

FEATURE

Why should nurses care if Heidegger was a Nazi? Pragmatics, politics and philosophy in nursing

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Abstract

Nursing and nurses have become reliant on qualitative methods to understand the meaning of nursing care, and many nurse researchers use Heideggerian Interpretivist phenomenology approaches. Often these nurses are unaware of Martin Heidegger's role in the German National Socialist Party of the 1930s and his allegiance to fascist ideology. We ask: can a bad person have good ideas? In line with pragmatic thinkers such as Richard Rorty, we argue that instead of value judgements on people and their ideas, nurses should consider ideas as a product of a historical/social and political time and space. In urging a critical political engagement, we argue for a Husserlian approach. In opposition to Heidegger's interpretivist phenomenology approach, in which the hegemony of the day is integral to the phenomena being studied, we propose that a more expressive, collaborative engagement using Husserlian descriptive phenomenology approach would serve better in encouraging a more critical engagement with how ideas are used by groups of people, how some groups might be advantaged and others disadvantaged. Our conclusion is that the separation of ideas from political and social context is dangerous, and nurses, including nurse researchers, must understand how their research ideas and methods influence and are influenced by political agendas.

KEYWORDS

Heidegger, Husserl, Nazi, nurses, phenomenology, philosophy

1 | INTRODUCTION

Many nurses who undertake research projects use the Heideggerian interpretivist phenomenological approach. Heidegger is often quoted by nurses as one of the 'founding fathers' of this approach. Subsequently, nurse researchers who draw on qualitative and phenomenological meaning use this approach, as it can feel like a natural fit for nursing practice (Mackey, 2005). However, nursing scholars are sometimes shocked when it is pointed out that Heidegger held (extreme) right-wing views and was a member of the National Socialist Party. Despite many opportunities, he never renounced his part in the National Socialism project (Trawny, 2016). As the 'Führer'

(a self-penned title) of Fryberg University, Heidegger had all Jewish academics removed from their posts. Furthermore, Heidegger's history with National Socialism, and anti-Semitic statements, gave credence to Hitler's 'bar room philosophy', which became popular in German societies in the 1920–30s (Sherratt, 2013).

Heidegger never recanted his views, did not explain his National Socialism participation and involvement and ignored the Holocaust (Holmes, 1996; Trawny, 2016). However, according to apologists like Trawny, Heidegger's *Black Notebooks* show that National Socialist thinking only 'contaminated' his mind for short period, and by 1938, he had distanced himself from this. However, Fritsche (2012, 2016) argues that Trawny misconstrues and downplays Heidegger's

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fascism, and claims that anti-Semitism can be found lurking in his magnum opus, *Being and Time* (1927).

In this paper we argue that nurses should not dismiss these issues and that a critical confrontation exists between Heidegger's philosophical thought and his involvement with and influences upon National Socialism, which should be considered when thinking of using Interpretivist, phenomenological approaches in nursing research.

2 | PHENOMENOLOGY, PRAGMATICS AND POLITICS

2.1 | Historical development of phenomenology

The historical development of phenomenology is important as it informs research practices which influence nursing today. The history of phenomenology can be seen to develop through waves of influential thinkers, from Husserl, to Heidegger, Sartre to Merleau-Ponty. Heidegger, a student of Husserl, rejected Husserlian phenomenology and instead argued for an interpretive approach (Reiners, 2012). While Husserl had argued for a descriptive approach in which the researcher attempts to describe the phenomenon setting aside their own views and influences in a process of bracketing (Reiners, 2012), Heideggerian phenomenology states that the interpretations of the researcher are part of the phenomenon and that bracketing is impossible as the researcher is part of the world/or culture in which the phenomenon occurs (Beck, 1994).

Heidegger's ideas allowed phenomenology to have a resonance for a post-war generation who took concepts of psychoanalysis (Harari, 2004) and applied them to various fields (e.g. social psychoanalysis, nursing's own forays with mental health models (Peplau, 1988)). Moreover, contemporary academics have adopted and advanced phenomenology in the guise of Interpretative Phenomenological Analysis (Smith et al. 2009), and Human Science Research (Van-Manen, 1990) made explicit links to nursing literature, practice and research (Dowling, 2007). A major force in criticising phenomenological methodology in nursing has come from Paley (2017), but is rebutted by others (Zahari & Martiny, 2019).

An example of a thought experiment may be helpful in understanding the different approaches of interpretivist and descriptive phenomenology. Stein-Parbury (1993) uses the thought experiment of the traffic light question. 'Why do cars stop at a red light?' A quantitative approach might involve understanding light wave lengths' effects on cars—in nursing we often understand this question in a qualitative way by asking the driver why they stopped. We are interested in the meaning of a red light in social groups.

If we adopt a Heideggerian approach, we would include in our analysis our interpretations of the reasons given by drivers as to why they stop, and our own views on stopping at red lights, perhaps based on a judicial theoretical position. We might conclude British drivers stop at red lights because it is required by law, which is based on the judgements of the legal profession and politicians—in

the main men, based on principles (Walker, 2007). Whereas if we take a descriptive approach, we would report the reasons that are given by drivers. The reader is then allowed to make their own judgements about whether the law is an important factor or not. Readers of the research are encouraged to discuss the findings and come to agreement with others on whether people should stop at lights. This approach is what Margret Urban Walker (2007) calls an expressive collaborative approach which facilitates the participation of women and men.

Of course, an uncritical non-reflexive researcher could use either approach to find what they want to find in the data, and make it fit a prescribed model, theory or political point of view. We are not suggesting the descriptive approach is a panacea, just that it would seem to be more likely to encourage an expressive collaborative approach than Interpretivist approach which seems orientated to a judicial theoretical position, which reifies the current status quo, reinforces and legitimises current power dynamics that privilege elites.

2.2 | German romanticism in interpretivist phenomenology: Nursing to support the hegemony

The contention is that interpretivist phenomenology implies that phenomena exist in the interpretations of the phenomenon (life experienced through the human lens)—that the interpretation is part of the phenomenon. In nursing terms, how the nurse sees nursing is what nursing is (to them but also influences what other see as nursing). So, in interpretivist phenomenology, the culture and politics of the time, the context and history of the observer will influence the interpretation of the phenomenon. Logically, the interpretation is likely to be influenced by the hegemony of the day, as indicated in relation to politics more generally by Herman and Chomsky (1994). There may be some dissenters, but the critical mass will be dominated by those who accept the current hegemonic view of what nursing is, as it is often expressed, what nursing 'ought' to be.

Through an interpretivist approach, if the hegemonic view is that disabled people are impure humans who need to be removed from the human gene pool in order to create a healthy population, then nurses can see the work of nurses as eradicating genetic disease, as a public health role, to promote better health. These were the views put forward by the National Socialists, and nurses did indeed help to implement the Nazi agenda to sterilise, and murder disabled people (Bachrach, 2004; Benedict & Shields, 2014).

These may be historic examples; however, subsuming interpretation into the understanding of phenomena allows the possibility for nurses to uncritically accept aspects of a phenomenon as framed by the hegemony, both unreflexively and unconsciously (Holmes, 1996). Media portrayal of obesity and eating disorders is framed as abjection, alarmist and the 'dangers of extreme body size', that obesity is under personal control (Eli & Ulijaszek, 2014), forming part of a moral agenda and narrative—the underserving, or fleckless fat (which obviously ignores the complexities of obesity, but is a popular conception of obesity in Northern Hemisphere countries) (Eli & Ulijaszek, 2014).

Because the conception of obesity as personal blame is subsumed into the understanding of the phenomenon, nurses may act in ways that make obese people uncomfortable (Flint, 2015). There are the more obvious stigma behaviours, but also more pervasive and subtle behaviours such as not having bariatric equipment available, or verbal, nonverbal communication which lets the patient know that their size is a problem (Brown, 2006; Flint, 2015). Whereas if we assume a descriptive phenomenology approach, the description of the phenomenon of obesity in Northern Hemisphere countries is separated from the cultural/social political debates.

Heidegger argues, using Hegel's Germanic romanticism philosophy, that the cultural and the political are part of phenomena in the world. This allows people to unify the ideas and concepts used and political/ cultural judgements. Interpretations of phenomena become 'good' or 'bad'. Rorty (1996) argues that ideas are used by people in communities at certain times in certain spaces to further their political or cultural aims. However, this does not make the idea 'good' or 'bad'. There should be a separation of the ideas and the cultural political uses to which they may or may not be put.

2.3 | Nurse research and Heidegger

We need to consider if it matters if Heidegger was a Nazi. One could argue that Heidegger's ideas influence some qualitative research in nursing. The extent to which these research findings influence the practices of nurses delivering care might be debated. However, the rationale and evidence for changes to nursing practices are based on current research (Nursing & Midwifery Council, 2018). The philosophy and world views then, which influenced Heidegger, can be seen to influence nursing practices today.

Nursing research textbooks and course curricula rarely if ever mention Heidegger's political ideology and influence. Often nursing research which informs, shapes and may reconstruct caring nursing practices is then based on the ideas of a man who enacted and promoted anti-Semitic and Nazi, fascist ideology.

An argument could be made that other historical figures have influenced nursing who by today's cultural political values would be deemed to have inappropriate views, or to have behaved in a less than satisfactory manner. Florence Nightingale was an advocate of miasma theory and was also opposed to the theory of bacteria. As a reformer of the British army, she could be argued to have facilitated British imperialism by ensuring the fitness of her fighting forces, particularly overseas (Bostridge, 2015).

There are questions that such a point of view raises.

- Can 'bad' people have 'good' ideas?
- Is there a scale? Or how bad does a person need to be before their ideas are deemed unsuitable for nurses to use? Are minor indiscretions permissible?

or

- How good do the ideas need to be to make some bad behaviours of the originator acceptable?

Central to these questions is the concept of the 'bad' person and the 'good' ideas. In the arguments over Heidegger, we might agree his support for National Socialism and anti-Semitic actions make him someone whose politics and ideology are not acceptable to nurses today (in most democratic Western countries). The idea of scale seems untenable; can one be a bit anti-Semitic? Of course not. It seems unlikely that any degree of fascism ought to be tolerated by nurses, since the fascism principle is that elites have privilege over others, the exploitation of whom is accepted to benefit the elite. For National Socialists, murdering Jews, Romany people, homosexuals and the disabled (among others) were acceptable to create a pure Aryan race. No nurse should support such ideologies.

Are Heidegger's ideas good? Or at least sufficiently good as to overlook his transgressions? Here, there are two problems. Firstly, can we determine what Heidegger's ideas are? His work is well known for being difficult to read and understand, making mistakes in interpretation common (Paley, 2017). Logically, there are three possibilities here. One, Heidegger was not very good at communication—his ideas are good, but he does not communicate them well. Two, his ideas are not coherent and what we have is confusing because the ideas are confused. Three, Heidegger intentionally obscured his ideas in complex communication to only be accessible to a select elite, or because he knew his ideas did not make coherent sense. Heidegger was famous for being a great teacher; his lectures were often over-subscribed, with students spilling out into the corridors to hear him speak (Farrell Krell, 2011). It may be that, while charismatic as a teacher, Heidegger is not a good writer. Heidegger's classic text 'Being and Time' was intended as part of a trilogy; it was rushed to publication to secure Heidegger the Chair at Marburg and is generally understood to be incomplete (Farrell Krell, 2011). It could be that Heidegger was a showman, able to enthral an audience, convince the world of his importance as a philosopher, but that his ideas do not bear inspection as they are hidden in complex language and obscure concepts which do not make coherent sense.

The second issue with the degree to which Heidegger's ideas may be good is for whom are they good? Evidently Heidegger's ideas were 'good' for Hitler and the National Socialists. Sherratt (2013) describes how Hitler was in need of an international philosopher of great stature to legitimise his regime and politics. In German culture of the time, philosophy was held in high regard, so to have an important philosopher as a party member and one that styled himself as a Führer was at the time highly influential. Although 'Time and Being,' published in 1927, was not written to support national socialism, it was written in dense philosophical language drawing on German romanticism and at a time when Fascism was gaining support globally. Thus, we might argue that Heidegger was able to reflect the culture he found himself in and capture the *Zeitgeist*. At his denazification trial, in which he was accused on four counts, he managed to persuade the French military police he was a mere follower (*Mitläufer*), one of the lowest categories available (Sherratt, 2013).

In conclusion, while Heidegger was a charismatic teacher and an influential, if controversial, philosopher, he was a Nazi, who did not recant his views. He would qualify as a person with whom nurses should not wish to be associated. His ideas, we would argue, are not particularly useful as they are obscure, difficult to translate into practices and arguably support Fascist ideology.

However, whether ideas are 'good', and for whom and when, has been examined in depth by Rorty (1996), who concluded that ideas can be separated from their political or cultural use. From a pragmatist perspective, Rorty (1996) suggests that ideas have a relational context and temporal aspect. Thus, ideas cannot be judged as being 'good' or 'bad' in different historical epochs. Ideas are 'good' for specific reasons, for particular people, in their given time and space. We were not there *at that time*, our judgements, in our time and space, can only be based on historical representations of what happened *then*. The question should be to what extent are thoughts and ideas from a different age influenced by the context and politics of the time?

Are these ideas 'good' for nurses now? Do they help us to understand how things, as Rorty (1996) puts it, 'hang together' at *this* moment in time, in communities *in* certain places, *within* cultures and politics? Accepting this point of view nullifies the arguments as to whether Heidegger was good or bad. This judgement is impossible to make as we are not in Germany in the 1920–30s and whether his ideas worked for particular groups at the time are also not relevant to the work of nurses now. All that can be debated is whether the ideas work for people, nurses and nursing now in our cultural/political time and space.

Nurses may argue that their work is apolitical, culturally neutral and that what they do is 'good' for everyone. This argument is reliant on a view of nursing as 'practical' nursing, distanced from any backdrop of historical and philosophical context. This may correlate with a lack of confidence in using philosophical concepts and echoes the tradition of the 'silent knower' (Carper, 1978; Meleis, 2012), where knowledge is gained from sustained practice, but not formally (empirically) tested. However, as Randall (2016) argues, such a view is not apolitical nor culturally neutral; rather it suggests a naturalism approach which in and of itself is a cultural/political position.

Heidegger's fascism and antisemitism are only then important inasmuch as nurse researchers are using his ideas to construct their research, which in turn is influencing practice today. Claims by nurses to be apolitical and culturally neutral are not sustainable as all actions and inaction is political. While Rorty's view suggests we cannot make judgements on Heidegger's actions as we were not present in Germany in the 1930s, it also prompts us to consider these ideas not just as a product of a time and cultural space, but as political, cultural acts which we can choose not to enact or re-enact.

2.4 | Imagine a nursing based on Husserlian descriptive phenomenology and pragmatic philosophy

If nursing adopted a more Husserlian approach, we would attempt to 'bracket' our own hegemonic views. As Arendt (1958) observed, we

would become 'thinking' people aware of the cultural and political times and milieu's in which we live. Nursing research would attempt to describe phenomena and would leave the cultural and political judgements to the communities which nurses serve.

Imagine if this was the approach taken to the development of the Liverpool Care Pathway. The initial research would be describing the dying process (which remains poorly understood). Nurses would have involved the public in their research, would have facilitated debates on the value of having guidance on how to help people at the end of life, agreed with communities how they want people who are dying to be treated and agreed where the boundaries of technical medical practices might be. Then when the media attempt to create a moral panic (O'Dowd, 2015), nurses could go back to the communities and would have processes in place to re-assess what communities wanted and why. A pragmatic approach (Randall, 2016) would emerge in which there is not an assumption that the interpretations of nurses as 'experts' form an ideal or 'right' view but that nurses may help communities of people to determine what is good, what helps them at this time in this space and to describe the reasons such actions are 'good' (Murphy, 1990), in other words, an expressive collaborative approach (Walker, 2007).

Separation of ideas from the cultural and political uses that they may be put to helps to make clear the political/cultural agendas. Nurses should beware; nursing is not inherently 'good', so they need to serve communities to establish what is good at this time in this space and for whom in a community.

Perhaps nurses need to consider a critical Aristotelian, relativist and contextual position, opposed to the position of Plato, of perfect abstract forms. With a relativist contextual position, ideas are not considered as separate from the social/cultural and political context, but the ideas and how they are used by people are considered together. Nurses could avoid hegemonic reified ideas, and what Herman and Chomsky (1994) called manufactured consent. To avoid ideas about nursing practices and theories being put forward as natural, universal and devoid of social context, this then requires nurses to be critical about the genesis, development and context of ideas, theories and practices put forward about nursing. Rather than accepting expert opinion or 'evidence'-based research findings as politically neutral facts, nurses should develop their rhetoric on the use of ideas and the political/cultural implication of nursing theories and practices.

This may allow nurses today to challenge the instrumental, corporate managerialism prevalent in today's hegemony of nursing. Ideas from the corporate world suited to profit motives, and business models orientated to production and generation of profits have infiltrated all aspects of nursing as they have all other aspects of modern life (Fisher, 2009). Various writers have argued that these ideas from neoliberal capitalism are de-humanising and create health inequalities (Klein, 2017; Zizek, 2020). These ideas, which were conceived in the for-profit corporate world, are unsuited to the work of nursing in which the object is human flourishing, wellness, recovery from illness, adaptation to living with disease and/or dying with dignity (RCN, 2002).

For some people, nursing may provide personal, social and/or economic benefit, but nurses also stand with those who do not recover, those which civilised communities recognise as equal citizens, who contribute to our societies because of their experiences of living with illness, disability and loss. Rejecting Heidegger's interpretivism which blinds us to the political and cultural aspects of the nursing project allows us as nurses to take to the political stage and advocate for all the people to whom we offer nursing care.

3 | CONCLUSION

Should nurses care if Heidegger was a Nazi? We have argued that yes, nurses should be critical of Heidegger's support for a fascist regime and his anti-Semitic actions and ideas. Not because we can judge if he was good or not, nor can we judge his ideas in the context of the time he worked in. However, following Rorty's advice, we can assess if Heidegger's ideas are good, or not, and for whom they are good, or not, in the context of nursing today. We have argued that understanding what Heidegger was proposing is difficult in part due to his overly complex language and dense use of obscure philosophy. What Heidegger intended by communicating in this way is less relevant than the effect, which is that the ideas are unclear and controversial. Despite this, his ideas continue to influence interpretivist phenomenology used by nurse researchers, among many others. We argue that descriptive Husserlian phenomenology lends itself to an expressive collaborative approach which is preferable to the judicial theoretical hegemonic approach.

We live in 'interesting times' and as we emerge from the COVID-19 pandemic there are dangers (Zizek, 2020). Communities can isolate and mistrust each other and their governments, or they may come together in unity and solidarity to protect those most affected by both COVID and the isolation required to control transmission. Now perhaps as much as in 1930s Germany, we need to be critical and prepared to hold nurses to account for their actions. As the Cizik School and of Nursing (2017) excellent film reminds us, nurses in Germany did not think of themselves as monsters; they believed the propaganda that disabled people were impure, they acted as they did often thinking their actions were for the public good.

Without understanding how ideas are used and without recognising how ideas belong to political-historical periods, we leave ourselves open to uncritical acceptance of hegemonic views in our current time and political era. If we uncritically use the ideas from other people, from other periods of history, we risk not only repeating the mistakes, ignoring the lessons, but also of missing opportunities to construct more humane, critical nursing research.

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