions of experiences but comes to be understood through interpretations of meaning ontologically—he focuses on the *being* of the whole human being. This is a radically different starting point than that of Husserl, for if subjects do not relate

to objects then we must question how *subjects* have knowledge of these *objects* (Dreyfus 1989).

To examine this further, one must delve deeper into *Being and Time*, to understand Heidegger's attempt to describe a fundamental ontology, which becomes central to the exploration of research on death and dying.

Something like a Phenomenon

What is it phenomenology is to “let be seen”? What is it to be called “phenomenon” in a distinctive sense?...Manifestly it is something that does *not* show itself initially and for the most part, something that is concealed [*verborgen*] in contrast to what initially and for the most part does show itself. But at the same time, it is something that essentially belongs to what initially and for the most part shows itself, indeed in such a way that it constitutes its meaning and its ground. (Heidegger 2010 [1953], p. 33)

To understand Heidegger's phenomenology, one must think outside of the metaphysical scientific framework and Cartesian duality, which promote ideas (theory) (of object-hood) as representative of an ultimate truth to be discovered through observation and explicated in terms of logical causality. In this sense, what is observed as object and explained is thus only part of the phenomenon in question. To understand the phenomenon one must consider that not only is a part of the phenomenon “hidden” but that it belongs to what is shown and through this showing or presencing its meaning is constituted (through the absence) in relation to what is shown. One must also move beyond Husserlian eidetic phenomenology which posits consciousness as the essence of understanding the world for the purpose of universalization. Referring to Heidegger, phenomenon cannot be understood without considering that the interaction with the phenomenon must not be separated into the intentionality towards it, without recognizing a belonging within in it—the context in which it exists.

As a researcher and being, we cannot separate ourselves from our own “thrownness,” from our specific always-already, manner of being-in-the-world. This can be understood through

an exposition of Heidegger's *Being and Time* in which he attempts to “find the right way to describe the basic structure of finitude that makes possible our access to the world and everything in it” (Dreyfus in White 2005, p. 1). As such, our access to phenomenon must be understood in relation to our very *Being* in the world, but what is *Being*:

Insofar as being constitutes what is asked about, and insofar as being means the being of beings, beings themselves turn out to be what is interrogated in the question of being....the question of being demands that the right access to beings be gained and secured in advance with regard to what it interrogates...What and how we ourselves are is also existent. Being is found in thatness and whatness, reality, the objective presence of things, subsistence, validity existence [Dasein] and in the “there is.” (Heidegger 2010 [1953], p. 5)

Heidegger seeks to return philosophy to its initial roots of inquiry—ontology—and thinking in the question of Being. To understand our access to the world, to phenomenon, it is imperative that we do so from the point of our position within it, our *being*; hence, the need to determine the meaning of *Being*. To find the meaning of *Being*, which is a part of our being, *Being* becomes the phenomenon of inquiry; an inquiry into the being that is inquiring. It is this ontological, rather than ontic, analysis of *Being* that has been left out of philosophy and disciplines, in general. It is here, in this formulation of the inquiry, that the “ontological difference” described previously becomes crucial. Heidegger (2010 [1953]) writes that the “being of Being ‘is’ not a being” (p. 5). What is emphasized here is that *Being* cannot be understood categorically or conceptually as genus or species. Heidegger describes this inability to categorize *Being* as a contributing factor in the neglect of an analysis of *Being* and that “the manner of definition of beings which has its justification within the limits—the ‘definition’ of traditional logic which is itself rooted in ancient ontology—cannot be applied to Being” (Heidegger (2010 [1953], p. 3), is also a factor in this neglect. The additional contributing factor

is the self-evidence of “being” that is used in “all knowing and predicating” (Heidegger (2010 [1953], p. 3)—that we live already in an understanding of Being.

These “prejudices” have ultimately led to the distortion and covering up of *Being*. This neglect can be understood in relation to the allowance of metaphysical determinacy and claims of definitive, entitative essences of truth— as foundations of access to the world and everything in it:

The question of being thus aims not only at an a priori condition of the possibility of the sciences, which investigate beings as this or that kind of being and which thus always already move within an understanding of being, but also at the condition of the possibilities of the ontologies which precede the ontic sciences and found them. (Heidegger 2010 [1953], p.10)

When beginning with a “knowing” subject (ego, subject), the phenomenological content of Dasein is lost (Heidegger (2010[1953], p.10), because this very subject is constituted with Dasein, as *being-in-the-world*. “The kind of being of this knowing subject is completely omitted” (Heidegger (2010 [1953], p. 50). For Heidegger, then, it is precisely because of the transcendence of being (beyond classification), its indefinability, and its self-evidentiality, that the meaning of Being must be retrieved; it is everywhere yet hidden and it is fundamental in that it should necessarily be a precondition to any ontic inquiries. As such, inquiry into the meaning of *Being* requires a specific formulation of the question of *Being* – a particular and unique (ontological) methodological endeavor.

Regarding, understanding and grasping, choosing, and gaining access to, are constitutive attitudes of inquiry and are thus themselves modes of being of a particular being, of the being we inquirers ourselves in each case are. Thus to work out the question of being means to make a being – one who questions – transparent in its being ...this being which we ourselves in each case are and which includes inquiry among the possibilities of its being, we formulate terminologically as Dasein. The explicit and lucid formulation of the question of the meaning of being requires a prior suitable explication of a being (Dasein) with regard to its being (*Sein*). (Heidegger 2010 [1953], p. 6)

In an attempt to understand the meaning of *Being*, Heidegger begins with an analysis of one specific being, Dasein. In differentiating a being from *Being*, Dasein is a being who contemplates its own *Being*. This contemplation of its *Being* is in turn constitutive of the *Being* of Dasein as a being. It is important to note here that ontology, in Heidegger's work, refers to the "theoretical question of the Being of beings", and as such the "ontological character of Dasein" is used to present *Being* as pre-ontological (as specific to Dasein). What this signifies is that Dasein is used terminologically as the *being* who contemplates its *Being* which is understood as existence, in relation to Dasein (p. 11); the *Being* of Dasein is existence.

Following Heidegger's method of inquiry the analysis of Dasein is in actuality an analysis of the Being of the questioner, the being who inquires into *Being*, with the intent to formulate a general structure of its existence (the ontic constitution of Dasein). The explications derived from this analytic of existence are "defined in terms of existentiality, we shall call the characteristics of Dasein's existentials", as opposed to *categories* which are predicated on the "assumption that reality can be studied in parts", from a detached *subject* (Heidegger (2010 [1953], p. 44). This analytic of existence precedes any psychological, anthropological, and biologically methods of "knowing". For the purpose of this thesis, the existentials of Dasein that are most explicitly relevant are that of "being-in", as the expression of the existence of Dasein, who is always already in the world; "everydayness", as a mode of being, in which Dasein can lose the reflective aspect of its *Being*; "worldliness", the world in which we exist and are related to; "anxiety", as the original mood of Dasein; authenticity, as the choice of our own possibilities of *Being*; and "care"; *Sorge* is presented as the 'intentionality of Dasein' — whereby Dasein is concerned with its *Being* (related to Dasein's finitude). In this sense then, we see that that "the knowing of a Being is itself a kind of being-in-the-world" (Heidegger 2010 [1953], p. 61).

Upon presenting an analytics of existence: “the preparatory analysis of Dasein” (2010 [1953], p. *xvii*), Heidegger then situates existence in light of temporality. It is important to note that Heidegger’s use of time is not a conventional conception of time but rather “the provisional aim is the interpretation of *time* as the possible horizon for any understanding whatsoever of [B]eing” (Heidegger 2010 [1953], p. *xxix*). By situating Dasein within temporality the existence of Dasein can be seen in terms of the past as part of the present and the possibility of the future, as constitutive of *Being*. Time becomes the “horizon of the understanding of Being.” From here, the inquiry into *Being* through an analytic of existence thus opens up the possibilities of *Being*.

The preceding sections of this chapter offer an exposition of Heidegger’s *Being and Time*, these ideas are integral as a “foundational” aspect of the research problem (hence, the *problem* of research) presented in this thesis, which is to develop an understanding of the process of research into death and dying in terms of its multi-dimensionality (ontologically and thus, epistemologically etc.). The exposition of the analytics of existence sets the stage for a discussion of the presuppositions of research, the ways in which phenomenological research has “evolved,” and how death can be conceptualized individually, through existence (as the essence of Dasein), to then show alternative re-workings of Heidegger, beyond a subjective reading of an incomplete text. An explicit analysis of death and finitude in *Being and Time* will be taken up in Chapter Four.

As an incomplete project (book), the primary question related to *Being and Time* is whether or not the project of a fundamental ontology could be completed within the conditions presented within the work itself. This is not merely an externally imposed critique as, “Heidegger would ask this same question — if only tacitly, for many years (Schmidt in

Heidegger 2010[1953], p. xvii). In the foreword to *Being and Time*, Schmidt writes that in the end, even according to Heidegger himself, it could not. The analytic of existence, the existentials of Dasein, was a preparatory analysis for inquiry into the meaning of *Being*; “The move from this analysis of the being of the questioner to the question of [B]eing itself was ultimately never carried out” (Schmidt in Heidegger 2010 [1953], p. xvii). The reasoning behind this incompatibility or incongruence of a fundamental ontology in terms of the content of *Being and Time* will become more explicit in Chapter 3 but suffice it to say for the most immediate purpose, that the analytic of Dasein is NOT a fundamental ontology; the analytic of existence, as the existential characteristics of Dasein, must be emphasized as the preliminary part of an incomplete whole.

Time

The project set out within *Being and Time* was never completed and this must be conceptualized in terms of its own limitations that manifested through the very process of inquiry into the meaning of *Being*:

Heidegger’s dawning recognition of historicity, the fact that being, and so our being –in- the -world, has a history in terms of which it must be understood...that humanity’s most basic sense of reality changes with time is a lesson hard won from the deconstruction of the history of ontology that *Being and Time* called for... (Thompson 2007, p. 110)

The second half of *Being and Time* presents the analytic of existence as constitutive of Dasein in relation to time. In this sense, to understand *Being*, *Being* must be thought in relation to temporality because it is this temporality which “makes historically possibly the kind of [B]eing that Dasein itself possesses” (Munday 2005, p. 40). The inquiry into the existentials of Dasein are revealed through the past, the future, and the present. The history of Dasein (as pre-

ontological) is tied to the general history of being; “Dasein’s timeliness and its historicity...are only made possible by the temporality of [B]eing— yet it is through Dasein that the history of [B]eing is manifested” (White 2005, p. 12). It is within these relations between time, temporality, timeliness, and historicity that then lead to the inability to present a fundamental ontology within the context of *Being and Time*; “The fact that Dasein’s historicity is only made possible by the ongoing history of revelations of [B]eing is not explicitly discussed in the Dasein analytic” (White 2005, p. 120). What this means then is that through this process of revealing Dasein through temporality, which is embedded in Being, in the general sense (not Dasein), Heidegger has ultimately shifted from an analysis of the “finite timeliness of human beings to the finite temporality of [B]eing itself” (Dreyfus in White 2005, p. 1). Dasein’s temporality, and being-in-the-world, reveals that Dasein’s *historicity* is based on Being in general sense — it is not individual beings (as Dasein’s), but Beings (as a whole, throughout time); *historicity*:

Heidegger’s insight into historicity turns out, ultimately, to be incompatible with such central doctrines of *Being and Time* as Heidegger’s belief in and pursuit of a historically immutable fundamental ontology or meaning of [B]eing in general and his apparent attribution of an a priori ahistorical status to the existential structures of Dasein. (Thomson 2005, p. 120)

Working through Heidegger’s critique of metaphysical modes of knowing and Being and his analytic of existence through Dasein have led to a focus on Dasein in relation to temporality and thus to the realization of the failure of a universal, fundamental ontology.

Through Heidegger’s unique inquiry into the meaning of Being—and the quest to construct an *a priori*, ahistorical and thus universal, ontology—one discovers that it is not actually possible. This impossibility resides in the historicity of *Being*. Being and as such, our being-in-the-world, is embedded in the history in which it is revealed or understood. Dasein’s inquiry into its own Being is contingent upon and constituted through temporality (“the history

of understandings of Being”) and the overall historicity of Being, generally. Again, what this means is that Dasein’s inquiry of *Being* (being’s inquiry into its existence) is contingent upon an ever-changing reality (of which Being is a part of). The lack of an immutable fundamental ontology (or meaning of Being) is due to the ever-changing world in which beings and *Being* are/is are embedded: “We should give up our quest for not only an absolute knowledge of things in themselves, as Kant thought, but also for the explicit knowledge of the source of our knowledge...” (White 2005, p. 51).

This notion of abandoning the unattainable source of absolute knowledge (in terms of metaphysics) is related to the ways in which inquiries (and in the context of this thesis—what is to be researched) are deemed intelligible. Heidegger’s Dasein was a means of accessing the world (*Being*) — in relation to intelligibility and “as he later saw, for us in the west, what counts as intelligibility depends on the style of each particular cultural epoch” (Dreyfus in White 2005, p. x). As such, again, the quest for absolute knowledge and “ultimate intelligibility” implies or assumes a foundation, or an immutable point of departure, yet: “it remains to be seen whether the ground arrived at is really a ground, that is, whether it provides a foundation whether it is an ultimate ground or whether it fails to provide a foundation and is an abyss; or whether the ground is neither one nor the other but presents only a perhaps necessary appearance of foundation” (Heidegger in White 2005, p. xiv).

The exposition of Heidegger’s original quest returns us to awareness of “the metaphysical epochs” as the history of Western thought—the relation between ways of knowing and ways of Being are revealed in terms of “epochal constellations of truth”—as discussed in early sections of this Chapter. Truth is contingent upon intelligibility and what counts as intelligible is epochally contingent. As such “thought and action bear the stamps of epochal principles within

which they emerge” (Vahabzadeh 2009, p. 457); this awareness opens up the possibility of moving away from the metaphysical epoch through a “deconstruction of the principles that govern an epoch”, particularly in relation to modernity’s seeking of universals (“and ultimacies (such as the modern subject”) (Vahabzadeh 2002, p. 4): “the issue of knowing is pushed back to the limits of time because time reveals itself to us as epochs” (Schürmann 1987, p. 38 in Vahabzadeh 2009, p. 457).

Radical phenomenology enables us to think our contemporary issues in terms of the epochal constellations of truth...radical phenomenological thinking opens new horizons before a self- and epochally-conscious theory that at each step checks itself in relation to the hypothesis of metaphysical (modern) closure. (Vahabzadeh 2003, p. 5)

Within modernity, then, the particular mode of understanding obviates *Being*. This new way of thinking, which can be thought of in relation to the epochal (or ‘cultural style’) turning, is thereby translated into a preparatory method. Through Schürmann’s epochal theory—thinking, is in part, anticipation of “the possibility of the waning of the principles of modernity and prepares for a passage to the post-modern characterized by the absence of normative principles” (Vahabzadeh 2003, p. 5). This new way of thinking, as a methodology, refuses to ground itself in ultimacies and refuses to rely on the subject as the point of departure. Instead of being grounded in the description of entities for the purpose of universalizing, the “sociology of possibilities” approaches the study of acting and thinking in terms of topology: it heeds the places in which the “touch of presencing allows a different presence of entities” (p. 185)—it is future oriented, in a non teleological way, and attends the place in which issues arise in terms of possibilities rather than universals. And it is through this understanding that a discussion of Heidegger’s *being-toward-death* will be taken up in Chapter 3.

A Discursive Shift

Here I shift to the alternate trajectory of this thesis toward the thinking of Foucault to include an understanding of discourse, in relation to conceptions of dying and death, which are also contingent upon what is considered intelligible, rather than thinking in terms of foundations. Despite the certainty of critique related to the level of analysis and the differences (both ontological and epistemological) within the thinkers discussed, Foucault's conception of discourse is imperative to this thesis as it is the framework used within existing critiques of palliative care philosophies and practices. As such, as a tool already employed, it becomes part of the epistemological foundations of which this thesis seeks to explore and therefore becomes part of a parallel discussion—understanding discourse through the conditions in which it is produced and also as part of existing research that I use to explore research on dying through a phenomenological analysis.

Foucault brings into focus the history of the subject of knowledge; “the relation of the subject to the object; or more clearly, truth itself has a history” (Foucault 2000, p. 2). “Just as Heidegger offers a history of being, culminating in the technological understanding of being, in order to help us understand and overcome our current way of dealing with objects, Foucault offers what he calls a genealogy of regimes of power, culminating in modern bio-power, in order to save us from being subjects” (Dreyfus 1989, p. 83). Similar to epochal understandings, and Heidegger's *Destruktion of Metaphysics*, Foucault illuminates the point at which the subject becomes the foundation of all knowledge and therefore the possibility of truth within Western philosophy. By reframing the focus of inquiry away from the subject of knowledge, as foundational (and pre-existing), he proposes inquiry into how “a subject that constitutes itself

within history and is constantly established and re established by history” (Foucault 2000, p. 3).

While Foucault focuses on how “social practices may engender domains of knowledge”

(Foucault 2000, p. 2), specifically within politics and the juridical order, the relevance of his

work for this thesis remain situated in his methodologies and his refusal to grant “the

preexistence of a subject of knowledge” (Foucault 2000, p. 8), knowledge was invented then;

“To say that it was invented is to say that it has no origin” (Foucault 2000, p. 7). This line of

thinking leads into his dual interpretation of Nietzsche: that knowledge is not instinctual but

rather the struggle between instincts, and that knowledge is “beyond merely not being bound up

with human nature, not being derived from human nature, isn’t even closely connected to the

world to be known” (Foucault 2000, p. 8). It is at this point that we can see a resemblance within

the previous discussion and critique of the relation between subject and objects yet, for Foucault,

the significance in taking further Nietzsche’s rupturing of Western philosophy, that “God [as] the

principle that ensures a harmony between knowledge and the things to be known”, is that if there

is only discontinuity and power relations, “then it’s not God that disappears but the subject in its

unity and its sovereignty” (Foucault 2000, p. 10). What this means then is that “we can grant the

existence of subjects, or we can grant that the subject exists” (Foucault 2000, p. 10). I include

this superficial summary of Foucault’s reference to Nietzsche to contextualize his focus on

power, and “politicians” as way to examine what “knowledge consists of” and the “politics of

truth” in relation to discourse.

Foucault uses the term archaeology to describe the study of statements throughout history, specifically what is included and excluded, and the ways in which these statements are used to structure and legitimize certain types of knowledge, therefore regulating how people’s subjectivities are coordinated (Foucault 1972). Foucault uses genealogy to describe the search

for connections between ideas (that affect practice) and institutions through the disruptions and resistances within them:

If we were to characterize it in two terms, then ‘archaeology’ would be the appropriate methodology of this analysis of local discursivities, and ‘genealogy’ would be the tactics whereby, on the basis of the descriptions of these local discursivities, the subjugated knowledges which were thus released would be brought into play. (Foucault 1977, p. 72)

In Chapter 2, I draw on my interpretation of Foucault’s epistemological perspective, and his claim, “that there is no pre-discursive providence which disposes the world in our favour” (Foucault 1981, p. 67), to explore existing palliative care literature through an understanding of discourse and the power relations that govern what can be said, thought, and done—what is made *present*. In an attempt to operationalize discourse I draw on Foucault’s proposition: “a delimitation of a field of objects, the definition of a legitimate perspective for the agent of knowledge, and the fixing of norms for the elaboration of concepts or theories” (Foucault 1978, p. 199), this elaboration is not restricted to words but includes actions/practices. The production of certain types of knowledge is inextricably linked to the relations of power that allow for certain regimes of truth to occur. Knowledge must be contextualized within the historical and social space in which it is produced as a discourse. The analysis of discourse becomes imperative as this process seeks to understand which statements, in relation to knowledge, are legitimated and which are excluded and the relations of power that permit this to occur. Power is not reducible to knowledge nor is knowledge reducible to power. Relations of power occur between individuals, (and themselves), and institutions (as we have constructed them). Through these processes specific discourses emerge as dominant forms of knowledge. Truth, then, is context specific.

Again, while I do not attempt to merge the presuppositions of Foucault's with that of Heidegger's, I hope to draw out the dominant discourses governing research of dying within palliative care and nursing literature, through a phenomenological assessment of the paradoxical push for the universalization of dying—*that which remains inevitably singular and individual*. Inherent within this process of universalization is the assumption that by determining what is intelligible, what is made present, there is an exclusion that is contingent upon the ways of knowing:

Heidegger and Foucault agree that in the west the clearing that governs human activity by determining what counts as a thing, what counts as true/false and what it makes sense to do, is not static, but can be seen as going through a series of epochs or regimes. (Dreyfus 1996, p.4)

Conclusions

This chapter is intended to provide an outline of the theoretical-philosophical framework that guides my account of existing nursing literature—in relation to the level of engagement with ontological and epistemological presuppositions informing research practices—on dying and end of life care. Radical phenomenological thinking is used to situate the pursuit of a two-tiered inquiry into the study of dying as a social phenomenon, within a technological rational epoch. The exposition of *Being and Time* provides a “foundation” to understand Heidegger's critique of metaphysical thinking that has left out Being, particularly in relation to the dominance of the natural sciences. As an incomplete project, his quest to provide a fundamental ontology enables critical engagement, in Chapter 3, with the translation of philosophy to methodology and the shifting focus to an ontic, subject-centred phenomenology. Additionally, in Chapter 3, I problematize the effects of research on dying that relies on a particular conception of “being towards death” —as a means to contribute to “humanizing” and “individualizing” the process of

dying—and the analytics of existence, as a foundation for a fundamental ontology. Through the overarching framework of radical phenomenology and a critical engagement with the “ultimate referents” of the social sciences, the following Chapter (2), explores palliative care literature (as philosophy and practice) through existing discourse analyses in order to situate historical paradigm shifts in relation to changing discourses on death and dying. In Chapter 3, the contradictions and forms of resistance within end of life care discourses, in conjunction with a critical analysis of methodology in nursing research, illuminate the paradox of the singularity of dying and the universality of death.

Chapter Two: Literature Review(s)

The intent of the two part literature review in this chapter is to situate the proposed *paradoxical* relationship within the contemporary management of death—the attempt to *universalize*, through normative and institutional practices, and research processes and outcomes, the *singularity* of dying—within changing discourses of end of life care, and the shifting methodologies in nursing research. The connection may not appear to be explicit as it operates on a more abstract level, in the relations between the individualization of dying, and epistemological issues in relation to subject-centered methodologies that focus on the experience of individuals for the purpose of universalization. This lays the groundwork for a phenomenological analysis of the ontological and epistemological foundations which shape how dying is researched, and, in turn, reified in a particular discursive way. This proposition must be understood within the theoretical-philosophical framework presented in Chapter One—understanding that ways of thinking and acting are contingent upon epochal constellations of truth—what is intelligible. In this sense, the work of Heidegger, as an initial point of reference with multiple trajectories, is used to explore the deconstruction of metaphysical ways of thinking, how interpretations of *Being and Time*, and the existential analytics, relate to particular discourses on dying (and *authenticity*), and the methodological debates that ensue from the appropriation of his phenomenology by nursing researchers (which will be extrapolated to their research on dying).

Part One of this literature review engages with palliative care literature, as a reflection of philosophy and practice, through existing discourse analyses to explore the changing discourses on death and dying, and individualization. This must be read with Foucault in mind: “it is in discourse that power and knowledge are joined together” (2009, p. 318). Palliative care can be understood as a multiplicity of discourses that operate to undermine and expose the

medicalization of death and concurrent “dehumanizing” processes particular to the twentieth century. Part Two of this Chapter presents changing nursing research methodologies, particularly phenomenology, which reflects an incorporation of individual experiences, which seek to address the former/existing positivist approaches that objectify and represent the medicalized body as detached from an individual’s perception of life. Through this exploration of the contradictions within the discourses of palliative care, and the implementation of its philosophy through research practices as outcomes of a particular discourse, I propose that palliative care discourses, as alternative, competing discourses, as well as the use of phenomenology in nursing research, are enframed within our technological, rational epoch, and an incommensurable attempt at homogenization.

Part One: Palliative Care

In order to understand palliative care as a discourse within contemporary society, it is important to understand the context in which it exists. The biomedical model is an important aspect of the evolutionary process of palliative care and is imperative in understanding the problematization of immutable end of life discourses. The following is a brief summation of the principal tenets of the biomedical paradigm, which draws primarily on the work of Nettleton (2006); from a critical point of view, the biomedical model is based upon five primary assumptions. These assumptions are generally accepted as a means of describing the initial theoretical position of western medicine.

Biomedical Model

The first assumption draws on Cartesian philosophy and describes a mind-body dualism in which the body is considered to be separate from the mind (Longino, 1998). Within this dichotomy, the

body becomes the locality in which doctors find the disease. The second assumption is referred to as the “mechanical metaphor”, whereby the body is analogous to a machine; it can be repaired by “experts”. The third assumption is that there is a technological imperative inherent in medicine. Technological developments appear to operate parallel to science and as such, intervention is justified. The fourth assumption is that this model is reductionist; is rooted in a doctrine of aetiology which seeks to understand causation from a perspective of pathology or epidemiology, which is the fifth assumption. Therefore, explanations of diseases are given outside of the social and cultural contexts in which they occur.

Critiques of the biomedical model have been articulated as critiques of medicalization in general through which various events in life become defined and regulated through the discourse of medicine. These critiques have been extended to the medicalization of death. Drawing on the work of Foucault, modern medicine is born as an enterprise of hubris of master over death, or “bringing together life and death under the same controlling gaze” (Bleakley & Bligh 2009, p.372). The medicalization of death is a process of redefining natural death as a condition which must be treated. Upon the emergence of the ability to define disease within the body, particular methods for observing and analyzing the body came to be normalized, and as such, became a part of dying. As Kaufman (1992) states, “[b]iomedicine has come to provide the fundamental framework for understanding death” (p. 721). Life can be extended through artificial means; it can be reinstated through resuscitation. As our devotion to medical science and technology progresses, we concede to its regulation and its “curative function and ability to extend the lives of the dying” (Ziegler 2009, p. 318). With these technological advancements, the ethical and moral dilemmas become emphasized as they are inherent within this process of tampering with the most basic biological processes of life and death. Within this process, death has shifted from

the private sphere to the public sphere, from the home to the hospital, where we are most likely to die. While medical and legal discourses are dominant, they are continuously being challenged; they are simultaneously undergoing a process of reification, as subjectivities both constitute and are constituted by discourse and power. Lupton (1997), following Foucault's argument, states that, "over time, various medical paradigms have provided important systems of knowledge and related practices by which we have not only understood but also experienced our bodies" (Lupton 1997, p. 99). Through a process of normalization—through the *production* of texts, disciplines, practices, which have not preceded this *idea* of medicine—this particular conception of medicine and the body is legitimated as a discourse.

Alternative Discourses; Responses to Medicalized and Institutionalized Dying

However, the dominance of biomedical and institutionalized dying has been resisted. Dying in hospital has been the topic of much cross-disciplinary research (Aries 1974, 1981, in Wass & Neimeyer, 1995). Ivan Illich is often noted as having a large impact on the attack against the medicalization of dying (Clark 2002). Death in hospital has been described as a dehumanizing experience in which the intervention on the body neglects the personhood of the dying "patient." Yet, even before critiques of medicalization were articulated within literature (and academia), there were grassroots responses to institutionalized dying. Alternative conceptualizations of death and dying have emerged overtime and can be most distinctly understood through two "social movements-like phenomena", described by Fox (1981). These movements can be understood as responses to the dehumanizing aspects of the medicalization of death, in relation to intervention, as well as the space in which it most commonly occurs.

The first "social movement like phenomena" to which Fox (1981) refers is derived from the work of psychologist Kubler-Ross. In 1969, she wrote *On Death and Dying*, a book

containing research based on her experience working with dying patients. Within various disciplines, particularly psychology and sociology, this research is heavily sourced and is known as the Kubler-Ross model or “the 5 stages of grief”. Within this model there are five steps that occur during the process of dying: “1) denial and isolation; 2) anger and resentment; 3) bargaining and an attempt to postpone; 4) depression and a sense of loss; and 5) acceptance” (Fox 1981, p. 50). By bringing awareness to the process of dying, Kubler-Ross could then publicize the “inadequacies in the established institutional care of the dying” (Fox 1981, p. 51). Through this process, Kubler-Ross emphasized that that the experience of death and dying can be meaningful and “life-enhancing” and the “acceptance of mortality [is] not morbid” (Fox, 1981, p. 50). This new philosophy did not only challenge societal and medical conceptions of death as negative but it is also largely related to contemporary conceptions of hospice and palliative care.

The second social movement-like phenomena to which Fox (1981) refers is the new hospice. Similar to the ideologies of Kubler-Ross, this movement focuses on the need to reconceptualize end of life care philosophically and to affect change in its practice. Cicely Saunders opened the first free-standing hospice in the United Kingdom in 1967. This hospice was specifically designed for the purpose of treating those with terminal cancer (Seymour, Clark & Winslow 2005). A key term that has come out of the work of Saunders is “total pain”; it may be argued that it has led to an entire movement which attempts to create a shift in the way we conceptualize care for, and of, the dying, specifically within an institutionalized medical setting. Saunders emphasized the importance of incorporating the social, psychological and spiritual aspects of dying (what may be referred to as existential issues) (Strang & Strang 2002; Seymour, Clark & Winslow 2005), as a dying person is not just in physical pain, but “total pain”.

The Canadian Dr. Balfour Mount shared these ideas of holistic care for the dying, bringing a “new way of thinking about dying into the very heartland of acute medicine” (Clark 2002, p. 906). Drawing on the work of Saunders, Mount formed two hospice programs in Canada, one in Winnipeg and one in Montreal (Northcott 2008). In 1973, the term “palliative care” was introduced by Mount to describe this newer approach to caring for the dying, within a Canadian context (Pastrana et al. 2008). Similar to the original hospices in the UK, within Canada, hospices were introduced to respond to the needs of cancer patients. However, palliative care has evolved from this as a type of care that is “appropriate for any patient and/or family living with, or at risk of developing, a life-threatening illness due to any diagnosis, with any prognosis, regardless of age, and at any time they have unmet expectations and/or needs, and are prepared to accept care” (CHPCA 2009). In 1973, in the UK, this field became a medical specialty. This in turn changed “not only the designation of a discipline but also redefined its core issues” (Pastrana et al. 2008, p.223). There are varying definitions of palliative and hospice care and the two terms are often used interchangeably. The CHPCA (2013) uses “hospice palliative care” to describe “whole-person health care that aims to relieve suffering and improve the quality of living and dying”.

Palliative Care as Discourse

Understanding palliative care as discourse, with a particular focus on language, is an important element in the exploration of its philosophy and practice. This focus is used in existing discussions of palliative care but discourse analyses can also be understood more generally as “a tool of thought within a culture that reveals truths and power and their links to politics” (O’Connor & Payne 2009, p. 830). I draw on existing reviews to explore the tensions and contradictions within palliative care to explore contemporary understandings and expectations of

dying, to then draw connections to methodological debates, in relation to ontology and epistemology, in Part Two of this Chapter. The purpose of this Chapter is to draw on existing discourse analyses to explore how particular discourses on end of life care and dying have emerged, what realities are then made possible, and what is excluded, and how said discourses are sustained (O'Connor & Payne 2009).

The “origins” of palliative care, as discourse(s), have affected contemporary conceptions of dying, as they have evolved from them in various ways. As can be seen by the interchangeability of hospice care and palliative care, the definitions of palliative care are simultaneously specific and yet, ultimately, dispersed. In 2008, Pastrana et al. undertook the task of identifying the key elements of palliative care through definitions used within the specialist literature, using discourse analysis. They emphasize the importance of definitions as “they can serve as an impetus for changing practice, for introducing new programs and for working toward the allocation of more resources for palliative care. Moreover, the understanding of these concepts influences how medicine is practiced” (Pastrana et al. 2008, p. 222). Tishelman (2007) supports this semantic exploration, arguing “terminology used does have implications for how we conceptualize, organize and provide care” (p. 4).

The focus of Pastrana et al (2008) on language is used as a mechanism for deconstructing palliative care through the ways in which it is defined by understanding first its etymological roots: “the use of language is not just the way of transmitting meaning, but it constitutes what we do and how we do it” (p. 222). Twycross (2002) refer to the etymology, “palliative” is a derivative of the Latin word “pallium”, which is a cloak (p. 62). “In a medical context, the verb ‘to palliate’ means to mitigate, to alleviate, to lessen the severity of (pain or disease) or to give temporary relief (WHO)” (in Pastrana et al. 2008, p. 223). “To palliate”, then, is understood in

relation to the protection of a patient; it is “not-cure-oriented” (p.224). Pastrana et al. (2008) then argue that it is this definition that relates to the usage of descriptive words such as “comprehensive” and “holistic,” in relation to palliative care within the literature. However, they argue that the word “care” is not really considered in definitions, as both words are concerned with the issue of protection. By understanding the origins of the term palliative care, they contextualize it within medical terminology. Because medicine “utilizes denominations that refer to an object of study”, palliative care does not necessarily fit into this world, “its reference is the protection of the patient which means a comprehensive and at the same time diffuse orientation that does not give any information about its issues” (Pastrana et al. 2008, p. 224). Clark (2002) confirms this notion; he situates palliative care, as a discipline, within the realm of postmodernity, as it “lacks a specific disease, bodily organ, or life stage to call its own” (p. 906). The seemingly ambiguous nature of the “philosophy” (and by extension, discipline), in its diversity and expectations, seems incompatible with the concrete processes of classification, and orientation, within medical contexts.

Based on the discourse analysis of the specialist literature, the research findings of Pastrana et al. (2008) state that the structural and functional definitions of palliative care vary a great deal. It is generally accepted that this lack of “consistent terminology” (Cherny 2006) remains and has become “perhaps even more confused in recent years” (Tishelman 2007, p. 4). Some definitions refer to it as a basic concept of care and some as a complimentary form of care to specific therapies, both physical and emotional. Others refer to it as a completely new form of care (Pastrana et al. 2008, p. 224). Surprisingly, “only very few definitions explicitly describe the philosophy of palliative care...it emerges implicitly as general principles of care or as an attitude towards the life and death of the patient” (Pastrana et al. 2008, p. 224). Yet, it is often

referred to as a philosophical concept. The primary theoretical principles found were related to justice and autonomy, as well as dignity. These concepts are all directly related to the focus on person-centered humane care. They correspond to the idea of choice; the empowerment of patients to decide both the place of care and the type of care as well as in a more general sense, to have access to palliative services. This is congruent with the philosophy on which the Canadian Hospice Palliative Care Association (CHPCA) relies; it is predicated upon the idea that when people have more control over the experience of dying—the right to make choices and plan for end of life care—they experience a greater sense of meaning (CHPCA, 2009). And this, in turn, can be related to notions of “quality of life”, which is identified as a central goal of palliative care (Pastrana and et al. 2008). Clark (2002) refers to this focus on quality of life goals, arguing that it is a result of the diffuseness of palliative care, as a medical discipline. Randall and Downie (2006) argue that there appears to be no consensus on a definition of “quality of life”, and yet there continues to be a plethora of literature on the subject. This notion of “quality of life” can also be understood in relation to the remaining life span and the varying conceptions regarding the dying trajectory. Some push for the maintenance of a normal life up until the end of life while others focus on the resolution of existential issues; the meaning of life (Pastrana et al. 2008, p. 225). How one’s remaining days *ought* to be spent is, obviously, not an agreed upon concept.

The type of disease required for admission to palliative care services is sometimes explicit but, as can be seen by the redefinition of the World Health Organization, which now refers to having association with a potentially life-threatening illness, can be quite open, conceptually. The relationship between palliative care and imminent death is complex as it can be difficult to establish which patients are dying, and what stage they are at in the death

trajectory, “and there is no consensus on what constitutes the ‘terminal care period’” (Pastrana et al. 2008, p. 226).

Additionally, beyond the complexity of the convoluted terminology around the death trajectory, as it relates to specific palliative practices, is the distinction between “other symptoms” and “pain symptoms” within the literature. This dichotomy may be correlated to the separation between mind and body; physical pain is dealt with at a medical level and the pain of the mind is dealt with through other professionals and support workers, including psychologists, psychiatrists, counsellors, social workers, and religious leaders. However, at the same time, palliative care is considered conceptually, as a holistic and comprehensive care. A considerably important finding by Pastrana et al. (2008) is that “concepts such as dignity...that have been presented as central concepts of palliative care were less visible in the definitions than symptom control” (p. 226). The significance of the predominance of definitions referring to symptom control and management lies in the relationship between palliative care and biomedicine. The focus on pain and symptom management may be understood in relation to the dominance of the institution of medicine. The philosophies of palliative care, in practice, become subsumed by discourses of medicine (particularly because they take place in the spaces where this dominance exists). Palliative and nursing care are consistent with a medical world in which technical expertise is highly valued. The care hierarchy in a palliative care setting indicates that importance is placed on the physical care of patients and the medical response to suffering and death. The medical response to symptom management “offers a routine as well as a more rigid approach to the uncertainty of dying than that offered by psychological, social and spiritual counseling” (Dahlborg-Lyckhage & Liden 2009, p. 574). Symptom management, based on its corporeality, is relegated to the medical field as “the emphasis is on the disease symptom, which

relates to medical expertise where the dominance of medical discourse is not questioned” (Dahlborg-Lyckhage and Liden 2009, p. 574). The practice of palliative care can be understood in relation to the technological imperative (of the biomedical model previously discussed), the “medical tradition emphasizes the provision of the best technical care possible” (Dahlborg-Lyckhage and Liden 2009, p. 579). The implementation of a holistic philosophy within the highly medicalized institutions is perhaps a more complex process than it is given credit for. The “creeping in of medicalization” (Clark 2002) may be understood in relation to the nature of the institutions in which it is implemented; they are explicitly structured and bureaucratic.

Dahlborg-Lyckhage and Liden (2009) conducted a study that focused on existing palliative care discourses through an ethnography of a hospital setting. They found that most of the documents and guidelines that outlined palliative care focused on a “medical perspective. The curing discourse grounded on scientific evidence and medical knowledge was highly valued...it was obvious that the work of the other professional categories was not only dependent on the medical knowledge but ruled by it” (Dahlborg-Lyckhage & Liden 2009, p. 579). Based on the structure and organization of the hospital/institution, palliative care was governed by routines and rituals, and as such, the potential to provide individualized whole person (palliative) care was limited:

When the routines of the organization and staff members’ needs become more important than patient well-being, it is impossible to achieve high palliative care competence. The result demonstrated a lack of consideration for the patients’ existential/spiritual and psychological needs, which can be a consequence of the absence of a deeper knowledge of palliative care. (Dahlborg-Lyckhage & Liden 2009, p. 580)

The individualization that is essential to the comprehensive essence of palliative care is counteracted by many old structures and hierarchies; “there is a need for a real power shift from curing to caring...medical alleviation is important and in line with the aims of palliative care, but

there is also an alleviation that is beyond the drugs, samples and examinations” (Dahlborg-Lyckhage & Liden 2009, p. 581).

Randall and Downie (2006) discuss these tensions within palliative care, as it is practiced, through “the dissonance that can be found in modern palliative care between two historical traditions of health care – the Hippocratic tradition of rational, scientific medicine focusing on disease and its cure, and the Asklepiian tradition of fostering relief of suffering, healing from within, and acceptance of mortality” (in Tishleman 2007, p. 4). They portray the tension between palliative care and curative care as a contradiction, arguing that “symptom alleviation, rather than improved quality of life, is the primary goal for such care” (Randall & Downie in Tishelman 2007, p. 5).

Competing Discourses within Palliative Care

It becomes increasingly obvious that there are competing discourses within palliative care and in turn, palliative medicine. It is difficult to disentangle them, there are discursive relationships between them. There are increasingly more critiques of the medicalization of palliative care: that pain management and relief have become directly related to the “healing” function that doctors must fulfill. Others contend that the focus on symptom management is “a more realistic aim for palliative care, one that is more compatible with the wider goals of medicine and which might help to address problems about futility and overtreatment” (Clark 2002, p. 906). This area also offers measurable outcomes. In references to hospices, Zimmerman and Wennberg (2008) explain that there are technological interventions that have been designed with the sole purpose of palliation; they argue that this could be seen as an indication that the ideals of hospice are being incorporated into conventional clinical care. Again, the focus is on the physical symptoms, rather than the “total pain” that is understood to be an essential characteristic of

palliative care and this emphasizes how palliative care is subsumed under the master discourses of medical institutions. However, this is to be expected in relation to the evolution of palliative medicine as a discipline. Clark (2002) articulates this clearly:

The new specialty is delicately poised. For some, integration with the wider system is essential for success and the only realistic way to address unrelieved suffering...for others, it marks the entry into a risky phase of a new development where early ideals might be compromised. (p. 907)

The concern as to whether or not palliative care philosophies, in their entirety, can be implemented in practice within the existing institutions is further explained through the complexities of issues such as spirituality. Walter (2002) questions to what “extent spiritual care can be an integral part of palliative care” and also the discursive shift within which “spiritual care becomes not just an opportunity for palliative care nurses, but a responsibility” (p. 134). He explains that there has been a shift away from a religious definition of spirituality, to a more individualized, “personal and psychological search for meaning” (Walter 2002, p. 134). The focus on spirituality, in this sense, can then be understood as a reaction against the dehumanizing aspects of the institution of medicine, as well as a shift away from strictly institutionalized religious connotations of spirituality. However, Walter problematizes the notion of moving away from a universal sense of spirituality, in terms of its practicality. To what extent can people who also have their own potentially radically individual conceptions of spirituality, without adhering to a strictly phenomenological approach, address individual differences of spirituality within an institution? Walter (2002) states that “we might... be well advised to drop the assumption that any health care professional can offer spiritual care to any patient, and to attend more carefully to the differences between and among patients and staff” (p. 138). The heterogeneity of existential issues may be problematic within homogenizing, and highly structured institutions.

The varying discourses of palliative care largely affect the implementation of practices based on the philosophy of comprehensive care. This can be understood through our systems of health care: the settings, structure and organization. The focus on “quality of life”, which is conceptually disjointed, enables medical discourses to dominant palliative care practices and focus on physical symptoms, as a form of palliation. The existential issues, which are posed as central tenets of palliative care within the ideological realm, become problematic in practice based on the proponents of individualization, and the complexity of non-physical symptoms being alleviated in a structure that is not designed, physically or ideologically, to address them.

“Good Death” vs. “Bad Death”

A crucial element in understanding palliative care as an active discourse are the conceptual dichotomies that have arisen within it, particularly, a “good death”, which relies on the foundations of palliative care philosophies. The “good death” is often defined in opposition to a “bad death”; this can be understood as a response to the narratives of the dehumanization of death within hospitals, with technological intervention exceeding its necessity. Kauffman (1992) refers to this as a *cultural conversation* in which a “good death” or “death with dignity” is conceptualized in relation to “personal control in dying on the one hand, and on the other hand, the pain, suffering, loneliness, and lack of autonomy brought about by the use of advanced technology medicine in the hospital setting” (p. 715). While there are varying approaches and means of operationalizing a “good death” within the literature, it is generally understood in relation to philosophies of palliative care (Gott et al. 2008; Ottawa: CIHI 2007). During a “good death”, individuals die without pain, they have choice as to the space in which they will occupy during the dying process, and they are aware of their death (and have acknowledged it explicitly) and have dealt with existential issues—the meaning of life. This particular conception of a

“good death” is obviously only applicable in specific death trajectories; defining imminent death (and thus the beginning of palliative care treatment) is difficult, for example, because many older adults have multiple chronic conditions, and potential co-morbid conditions, their ultimate prognosis is affected (Gott et al. 2008). This in turn affects the interactions between medical doctors and individuals regarding terminal illness, “there is likely to be a lack of opportunity to discuss this [mortality] other than for people dying of cancer (Seymour et al. 2005 in Gott et al. 2008, p. 114). The awareness of death, in itself, is a contentious issue as described in the work of Gott et al. (2008): some participants “did not acknowledge that their death was imminent.... Some claimed that they never thought about dying which enabled them to enjoy the present” (p. 1117). The acceptance of death, or even the awareness of imminent dying, also becomes problematic in relation to health care policy. Eligibility for medical coverage is predicated on this notion of death awareness and acceptance.

For example patients electing hospice care under the Medical Hospice Benefit [in the US] often do not qualify for Medicare coverage for services related to treatment of their terminal illness, including palliative chemotherapy. Conversely, patients tend not to receive hospice care until the last 4 to 6 weeks of life, although it has been shown that suffering that could be mitigated by palliative care may occur many months before life’s end. (Zimmerman & Wennberg 2006, p. 256)

“Death denial” does not fit into the cultural script or discourse of a “good death” which overtly affects lived experiences. Zimmermann (2007) goes into great detail regarding denial in death and its relationship to palliative care. Based on a discourse analysis of clinical literature, she notes that denial is often described as an impediment to discussion and acceptance of death and thus planning of death, dying outside of hospital, and withdrawing from futile treatment. Individuals who resist this ordering of death become labelled as in “denial”. She suggests “the very conceptualization of denial as an obstacle to these components of care has been integral to

building and sustaining the ‘way we die’” (Zimmerman 2007, p. 296). This notion of “denial” can also be understood through the individual, psychological process that is deemed as essential to a “good death”.

Drawing on the work of Kubler-Ross, and the ensuing discourses surrounding the psychological journey of the dying, specific processes of dying are normalized. It is understood that palliative caregivers must support this journey and inherent in this process is an open acknowledgment of imminent death (Gott et al. 2008). However, “ageing scripts offer little opportunity for personal growth amongst the frail, ill and oldest old, with such opportunities available to those who manage to age ‘successfully and ‘healthily’” (Gott et al. 2008, p. 1115). And, perhaps, those who are able but do not partake in this normalized, psychological journey are understood as resisting the natural phenomenon of aging and dying.

Discourses of palliative care and the “good death” are predicated upon notions of autonomy and choice. However, Gott et al. (2008) concluded that these concepts of autonomy and individuality appeared “alien” to most older adults who may rely on traditional discourses, preferring to place trust in the institution of medicine and prefer to have them or family make decisions for them.

Perhaps, then, discourses of a “good death” become a mechanism of defining the right way to die without acknowledging the heterogeneity of the dying process. These discourses affect practices which in turn normalize an expectation of dying, which may not be appropriate for all, specifically that of the aging population (with and without cancer). The very conceptualization of the denial of death is discursively and practically understood as an obstacle to the successful implementation of palliative care. “The personal struggle with mortality has become an important instrument in the public problem of managing the dying process”

(Zimmerman 2007, p. 296). Openness and awareness of death is foundational to the rest of palliative care. But as can be seen through the work of Zimmerman (2007) and Gott et al. (2008), the homogenized discursive conception of the “good death” may not be appropriate for everyone and yet, those who resist are deemed as resisting the correct way to die. Discourses of palliative care have had profound effects on determining the “good death” in opposition to a “bad death”; this discursive dichotomy is very real in its consequences for a heterogeneous society. This dominant discursive dichotomy, and its potential implications in the management and experience of dying, define and overshadow individuality. As per Vahabzadeh (2003):

Hegemony penetrates the field of everyday experiences and appropriates them as its “Grass roots” conceptual constituents. As hegemony becomes more global, hegemonic experiences gradually become universal and add up to the smooth hegemonic operations ordaining a new modality of life. ...Once experiential hegemony (i.e. Hegemony appropriating doxic knowledges into its epistemic universe), becomes prevalent, hegemony derives consent from the subject’s hegemonic (or hegemonized) experiences, that is, those experiences manifest themselves, in every locus of action, as conceivable, viable, and desirable under the current hegemony. (p. 68)

By exploring discourses of palliative care, in relation to hegemony, and as part of shifting historical paradigms, we can then understand the connection to the management and ordering of death. It is often said that we are a death denying society, that we do not speak of death; that it has been silenced (Zimmerman 2007, Armstrong 1987). However, it may be that we have replaced this silence with an idea of truth, through palliative discourses and the construction of the “right way to die”, which in turn leads to the management of death, and therefore, experience of dying, in a very specific way. Zimmermann (2012), from a Foucauldian perspective, suggests that “the discourse on acceptance of dying represents a productive power, which disciplines patients through apparent psychological and spiritual gratification, and encourages participation in a certain way to die” (p. 217). Perhaps understanding cultural attitudes toward death should

not be thought in terms of denial but rather of “strategies of ordering death, that is, culturally and historically specific social frameworks handling, regulating, giving meaning to, and experiencing death” (Bayatrizi 2008, p. 5). The social *problem* of death, which has been constructed by discourses of medicine, and then palliative care, creates the need to order it in a specific way, creating normative discourses which shape, and are shaped by, expectations of dying in a particular way; “It implies the existence of a historical and conceptual tension between two regimes of ordering death, one striving to give meaning to death as a symbolically powerful and ritually ordered even and the other attempting to subject death to various modes of discursive ordering” (Bayatrizi 2008, p. 12). While palliative care philosophies can be understood as symbolically powerful mechanisms for creating meaning in death, the essence is predicated upon individualism, which may be paradoxical to a structured management of death.

From Discourse to Method

It is important to reiterate the purpose of this Chapter as it reflects the complexity of the two-tiered analysis underlying this thesis. While exploring the tensions and contradictions existing within palliative care literature, as an overarching normative discourse in relation to expectations of dying, it also seeks to *lay the groundwork for a deeper phenomenological analysis* drawing a connection to the pursuit for a fundamental understanding of dying and death within a technological, rational epoch, a particular understanding of Being which will be problematized in the latter half of this thesis. The following, Part Two of this Chapter, explores methodological debates (and critiques) within nursing phenomenology, in relation to ontology and epistemology, with a particular focus on the (mis-) usage of Heideggerian phenomenology, as indicative of the embeddedness of research within a metaphysical understanding (covering over) of Being. The theoretical-philosophical framework, discussed in Chapter One, enables a nuanced engagement

with existing methodological debates within nursing literature (research), in order to situate and extrapolate the epistemological issues in relation to processes of reification, and hegemonic experiences, of dying, in Chapter 3. My hope is to contextualize these debates within the literature in relation to individualism, and patient-centered care and the focus on the experiences of the patient, which has become an imperative component to empirical nursing research, in relation to an overarching quest for universalization (and homogenization) in dying, *in relation to the work of Heidegger*.

Part Two: Phenomenology in Nursing

The following section shifts away from the specificities of dying towards more generalized concerns with ontology and epistemology in relation to nursing research practices, specifically the usage of phenomenology. While it may initially appear to be difficult to draw connections between dying and nursing phenomenology, this methodological component becomes essential to exploring research on dying, that is, it becomes integral to a phenomenological engagement with the management of dying, through the way it is understood (and researched) in our current epoch.

Nursing Research

As a relatively new discipline within academia, nursing research and theory development have been sites of contention. D'Antonia (1997), in a critical exploration of the history of nursing research, states the general chronology:

The preponderance of early studies on the education for and the structure of nursing practice gave way, in the 1960's, to those on theory and theory building for both a practice and an intellectual discipline (Taylor 1975). Theoretical pieces, in turn, gave way, in the late 1970's and early 1980's, to clinical studies-studies with a tradition dating back to the 1920's that had to await sympathetic editors, receptive audiences, and the maturation of the professions' research

infrastructure to find their place in the process of knowledge development (Gortner & Nahm 1977; Mardsen & Omery 1992). (Para. 8)

She explains that in 1986 the creation of the National Center for Nursing Research was considered as the “the culmination of a long quest by dedicated men and women for professional legitimization, scientific recognition, and the power to determine the direction of their discipline” (1997, para. 9). However, D’Antonia (1997) moves beyond a singular chronology of nursing, and particular productions of knowledge, to explore “the ways in which its development functioned reciprocally with the particular institutions and the broader social world in which it found itself” (par. 13). While it is beyond the scope of this Chapter to adequately capture D’Antonia’s focus on the gendered component of the history of nursing research in relation to historiographies, and its relevance to “the scientific process itself” —it is important to note that nursing has historically been relegated to the feminine sphere, particularly in terms of the articulation of its goals of “caring”. While there are a multiplicity of perspectives and disjointed motives and goals in relation to the advancement of nursing (and its alignments), there is an explicit connection between nursing and medicine:

Most of our research has been done by women... our scholarship has historically existed at the boundaries of the intellectual norms, social codes and institutional structures established by men and medicine ...thus, research in nursing has had simultaneously to embrace dominant conventions to establish its scientific legitimacy, and create the ideas and conditions that would challenge such conventions to find its own particular place in the process of knowledge development. (D’Antonia 1997, para. 4)

Although idiosyncratic, the discipline of nursing shares similarities to the battles within the social sciences, generally, and particularly in relation to the “dichotomy” of qualitative and quantitative methodological debates (Duffy 1985; Hoskins & Mariano 2004; Carr 1994; Pratt 2012). As a discipline intrinsically connected to medicine, and as relatively new within

academe, it is not difficult to understand an adherence to logical positivism and the well-established quantitative empirical methods this perspective advocates.

While it is now generally understood that biomedicine (and western medicine) is one of many systems of thought/practices:

It is a mistake to underestimate the forces of Cartesian dualism in medicine today. In spite of a growing disaffection of a section of the populace with traditional approaches to health, the dualist philosophy is alive and well, the guiding light of almost all theoretical and clinical efforts of western medicine. (Dossey 1984, p. 15 in Lock & Gordon 1998, p. 20)

This notion of Cartesian dualism becomes foundational to methodological debates, particularly within nursing research. It can be understood most explicitly within empiricist and positivistic paradigms, as foundational to quantitative research and its objectification, but implicitly in relation to the subject-centered, (mis)usage of phenomenology, which will be explored in the latter half of this section. While there is a plethora of nursing literature surrounding the quantitative/quantitative debate (Carr 1994), it is often represented through two theoretical perspectives – positivism and phenomenology (Bogdan & Taylor 1975; Duffy 1985; Freshwater 2004; Hoskins 2004), however, “Harris (1979) reminds us that both philosophies shared commonalities at the onset” (Duffy 1985, p. 227). There are those who argue that the polarization of research practices is an impediment to the field, and contributes to the “theory-practice gap in nursing practice” (Freshwater 2004, p. 218), advocating that both methodological perspectives are important and useful, and can be used in combination (Caeilli 2002; Foss & Ellefssen 2002). However, the hierarchy is still often referred to; researchers continue to argue that qualitative research remains undervalued (Duffy 1985; Pratt 2010) within the dichotomy. Salmon (2012), however, contests this based on the growth of qualitative research, particularly the use of phenomenology—as a method that seeks to unveil “*lived experience*”. Munhall

(1994), too, argues that while nursing and health care research began as a derivative of an “empiric-analytic approach”, 1976 saw the beginning of the shift away from the “hegemony of the positivist perspective” (p. 13) towards alternative methodologies that were different from the natural sciences, specifically that of phenomenology (Munhall 1989,1994; Beck 1994). The methodological shift, particularly within the last 30 years, can best be understood as a response to the nature of nursing, as a discipline and practice, and its position within medicine and the scientific paradigm. Perhaps, as Porter suggests, the appeal to “the gravitas of phenomenological philosophy is, at least in part, an attempt to show how grown up and serious qualitative research can be” (Porter 2008, p. 268). Or more optimistically, this shift in focus towards the perception of “*lived experience*” is foundational, and comprehensive, in the quest to provide better care.

Benner (1982; 1984) falls into the latter category, she discusses the importance of drawing on phenomenology to access the “wealth of untapped knowledge [that] is embedded in the practices and the ‘know how’ of expert nurse clinicians” (p. 9), as a means of bettering clinical practice. By identifying as a humanist profession, the discipline of nursing “which describes its philosophy as holistic and interactive” (Beck 1994, p. 499), many nursing researchers have embraced the perception of *lived experience* as the foundation for exploring the social nature of their interactions with patients, to understand their life-world to provide better care; they “begin to recognize the incongruities between their philosophy of nursing and their research methods” (Beck 1994, p. 499). Beck (1994) argues that, “phenomenology and clinical nursing practice parallel each other... No longer is the view of subject as object meaningful, just as in nursing practice the view of client as object is not meaningful (p. 501). In this sense, a subject-centred focus on *lived experience* becomes the foundation upon which to provide better care.

There is an abundance of nursing literature that explores phenomenological approaches as research methodologies (Colaizzi 1978; Oiler 1982, 1986; Omery 1983; Knaack 1984; Benner 1982, 1984; Parse et al 1985; Giorgi 1985; Morse 1989; Benner & Wrubel 1989; Bartjes 1991, Darbyshire et al. 1992; Jasper 1994; Koch 1995; Morse 1996). While they are various phenomenological perspectives (and methods) that are used, the most dominant division within phenomenology in nursing research is between those who refer to Husserl and those who appeal to Heidegger (Paley 1998). Because of the multifaceted nature of phenomenology and the “diverse views on epistemological and ontological questions” (Taylor 1993, p. 174), the proliferation of nursing phenomenological research has led to critiques of the rigor, interpretation, and rhetorical usage, of the assumptions or the philosophical underpinnings of phenomenology, from both within and outside of the discipline.

Critiques of Nursing Phenomenology

Many researchers have pointed out the inadequacies of existing nursing phenomenology in terms of the failure to discriminate between different philosophical traditions and the underlying epistemologies and ontologies (Walters 1995; Paley 1997, 1998; Priest 2004; Earle 2010). However the most heavily cited critiques are that of Crotty in *Phenomenology and Nursing* (1996) and Paley (1997; 1998). Crotty argues that there is a division between “mainstream phenomenology” and nursing phenomenology, which he refers to as “new” within the context of North American subjectivist/individualistic research. Beyond this categorization he refers to two problems: “the first is the failure of the new phenomenologists to recognize the newness of what they are doing. The second is more serious: their failure to recognize the value of what they are not doing” (p. 3). Drawing on thirty articles, Crotty concludes that what has emerged is an overarching reliance on subjective experiences of participants. He argues that the primary focus

of these projects is to identify and describe current and sharing meanings, through descriptive accounts of respondents' descriptions, and proffers the question— “to what extent, if any”—are these research projects phenomenological? Situating (and differentiating between) phenomenology within the context of Husserl and Heidegger, Crotty (1996) explains that phenomenology is an attempt to “return to pre-reflective, pre-predicative experience—to our experience as it is immediately given to us before we make sense of it. *This means a return to the possibilities for meaning, which our experience offers*” (p. 4; italics added). As such, rather than merely describing experiences and getting at shared meaning, phenomenology seeks to critique or problematize these meanings. “It does this by suspending them so as to initiate a long, hard look at the objects of immediate experience to which they are attributed” (Crotty 1996, p. 5). This means examining phenomena through experience prior to making sense of it.

While Crotty has been criticized for situating Heidegger within the world of existentialism (Darbyshire, Diekelmann & Diekelmann 2002), he notes that it is “clear that being has primacy in Heidegger’s thought, that being in time and space derives from being and not vice-versa, and that his is no existentialist philosophy” (Crotty 1996, p. 66). He argues that nurses who use Heideggerian phenomenology ultimately lose the “phenomenological character” of his work (Ibid, p. 76); that while they have every right to “grapple” with Heidegger, “they give no sign of having emerged from interaction with Heidegger’s thoughts and the texts in which it is found. To a large extent, they are diametrically opposed to his intent and method” (Ibid, p. 76). Crotty argues that researchers get caught up in subjectivist readings and focus on the existentials of Dasein as a phenomenological justification for researching “ontic” beings—an integral argument which will be expanded upon in this thesis.

Paley offers a similar critique of phenomenology as it is used in nursing research by exploring, in great detail, the failures of nursing researchers in practicing phenomenology in relation to both Husserl and Heidegger (1997; 1998). Of particular relevance to this thesis is his argument that “hermeneutic studies of ‘lived experience’ are incompatible with Heidegger’s ontology since they are thoroughly Cartesian in spirit” (p. 817). He acknowledges that Heidegger’s position is incompatible with positivism but that “lived experience researchers” (LER) are wrong in their assumption that positivism and science are the same thing:

[They]fail to see that Heidegger’s work implies scientific realism- this is a position very different from positivism – in any approach to social enquiry. Moreover, their preferred alternative to positivism involves an appeal to the principal of incorrigibility, which Heidegger rejected, and which reintroduces Cartesianism by splitting reality off from experience. (p. 818)

As an emphasis of the “peculiar union of being in the world with the being of Dasein”, Paley invokes Giddens’ (1984) conception of social practices as the focus of research, to “[show] how these practices are ‘at the root of the constitution of both subject and social object’” (Giddens 1984 p.xxi in Paley 1998, p. 820). He argues that nursing research that invokes Heideggerian principles tends to focus only on the “‘lived experience’ of a group of respondents, who characteristically share a common situation...” (p. 820). While it initially appears that Paley’s primary criticism is the incompleteness of the “social scientific project”—“the study of social structures and their relation to distributed practices—which can be derived from Heidegger’s ontology” (p. 821), he clearly articulates that it is not merely the lacking of the LER programme but its inconsistency with Heidegger’s philosophy. The primacy of interpretation, “meaning”, in certain readings of Heidegger, has translated into the programme of LER, and the reintroduction of Cartesian dualism. The principle of incorrigibility is not compatible with a Heideggerian perspective—although Dasein has a “pre-ontological understanding of itself and the world”, this understanding does not guarantee the self-evidence of “how the world works” (p. 820); “The

incorrigibility principle cannot apply to Dasein's self-understanding and...empirical inquiry into these relations involves far more than study of self-understanding anyway (p. 821). For Paley (1998), this principle "demarcates an entire research genre" (p. 822), in which "'lived experience' becomes a code for a narrow band of subjectivity which is immune to external correction, alternative ways of construing" (p. 822). In this sense, it is counter to Heidegger's ontology—embedded within it is a "Cartesian world of representation" —and the unity of Dasein and the world. As Reed (1994), in Walters (1995), states, "Heidegger's analysis of the human condition is that people are 'in and of the world, rather than subjects in a world of objects'" (p. 793). It is this unity that seeks to counter the Cartesian dualism that covers over Being.

Beyond Origins: Further Critiques of Phenomenology

In response to the work of Crotty, Giorgi (2000) concurs that when nursing research adopts phenomenology there is often confusion because of the ambiguity surrounding its origins, its ontological and epistemological presuppositions. However, Giorgi refutes Crotty's usage of the term "new phenomenology" and asserts that the practical usage is actually phenomenology that is based on scientific guidelines rather than philosophical phenomenological guidelines, and that it should be held to different standards. Giorgi seeks to support *scientific phenomenology*, as a way of bridging the difficulty of translating philosophy to methodology, specifically within the applied sciences. Giorgi acknowledges that at times there is a poor application of phenomenology in the nursing literature, but that it cannot be critiqued based on being "new," a categorization given by Crotty (1996), he merely articulates that they are doing scientific rather than philosophical phenomenology.

Maggs-Rapport (2001) refers to the need for grounding within research: "publications tend to overlook the integral nature of methodology to study development, and to dismiss the

relevance of a study's guiding forces on its outcomes" and she refers to Giorgi who has pointed out that "publications confuse, for example, the philosophical underpinnings with scientific practice and fail to define the relationship between research questions and methodology" (p. 373). As Barkway (2001) notes,

Nevertheless, Crotty's main concern was not with the purpose or outcomes of nursing research, but primarily with the methods undertaken and what nurse researchers were calling what they were doing. Additionally, he was not only concerned with what nurses were doing when they undertook phenomenological research, he was also critical of what he thought they were not doing. (p. 193)

Again, this shows the confusion surrounding phenomenology as theory or method, as philosophy or scientific practice, and ultimately, its applicability to applied sciences in a general sense is questioned.

Some argue that phenomenology in nursing research must rely on scientific guidelines, and others like Crotty propose better engagement with "traditional phenomenology."

Darbyshire, Diekelmann & Diekelmann (1999) contextualize the debates and question Crotty's methodological proposition:

His "five-step method" for doing phenomenology made it abundantly clear that it was ourselves and our "immediate experience" which were at the centre and focus of...inquiry. Anything other than our "immediate experience—we jettison it. (p. 2)

They argue that this standpoint then leads to questions of "where can such a self-referential and "I"-centered phenomenology lead? (Darbyshire, Diekelmann & Diekelmann 1999, p. 23). This brings up questions regarding the translation of a philosophy into a structured, step-by-step method—can the "original" philosophy be maintained?

Beyond the debates of the origins of phenomenology as methodology, and the ensuing "methods" which are adopted, Paley (2005), in his most recent work, focuses on the "discrepancies between phenomenological rhetoric and phenomenological practice" (p. 106). He

is concerned with the specific claims made by nurses, in relation to their research projects, as they situate themselves in opposition to scientific concepts such as “reality, objectivity, abstraction and generalizability” (p. 107). Paley (2005) focuses on the disjuncture between rhetorical claims of phenomenological research and the actual practices that occur: “the rhetoric celebrates perceptions and experience; but the concluding moments of a research almost always make implicit claims about reality” (p. 106). As such, rather than drawing on the origins of phenomenology as a point of departure for critique, as he had previously (1997; 1998), he focuses on the claims that generalizations are not the premise of nursing research but how, in reality, these research reports then propose universalizing claims, thereby “ignoring their own rhetoric” and that these “phenomenologists’ appropriate scientific prerogatives illegitimately” (Paley 2005, p. 106). The subjectivist focus of “meaning” is, from his perspective, thereby incompatible with the contribution-based focus of applied sciences, that they ultimately evoke notions of causation, with subjectivist meaning as evidentiary data. He poses the difficulty of maintaining the uniqueness of experience with the desire to extrapolative or generalize findings, and questions the extent to which phenomenology (however one conceptualizes it) can be used as a methodology without relying on the appropriation of scientific concepts, which it rhetorically refutes.

Conclusion

Although these literature reviews are not exhaustive, they capture some of the key components within their distinctive areas. In Part Two, I have discussed the key contemporary critiques within nursing literature regarding the usage (and potential misuse) of phenomenology—in terms of its ability to be *translated from philosophy to methodology*, the actual usage of methods, and

the rhetoric that is presented—in relation to the actual ensuing practices. Again, the methodological critiques existing within nursing phenomenology are paramount to furthering discussion regarding the relationship between how research is carried out in relation to particular “outcomes” or “contributions” within the context of epistemological and ontological underpinnings. The problematization of Heideggerian phenomenology in nursing research, as presented by Crotty (196) and Paley (1998), emphasizes the subject-centered foundation, which is counter to the Heidegger’s ontology, as a reification of Cartesian dualism. This focus on the subjective (and consciousness) disregards the unity of Dasein and the world, and covers over the problem of the phenomena by disregarding how understanding and interpretation is contingent upon particular ways of knowing. To take this further, the reliance on Heidegger’s existential analytics, without acknowledging it as part of an incomplete project to seek a fundamental ontology, has implications in relation to the outcomes of research, particularly when it is used for the purpose of generalization, and thus, universalization based on the assumptions of an immutable foundation.

The exploration of palliative care through existing discourse analyses, captured in Part One, becomes part of the discussion of the “foundations” of how dying is researched but also how it is conceptualized through (and within) practices of end of life care. The multiplicity of discourses related to dying become apparent in the contradictions within palliative care, in both research and practice. Originally articulated as an alternative to medicalized and institutionalized dying, the proliferation of palliative care, as both philosophy and practice, has become embedded within the institutions (physically and discursively) it criticized. The holistic, person centered (existential) goals of palliative care become contentious in relation to bureaucratic, institutional structures, and the focus on physical symptom alleviation is oft

considered a more feasible goal in relation to increasing technological innovation. However, the goal for individualized dying, and what it means to have a “good death”, discursively, is still presented within the literature (as goals of palliative care practices); the right to die with dignity, a very personal and subjective conception, becomes a universal discourse—there becomes a right way to die. In this sense, this discourse of the “good death”, and the ensuing practices, can be explored in relation to hegemonic experience; thus, the management of dying, and the proposed *paradox of the universalization of individual dying*, can be problematized more abstractly. The discursive practices of palliative care can be understood as ways of thinking and acting, particular to our epoch (opposed to a fundamental, immutable, relationship to dying and death); the “good death” becomes interconnected with the conception of dying as a continuation or telos of disease, and therefore limits the conception of death as an ontological component of living.

Through a phenomenological analysis, this thesis dwells in (and problematizes) the connections between normative discourses (and expectations) of palliative end of life care, research practices, and the reification of particular ways of being, acting, and thinking, in relation to dying. The following chapter explicitly engages with Heidegger’s conception of death in *Being and Time* with the intent to relate his conception of authenticity and death, and the ensuing readings of this, to existing discourses related to discourses of the “good death”. I will also explore the implications of disregarding the ontological nature of his discussion in regards to the thinking of death, and in turn, the practices and management of dying. His discussion of death is situated within the analytics of existence, and therefore enables an easy transition into an extensive analysis of the (mis-) usage of Heideggerian phenomenology—specifically as it is used in the study of death and dying, which explores how *methodological concerns* can be understood in relation to the constitution of the phenomenon that is being studied.

Chapter Three: Ontological and Epistemological Concerns

As an immediate extension of Part Two of Chapter 2, in which I presented an overview of existing critiques of phenomenology as it is used in nursing research, the purpose of this Chapter is to re-examine the potential impact of nursing phenomenological research, in light of Heidegger's *Being and Time* in relation to the process of research, and its outcomes or contributions. This is to be explored through a phenomenological understanding of the usage of phenomenology. There are two primary underlying concerns at this juncture: that of epistemology and that of ontology. A specific article is used as an example, an analysis of the concrete, to illuminate the larger context in which this research (as phenomena) presences. Keeping in my mind the overarching proposition of this thesis—to explore the paradox of the universalization of individual dying—this Chapter situates and critiques a research article that draws on Heidegger (and *Being and Time*) within the pursuit of a fundamental ontology. This Chapter relies on the theoretical-philosophical framework discussed in Chapter 1, and the discourses of death and dying, and existing methodological critiques in nursing, discussed in Chapter 2.

Methods

This thesis emerged from engaging with palliative care and nursing literature, in conjunction with philosophical ponderings of death. As I delved further into both areas, I discovered a disjuncture, or misunderstanding, particularly in relation to the foundations and origins of research and how research was carried out. This process of thinking through the existing literature is described by Smythe & Spence, by quoting Heidegger: “We truly incline toward something only when it in turn inclines toward us” (1992, p. 360 in Smythe and Spence 2012, p.

17)... “One text will incline towards us, set us thinking, hold our thoughts and provoke more thinking” (p. 17). Following this pursuit of thinking, this section of the thesis is based on a systematic search (Mayring 2000) of existing nursing phenomenological research that focused on death and dying whilst relying on “Heideggerian phenomenology.” My intention was to conduct a comprehensive search of the key articles—I began by following specific parameters to ensure that the articles were selected in a systematic manner: the period of publication was between 1980 and 2012, the articles were to be original research and the journals used included citation analysis via Web of Science. The key databases included CINAHL, MEDLINE, PUBMED, Health Source: Nursing Academic edition, and Academic Search Complete. Additionally, a Google scholar search was conducted to explore peer-reviewed articles, to compensate for any searching inadequacies of the UVIC gateway summons. Throughout this process, key words included: “Heidegger” (limiting keyword to the abstract field); “Methodology”; “phenomenology”; “nursing” or “nursing research or “nursing literature”; “philosophy” and “care of the sick” or “death or dying or palliative care or “hospice care”. The search string included “(Heidegger or Heideggerian) AND (death or dying or ‘terminal care’ or palliative or ‘hospice care’) AND (nursing or ‘nursing research’ or ‘nursing literature’)”.

Interestingly, this process yielded fewer articles than anticipated and upon consultation with a specialist librarian, it was determined that by removing reference to “Heidegger” from the search string, more articles became available. However, as an integral component to the philosophical-theoretical framework of this thesis, I retained the focus on Heidegger based on the relevance, and similarities, between misreading of *Being and Time* as a “death philosophy”, and the increasing shift into conceptions of death in relation to individualization, autonomy—the

“good death.” As expected, within the articles that did not explicitly reference Heidegger, there were often implicit parallels to central themes (and methodologies) within *Being and Time*.

Hermeneutical engagement

The hermeneutical process of engagement with the literature enabled a focus on the meaning that “arises from the interpretive interaction between historically produced texts and the reader” (Lavery 2003, p. 16). This was a non-linear process based on immersion. I re-viewed the literature in light of dominant discourses and with an openness to what is both concealed and revealed; “To read in a hermeneutic way is to be attuned and engaged. One brings a willingness to be surprised, openness to difference and courage to make the leap into the space of thinking” (Smythe & Spence 2012, p. 17). The process of engagement with the literature and the provocation of thinking that ensued opened up a phenomenological analysis of a particular article, allowing for in-depth exploration. I chose the article by Seno (2010) based on the explicit relevance to the thinking pursued in this thesis. By merging the principles of discourse analysis with a phenomenological assessment of the research, I conduct an exploratory analysis by emphasizing the conditions (regimes of truth/epochs) in which these processes, or texts, are legitimized, specifically within the context of Heideggerian phenomenology. The progression of analysis was an iterative and inductive process of decontextualization and recontextualization (Starks & Trinidad 2007) and is guided by the thematic concepts within the research, particularly in relation to the level of engagement with the philosophical underpinnings of the research, its ontological and epistemological presuppositions, and, in terms of the claims made from the research. In Chapter 4, I contextualize this analysis in relation to existing discourses: palliative care philosophies, as well as institutional scientific medical discourses. This process is multi-layered in that these existing discourses form the background against which the sample of

nursing phenomenological research that draws on Heidegger in the study of death and dying will be explored.

Based on the dominance of death discourses, and the proliferation of phenomenology as a nursing methodology, this thesis maintains the relevance of pursuing this area in terms of its possibilities (of reifying particular, limited conceptions of dying through the (mis-)use and (mis-) understanding of the work of “early” Heidegger). Based on previously conducted literature reviews, which explored dominant discourses on dying and end of life care, as well as an extensive review of nursing phenomenology and methodological critiques within this body of literature—key themes emerged. Discourses of the “good death” and the “right way to die”, as well as themes relating to the right way to “care for the dying”, came to the fore, as well as the concretization of the proliferation of phenomenology in nursing research. A targeted engagement with the literature has made apparent the underlying parallels between palliative discourses (contemporary conceptions of death), which manifest in nursing research on dying, and the usage of Heideggerian phenomenology within the context of individualized readings of Division Two of *Being and Time*, as prescriptions of “death philosophies.”

An Incomplete Project

Heidegger’s analytic of existence, in *Being and Time*, was part of an incomplete project to uncover a universal fundamental ontology, in relation to his own recognition of historicity. Following the existing critiques of nursing phenomenology, research based on subject-centered (consciousness) and descriptive forms of “phenomenology”, the analysis of the article is conceptually extended to include the problematic of attempting to provide prescriptions based on a foundational understanding of *Being*—which are ultimately opposed to the intentions of the overall project in *Being and Time* (which was incomplete)—based on the lack of differentiation

between ontic and ontological inquiries. The task at hand is to investigate the problems of appropriating the analytic of existence as a fundamental ontology and how these problems manifest into further concerns when taken as a basis of “phenomenological” research. This type of research contributes to, and is inherently related to, Heidegger’s general critique of metaphysical modes of thought and the overlooking of Being.

As introduced in Chapter One, the analytic of existence (the *existentials* of Dasein) were presented as a preparatory analysis for inquiry into the meaning of Being.

We are *searching* for the answer to the question of the meaning of [B]eing in general, and above all the possibility of radically developing this basic question of all ontology. But the freeing the horizon in which something like [B]eing in general becomes intelligible amounts to clarifying the possibility of the understanding of being [*Sein*], in general, an understanding which itself belongs to the constitution of that being [*Seienden*], which we call Dasein. (Heidegger 2010 [1953]), p. 221)

The shift from the analysis of Dasein to the meaning of Being was never made. As such, the immediate affects (and their potential after effects or consequences) of research that is framed through the first half of *Being and Time* must be understood through a general discussion of the process of research. Division One of *Being and Time* contains a preparatory analysis of Dasein in an attempt to present a “fundamental constitution of the being in question, being-in-the-world, whose essential structures are centered in disclosedness” (Heidegger 2010 [1953]), p. 221), which is revealed in its totality as “care.” Care is to be understood as Dasein’s concern for being-in-the-world “and it is also the basis on which it can transcend beings and thus be open to encounter Being” (Krauss 1998, p. 108). The analysis is preparatory in relation to understanding the meaning of Being in general, which becomes intelligible only when this understanding belongs to the constitution of Dasein; which can “only be radically clarified as an essential factor in the being of Dasein, if the being [*Seiende*] to whose being [*Sein*] it belongs has been

primordially interpreted in itself with regard to its being” (Heidegger 2010 [1953]), p. 222). For the purpose of clarification, it is important to emphasize that the analytics of existence are ultimately *existentiell* (Peters 2004), they are ontic, initially grasped to disclose an ontology—an existential inquiry. The initial conceptions of death in relation to the demise of Dasein are intended to pose the existential structures of Dasein, as an inherent component of the constitution of Dasein. When this differentiation is overlooked onto-theological interpretations of death within *Being and Time* become foundational, a discussion which will be taken up in this Chapter.

In the initial explication of Heidegger’s critique of the ways of “knowing” the world, in relation to the history of metaphysical dominance and the Cartesian duality, the quest for a fundamental ontology as a necessitating component to all other forms of inquiry is still valid or valuable, regardless of the incompleteness of the project. With this in mind, one must then also understand that research drawing on the analytics of existence in itself can be drawn back into the very metaphysical framework that Heidegger opposed. This is articulated in the writing of Thomson (2005):

The common view that *Being and Time* seeks to describe, and so help readers to achieve genuine individuality or personal authenticity, is a metaphysical misreading, White thinks, because this reading of Heidegger as an existentialist follows from the metaphysics of subjectivism (or metaphysical humanism), that is, the historical process by which human self awareness became so foregrounded in our philosophical analyses that the human subject was first divorced from and then eventually came to eclipse the broader reality of which the human being was originally an integral part. (Thomson 2005, p.105)

Following this analysis, one can then conceptualize contemporary empirical research that explicitly relies on the *existentials* of Dasein as not only a misreading but a misuse of Heidegger’s hermeneutic phenomenology. Not only in the sense of an underlying metaphysical basis which fragments the phenomenon (relying on subjectivist reading and thus usage) but also

in the context of using an incomplete project as a methodological foundation. In this sense, there are both ontological and epistemological concerns. Again, the *existentials* of Dasein were intended to be the preparatory analysis, as the inquiry into the being who is aware of its being, to then get at the meaning of Being fundamentally. When the ontological difference is collapsed and the specific *existentiells* of Dasein are presented as existential foundations for the research of particular beings Dasein is removed from a generality and brought into an analysis of individuals; from the pre-ontological to an ontic-anthropological level. With this foundation, the experiences of the individual, the knowing subject, (within this methodological framework) are used to present a generalizable universality of experience. In this process, we can then see how without acknowledging the *existentiells* as part of an incomplete project any attempt at presenting an “essence” is counter to the very phenomenological process that Heidegger painstakingly articulated. And inherent within this form of research is the epistemological basis in which prominence is given to the subject as the being who “knows” thus leaving out the “wholeness” of the original intended project (as a fundamental ontology—meaning of Being, etc.). The phenomena being “understood” by the knowing subject becomes a form of representation, based on what is deemed intelligible, and therefore becomes Truth—and in this process, the subject/object, mind/body binary becomes reified as a foundational referent. Again, the shift toward the knowing/thinking subject, as the primary point of departure upon which knowledge, or “facts” are founded, disregards Heidegger’s resistance to Cartesian dualism, and the ontological difference is lost. The interpretation of lived experience, of everydayness, is reclaimed within a metaphysical mode of thinking, in which the Cartesian division remains, and is reinforced. The subject comes to the fore, in this sense; the overall being-in-the world

becomes fractured again, with a particular, incomplete view of beings as the foundation for Truth.

For Heidegger, a primordial interpretation relies on the “phenomenal characterization of the being,” as our “fore-having,” yet poses the totality of beings as necessitating “fore-sight” of Being; a primordial ontological interpretation must therefore belong to the “unity of the possible structural factors belonging to it. Only then can the question of the meaning of the unity that belongs to the totality of being of all beings be asked and answered with phenomenal certainty” (Heidegger 2010 [1953]), p. 222). Heidegger explains that there is an “essential lack” in the preparatory analytics of existence. In order for the interpretation (as fore-sight) to be primordial, authentic potentiality-of-being, as the “existential structure”, must be incorporated within the “idea of existence” (Heidegger 2010 [1953]), p. 223). It is this authentic potentiality-of-being (as wholeness), as primordial, that enables the fundamental question of ontology. Thus, again, death, in relation to Dasein, is manifested within the analytic of existence. Heidegger begins by expressing being-toward-the end, as something outstanding within Dasein—a “lack of wholeness” (Heidegger 2010 [1953]), p. 233). And yet, conceptualizing death as the demise of Dasein, as the end (as actuality) which completes the whole, brings into question the articulation of the original problem; it frames being as present-at hand, as full presence. It is the possibility of Dasein “itself being ‘complete’ or ‘whole’ that is of Dasein’s ability to be as the entity that ‘exists’ by taking a stand toward being” (White 2005, pp. 64-65).

As such, in relation to the ontic or *existentiell*, as long as Dasein *is*, it belongs to what is not-yet; being-toward-death is a way of being (in relation to finitude), lived as “care,” rather than a relation to the “event” of (ontic) death, or the actuality of death. “As a potentiality of being, Dasein is unable to bypass the possibility of death. Death is the possibility of the absolute

impossibility of Dasein” (Heidegger 2010 [1953]), p. 241). As an existential structure (not category), it is this limit that brings the “ontological constitution of the potentiality for being whole of Dasein” (Heidegger 2010 [1953]), p. 224). And, “the primordial ontological ground of the existentiality of Dasein...is temporality. The articulated structural totality of the being of Dasein as care first becomes existentially intelligible in terms of temporality” (Heidegger 2010 [1953]), p.234). As such, the intelligibility of Dasein is manifested or revealed through Dasein’s temporality. It is temporality which “dissolves the subject-object dichotomy” as the unity of birth and death within Dasein, “Dasein returns to its ownmost possibility in a pre-given world from which it cannot live apart” (Yegdich 2000, p. 957). Death becomes inherent to the constitution of Dasein, and therefore, Being. We are always existing “between birth and death”, through an openness to the past and future, in our present (Heidegger 2010 [1953]), p. 356). However, through backwards readings of Heidegger (in relation to his work after *Being and Time*) we see that the history of Dasein, as pre-ontological, is actually part of the history of Being. The historicity of Dasein, as a revealing of Being in general, ultimately counters the original intentions of finding a fundamental, immutable ontology, or meaning of Being. Dasein’s inquiry into its own Being is revealed based on particular modes of intelligibility; it is contingent upon and constituted through temporality, and the overall historicity of Being, generally. Beyond the incompleteness of the project in *Being and Time*, understandings of death must be examined, to further illuminate the potential (mis-)readings, as individualized or subjective, as well as to situate dominant death discourses that parallel these understandings, which will be the task of Chapter 4.

An Existential Analysis of Death

What, it may be asked, is a book dedicated to “fundamental ontology,” a book dedicated to uncovering the “being” of Dasein, its fundamental, a priori, universal, necessary structure, a book which emphatically forswears all concern with “anthropology” and “psychology,” what is such a book doing delving into the murky waters of (empirically false and hence) empirical psychology? (Young 1998, p. 115)

Dasein is already *thrown* into being-in-the-world. This is a crucial aspect of Heidegger’s preparatory ontological inquiry, because in this sense, *Being* is both temporal and structured. We are always in the world, always “being” yet simultaneously “being- towards- death” (Hanlon 2004). Thus, our existence (our past, present and future²) is always, in a way, related to our pending death; “because for Heidegger, death was ontologically essential to the very possibility of being human” (Tierney 1997, p. 54), but not the “event” of death. The “‘objective’ givenness of death” of others might appear to make possible an ontological wholeness of Dasein, however Heidegger articulates the death of others as a loss experienced by those who remain; “we are at best always just ‘near by’” (Heidegger 2010 [1953]), p.230)³.

Death (rather than dying) can never be experienced by Dasein because death never happens to oneself as *being*, only to “others” or the “they” (Heidegger 2010 [1953]). Heidegger presents the concept of “inauthenticity,” in relation to death, as the “they” dissociate with death and dying, because it has nothing to do with “us” [them, singularly]; it is treated as a mishap or a “case” of death (Tierney 1997). For Heidegger then, this “inauthenticity” emerges because we cannot negotiate the uncertainty of being, which is ultimately in relation to death. This is “reconciled” through the concealment of death, from ourselves—“the they is careful to distort

² “Future and past reciprocate rather than ossify in points of times framed as past, present and future” (Yegdich 2000, p. 955).

³ “One dies alone. Heidegger’s existential, or ontological analysis of death, must not be supplanted by existentiell or ontical commitments, although what is worked out ontically is consonant with all ontological investigations” (Yegdich 2000, p. 956).

this anxiety into the fear of a future event” (Heidegger 2010 [1953]), p. 245)—certainty becomes reframed as *right now [in our present existence], this has nothing to do with us*” (Tierney 1997, p. 55). This inauthenticity is inherently part of the hiding or covering over of *Being* and the inquiry into the meaning of Being which, as described earlier, is part of a history of entitative metaphysics (Cress 1972), and in turn, the *everydayness* of Dasein. Thus, Heidegger’s analytics of existence opens up the possibilities of *being*, as that which is revealed through the finitude of beings specifically through the attunement of anxiety as an existential of Dasein: “The conclusion of the preparatory fundamental analysis of Dasein thus has as its theme the fundamental attunement of anxiety as a distinctive disclosedness of Dasein...” (Heidegger 2010 [1953], p. 178). Referring back to Division One, through an ownership of this anxiety (choosing not to flee it), the potential of *Being* is altered; no longer does one seek to find a greater meaning in anything:

Anxiety individuates Dasein to its ownmost being-in-the-world, which, as understanding, projects itself essentially upon possibilities...Anxiety reveals in Dasein its *being towards* its ownmost potentiality-for-being – that is, *being free*.... (Heidegger 2010 [1953], p. 182)

It is way of accessing existence, Dasein opens up to the nothingness (which in turn opens up the very possibilities of *being*). However, this anxiety, as a structure of Dasein, is not to be confused with “a fear of one’s demise” (Heidegger 2010 [1953], p. 241). Bringing anxiety, as understanding, back to death, “the they is careful to distort this anxiety into the fear of a future event” (Heidegger 2010 [1953], p. 244), rather than a potentiality inherent within being-in-the-world. The certainty of death is covered over by a generalized everydayness, the acknowledgement that “all human beings die” (Heidegger 2010 [1953], p. 247). Because Dasein cannot be certain of death “as it ‘is’”, yet *knows* it, there is an avoidance of “*being-certain*” (Heidegger 2010 [1953], p. 247); “But in the light of what it evades, this evasion itself bears

witness phenomenally to the fact that death must be grasped as the ownmost non-relational, insuperable, *certain* possibility” (Heidegger 2010 [1953], p. 247). This certainty, however, goes hand in hand with the indefiniteness of not knowing the *when* of death, which is made to be definite through everyday being-toward-death. And yet, it is a fleeing from this definiteness through everyday matters, which covers over the indefiniteness and the certainty: “As the end of Dasein, *death is* in the being of this being *toward* its end” (Heidegger 2010 [1953], p. 248). It is this ontological conception of death, inherent within existence, which Ireton (2007) refers to (see Introduction), that is contrasted with death as a futural event—the difference between death as universal, and the singular—“I am mortal.” “The delineation of the existential structure of being toward-the- end” (Heidegger 2010 [1953], p. 248) enables a wholeness of Dasein without the inclusion of demise as an end point. The question can be posed as Young (1998) articulates: How might we construe *Being and Time* so that acknowledgement of death appears not as a *means to* but as *constitutive of* authentic living (p. 115)? The conversion or translation of this ontological conception into an ontic, particular, way of being, opens up subjectivist readings and thus prescriptions of the way to die. This discussion will be pursued in the following section. However, referring back to the text itself, the “[e]veryday, entangled evasion of death is an *inauthentic* being *toward* it” (Heidegger 2010 [1953], pp. 248-249). Heidegger explores authentic being-toward-death as an existentiell possibility of Dasein—to pose the question of the ontological possibility of potentiality of Being (as accessible).

Dasein is constituted by its understanding: “*Authentic* being-toward-death *cannot evade* its ownmost, non-relational possibility or *cover it over* in this flight and *reinterpret* it for the common sense of the they” (Heidegger 2010[1953]), p. 249-250). This being toward death, through an understanding of death as constitutive of Dasein (and therefore the ability to

understand), becomes articulated as “*being toward a possibility*” (Heidegger 2010[1953]), p. 250). In Heidegger’s characteristic way, he works through the various meanings of possibility.⁴ He differentiates possibility from actualization of death—thinking about death; “brooding over death” presents death as something coming but “we weaken it by calculating how to have death under our control [Verfugenwollen]” (Heidegger 2010 [1953]), p. 250). He then refers to *expecting*; “to expect something possible is always to understand and ‘have’ it with regard to whether and when and how it will really be objectively present” (Heidegger 2010[1953]), p. 251)—expecting is thus related to death as actualization, moving away from the possible to the ‘real’. Heidegger presents *anticipation* as the appropriate terminology, “*anticipation of this possibility*” (Heidegger 2010 [1953]), p. 251)⁵. “Anticipation shows itself as the possibility of understanding one’s *ownmost* and extreme potentiality-of-being, that is, as the possibility of *authentic existence*” (Heidegger 2010 [1953]), p. 252). Anticipation reveals one’s ownmost potentiality of being; it liberates one to authentically understand the *insuperable possibility of being* (and the indefinite certainty of death).

Holding death for true—death is in each instance only one’s own—exhibits a different kind of certainty, and is more primordial than any certainty related to beings encountered in the world or to formal objects, for it is certain of being-in-the-world. As such, holding death for true requires not just one definite kind of behavior of Dasein, but requires Dasein in the complete authenticity of its existence. Thus, the evidence of the immediate givenness of experiences, of the ego, or of consciousness, necessarily has to lag behind the certainty contained in anticipation. And yet this is not because it fundamentally cannot hold for true (disclosed) something that it basically insists upon “having there” as true; namely, the Dasein which I myself am and can be as potentiality-of being authentically only in anticipation. (Heidegger 2010 [1953], pp. 253-54)

⁴ “It now becomes clear why Heidegger is so intent on using the word “possibility”. Death is not an “actuality”, not a state, but the absence of all states. Death is a possibility because it “gives Dasein nothing to be “actualized” nothing which Dasein, as actual, could itself *be* (p. 307)” (Edwards 1975, p. 557). Edwards argues that “possibility” should be replaced with “absence”.

⁵ Paul Edwards (1975) translates “*vorlaufen in die Möglichkeit*” as “running ahead in to the possibility” rather than as “anticipation of the possibility” claiming greater clarity (p. 557).

It is this anticipation that gets away from understanding death as objectively present, toward death as a possibility-of-being through the cultivation of the “indefiniteness of the certainty” (Heidegger 2010 [1953], p. 254). This understanding (revealed through anticipation) is attuned through anxiety:

In anxiety, Dasein finds itself *faced* with the nothingness of the possible impossibility of its existence. Anxiety is anxious about the potentiality-of-being of the being thus determined, and thus discloses the most extreme possibility. (Heidegger 2010 [1953], p. 254)

Death, as such, is not an object to be essentialized nor is it meaningful as an event inherently. Drawing on Heidegger’s analytic of existence (as preparatory to a fundamental ontology), when thinking of death, it must be thought in terms of Being. In this way, death can be thought in terms of nothingness but only in relation to *Being* (as that which discloses and confronts the nothingness), hence, it is through *being* that Being itself becomes intelligible (revealed to Dasein), but Being is intelligible only in relation to death (and the nothingness):

In the interplay between Being and nothingness, both are revealed, and revealed as two aspects of the same ground, a ground that is revealed in the nihilating of the everyday appearance of beings and, more positively, in the shining forth of Being as transcendence; a ground that can be understood both as nothingness and as being. (Malpas & Solomon 1998, p. 95)

What this means, in a Heideggerian sense, is that only in the nothing (“the complete negation of the totality of beings” (Heidegger 1929, p. 98), can beings as a whole “come to themselves.” “It is in the clear night of the nothing of anxiety the original openness of beings as such arises; that they are beings—and not nothing. Holding itself out into the nothing, Dasein is already beyond being as a whole” (Heidegger 1929, p. 105). This is posited in opposition to the metaphysical overlooking of Being, and the nothing, and the desire to grasp the whole of being

without an ontological understanding of Being (as such, an attempt to present a whole through pieces and the detachment of a knowing rational subject).

The attunement of anxiety, in anticipation (as existentially projected being-toward-death), individualizes the certainty of wholeness of the potentiality-of-being, and belongs to the understanding of Dasein (about its being). “The ontological possibility of an authentic potentiality-for-being-a-whole of Dasein means nothing as long as the corresponding ontic potentiality-of-being has not been shown in terms of Dasein itself” (Heidegger 2010 [1953], p. 255). In this sense the ontic, as a “grounding” of the analysis of Dasein, remains inherent to the formulation of the ontological (as fundamental) and as such, remains *provisional*. The existential structure of Dasein (not the categories) are intended to be universal for all Dasein, yet “Dasein’s different ways of existing, which are on the *existentiell* level, can be different for each Dasein” (Horrock 2004, p. 176). Relying on the ontic, the experiences of everydayness, does not necessarily bring to presence universal ontological structures but is rather a partial description of particular beings. Horrock (2004), quoting Polt (1999) explains this complexity:

Often existentiell understanding is defective, usually we are only partially aware of it, and it rarely turns into an existential understanding of human Being in general (in other words it is pre-ontological). But having an existentiell understanding is a prerequisite for developing an ontology of Dasein. (p. 35)

Article Analysis

In an attempt to elucidate the conceptual problematic of the collapse of the ontological difference, and the methodological critiques previously presented, I refer to an article selected from the American Journal of Hospice & Palliative Medicine: *Being-With Dying: Authenticity in End-of-Life Encounters* (Seno 2010). My intent is not to present this article as representative of research as a generalization, nor to devalue its humanistic endeavours, but to explore it as a concrete exemplification of the potential misuse of Heideggerian phenomenology. In Chapter 4,

the discussion of “authenticity” and death will be extended. The focus of the research, within the selected article, is to examine why nurses may fail or succeed at communicating well in end-of-life care. The author draws on Heideggerian hermeneutical phenomenology as a methodological framework to understand failures and successes of communication with individuals who are dying in terms of their (the nurses’) own “authenticity” or “inauthenticity.” Seno (2010) identifies existing research which documents the “basics of end-of-life care” but claims that research has yet to “identify and define ways and means to more appropriate attending to dying” (p. 377). The purpose of her research is to “explicate tacit wisdom embedded in the practice of nurses who were experienced and known for their effectiveness in being-with dying” (p. 377). Her presentation of the “latent knowledge embedded in the experiences of nurses” is framed as pre-reflective knowledge which can be drawn out through her work as an “interpretive phenomenologist” (p. 377). Within her “Methods” section, she writes that “while most end-of-life care research is associated with empirical-rational traditions, studies on topics such as being are associated with interpretive traditions to reveal a pure description of what is” (p. 377). She implicitly refers to her work as an ontological endeavour, based on a description of “what is” through the experiences of nurses. She references Heidegger; that he “held that human beings always already understand the meaning of being, but that their understanding has been forgotten or “covered over” by day-to-day (ontic), common patterns of being-in-the-world” (p. 377). To identify the pre-reflective knowledge she is accessing, she states that “Being indicates not what the nurse was “doing”, but how she *was being* in the encounter. In this way the study problem was not considered a “subject” of knowledge but a living experience of an historical encounter” (p. 378). This differentiation acknowledges the Cartesian dualism, by focusing on being, rather than a “subject”, which is an important component. However, I argue that she is collapsing the

ontological difference by conflating pre-reflective knowledge (as pre-ontological), the “latent knowledge embedded in experience” (of nurses), with a fundamental ontology. Although Seno makes no explicit reference to Benner, there is a similar sense within the article; that the tacit knowledge of nurses’ experience is indicative of the *being* of nurses. The embodiment of this knowledge, as *being-there*, is transposed from the ontical (*existentiell*) to the ontological (as an existential structure of Dasein). The process of interpreting the being-there, through subjective consciousness, can be articulated in different ways and, as such, is no longer at the existential ontological level (Horrock 2004). It becomes a particular, partial, *existentiell* conception that no longer encapsulates the unity of Dasein and the world as an ontological structure, nor does it acknowledge the incompleteness of the project of a fundamental ontology (the basis of which the ontological structures of Dasein were initially sought in *Being and Time*). Additionally, as discussed in the existing critiques of nursing phenomenology (e.g., Crotty), despite Seno’s acknowledgement of a focus on the phenomena not as a “subject” necessarily, the description of the nurse’s experiences remain subjective, and become framed within a pre-defined understanding. The “data” is framed through a rendition of Heidegger’s concepts of being-toward-death—in this sense, it is not a return to a pre-predicative experience necessarily as the experiences are interpreted within a sense-making structure (that is pre-defined).

As an article used to illuminate some of the methodological issues explored in this thesis, it also offers a concretization of the proposed problems of appropriating death philosophies from Heidegger’s work. Seno (2010) explicitly situates her data within “Heidegger’s structures of *advancing toward death and inauthentic and authentic being-toward-death*” (p. 378). The author situates the discussion of nurses’ communication in end-of-life care in relation to “authenticity” and “inauthenticity”, and the ensuing effects on the being-toward-death of the

patients. She operationalizes these terms within the context of “Heidegger’s structures” (p. 378).

There is no reference to Dasein, or to the existential structures of Dasein; she states that

“Heidegger’s inauthentic mode of being unto death is a closed, denial of death” and that:

Heidegger believed that a person could transform from inauthentic to authentic being through the call of conscience and by being willing to hear the call. He posited that the call of conscience resonates through us in an ontological guilt felt at the gut level as a gap between the way we are being and the way we ought to be.” (p. 378)

As a self-standing paragraph, this is a simplistic articulation of a complex chapter (Two, in Division Two) in *Being and Time*, there is no further explanation. Heidegger refers to what the “call” discloses, which is silent, as unequivocal, “even if it gets interpreted in different ways in individual Dasein in accordance with its possibilities of being understood” (Heidegger 2010 [1953], p. 263). In this sense, “our analysis of the authentic potentiality-of-being-whole revealed that an equiprimordial connection of death, guilt, and conscience is rooted in care” (Heidegger 2010 [1953], p. 255). This analysis was intended to pursue everydayness, at the *existentiell* level, as a starting point for the existential analytic, to then get at a fundamental meaning of Being. When decontextualized, the overall purpose is overlooked and the ontic, is prioritized as being. The experience of the call of conscience is experienced by each individual Dasein in different ways, as such, the interpretation through consciousness is not ontological, but ontical—and therefore becomes problematic as the ground of research which claims to be ontologically (Heideggerian) based.

For the purpose of our inquiry as a study of fundamental ontology, it will be sufficient to outline existentially the authentic potentiality-of-being attested to in conscience for Dasein itself from out of Dasein itself. (Heidegger 2010 [1953], p. 288)

As long as our existential interpretation does not forget that the being given to it as its theme has the kind of being of Dasein, and that it cannot be joined together

out of objectively present pieces into something objectively present, its steps must be guided by the idea of existence. (Heidegger 2010 [1953], p. 90)

While I acknowledge the spatial limitations of a journal article, there remains a disregard for the hermeneutical “circle”, as well as a lack of acknowledgement of the greater context in which the discussion of the call of conscience was explored—the pursuit of a fundamental ontology. This contributes to the fragmentation of Heidegger’s phenomenology, which has been discussed conceptually in the previous chapters, and can be seen explicitly within the article by Seno (2010). Seno (2010) also fails to offer any context of Heidegger’s key concepts of authenticity/inauthenticity, and without direct citations from *Being and Time*, she states that:

He [Heidegger] answered the question of how we should properly understand and comport ourselves toward death in two stages. First, he outlined authentic being unto death in *underlying* existential-ontological structures. Then, he showed that this way of being could be realized on a day-to-day level. In other words, authenticity arises from deeper within but it is possible to live and practice it day to day. (Seno 2010, p. 378)

This brief articulation frames the everyday possibilities of beings, in relation to ways to “comport ourselves towards death”, as if Heidegger offered specific guidelines through which beings ought to become authentic. Seno writes that “every nurse expressed an ontological authentic attitude toward death” and that “Laurel has an ontological (deeper within) understanding; she and all beings face death, and death is as much a part of life as is living” (p. 380). In this sense, she is discussing the ontological through descriptions of everyday being, again, conflating the *existentiell* with the existential. While Seno offers a thoughtful expression of an ontological conception of death, she does not problematize the ontological within the larger context—she draws on notions of authenticity, without considering the intentions of the overall project in *Being and Time*. This article can be seen as an individualistic and onto-

theological reading of *Being and Time* (or perhaps, of secondary readings of *Being and Time*).

This can be understood through the following excerpt:

What does it take to become proficient in the mind discipline that this authentic being requires? There are many systems of self-development, methods of purification founded on the realization that liberation lies in the human heart. Such universal, nontribal, psychological, ethical, nonsuperstitious practices of relatedness (prayer, meditation, silence, yoga, reading scripture, retreat, chanting, and forgiveness), advance practitioners, and their environment, toward becoming vehicles of love, compassion and freedom. (Seno 2010, p. 383)

The “contributions” of the research through the description of the experiences of both nurses and patients in relation to “authenticity” become prescriptions for the proper way for nurses to communicate with patients—to aid in the facilitation of reaching authenticity in relation to impending death. Again, by drawing on the analytic of existence as the foundation of the research problem and process – the focus remains on the subject, and an individualized formulation derived from Heidegger’s usage of Dasein, is then used to articulate a universal – to articulate and facilitate authenticity in dying patients – which in turn becomes part of greater discourse – prescription of the right way to care for those who are dying and the right way to die and thereby, perhaps, limiting any sense of “freedom” in relation to Being. As mentioned, my intention is not to criticize the ethos of this research, but rather to show the *potential problematic of a proposing a universalizing way of living* through a reading of authenticity in *Being and Time*, as an ethical foundation (and a methodological foundation). When contextualized within ontological and epistemological terms, it is actually incompatible with its original presuppositions of the underlying philosophy. In this sense, there is a differentiation between acknowledging death as constitutive of authentic living rather than as a means to it (Young 1998). It could be argued that the disconnect between the philosophy and the research is practical irrelevant, however, within the context of this thesis, I propose that it is conceptually problematic in relation to the broader discursive implications. And more concretely, it becomes disconcerting when

considering its effects on policy and the translation into institutions. Together, this can contribute to a reification of dominant ways of thinking and acting—in this context, in relation to death and dying.

Conclusions

Despite the minimal amount of research on dying that draws on an informed reading of Heidegger's existential analysis—that is capable of translating the complex conceptual nuances into nursing methodology—this Chapter critiqued a particular nursing article that was chosen based on its explicit relevance and illumination of the epistemological and ontological issues proposed in this thesis. The extensive literature review in Part One of Chapter 2 presented the existing dominant critiques of nursing phenomenology (as methodology), particularly in terms of subjectivist articulations and processes of research. This Chapter extended these critiques to include a more nuanced engagement with the (mis-)use of Heideggerian phenomenology (and philosophy) and the problems of conflating ontic (existentiell) analysis with ontological (existential) analysis within the context of (mis-)understanding *Being and Time* as a complete project. This fragmentation, through a reliance on the existential of Dasein (with the existentiells as the dominant source of knowledge), can therefore be understood within the context of a metaphysical (and existentialist) reading of *Being and Time*. Chapter 4 will expand on the potential impact of the appropriation of *Being and Time* through a conceptual extension of death and finitude in Division Two. This will be explored in relation to existing notions of ways of being toward death in end-of-life care/palliative care and discourses of authentic dying within the constitution of death as a phenomenon.

Chapter Four: A Conceptual Extension

The issues with individualist, subjectivist interpretations of phenomenology within nursing research were presented in Chapter Two. In Chapter Three a particular article was used as a “case study” to concretely explore some of the existing methodological critiques and extend these critiques by focusing on the use of Heidegger’s work (particularly *Being and Time*). The intent of this Chapter, while inherently related to the previous discussions, is to extend the conceptual extensions of *death* through particular understandings of Division Two of *Being and Time*. While there is not a tangible connection between the origins of palliative care/hospice discourse and Heidegger’s conception of death (as part of the analytic of existence), there are similarities in the presentation of the “good death” and readings of “authentic death,” in relation to individual ways of dying (which are in turn prescribed as universal). This can be understood in relation to broader discourses or conceptions of death, and ontic representations in research studies and the process of articulation of death as a phenomenon. The bridge between ontic, empirical studies, on the one hand, and generalizations, on the other, can be examined epistemologically, of course. However, the ontological considerations come to the fore when the basis of said research refers to an ontological constitution as its *foundation*. I propose that when ontic, empirical studies rely on authenticity as an ontological category, the conditions of intelligibility become clearer. Indeed, a nuanced and highly sensitive and “attuned” observation of the facticity of dying in palliative care enables a gathering of the conditions of an authentic death. Such a project, naturally, is suggested and discussed here, but it really needs a research project of its own. In this way, here I refer back to epochal theory as a framework in which the

enframing of death philosophies can be thought, and the broader implications of research can be brought to light as possibilities.

An Extrapolation

The proceeding section draws parallels between existentialist conceptions of authenticity and death, and notions of the “good death”—in relation to the concept of hegemonic experiences—to elucidate the conceptual extension of death in Division Two of *Being and Time*. Death as the “possibility of impossibility” (Heidegger 2010 [1953], p. 241) will be explored (to understand authenticity) to concretize this abstraction. Through Dasein and the *existentials* of being, the *existentiell* awareness of mortality and authenticity or inauthenticity in relation to the certainty of death (or the demise of Dasein), is bound up within the everydayness of *being, as being-in-the-world*, and thus as *being-toward-death*. The importance of the “anticipation of death” of Dasein is that it is integral to its very existence; Dasein is a being that is always in a “dialectical relation with non-being” (May et. al 1958, p. 42). Through the inquiry into *being* one can see the transition into the potential “intelligibility” of the absurdity of the possibility of the impossibility—being in relation to death—and as such, the ways in which individual awareness of mortality is, in this regard, a fundamental condition of life and the potentials for living. For the purpose of clarification, albeit in terms of later existentialists (e.g., Jean-Paul Sartre) coming out of Heideggerian philosophy, Heidegger’s concepts of authenticity and death can be understood as:

The human being is the one who knows he is going to die, who anticipates his own death. The critical question is thus how he relates to this fact; whether he spends his existence running away from death or making a cult of repressing the recognition of death under the rationalization of beliefs in automatic progress or providence, as is the habit of our western society, or obscuring it by saying “one dies” and turning it into a matter of public statistic which serve to cover over the

one ultimately important fact, that he himself at some unknown future moment will die. (May et. al 1958, p. 49)

It is important to note here that existential analysis is premised upon an ontic-anthropological level while the analytic of existence (as structure of human existence) operates on the ontological level, that of *Being* as existence. However, this passage articulates Heidegger's presentation of the *existentiells* of Dasein in relation to death. It is also indicative of the ways in which Heidegger's quest for a fundamental ontology and the preparatory analytics of existence have been "developed" as per a specific discipline, ultimately through an existentialist interpretation.

Edwards (1975) offers an interesting analysis of the usage, or understanding of, Heidegger's explanation of what he opposes in calling death a possibility. "Heideggerians constantly do precisely what is impermissible.... They constantly 'reify' death, i.e., they regard it as an actuality in the objectionable sense of the term" (Edwards 1975, p. 563). In this sense, interpretations that rely on individualistic readings of "authentic" death bring death into the "real" as present-at-hand and thus fall prey to the covering over of death as ontological possibility. White (2005) offers a similar critique (as part of a complex analysis of death and finitude), pointing out that understanding death as a future event, as the end of life which one must "hide to avoid facing the absurdity of life" or conceive of death as "a matter of being toward death" both, "at best...have taken death to be a matter of a person's attitude about or relationship to physical death, that is, a way of caring about one's demise" (White 2005, p. xviii).

In this sense, the possibility of death, as an actualized, future event, is used as a foundation for a particular way of being toward death—and authenticity is reduced to ontical, individual actions. A recent study that focuses on nursing staff in hospice care and emotions of death makes an explicit connection between Heidegger (as an existentialist) and Cicely Saunders (who is recognized as the originator of hospice/palliative care):

Both Saunders and Heidegger believed that facing death creates the possibility of a more authentic existence. For Heidegger, facing death causes anxiety as one realizes that one's existence is coming to an end, but it is this anxiety that actualizes psychological processes that drive authentic life. (Heidegger 1962 in Haraldsdottir 2011, p. 245)

Within the article, reference is made to anxiety and inauthenticity in relation to “avoidance of interpreting the phenomenon of death on an ontological level” (p. 249). This exemplifies an understanding of Heidegger's conception of death as a manifestation of an *original fundamental* anxiety toward dying—the ontic-anthropological interpretation is based on an ontological point of reference (anxiety as an attunement of Dasein)—without considering the wholeness of the overall project within *Being and Time*. The general structures of Dasein come to be interpreted as particular manifestations based on the ‘Real’, which then become representations (for universalizing). This bridge between ontic representations in literature, and authenticity (understood as an individualized way of being in relation to death) can also be seen through an *extrapolation* in a study that seeks to capture the experiences of living with advanced cancer. Cour (2012), through their empirical study, pursue “how authentic being is lived out in reality—that is, the ways in which, under conditions of an advanced cancer, for example, people may seek a sense of authentic being through engagement in everyday activities” (p. 127). The authors acknowledge that “the idea of authentic being can direct our attention to essential issues of what is “actual” (p. 127). The ontological is presented as the foundation for an inquiry into the ontic yet the shift from ontological to ontic, while seemingly hermeneutic, begins with the ontic, which is presented as primordial. However, by situating the ontic (the particularities of beings) as the foundation, a particular manifestation of an authentic being-toward-death is conceived of, rather than seeing it as a component of (that is part of the constitution of a structure of Being (Dasein), thereby referring to a certain *essentialized* version of *an authentic being*. Within the

context of the original intentions of *Being and Time* to find a fundamental ontology, the ontological is united with the ontic (everydayness); however, it does not encapsulate how “Dasien’s understanding of being changes in response to the temporal revelation of being” (White 2005, p. 49). The present-at-hand conception of Dasein falls prey to the metaphysics that Heidegger opposed, and the pursuit of a fundamental ontological project is shown to be incomplete as Dasein’s thrownness, and revelation, is contingent upon the modes of intelligibility (the epoch) in which it is thrown (see Chapter One); “modes of thinking and ontologies are themselves historical” (Krakauer 1996, p. 30)—an immutable conception of *Being* is not possible.

Governing Death

The utility of these articles are not necessarily in question, but rather, they are used to show a reliance and reification of a *metaphysical reading of Heidegger* with a particular focus on an existentialist (*existentiell*) understanding of death in *Being and Time*. The conceptual extension of death and finitude is shown within particular conceptions of death (as discourse) which are contingent upon a larger process of epochal enframing (the principles that govern thinking), whereby research in this area can be seen as a reification of particular ways of thinking and acting (and knowing), which cover over the multiplicity of origins. Methodologically speaking, the articles referred to in this chapter do not claim to be phenomenology, however, the disjuncture between an ontological focus and an ontic focus remains and can be best understood through White’s (2005) explanation: the confusion lies in the task of the phenomenologist, who “has to begin by describing and working through the everyday cover-up to arrive at the phenomenon that is being concealed”; by exploring the structures of existence to prepare to find the meaning of being “Heidegger fails to make clear where his analysis of the inauthentic

misunderstanding of death ends and the authentic ontological understanding of finitude begins” (Dreyfus in White 2005, p. *xviii*).

Conceptualizations of Heidegger’s articulation of death, in terms of an *existentiell* way of being-toward-death, as a point of departure for empirical research, relies on particular conception of authenticity as a framework for exploring dying. Authenticity is easily misconstrued as either a moral distinction or presented in relation to a “philosophy of death”; “however, Heidegger’s existential, or ontological analysis of death, must not be supplanted by existentiell or ontical commitments, although what is worked out ontically is consonant with all ontological investigations” (Yegdick 2000, p. 956). While these examples are not representative of an entire field of work, they offer concretizations in relation to discourses, and the attempt to merge the practical with the theoretical within research. When understood within the context of palliative care, end of life care, and notions of the “good death,” they can be explored in relation to the emergence of “death enhancement initiatives.”

By focusing on anxiety as a naturalized, ahistorical way of referring to death (and authenticity), the “social problem of death” comes to be articulated and reified in a specific way. This can be understood in relation to Zohreh Bayatrizi’s (2008) *Discursive Ordering of Death* (see Chapter Two), but can also be understood within the context of a technological epoch. Carnevale (2005), citing Taylor (1989), refers to the ways in which the mix of “traditional” and contemporary practices related to death are called upon in modernity, while the “underlying spiritual and ontological worldviews are discarded” (p. 2), particularly in relation to the disposing of the body and the rituals surrounding this process.

Upon this traditional corpus of ideas and practices, we have seen in recent decades, the emergence of “death enhancement initiatives.” Efforts that strive to make death less distressing. These include various formulations of “death philosophies,” like the work of Elizabeth—Kubler Ross (1969). These have

drawn on an extensive body of research to depict how death and dying commonly (i.e., “normally”) unfold. For example, various stages of dying have been mapped out such as disbelief, bargaining, anger, depression, and acceptance. Experts have emerged with expertise in “grief therapy” who employ instrumental strategies that aim to foster “normal” dying or grieving. (Carnevale 2005, p. 2)

He refers to these processes as part of a “larger initiative that [he refers to] collectively as *death technologies*” (Carnevale 2005, p. 2). He understands palliative care as a medical subspecialization “which aims to foster ‘a good death’” (Carnevale 2005, p. 2)—a discourse which was discussed in Chapter 2—an autonomous, peaceful death with minimal or no pain. The notion of individualism within a technological epoch can be explicitly understood through the emergence of advanced directives (and right to die movements), and palliative care broadly, as a discourse which “‘empowers’ persons with some capacity to define how they *ought* to die” (Carnevale 2005, p. 3). In this way, medicine and technology are called upon to “research and intervene upon death,” beyond traditional “curative” discourse (p. 3); moving away from death as failure toward death as manageable, in a particular way.

Inherent in this institutionalization of death are the concepts discussed in relation to palliative care, and nursing research on death and dying—the practices surrounding the caring component of nursing as it is researched with a particular foundation—the “real”⁶—in which representations come to define (and secure) hegemonic experiences: “those experiences manifest themselves, in every locus of action, as conceivable, viable, and desirable under the current hegemony” (Vahabzadeh 2003, p. 68). The way one *ought* to die, as a process of “authentic” self-determination, becomes inherent to the very conception of death, and reified as particular individualized way of being (and yet paradoxical in terms of the practical: the institutionalization

⁶ In this sense, “real” is understood as the transformation of theory (within modern science) into an “entrapping representation within an instrumental coherence” (Carnevale 2005, p. 5) but also in relation to ontic beings as foundational (for generalization and universalization).

of singularity). And yet, the ontological questioning of what it means to be, as possibility, is again, covered over and revealed as a singularity through “death technologies” (as a means of “diminishing the distress of dying” [Carnevale 2005, p. 8]).

The institutionalization of dying, in terms of the ordering of the “good death” discourses, is enabled through “a systematic machination that has created various pharmacological, psychological, and legal tools” (Carnevale 2005, p. 8). This is bound up within the rationality of modern science, and the technological epoch. “Scientific theories are formulated through research that conveys a representational thinking about death. Death is ontified (i.e., wherein Being is concealed) through explanatory models that depict what a ‘normal’ death ought to look like—and how ‘abnormal’ dying can be adjusted to this representative image” (p. 8). And this representation, as present-at-hand—as an actuality—objectifies death in order to “entrap” it into a “reserve of objective ““death knowledge”” (p. 8), which can then be understood as a *sense of security and certainty of death*. Although, according to Carnevale, Heidegger would neither praise nor condemn these initiatives. Carnevale situates them within the everydayness of “the they” (p. 8), and thus a “central truth of Being is concealed from Dasein” (p. 8). In this way, when technology becomes the primordial framework for understanding, this Enframing “Puts man in a position to reveal the real, in the mode of ordering, as standing reserve (Heidegger, p. 24). Contemplative thinking is concealed by the ontical (understood instrumentally) thereby limiting alternative modes of revealing.

This can also be brought into the overall framework guiding this thesis, the epochal theory through which technological enframing revealed through the modern epoch in which the cogito is the principle foundation. In this sense, technology is “understood not as a set of tools for some peoples material culture—as open would speak of Roman or medieval technology—but

as the phenomenal configuration of the twentieth century (Schürmann 1987, p. 18). Thinking epochs in terms of what is intelligible, and the principium of metaphysical thinking—through the Cartesian dualism in which the object becomes representative of truth through the knowing subject—metaphysics can be understood “as the search for an ultimate foundation” (Vahabzadeh 2003, p. 142). Epochal theory allows one to see the governing principles as “hegemonically operative” (Vahabzadeh 2003, p. 143). By thinking through the use of ontology, in relation to *Being and Time*, in relation to research on dying, as a reification of “foundations,” the entire way of thinking and acting (within our current epoch) can be brought into question. This knowledge is the gift of epochal sensibility—a modality of intelligibility sensitive toward the rise and fall of hegemonic discourses, in our case, pertaining to palliative care within an institutionalized, medicalized, and “humanized” ordering of human mortality.

Conclusions

This Chapter presented the conceptual extensions of authenticity and death as they are presented in existing literature through a critique of existentialist interpretations of death in *Being and Time*, as “death philosophies”—how one (ontically) ought to die authentically. This thinking becomes increasingly important when contrasted concurrently with palliative care literature and discourses of the “good death” and the “right way to die.” Based on the proliferation of phenomenology, generally, in nursing research, and the plethora of research on dying and end-of-life care, the reification of particular, individualized dying, as a universal prescription is paradoxical and problematic. As such, this requires thinking about research practices and processes, the translation of philosophy to methodology, but also, thinking about the foundations upon which knowledge is produced and reified.

A Conclusion

The purpose of this thesis is to explore the *paradox* of the singularity of dying and the universality of death. As discourses of the individualized, autonomous “good death” become more pervasive and the proliferation of nursing phenomenology continues, there is a prescriptive process of reification of a fundamental, universal way to die—yet the proposed singularity of dying is bound within universalizing processes of institutionalization; the foundational premise of these endeavours are paradoxical. As such, I propose that universalizing, homogenous research on dying needs to be contemplated beyond a technological enframing of death objects and death philosophies, as well as the institutional practices attached to epochal enframing.

We saw that nursing phenomenology seeks to describe the everyday experience of nurses and those they care for in order to humanize institutional caring. This is a commendable effort. To this end, nursing phenomenology is/was used to counter the quantitative research which leaves out the experiences of those being researched. But as the literature review (Chapter 2) of my thesis showed, there are many critiques of the usage of phenomenology in this fashion. My point of departure in this thesis was the existing critique but I extended these critiques with a particular focus on Heidegger.

My thesis showed that the conflation of the ontic with the ontological is problematic in relation to the philosophy itself, subjective, descriptive research which reifies Cartesian dualism (but, in this case, with the focus on the subject). This is problematic in terms of the translation of Heidegger’s philosophy into workable, implementable methodology. In this relation, I decided to extend the critique in order to incorporate discussions of metaphysics (in terms of the “oblivion of Being,” following Heidegger) as it pertains to the construction of dominant,

universal constructions of the singularity of dying, which in our age offers institutionally-implementable and prescriptive (hegemonic) ideas of what it means to die as well as how one ought to die. Herein lies a *paradox*: the singularity of dying is unyielding to universal conceptions (and institutions) of death, and yet the only access we, concrete humans living in this age, have to our individual dying is through the institutions and universal discourse of “good death.”

Methodological Implications

Given the trajectory of the conceptual journey of this thesis, naturally, the thesis offers insights into the problems surrounding methodological issues of palliative care. The intent of this thesis is not to propose a new methodology, nor is it merely to negate existing methodologies through the provisional analyses of existing literature on the subject. Above all, this thesis was constructed to arrive at the question, rather than providing concrete answers. It intends to incite further thinking to contemplate death in a new way and to show beyond doubt that even the critique of the current literature is inevitably informed by the existing epoch governed on a specific way of seeing dying that incorporates into its process of reification and proceduralization of dying even the research practices aimed at critiquing the epoch and its principles.

The aforementioned paradox becomes increasingly relevant to the construction of death in/as a research endeavour—methodologically, practically, and discursively. Again, death cannot be known as an object of research as it cannot be reduced to an entity or a category, it is not a something. Yet, simultaneously, it is the nullity of death that enables the inquiry into being, which in Heideggerian terms, begins with the analytic of existence (in *Being and Time*). To take dying as a research problem, a researcher is antecedently diverted to the living. But when considering this within the context of the history of metaphysics, and thus Heidegger’s

destruction of Western thought, one must refer back to the analytics of existence to see that to study death, we must see the individual as a whole (death as constitutive of this whole), however, inherent within this is the context in which the “whole” is intelligible: the technological epoch in which Being is lost. It is this epochal consideration in which the proposed paradox of this thesis is situated in relation to Heidegger’s inability to find an immutable, fundamental ontology. This is a provisional framework upon which re-readings of Heidegger’s work, beyond *Being and Time*, can be used to build a new way of thinking—to move beyond methodological critiques (while we remain inherently bound within them). This thinking encompasses death in relation to enframing, the hypothesis of metaphysical closure, the exhaustion of ultimate foundations, and non-metaphysical ways of thinking without founding Firsts.

Accordingly, this thesis proposes to explore the possibility of death without grounding it in universal requirements and procedures so that new possibilities of individual dying without a foundation or an immutable understanding of death can emerge. This is only possible through what Reiner Schürmann called, paradoxically, “the principle of anarchy,” a radically different idea that can be pursued in future research.

In the end, we are faced with the most matter-of-fact question: how can we “universalize” a singular experience. Can we achieve the singularity of dying without prescriptive-normative expectations? And what will dying in a singular way actually look like? It seems, this thesis suggests, that the first steps have been taken already: to be cautious of the foundations of our research, be alert about the reification of universal ways of being toward death and end of life care, and at the same time, adamantly and consistently acknowledge that authentic life is linked to the singularity of dying as an event that defies normative institutions—a singularity that makes us who we are as individual human beings.

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