THE MORAL FAILURE OF THE PATRIARCHY

The present health care system operates within a larger structure that now has to be openly acknowledged as patriarchal: Caring is viewed as women's work, which is not valued and which is considered less important than the work of men. The moral failure of this worldview is evident in such health care crises as care of the homeless and those with AIDS, and dramatic rises in rates of infant mortality among the poor. This failure demands a health care revolution—a revolution in the sense that society must give up that which no longer works.

by JEAN WATSON

IT IS TIME for nursing to look at structural problems in the health care system and help to make fundamental structural changes to create environments where the caring, healing, and health work of nurses can exist both within our current system, and in new ones that are yet to be realized. Unless our dominant values are unveiled, examined, and challenged, however, significant improvement in our system of health care policies is highly unlikely.1 Caring as a core value cannot be forthcoming until we uncover the broader more fundamental political of the male-oriented worldview at work in our lives and the lives of the people we serve.

The notion of a male-oriented worldview, and its relevance to the topic of caring as a core value for health policy, is suggested by a 1984 New York Times review of Simone de Beauvoir's book, Adieux: A Farewell to Sartre. I quote from the review (as reported in Raymond, A Passion for Friends):2

[Simone de Beauvoir] was the permanent personal factor in [Sartre's] life... without her Sartre would have been a different person. But as has often been said, Sartre would always have been Sartre all the same. His life fol-

Invisible Caring

Martin, and others, recently reminded us that if nursing is ever to mobilize its collective power to influence change in public health pol-

lowed its own trail and its own logic. Simone de Beauvoir without Sartre is difficult to imagine... Whatever her skills as a writer or her own role as courageous supporter of many causes, she can only be assessed in relation to the Sartrian universe.

As Raymond suggests, the implication is that women, and by extension, nurses, follow no trail or logic of their own: No matter how brilliant or creative a woman's work is, it can "only be assessed in relation to" brilliant men. Could it be that this worldview is the issue in health care, health care policy, and politics, and why caring is not a core value guiding health policy or health care actions?

The health care system, as all other aspects of our society, operates within a structure which has to now be openly acknowledged as patriarchal. It is a system that "treats" normal life processes as illness, and has no formal place for the basic health and human caring concerns of our nation's people. It is an approach that persists despite the caring, courageous, and skillful contributions made by women and nurses all over the world. It persists despite 30 years of cost-effectiveness data on nurses as primary care providers; despite dramatic 40 percent drops in premature birth rates when nurse-midwives provide prenatal care to disadvantaged populations; despite the fact that premature birth rates return to the previous levels after nurse-midwife programs end because of physician opposition.3

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icy, it will first have to overcome its invisibility as a major contributor to effective health care. Yet, for some unexplained reason, the vast cadre of female health and human caring professionals (nurses) continues to be "invisible."

The point is that women, in spite of all their gains, remain largely invisible in the human consciousness. Just as Simone de Beauvoir's work could not be assessed separately from Sartre's, women's caring work is invisible, and somehow subsumed under the important work of men (medicine) in the patriarchal health care system. As it stands now, caring is either women's work, and therefore invisible and not valued, or it is something to fear because it threatens the male-oriented worldview, not only does Nurse equal Woman, but on an even deeper level, Woman equals Nurse. As Anne Hudson Jones points out in her excellent edited work of feminists authors, *Images of Nurses,* more than any other professional woman, the nurse is a metaphor for all women. But more importantly, and as Leslie Fiedler emphasized, in the popular mind and the deep psyche of the male-oriented worldview, not only does Nurse equal Woman, but on an even deeper mythological level, Woman equals Nurse. As it stands now, caring is either women's work, and therefore invisible, or it is something to fear because it reminds us that we are all equally human.

Caring, Nursing and Feminism

It is perhaps not coincidental that feminism and nursing are increasingly linked in the literature. Nursing, women, and children are perhaps the paradigm cases for "invisible" care value issues and help us understand why caring values are not core for health care policy and practice. Chinn put it this way: "The politics of care are intimately tied to the public and personal policies of men and women in our society." Feminists say it simply: The personal is the political.

As Hunter's analysis of caring in literature reveals that when caring ideals and values of woman are presented in significant literary works, they are translocated onto men. Hunter cites such examples as Ken Kesey's *One Flew Over the Cuckoo's Nest,* Walt Whitman's *Leaves of Grass,* and Tolstoy's *The Death of Ivan Ilyich,* as depicting caring nurses as "gentle, calm, tenders of the ill or dying, freely offering care which transcends class boundaries and restores to the ill the dignity that the common fate of all mankind had bestowed on them." This perspective is consistent with this male-oriented worldview, because "good" nursing in these important, male, literary sources is detached from women and the ideal care providers are portrayed as men. The failure of this worldview is even more evident when nurse as woman is presented. In, for example, Kesey's novel, nurse becomes a symbol of female power, "not a new forthright, liberating political power, but the old manipulative power of the oppressed,. . . reducing them (the men) to children. . . ." Thus, the woman is to blame for negative aspects of health care, such as the loss of autonomy—not the idealized caring reflected by man caring for man. The implication is not that only are stereotypes of woman transferred automatically to the specific category of Nurse, but it becomes a vicious entrapping metaphorical circle of almost doubling the stereotype of woman-equals-nurse-equals-woman.

Overcoming the Patriarchy: Red Carnation Revolution

A new social order awaits our calling if we work together to reform the structure of the current system. A revolutionary approach must be taken—revolution, in the sense that we must give up that which no longer works. A revolution does not have to be bloody. The revolution that occurred in Portugal in 1974, for example, was known as the red carnation revolution. It was a bloodless revolution. People made their statement by wearing a red carnation.

The peaceful, non-violent, approaches of Gandhi and Martin Luther King are other examples of a red carnation type of revolution. The recent liberation of East Berlin and Eastern Europe is another example of vivid awakening bringing about a peaceful revolution.

The basis of the present condition of health care policy, politics, and practice, and our present lack of caring consciousness and wider vision, are the results of a failure of our morality which demands a revolution of consciousness—a fundamental change in perspective. In French's interpretation, morality refers to the set of values by which we judge, which guide our behavior and even our emotions. Morality is our very world view. Our morality is our real values, not what we give lip service to. It is our set of priorities: our morality dictates our choices. Morality is the personal, a communal affair. When it reaches the public realm, it is called politics. When morality reaches, in this instance, allocation of health
resources, division of professional labor, and control of practice rights, it is called health policy. More specifically, our present morality allows nursing to be reaffirmed as crucial to society in times of shortage, or when the delivery of medical care, loss of medical research dollars, and hospital survival is at stake, but systematically devalued at all other times. Our morality is that which adheres to an underlying consciousness and value assumptions, such as: the “naturalness” of equal access to health care; the “naturalness” of the dominant cure model for some, and no care for others; the “naturalness” of aggressively separating and tearing the body apart with no attempt to put it back together; and the “naturalness” of “fighting” and “destroying” disease as if we were an entity detached from the ill person and his or her relationships, with his or herself, others, or the environment. This “natural,” isolated pursuit of treatment is done “naturally” at all costs under the paradoxical guise of healing—which is to make whole, and restore harmony and right relation. It is our morality that tolerates the “naturalness” of excluding the “invisible” caring values embedded within the “invisible” group of the largest number of providers (women and nurses) who are offering a different world view.

Caring Morality

What is this caring morality that is revolutionary, yet still “invisible,” and that has so often been ignored, dominated, controlled, distorted? Is caring in nursing something we should all shy away from? Is it, after all, just woman’s and nurse’s work—soft, subtle, insignificant, and unscientific? Is it not as important, or worthy of attention as the steel, concrete, machines, and drugs that work their miracles for aggressive institutional technologies that can bring in the largest number of patients or insurance fees?

French’s thinking indicates that a morality linked to a feminine lens is a morality that will preserve civilization and protect against the non-caring, linear morality which is currently operating. This linear morality pits person against person, person against nature, and nation against nation. Such a morality of separation, distancing of self from others and one’s environment, and its disregard for the interconnectedness of all living things, ultimately leads to annihilation of both humans and nature.

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Benner and Wrubel, and Benner, in seeking to make what was invisible more visible, emphasize the primacy of caring as a basic way of being in the world—that emphasizes what matters. Noddings links caring to the feminine spirit, the eros, as contrasted with the masculine spirit, the logos. Gad- ow, myself and others posit caring as a moral ideal that guides and directs human actions, not just as a means, but a human end in and of itself that is of intrinsic value to human civilization. A critical point is that these values and views of woman and caring are not just woman values, but values for all of humanity.

Like Walker, French, Benner, Noddings, and others such as Leininger, Ray, Gaylin, and Mayeroff, I too, link caring to the survival of humanity. At the micro level, human caring values and actions contribute to the health and healing of individuals. At the macro-global level, human caring contributes to the preservation of humanity among nations. Gaylin puts it this way: “If one’s frame of reference focuses on the individual, caring seems self-sacrificing. But if the focus is on humanity, it is the ultimate self-serving device, the sine qua non of survival.”

If we have to justify our caring, it hardens our compassion, represses our emotions, and our yearning for the good until the feeling is only a whisper. If caring is to be sustained, those who care must be strong, courageous, and capable of inner love, peace, and joy—both in relation to themselves and others.

Although a feminist caring morality emphasizes the special contribution of those who care and their interconnectedness to those who are cared for, it also allows for a deep and steady caring for one’s self and one’s environment. As Noddings observed, to do otherwise becomes self-denying, not self-enhancing. In Alice Walker’s “Womanist” definition, to care is to “love the folk, love one’s self, not be a separatist but be committed to the survival and wholeness of an entire people.”

And finally, as Sr. Simone Roach observes:

Caring is the human mode of being. In its simplicity caring is profound.... it is more often evident by its absence, than by its presence.

Care is the basic constitutive phenomenon of human existence... Care is pramordial, the source of action and is not reducible to specific actions. Care is the source of conscience; conscience is the call of care and manifests itself as care.

Quantum Caring

The latest theories of physics are proposing a single source for all of the forces from which gravity, electromagnetism, and various nuclear forces are derived. Other scientists are suggesting a science of consciousness as a single force influencing our human reality. The laws of nature and the universe now studied by these diverse fields are finding notions of harmony, connectedness, and power of the subtle force of symmetry. Rather than seeing only the parts which are suggestive of chaos, there is a search for finding and detecting order—a
search that pays attention to the subtle, the shadow matter, the new links and connections that can be made by filling in the spaces, changing ones perspective, and thereby gaining new meaning.27-29

Of course these phenomena are difficult to observe because they are concealed by the messy chaos phenomena we do and can observe. Yet, these "hard scientists" and "chaos theorists" are proposing a single source for all forces, indicating all observable elementary particles are duplicated by invisible, subtle counterparts, which they call "shadow matter."27-29

Could it be that nursing's "invisible" caring is "shadow matter" that fills in the void, offers a counterpoint for the chaotic forces in the universe?

Could it be even metaphorically, that a caring field is capable of reorienting the patriarchal lens in a different way, shifting from the destructive, interventionist era of health care to a position that recognizes that truly natural health-illness, curing and healing processes must be obeyed?

Can we shift our perspective and begin to see anew the "power and primacy" of caring, but through a new lens that transforms our reality?30 If so, then is there any doubt that nursing, with its attention to caring, can be posited as the health science of the twenty-first century? Can we begin to realize that nurses and women are masters of the subtle, the new science being sought to bring about new order and meaning to the current chaos theory? Then we can begin to reconcile the chaos and reverse the worldview failures, because the current morality that guides health care policy and politics is seemingly out of touch with the astonishing theoretical, philosophical, and scientific thinking which is transforming our very view of reality. So, now that the male-oriented worldview has been uncovered from various dimensions, a new perspective on caring can offer an alternative morality—a revolution in human consciousness, leading to these new and transforming challenges:

- to give up that which no longer works, such as hierarchical, patriarchal "Jacob's Ladder" structures; work to introduce "Sarah's Dancing Circle" wherein we learn from each other, and are coparticipants on an equal level, changing roles, serving as both followers and leaders, as the concerns and problems change, and different knowledge, expertise and talents are needed;30
- to go beyond traditional relationships wherein neither the one caring nor the one being cared for stands above the other and no one health profession stands above the other;31
- to advocate new approaches that promote healing and harmony with self, others, and the environment—including traditional and expanding caring and healing modalities—to take social action related to energy conservation, anti-nuclear stands, pollution and the destruction of the earth;
- to refocus research by pursuing a sound knowledge base of caring, healing, and health processes in relation to human, environmental, and societal costs;
- to sponsor workshops with legislators, the media, and other lay groups to accelerate the dialogue on caring as an item on the public policy agenda;
- to promote universal access for maternity care, wherein every pregnant woman has access to nurse midwives and prenatal care, including well baby care, and immunizations for at least six years of life;3
- to seek to reverse our own and the societal morality; refuse to accept the unnatural as natural;
- to work to establish birthing-parenting centers that not only make maternity and prenatal care more accessible, but can provide extended communities of caring, whereby pregnant women and mothers and fathers become resources for pre-teens and teens;
- to initiate comprehensive school health programs with nurses as primary providers, for prevention, treatment and management of general illness, but also create communities of caring and values based curricula in school systems that promote health and self-care and physically and psychological—

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- to consider cultural and global caring-healing models that reflect different cultures, caring modalities, and nursing therapies (for example: music from India, herbs from China, meditation from Japan, music and ritual from Egypt, and the energy of the self from South Africa); this includes testing nursing caring models that include the use of local healers, indigenous practices, or common local remedies;32
- to establish new alliances, with the broader public, women's groups, seniors, civil rights groups, businesses, and other disciplines; also align with those with no voice;
- to consider new community of caring options for seniors' care in the community, wherein aging citizens can care for and heal themselves and the community;35
- to transform nursing curricula by introducing a new caring morality at all levels of nursing education, including faculty-student-administration relationships.

Benefits of a Caring Morality
While I have suggested some specific starting point challenges, the broader benefits are unlimited. Here are some of the benefits to society as a whole of collective and united caring morality:

ly healthy environments;3
• an increased presence and visibility of feminine contributions to caring, healing, and health in American public health policies and programs;
• new alliances and partnerships between nurses and the people, which would be linked to the feminist caring morality and new consciousness for human health, environmental and global welfare needs;

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• more women as healers, empowered leaders, and peacemakers working with the public to create caring environments and structures of health and harmony with self, others, and the planet earth;
• communities of caring, created in and out of institutions, and generated and managed by nurses;
• free-standing caring and healing centers in communities for all groups and needy individuals located in schools, shopping centers, and other public sites;
• inclusion of nurses and nurse-run clinics in all insurance or universal health plans;
• introduction of professional practice and admitting privileges for professional nurses in hospitals and other agencies;
• research that links caring healing and health at micro and macro levels, from the psycho-immune system to the political system;
• revolution in nursing education that attracts and retains a new generation of well educated men, women, and minorities; revised curricula and student-teacher relationships that adhere to the new morality of health, caring, and healing; all of which will prepare individuals who are career professionals—professionals who are morally accountable, and autonomous partners with society.

In conclusion, the Academy member us, the human caring of nurses will emerge as the lasting force that will revolutionize health care policy and politics in America.

REFERENCES