

ESSENCES OF THE AGOGIC* IN THE NURSING SITUATION**

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Translation of:
Essensies van die Agogiese in die Verplegingsituasie

By
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In memory of
Paul A. Heist
Late Professor of Higher Education
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A true friend of Nursing Education

* “Gr. *agogos* – leader + *agien* – to lead. Various levels (*modi*) can be distinguished in the human being (levels of agogics or agology as a science): the **pedagogic** (Gr. *pais* – child), the **naniagogic** (Gr. *neanias* – young), the **ephebagogic** (Gr. *ephebos* – youth), the **andragogic** (Gr. *aner* – adult) and the **gerontagogic** (Gr. *geron* – grey beard, grey-haired person). The respective sciences then are: pedagogics, naniagogics, ephebagogics, andragogics, and gerontagogics. These terms are distinctive but not separate.” From W. A. Landman, C. J. J. van Rensburg and H. C. A. Bodenstein. 1988: **Basic Concepts in Education**. Doornfontien: Orion Publishers. P. 310.

** From A. J. Smit (Ed.) 1979: **Die Agein Perenne: Studies in die Pedagogiek en die Wysbegeerte opdra aan Prof. Dr. C. K. Oberholzer**. Pretoria: J. L. van Schaik, pp. 99-109.

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In every respect, nursing is an inter-human event that is never performed except as an interpersonal intervention. A nursing situation arises through the appeal that a help-seeking person directs to a nurse who is available and prepared to answer this appeal with particular nursing skills. It is a peculiar situation that is willingly and knowingly established by individuals from their particular life situations.

Two main dimensions distinguishable in a nursing task are an instrumental and an expressive one. Today, with the demands from technology for a greater emphasis on fulfilling the task of nursing instrumentally, there is a danger that the instrumental will dominate the approach to a patient. Both the instrumental and expressive are indispensably important in providing nursing services. However, through the ages, it is the expressive that has given nursing its unique character because all aims realized by the expressive lead to:

- establishing a therapeutic association;
- meaningful nursing intervention in which all demands for fellow humanity are met;
- coordinating all therapies that an ill person receives and meaningfully interpreting them for him.

Denying the importance of the expressive inevitably leads to neglecting the nursing event and objectifying the patient.

The etymological derivation of “nursing” is from the Middle High German: *pflügen*, and the Old High German: *plegan* indicating its meaning as ‘caring for’, ‘sheltering’, ‘vouching for’, ‘cherishing’, ‘treating someone with love’ (1; 2: 4).

It is the author's conviction that the agogic or accompanying event is the medium and guarantee for each meaningful nursing intervention, and is an integral part of the contents of each facet of the nursing task.

Since nursing is a human science, the pronouncements of C. K. Oberholzer about being human offer nursing particularly valuable contents to think about in light of the event of accompaniment ^{(6:} 266-288; 5: 60-71; 2: 141-148).

1. The categories of being-in-a-meaningful-world

- The category of safe space or security

To the extent that a person, in being ill, is physically helpless and dependent, he is committed to the help and support of a nurse. In experiencing himself as threatened in his existence, as cut off from his future and as restrained in his intentionality, he might experience his illness as if he has not only lost his grasp of the world but also of himself.

The possibility of revealing to others his most intimate personal matters, the secrets of his body without the certainty that he can trust them, the unfamiliarity of the experiences expected of him and his uncertain future, contribute to intensely experiencing himself as unsafe and handed over to the discretion of others. Thus, he has need for a nurse who will provide help, in whom he can trust and who will guide him to regain a feeling of security. The patient needs the stability of a safe, constant living space and a point of departure for exploring his possibilities and establishing relationships in order to arrive at taking a position and giving meaningful contents to his situation. A safe space also provides an ill person with a guarantee of security and protection to which he can return as soon as he feels insecure.

- The category of unclosed situatedness or openness

As openness an ill person is possibility and this means that he can and therefore must become different. As openness he is possibility of encountering, possibility of accepting responsibility for himself,

possibility for a meaningful existence. As possibility, he asks to be recognized and accepted and to be guided to embody his possibilities in his meaning-giving existence, with or without being ill.

2. The categories of being-by-and-with-others or being-with

- The category normativity

Not only the ill person but also the nurse has the task of a norm-directed existence. Without the normative, there would be no direction or value-determined force in the nursing intervention. It is by virtue of norms that a nurse can call the patient to a renewed awareness of his life task, and it is within the limits of being-with him normatively that the nurse can guide him to find ways of meeting the demands of this life task.

- The category of encounter

A human being is a being who encounters, is encountered and will be encountered. A necessary precondition for confirming a relationship of trust is the establishment of an existential encounter between the ill person and the nurse. The fact that a nurse is prepared to open himself to him on a spiritual level convinces the ill person of his being accepted as a fellow-subject/person.

- The category of sympathetic, authoritative guidance

The authoritative guidance of a child must acquire its perspective from a three-fold anthropological givenness, namely, a child is a person who wants to be someone himself, he has a need for an adult, and an adult is prepared to respond to a child's call of need. Because, in his need for security, a child wants to know where he is, who he has and what he can expect, he wants to have the security of sympathetic, authoritative guidance. The child wants limits placed on him so that his security is guaranteed ^(5: 68).

On the level of the andragogical, an adult comes into play as someone who is self-determining and who chooses and decides in terms of an established hierarchy of preferred values. He can

accept responsibility for his actions and is ready to be accountable for their consequences. At the same time, however, as independence-in-dependence, the adult also has need for the security of sympathetic, authoritative guidance. He always continues to be fallible. Hence, he expects that his shortcomings will remain confidential. It is when he experiences the security of this in an intimate sphere that his 'genuinely experienced gratitude' emerges in a greater obedience to authority (8: 29, 30).

- The category of providing support

Providing support is central to the event of accompaniment. It is an essence of an existential encounter. Providing support has a much deeper meaning than giving help. It includes help in that another person cannot be helped without being supported. Giving help means providing physical assistance in order to be able to do something. Providing support means calling the patient, in sympathetic understanding of his need, to account for himself under a different protective boundness in accepting his own future (See 6: 265). In his desire for support, an ill person asks a nurse to want to go to him, turn to him and see him in his personal need.

As possibility a human being can stumble. He needs a fellow person to support him against stumbling (Oberholzer). An intimate bond, in this sense, is indispensable for seeing and respecting another's dignity. When giving help does not result from providing support to a needful appeal, it is possible that the other again falls back into dependency and his dignity is injured.

Providing support is always central to the task of becoming more human as becoming more responsible. In this way, an urgent call is directed to the other, also the ill, to 'prosperously design a world and inhabit it positively' (See 8: 25).

3. The categories of temporality

- The category of expectation

A human being is a being with expectations. Each activity, each going out to the world and to fellow-persons is carried by his

expectations. A person lives from moment to moment in the expectation of being encountered. Here there also is evidence of insecurity and tension because he continually has the responsibility to arrive at a meaning of his situation. As what is expected is confirmed, within the framework of an encountering giving of support, Oberholzer says that the future, in spite of his ignorance, acquires certainty, sense and meaning—and,

“Expectation elevates the tension to remain ready in order to be able to respond to the demands of each new situation with confidence and certainty” (5: 62).

- The category of futurity

The event of accompaniment, as intervention, is directed to change with the expectancy of improvement. This always remains a mark of futurity. The future is hidden to a person. If his planned being-on-the-way becomes frustrated by unforeseen circumstances such as illness, he faces, with more uncertainty than ever, the unknown results of this unplanned future.

An ill person wants a nurse to not merely accept him as he is in his infirmity and leave him there but that the nurse support and guide him to what he can and ought to be. It is of fundamental importance that a nurse accepts a person as possibility, as continually becoming. To accept the patient as he is objectifies him and deprives him of his futurity (8: 31, 32).

4. The categories of being-someone-oneself or independence

- The category of exploration

The extent to which an ill person is ready to explore his surroundings and realize his possibilities, and to explore with a nurse in an attempt to reclaim his independence, is for the nurse an indication of the extent to which his accompaniment activities have succeeded in leading the ill person to experience security, accept responsibility and renew his future perspective.

- The category of freedom-to-responsibility

The spontaneous readiness of an ill person, by virtue of his ontic openness, to step above the imprisonment of a directly physical existence to a mastering of his freedom, as the acceptance of responsibility, is a further indication to the nurse of the success of his intervention.

Oberholzer emphasizes that when a person does not master his freedom to accept and carry responsibility, his dignity is threatened and, indeed, also damaged.

- The category of adulthood

The demands that a person's adulthood places on him in all life situations, and especially in crisis or boundary situations such as illness, and his response to them hold true as particular criteria for the nurse. As a presumed adult, an ill person is also a life-obliging person (See 7: 7) –

- He must arrive at fulfilling meaning in and through his being ill as an opportunity for setting out to become increasingly more human;
- to that end he must be in a position to judge and come to understand himself, his own fallibility, but also his possibilities;
- he must answer to the demands made of him in his human dignity and to his task as a person to remain involved in becoming obedient in an independent and self-deciding way (See 3: 72).

It is clear that out of his being human, an ill person presents the nurse with particular tasks. The most logical and accountable connection of this for formulating a unique view of nursing accompaniment, in the opinion of this author, is found in fundamental pedagogics. The agogic essences distinguished by W. A. Landman, with appropriate modifications, are subsequently used to carry out the required accompaniment in a nursing situation (See 4: 139-147; 2: 176-186).

Actualizing the relationship structures

The relationship structures that always have to be actualized in a nursing situation in order to guide an ill person to experience security and to strengthen this in each new situation that includes the possibility of threatening his security are understanding, trust and authority.

- The relationship of understanding

In terms of the means for nursing diagnosis, a nurse creates the possibility of arriving at an understanding of the nature and basis of an ill person's experience of himself as different and insecure. The disposition with which the patient is approached shows that the nurse understands his insecurity, will gladly listen to him, help him express his fears, and explore them with him. These promote the nurse's sense of genuineness. Because of this and because of his conviction that the patient's being ill is an opportunity for becoming more human, a nurse will help the ill person to explore, interpret, develop and appreciate his own possibilities. The nurse also must arrive at an understanding of the ill person's experience of himself as futurity. Because of the nature of his being ill, and his knowledge and experience, the patient can interpret the possible contents of his future. Irrespective of the seriousness of the situation the nurse must view the ill person as possibility, that as a person he is a task and has the responsibility to arrive at a fulfillment of his meaning-giving existence. The nurse must view the patient as if he is already in a particular futurity. This involves understanding as co-understanding and the necessity of obedience to meeting the demands of propriety of being human in order for the ill person to overcome his experience of himself as surrendered to his illness.

- The relationship of trust (regard for human dignity; acceptance)

The ill person accepts the nurse's regard for him, e.g., when

- (1) he avoids situations that create unnecessary confusion
- (2) he guarantees privacy and preserves intimacy
- (3) his accountable objectivity gives him the opportunity to maintain dignity

- (4) his care for him is planned so that he does not continually have a need to ask about things that create confusion
- (5) communication media and the nurse are available when immediate help is necessary, and
- (6) he is willing to understand and value the patient's experiences.

The nurse's acceptance of the patient is expressed in (1) a readiness to create a relationship with him – listen to and converse with him, (2) a willingness to help him even without him requesting it, (3) encouraging his participation, (4) a clear resolve to care for him – a readiness to create a caring space and home for him, the nurse's availability and loving, courteous disposition, his creation of closeness, especially by touching and the opportunities the nurse creates to allow the ill person to feel welcome.

- The relationship of authority

The authority of a nurse rests mainly on an understanding of being human, on the demands of propriety, and his own disposition and interpretation of norms as well as on his greater knowledge as an expert. The ill person is and remains lord and decider over his own life to the extent that he is able to choose and decide responsibly. The nurse must address and appeal to the ill person to make choices and decisions and to take responsibility for them. In this event, the nurse gives guidance and makes suggestions. In accepting his guidance, the ill person recognizes his authority, allows him to tell him something, in recognition of what he knows is his duty. In compliance with the nurse's authority the patient readily is appealed to accept his illness and learn to eventually take care of himself independently. The approval of his progress strengthens a venturing attitude.

Disapproval and repeated appeal, along with preserving secrecy, intensify the experience of security and gratitude for it that are brought forth in a greater obedience to authority. The view of life of both the nurse and ill person underlies the relationship of authority. Without the limits of authority, the experience of security is missing. Necessary clarifying, illuminating and the opportunity to participate in the therapeutic event as being co-

responsible insures the ill person of respect for and trust in him as a person and this promotes security.

Actualizing the sequence structures of accompaniment

The structures that must continually be actualized during the course or sequence of accompaniment are association, encounter, intervention and approval, return to association and periodic breaking away.

- Association

If the nurse and ill person are by-each-other, aware of each other, available, the relationship structures are confirmed. Mutual perceiving and conversing occur verbally and non-verbally. The nurse purposefully seeks indications for intervening. Because of the general nursing control monitoring and guiding, there is already mention of accompaniment.

- Encounter

Encounter is characterized by being-with-each-other-in-closeness and turning to each other in mutual trust. This being-with is carried by an experience of belongingness, attunement to each other's experiences, fondness, spontaneous readiness and intimacy. Security is a reality in an encounter. It is only in such a norm-directed being-with that a conversation about the world and experiences of the ill person is possible and in which the conversational partners learn to know fallibilities and possibilities. In the communication of secret experiences the nurse finds indications for nursing intervention.

- Nursing intervention and approval

The nurse might admonish the ill person, make proposals, unlock the unknown realities of the situation for him so that he can explore and interpret the contents and venture with them in order to acquire a firmer grasp of them. Thus, for the patient it is possible to recover his experience of security. The nurse has no guarantee that his interventions will lead to lasting changes. Even so, he must show

continual confidence by encouraging and appealing to the ill person to realize values. If his attempts fail, the nurse and the patient must explore other ways. The spontaneous approval of the ill person's conquests and his appreciation of a changed disposition strengthen his self-confidence and guarantee that he can contribute to his therapy. The nurse's intervention undeniably is carried by his sympathetic, warm, authoritative guidance. The nurse can guide the ill person in new ways only if he is prepared to follow this way with him to its ultimate consequences. If the nurse merely lets him deal alone with the unknown contents of the new life reality that he must enter, he then is abandoned to the demands for which he is neither prepared nor ready.

- Return to association

After the course of a successful encounter and intervention, the aim of intervening is realized and the being-with-each-other proceeds to a being-by-each-other. The return to a relationship of association continues until the ill person again is in need of communicating or when something unacceptable or approvable arises in the nursing situation.

- Periodic breaking away

Along the way of encountering, separating and re-encountering and in terms of accompanying the ill person, he gradually explores and arrives at a renewal of himself and of his futurity. Here the patient exceeds the boundary of a directly physical existence, breaks through to and overcomes the resistances of his "stuck" existence and the patient accepts the opportunity of a new way of life as the challenge for a meaning-enriched existence. It is through the nurse's making himself superfluous, allowing for separation and the opportunity for the ill person to exercise his new found possibilities in concrete reality. Eventually, the ill person overcomes his need for support and loosens himself completely from the nurse's intervention.

Actualizing the activity structures of accompaniment

Because of experiencing security, the ill person is ready and gradually prepared to responsibly understand the contents of his being ill. He no longer eludes this reality. In terms of the guidance and illumination the nurse provides and his learning to know the contents of being ill and how he can deal with them without fear, it is gradually possible for the patient to break away from a lack of exertion. To the extent that the patient arrives at meaningful action and active participation, and even makes certain choices and decisions, the strangeness of his being ill fades and he gradually recovers a grasp of himself and his world. The patient ventures with the nurse into his insecurities and problematic situations. To the extent that he breaks through the limits of being ill and accepts responsibility, he expands the horizon of his landscape, the possibility to by-pass his bodiliness increases and so does his hope for the future. In his view of the nurse's competence in associating with him, the nurse's caring perceptions, difficulties in guaranteeing security, in meeting the patient's personal desires, taking steps to spare him embarrassment, his security and gratefulness for his well-meaning devotedness are continually strengthened. Gradually, the ill person is called to and becomes increasingly ready to develop and appreciate his possibilities and the prospect of fulfilling his destiny becomes a greater reality. In this event, the ill person regains respect for himself, as dignity and increasingly realizes the task of understanding himself in order to eventually arrive at a renewed mastery of his freedom to responsibility.

Actualizing the aim structures

In terms of the accompaniment, the ill person directs himself to the future with renewed hope and expectation. The patient knows that through his own instrumentality there are possibilities and ways for a meaningful existence. By virtue of accepting the undeniable reality of his situation—he might have the task of living the rest of his life with his bodily brokenness—and by virtue of the accompaniment of the nurse, he arrives at realistic judgments, appraisals and understanding of himself and his possibilities. He has mastered the task of recovering his human dignity. Once again, he is ready to lead his life with responsibility. Thus, the ill person arrives at identifying with the normative demands of his new lifestyle. In essence, this amounts to him having flourished to a new

sensitivity for the responsible fulfillment of values in his life and for his being called to a meaningful existence as obedience to his accountability as a person.

It is clear that the task of accompaniment in nursing requires particular dedication. It asks of the nurse tireless dedication to scientific preparation and practice and a renewal of the skills that are needed to develop his love for fellow persons to an ever increasing serviceability.

Author's English Summary
(Slightly edited)
Essences of the agogic in the nursing situation

Nursing is a human science. Views of a person as a human being, therefore, also have meaning for the nurse. The approach of C. K. Oberholzer, especially as formulated in his 'Pedagogical Categories' ⁽⁵⁾ offers reflections that are worth exploring with a view to accompaniment, i.e., helping and supportive guidance of a person who is ill. From his views of being human it becomes apparent that it is inevitable that the patient, as a person, makes special demands on the nurse. In order to design a nursing accompaniment approach that is compatible with Oberholzer's [philosophical anthropology], the author applies the agogic essences of pedagogics [educating] as identified by W. A. Landman.

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