

# ESSENCES OF THE *AGOGIC*\* IN THE NURSING SITUATION\*\*

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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

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\* “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**. Doornfontein: Orion Publishers. P. 310.

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

# ESSENCES OF THE AGOGIC IN THE NURSING SITUATION

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In every respect, nursing is an interhuman event which is never performed except as an interpersonal intervention. A nursing situation arises through the appeal which a help-seeking person directs to a nurse who is available and prepared to answer this appeal with nursing skills. It is a peculiar situation which is willingly and knowingly established by individuals from their unique 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 which 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 a fellow human being are met;
- coordinating all therapies which an ill person receives, and meaningfully interpreting them for him/her.

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: *pfliegen*, 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 regarding the event of accompaniment <sup>(6: 266-288; 5: 60-71; 2: 141-148)</sup>.

## 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/she is committed to the help and support of a nurse. In experiencing him/herself as threatened in his/her existence, as cut off from his/her future, and as restrained in his/her intentionality, he/she might experience his/her illness as if he/she has not only lost his/her grasp of the world but also of him/herself.

The possibility of revealing to others his/her most intimate personal matters, the secrets of his/her body without the certainty which he/she can trust them, the unfamiliarity of the experiences expected of him/her and his/her uncertain future, contribute to intensely experiencing him/herself as unsafe and handed over to the discretion of others. Thus, he/she needs a nurse who will provide help, in whom he/she can trust, and who will accompany him/her 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/her possibilities and establishing relationships to arrive at taking a position and giving meaningful contents to his/her situation. A safe space also provides an ill person with a guarantee of security and protection to which he/*she can return* as soon as he/she feels insecure.

- *The category of unclosed situatedness or openness*

As openness, an ill person is possibility, and this means that he/*she can* and, therefore, *must* become different. As openness, he/she is possibility of encountering, possibility of accepting responsibility for him/herself, possibility for a meaningful existence. As

possibility, he/she asks to be recognized and accepted, and to be guided to embody his/her possibilities in his/her 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/her life task, and it is within the limits of being-with him/her normatively that the nurse can guide or accompany him/her to find ways of meeting the demands of this/her 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 him/herself to him/her on a spiritual level convinces the ill person of his/her 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, i.e., a child is a person who wants to be someone him/herself, he/she has a need for an adult, and an adult is prepared to respond to a child's call of need. Because, in his/her need for security, a child wants to know where he/she is, who he/she has and what he/she can expect, he/she wants to have the security of sympathetic, authoritative guidance. The child wants limits placed on him/her so that his/her security is guaranteed (5: 68).

On the level of the andragogical [adult-adult relationship], 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/she can accept responsibility for his/her 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/she always continues to be fallible. Hence, he/she expects that his/her shortcomings will remain confidential. It is when he/she experiences the security of this in an intimate sphere that his/her '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 to be able to do something. Providing support means *calling* the patient, in *sympathetic understanding* of his/her need, to *account* for him/herself under a different *protective boundness* in accepting his/her own future (See 6: 265). In his/her desire for support, an ill person asks a nurse to want to go to him/her, turn to him/her and see him/her in his/her personal need.

As possibility, a human being can stumble. He/she needs a fellow person to support him/her 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 falls back into dependency, and his/her 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/her 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/she continually has the responsibility to arrive at a meaning of his/her situation. As what is expected is confirmed within the framework of an encountering giving of support, Oberholzer says that the future, despite his/her ignorance, acquires certainty, sense, and meaning—and,

“Expectation elevates the tension to remain ready 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/her planned being-on-the-way becomes frustrated by unforeseen circumstances he/she faces, such as illness, with more uncertainty than ever, the unknown results of this unplanned future.

An ill person wants a nurse to not merely accept him/her as he/she is in his/her infirmity, and leave him/her there, but that the/she nurse support and guide him/her to what he/she can and ought to be. It is of fundamental importance that a nurse accepts a person as possibility, as continually becoming. To merely accept the patient as he/she is, objectifies him/her and deprives him/her of his/her 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/her surroundings and realize his/her possibilities, and to explore with a nurse in an attempt to reclaim his/her independence, for the nurse is an indication of the extent to which his/her accompaniment

activities have succeeded in leading the ill person to experience security, accept responsibility, and renew his/her future perspective.

- *The category of freedom-to-responsibility*

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

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

- *The category of adulthood*

The demands which a person's adulthood places on him/her in all life situations, and especially in crisis or boundary situations, such as illness, and his/her 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/she must arrive at fulfilling meaning in and through his/her being ill as an *opportunity for* setting out to become increasingly more human;
- to that end, he/she must be able to judge, and come to understand him/herself, his/her own fallibility, but also his/her possibilities;
- he/she must answer to the demands made of him/her in his/her human dignity, and to his/her task as a person to remain involved in becoming obedient in an independent and self-deciding way (See 3: 72).

In his/her 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 which must always be actualized in a nursing situation to guide an ill person to experience security, and to strengthen this in each new situation, which includes the possibility of threatening his/her 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 *him/herself as different* and insecure. The disposition with which the patient is approached shows that the nurse understands his/her insecurity, will gladly listen to him/her, help him/her express his/her fears, and explore them with him/her. These activities promote the nurse's sense of genuineness. Because of this and his/her 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/her own possibilities*. The nurse must also arrive at an understanding of the ill person's *experience of him/herself as futurity*. Because of the nature of his/her being ill, and his/her knowledge and experience, the patient can *interpret* the possible contents of his/her *future*. Irrespective of the seriousness of the situation, the nurse must *view* the ill person *as possibility* that, *as a person he/she is a task*, and has the responsibility to arrive at a fulfillment of his/her meaningful existence. The nurse must view the patient as if he/she 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 for the ill person to *overcome his/her experience of him/herself as surrendered* to his/her illness.

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

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



- (1) he/she avoids situations which create unnecessary confusion;
- (2) he/she guarantees privacy, and preserves intimacy;
- (3) his/her accountable objectivity gives him/her the opportunity to maintain dignity;
- (4) his/her care for him/her is planned so that he/she does not continually have a need to ask about things which create confusion;
- (5) he/she uses media, and the nurse is available when immediate help is necessary; and
- (6) he/she 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/her – listen to and converse with him/her; (2) a willingness to help him/her, even without him/her requesting it; (3) encouraging his/her participation; (4) a clear resolve to care for him/her – a readiness to create a caring space and home for him/her, the nurse's availability, and loving, courteous disposition, his/her 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/her own disposition and interpretation of norms, as well as on his/her greater knowledge as an expert. The ill person is and remains the decider regarding his/her own life, to the extent that he/she 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/her guidance, the ill person recognizes his authority, *allows him/her to tell* him/her something, in recognition of what he/she knows is his/her duty. In compliance with the nurse's authority, the patient readily is appealed to accept his/her illness, and learn to eventually take care of him/herself independently. The *approval* of his/her progress strengthens a venturing attitude.

*Disapproval* and repeated appeal, along with preserving secrecy, intensify the experience of security, and gratitude for it, which is 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/her as a person, and this promotes security.

### **Actualizing the sequence structures of accompaniment**

The structures which 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 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 by 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/her so that he/she can explore and interpret the contents and venture with them to acquire a firmer grasp of them. Thus, for the patient, it is possible to recover his/her experience of security. The nurse has no guarantee that his/her interventions will lead to lasting changes. Even so, he/she must show continual confidence by *encouraging and appealing* to the ill person *to realize values*. If his/her attempts fail, the nurse and the patient must explore other ways. The spontaneous *approval* of the ill person's conquests and his/her *appreciation of a changed disposition* strengthen his/her self-confidence and guarantee that he/she can contribute to his/her therapy. The nurse's intervention undeniably is carried by his/her sympathetic, warm, authoritative guidance. The nurse can guide the ill person in new ways only if he/she is prepared to follow this way with him/her to its consequences. If the nurse merely lets him/her deal alone with the unknown contents of the new life reality which he/she must enter, he/she then is abandoned to the demands for which he/she 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 needs to communicate 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/she gradually explores and arrives at a renewal of him/herself, and of his/her futurity. Here the patient exceeds the boundary of a directly physical existence, breaks through to and overcomes the resistances of his/her "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 him/herself superfluous, allowing for separation* and the opportunity for the ill person to *exercise* his/her new-found possibilities in concrete reality. Eventually, the *ill person overcomes his/her need for support* and loosens him/herself 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/her being ill. He/she no longer eludes this reality. In terms of the guidance and illumination the nurse provides, and his/her learning to know the contents of being ill, and how he/she 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/her *being ill* fades, and he/she *gradually recovers a grasp* of him/herself and his/her world. The patient *ventures* with the nurse into his/her insecurities and problematic situations. To the extent that he/she breaks through the limits of being ill, and accepts *responsibility*, he/she *expands the horizon of his/her landscape*, the possibility to bypass his/her body-ness increases, *and* so does his/her *hope for the future*. In his/her view of the nurse's competence in associating with him/her, the nurse's caring perceptions, difficulties in guaranteeing security, in meeting the patient's personal desires, taking steps to spare him/her embarrassment, *his/her security and gratefulness for his/her well-meaning devotedness are continually strengthened*. Gradually, the ill person is called to and becomes increasingly ready to *develop and appreciate his/her possibilities* and the prospect of *fulfilling his/her destiny* [of further adulthood] becomes a greater reality. In this event, the ill person *regains respect for him/herself*, as *dignity*, and increasingly realizes the task of *understanding him/herself* to eventually arrive at a renewed *mastery of his/her freedom to responsibility*.

### **Actualizing the aim structures**

In terms of the accompaniment, the ill person directs him/herself to the future with renewed hope and expectation. The patient knows

that through his/her own instrumentality, there are possibilities and ways for a *meaningful existence*. By virtue of accepting the undeniable reality of his/her situation—he/she might have the task of living the rest of his/her life with his/her bodily brokenness—and by virtue of the accompaniment of the nurse, he/dje arrives at *realistic judgments, appraisals, and understanding of him/herself* and his/her possibilities. He/she has mastered the task of recovering his/her *human dignity*. Once again, he/she is ready to lead his/her life with responsibility. Thus, the ill person arrives at *identifying* with the normative demands of his/her new lifestyle. In essence, this amounts to him/her having flourished to a new sensitivity for the *responsible fulfillment of values* in his/her life and for his/her being called to a meaningful existence as obedience to his/her accountability as a person.

The task of accompaniment in nursing requires dedication. It asks of the nurse tireless dedication to scientific preparation and practice, and a renewal of the skills which are needed to develop his/her 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”<sup>(5)</sup> offers reflections which are worth exploring with a view to accompaniment, i.e., helping and supporting guidance or accompaniment 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. To design a nursing accompaniment approach which 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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