**Caring and Wellbeing: A Lifeworld Approach by Kathleen Galvin and Les Todres**

**Excerpts from Reviews followed by the Introduction**

***Caring and Well-being: A Lifeworld Approach* is a milestone that will significantly shake nursing, moving our profession firmly into the domain of humanized health care. It is a must-read for every nurse academic, student and clinician.’** *– Janice M. Morse, Professor and Barnes Presidential Endowed Chair at the University of Utah College of Nursing, USA;*

**‘This book is philosophically grounded, clinically relevant, informed by the best of qualitative research, and written with a genuine concern for the well-being of patients as well as the professionals who provide care for them.** *Steen Halling, Professor of Psychology, Seattle University, USA.*

**‘Galvin and Todres offer a bold and passionately humane approach to healthcare. Their call to counterbalance the efficiency-driven, technology-based culture of healthcare with an emphasis on the experience of illness and suffering is timely and well-placed. Their approach is philosophically sophisticated, rooted in real-life healthcare practice, and genuinely innovative.***– Havi Carel, Senior Lecturer in Philosophy, University of the West of England, UK.*

**It is a lively and thought provoking exploration of what constitutes our notion of well-being and offers a critical analysis of our capacity to care.***– Professor Sally Borbasi, Associate Dean Learning and Teaching, Faculty of Health Sciences, Australian Catholic University, Australia.*

**This book is nuanced and evocative, insightful and inspiring, philosophical and poetic. By carefully investigating the intersections between ethics and aesthetics, policy and practice, knowledge and discourse, empathy and action, Galvin and Todres have composed a remarkable book that exemplifies their commitment to nurturing integrated lifeworld approaches to well-being in the caring professions and disciplines.’** *– Carl Leggo, poet and professor, University of British Columbia, Vancouver, Canada.*

 **Excerpt: Introduction to book: The need for humanised care**

We believe that something is missing in health and social care. For example, in August (2009), a published Patient’s Association report, *‘Patients not Numbers, People not Statistics’,* questioned standards of care on a human level (Also see Commission on Dignity in Care, 2012; Parliamentary and Health Service Ombudsman, 2011; Cornwell & Goodrich, 2009). Patients and service users are telling us in different ways that they do not feel fully met as human persons in the way that care is organised and practised. These human dimensions are very important to them, and is often felt to be sometimes obscured by a service culture that has increasingly given primacy to targets, narrow and specialised outcomes, technology, efficiency drives and audit pathways. In other words people are seen as categories and often respond with the heartfelt question: where am I in all of this? The struggle that people and practitioners are intuitively identifying concerns the challenge of how to hold onto something less measurable but keenly felt. This intelligent feeling appears to be telling them that something important is in danger of being lost when overly relying on technological solutions for covering crucial dimensions of what care means to them. It is in this context that the theme of humanisation strikes a chord when it is articulated as ‘those things which make us feel more human’. Further, this theme concerning ‘something missing’ also appears to resonate more broadly within our contemporary culture as there seems to be a significant degree of disillusionment with practices that have prioritised narrow outcomes over more meaningful human processes and well-being issues.

It is in response to this incompletely articulated ‘sense of something missing’ that we felt called upon to respond to. We offer a conceptual framework by which humanisation – the notion of upholding a particular view or value of what it means to be human can be understood in a health and social care context. In developing a conceptual framework for the humanisation of care we wish to emphasise that these dimensions are the things that make us feel more human, and that such a feeling is a crucial dimension of what needs to be attended to in any practice that seeks to merit the term ‘care’. It is not that we wish to deny the great achievements of medical technology and specialisation. But we do want to argue that care is much more than cure and that a care that does not attend to these human experiential processes is incomplete and can even be experienced as a ‘non-care’. Later in the book we will demonstrate how this concern to focus on the *feeling of being human* is more complex than those of the person centred care movement (which has emphasised increased choice). We will show how this latter approach may be ‘too quick’ to move away from *all the complex ways* that enhance or detract from the elusive experience of ‘feeling more human’. Within the context of health and social care, the complexity of such a ‘ human care’ requires a view in which illness is continuous with the broader issue of suffering, and in which health is continuous with the broader issue of well-being. Restoring such seamless connectivity where the compartments of our lives cannot be simply separated, clarifies a potentially challenging but productive focus for humanly sensitive care namely: caring for well-being. And as an academic, scientific and practice community, we are only in the beginning phases of articulating our knowledge of what well-being is in a positive sense, rather than being merely the absence of illness. This is why the second part of our book will offer a new perspective on well-being and suffering.

There is an increasing acknowledgement of the need to focus on well-being and not just on ill health. Within this growing discourse there is evidence to support the notion that, increasing the well-being of individuals and groups acts as an important resource in addition to directly addressing the eradication of ill health (Cox et al, 2007; Nussbaum& Sen, 1993; Dahlberg & Segesten, 2010). There have been few attempts however to define well-being in a positive sense rather than just as the absence of illness. We offer a new perspective that articulates a number of kinds and levels of well-being and suffering that need to be attended to, and show how care could be informed by a humanisation agenda.

Our focus on the *meaning* of care, and the *meaning* of well-being and suffering has been well served by a philosophical foundation grounded in the phenomenological movement (Spiegelberg, 1981; Moran, 2000), in particular Husserls’ later writings on the nature of the lifeworld and Heidegger’s later writings on dwelling and existential homelessness. Husserl’s meditations on the nature of the lifeworld helped us to think about the phenomenon of human caring from the central perspective of the ‘world of the person’ on the receiving end of care. Such lifeworld-led care opened up for us a direction and complexity of issues that we will pursue in Part 1. Heidegger’s meditations on ‘dwelling’ and existential homelessness helped us to think about the phenomena of human well-being and suffering. This led to a productive direction for us to develop an existential theory of well-being, which we address in Part 2.

In all these pursuits we have also been engaged in the question of what this all means for ‘what it takes’ to enhance professional capacity for humanly sensitive care. In Part 3, we offer a distinctive understanding about the *kind of knowledge* that acts as a foundation to professionals for the practice of care. We call this form of knowledge ‘embodied relational understanding’. As such it addresses a knowledge for the ‘head, hand, and heart’ that includes an integration of technical knowledge, empathic understanding and practical know-how. Secondly we suggest some specific ways by which professionals can engage in the kind of personal/ professional development that cultivates the capacity for humanly sensitive care. Thirdly, we indicate how the practice of caring is not just a matter of knowing. Rather, it involves a more complex *capacity* for ‘keeping the heart open’ in an alive and responsive way. We illustrate the possibility of this capacity with reference to the phenomenon: nursing ‘openheartedness’.

The final chapter will provide a coherent synthesis of our distinctive approach to the humanisation of care. This framework provides a conceptual integration of humanisation as a value, well-being and suffering as a focus, and embodied relational understanding as a professional capacity. Finally, we articulate the central unifying narrative of these projects as ‘caring for well-being’ and locate this sensibility in the ‘place’ where knowing meets being. And it is in relation to ‘this place’ where knowing meets being that we may best characterise the deepest essence of the lifeworld perspective that underpins our approach to caring and well-being. In the early chapters, we elaborate on the meaning of this lifeworld approach, but here we would just like to indicate something about the relationship between the lifeworld and any systems of thought or language, as it cautions us to not confuse the map with the territory (Korzybski, 1995; Wilber, 2001). Without entering into an exposition of the lifeworld perspective in detail at this stage, we would simply like to make the point here that the lifeworld, in its living relationships, always exceeds the systems or thoughts which come to represent it. A respect of this ‘excess’ calls us to qualify the status of the detailed frameworks we offer in this book. We offer these frameworks, not as a system to be applied, but rather as a ‘way of seeing’ (and perhaps a way of being). It is our hope that readers may thus look through some of the lenses offered *in relation to* their own lifeworld encounters and projects.