The theory of caritative caring: Katie Eriksson's theory of caritative caring presented from a human science point of view

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Abstract

The Finnish nursing theorist Katie Eriksson's (1943–2019) theory of caritative caring represents a non-medical paradigm concerning the phenomena of nursing. The aim of this article is to present an oversight of the development of Eriksson's theory of caritative caring from a human science point of view. The historical development of the theory is outlined, combined with a brief overview of its philosophical connections; its impact on contemporary caring science research, and its implications for nursing care. Caring science is considered a human science in the Nordic tradition, as it is deeply rooted in basic issues of human life and existence. The key ideas of Eriksson's theory of caritative caring are linked to the metaparadigm concepts of human being, health and suffering, caring, and environment. All of these are permeated with the ethos of caritative caring, that is, the caritas thought of human love and mercy, and the honouring of the absolute dignity of human beings. Epistemologically, Gadamer is the most influential philosopher when it comes to the theory of caritative caring. Eriksson's theory is used in, for example, intercultural caring, caring for patients suffering from addiction, the importance of aesthetic surroundings, providing ethically good care for older people, and mothers as patients in psychiatric care. In these fields of research, Eriksson's ideas of ethics, caring, and suffering are highlighted in various clinical contexts. Beyond the areas of nursing care in which Eriksson's work has been cited and developed, there are at least two areas that have been actively enhanced by her works: the field of leadership and education for nursing teachers. According to Eriksson, it is momentous to ponder scientific results as not limited to empirically strengthened, randomized outcomes. Part of making the results of scientific work evident is up to the individual nurses and their *being in the world.*

Keywords: caritative caring, Katie Eriksson, theory of science, philosophy of science

Introduction

In 1995, Oldnall wrote an article about nursing as an emerging academic discipline stating, among other things, that the essence and uniqueness of nursing should be clarified in order to inform practice and to develop nursing as an art as well as a science. Referring to Kuhn's terms of "normal science", Cody (2000) ponders if there is a paradigm shift or a paradigm drift and a challenge to the received view, leading to an alternative paradigm with a new perspective on the phenomena of concern to nursing. The focus of this article, Katie Eriksson's theory of caritative caring, represents a variation of this challenging, non-medical paradigm. Eriksson represents a Nordic tradition of "caring science", that is, a knowledge tradition focusing on caring as the core of nursing. Caring science serves the (suffering) human being, and its results can be applied by professional nurses as well as by representatives for other professions or non-professional carers. The Nordic tradition of caring science emphasizes caring science as a human science, viewing caring as a natural phenomenon where the patient's world, vulnerability, health, and suffering are primary (Arman, Ranheim, Rydenlund, Rytterström, & Rehnsfeldt, 2015).

The aim of this essay is to present an oversight of the development of Eriksson's theory of caritative caring from a human science point of view. This endeavour begins with a presentation of the historical development of this particular tradition, with the summary of it as written in Swedish by Eriksson and Lindström (2012) as a point of departure. The presentation of the historical development is followed by examples of Eriksson's and followers' research of present interest, and a short presentation of Eriksson's philosophical connections, particularly the influence of the German philosopher Hans Georg Gadamer. The

article also comprises a reflection considering the nursing implications of the theory. I have not been considering the theory in regard to any methodological principles.

The concept of *human science* is used in this article, following Kjørup (2009), as a generic term for the humanities and the social sciences. Caring science is considered a human science in the Nordic tradition as it is deeply rooted in basic issues of human life and existence (Arman et al., 2015). According to Arman et al. (2015), Katie Eriksson and Kari Martinsen are the originators of the Nordic tradition of caring science. Karin Dahlberg is a later follower, also with a background in caring ontology. Nursing as a human science is also emphasized by, among others, Baumann (2013) and Pilkington (2005). The basic idea of human science is philosophical, not methodological, as it focuses on what it is to be human, rather than on anatomical nature (Fawcett, 2002). Internationally, Eriksson's theory of caritative caring shows many common features with, for example, Parse's Theory of Human Becoming (Bournes & Mitchell, 2014) and Watson's Theory of Human Caring (Jesse & Alligood, 2014).

A brief bibliography

The thoughts of forming a caring science paradigm awoke in Eriksson's mind already in the 1970s, when she wrote about the nursing profession (1974; 1976a) and about health (1976b). Eriksson's first step towards outlining an ontological view of the nursing reality was made in her doctoral thesis, *The Patient Care Process – an Approach to Curriculum Construction within Nursing Education. The Development of a Model for the Patient Care Process and an Approach for Curriculum Development Based on the Process of Patient Care*, written in Swedish at the University of Helsinki in 1981. Two years later, in 1983, she published a book named *The Nursing Care Process*. This book has been used in nursing studies at different levels, forming a solid base and structure for nursing care based on the patient's needs. The

nursing care process, or in Eriksson's later sense, the caring process, formed a search for the wholeness and unity of caring, referring to a rediscovery of the historical roots of caring.

Although Eriksson and Lindström (2012) do not call attention to the study *Caritative caring – a positional analysis*, this study is of great importance for the development of the theory of caritative caring. According to Eriksson (1982), caring is inherently human. Caring for another human being is an act of love and mercy, *caritas*. *Caritas* is an active power, making nursing care efficacious. This power is mediated by purging, playing and learning. Positioning *caritas* as a basic motive for caring, Eriksson (1982) claims that *caritas,* the original idea of human love, has a caring effect through its very existence in a caring culture.

The Nursing Care Process was followed by *The Idea of Health* in 1984. For Eriksson, it was important to write a book about health, not about illness. She illuminated the essence of health through a concept determination, stating that the idea of health is shown in the use of the concept, theoretically and historically as well as practically and contemporarily. These two books have been used when shaping the academic nursing educations in the Nordic countries. *The Idea of Health* has been translated into Finnish and German, but, unfortunately, not into English. There are, however, several articles in English considering Eriksson's view on health, for example, Herberts and Eriksson (1995), Lindholm and Eriksson (1998), Eriksson (2007a, b), and Wärnå, Lindholm and Eriksson (2007).

The Idea of Health can be seen as a significant step towards formulating the aim of the theory of caritative caring. With optimal health suggested as the utmost aim of the nursing care process, Eriksson (1984) pointed out the importance of certain basic values: respecting life and having confidence in the human being. To Eriksson, respecting life is non-negotiable. If optimal health is no longer an option for the patient, the aim of the nursing process is to

assure the patient a dignified death by providing all possible good care available to relieve the patient's suffering.

The following remarkable step was a search for the fundamental idea of caring. Eriksson wrote *The Idea of Caring* in 1987, focusing on the caritas thought of human love and mercy; human dignity, and the basic motive of caring, which, according to Eriksson, is to alleviate suffering. Caring science is viewed as a new science with old traditions. According to Eriksson (1987a, 2018), caring science is characterized by new visions and undreamt-of possibilities without given limits. The possibilities lie within the basics: caring is a natural, innate human pattern of behaviour; health is wholeness and holiness; professional caring is about handing over a meaningful tradition that should not be lost in the research process.

At about the same time, Eriksson wrote *The Pause* (1987b), visualizing the dawn of caring science while determining its objects of knowledge. The search for nursing knowledge is, according to Eriksson (1987b), always driven by the ethos of the academic discipline of caring science, bringing out truth, autonomy, and responsibility. The title of the book, *The Pause*, refers to nursing research as having been of a rapid nature, resulting in a need for slowing down, reconsidering the focus of nursing and caring, re-learning to know the reality of nursing care while cultivating its paradigm. Eriksson (1987b, 2018) points out the importance of envisioning nursing as a calling, a mission in life, which is an ethical appeal, without reducing the proper rights of a full pay for professional work.

The phenomenon of suffering as being the utmost reason for nursing care arose in Eriksson's research and resulted in *The Suffering Human Being* in 1994 (translated into English 2006). While Eriksson even before that had recognized the role of suffering related to health, this turn from optimal health to alleviated suffering as being the aim of the nursing care process can be seen as a paradigm shift. Eriksson (1994, 2006, 2018) stated that the opposite of health

is not illness, but suffering. Suffering is the basic category of caring. If all suffering was removed from the world, nursing care would not be necessary. According to Eriksson (1994, 2006, 2018), nurses encounter three different forms of suffering in nursing care: suffering related to illness, suffering related to care, and suffering related to life. Suffering related to illness is the main focus of professional care, experienced in relation to illness and treatment. Eriksson's research on suffering received marked attention because of the sensational results that professional care sometimes increases suffering, summarized as suffering of care. Suffering related to life is experienced in relation to one's own unique life, for example, whether to live or not; insights about absolute aloneness and loneliness; facing questions of the meaning of life; and living the various phases of life changes due to developmental stages and life events. Focusing on the suffering human being, Eriksson witnessed the world of the patient, physically as well as intellectually. This called for a development of a clinical caring science based on the mission of caring: to serve life, and to alleviate suffering.

As Eriksson's research is mostly of a qualitative character, hermeneutics gradually played an enhanced role in developing her grand nursing theory. In 2001, she presented a new ontology, focusing on the inner order of caring. This can be seen as a new discourse on the theory of caritative caring, a hermeneutic epistemology bringing out the importance of understanding and writing the word for the experiences of being human, health, suffering, caring, and being in the world. As qualitative research and the patient's world are multidimensional, Eriksson (2001) writes about "the truthful" instead of "the truth". This is an important theoretical statement, addressing that there are many "truths", and that research only reveals what can be considered truthful and most likely. Eriksson and Lindström (2012) summarize these theoretical underpinnings in the concepts of *veritas* and *claritas*, where *veritas* stands for opening up for the truthful, or the truth of the moment; and *claritas* symbolizes clarity, the

charismatic gleam of having assimilated the idea of caring, ending up in carrying it into effect.

As caring and *caritas* are carried into effect, the focus shifts even closer to a hermeneutical praxis. Eriksson and Nordman (2004) have studied "the patient's world" where, among other things, evidence as a concept and a phenomenon was magnified. This led Eriksson into a further striving to develop caring science as a "pure science", that is, as a science with its own basic assumptions, inner order and right to choose its subject matter. The study "In the patient's world" showed that, in order to be *evident*, a conclusion or praxis must not only be academically verified, but also appear as the Good, the True, and the Beautiful for the patient. This enhances the signification of ethos as an ideal and the ethical dimensions of care. The Good, the True, and the Beautiful constitute the transcendentals, that is, the properties of Being that, among others, Plato (1955) and Aristotle (1995) brought forward as appearing in the technical skills of the hand (*techne*), the clarity of the mind or theoretical knowledge (*episteme*) and practical wisdom, the ethical knowledge about how and when to use one's skills and knowing (*phronesis*). Eriksson and Lindström (2012) also bring forward the eternal, as there are certain features of being human that persist in spite of time and space.

A theory of evidence was further developed as part of the theory of caritative caring when Eriksson together with the Norwegian nursing theorist Kari Martinsen (Martinsen & Eriksson, 2009) wrote about evidence as "to see and to realize". Eriksson (2010a) summarized this part of the theory in her article "Evidence: To see or not to see". Evidence pertains to truth, reality and being in the world. It involves seeing, realizing, making visible, and among other things, giving words to silent knowledge in order to provide the knowing with a speaking voice.

To see is to witness, and to give the knowing a speaking voice is to bear witness. "I came, I saw, and I became responsible", is, according to Eriksson (2013), the mantra of caring ethics.

This calls for *arête*, the substance of virtue, as an ethical responsibility for uniting theory and praxis.

Leaving full-time work and receiving the honorary title Professor Emerita, Eriksson still supervised doctoral candidates and developed her theory of caritative caring, although the strong foundation already had been laid. In 2014, Korhonen, Nordman and Eriksson published an article on the concept of technology. They stated that caritas accomplishes technology. In a world where e-health is growing, the ethos of human love and mercy has to be combined with the fundamental idea of technology in order to use technology, not as an end in itself, but as a mean for improving health and wellbeing as well as for alleviating suffering.

Passing on the metaphoric racing baton to her followers with confidence, gratitude and curiosity, Eriksson (2018) viewed caring science as still being the science of caring – not of a profession, but for the profession(s). Caring science is historically rooted showing nurses a well-worn path of powerful and efficient practice of human love and mercy.

(Insert Table 1. about here)

Implications for nursing

Response to date

Eriksson's theory of caritative caring is mostly known in the Nordic countries, which is also reflected with regard to the geographical areas of publication and works referring to this theory. As Katie Eriksson belonged to the minority of Swedish-speaking Finns, most of her basic work is written in Swedish. The idea of publishing in Swedish is also important from the point of nursing care – nurses and other carers need to have concepts in their own language in order to fully incorporate the underpinning meaning of the concepts in their work as well as in their caring attitude. Having encouraged and inspired over 60 doctoral

candidates, Eriksson is also a co-author to numerous academic papers, theoretical as well as empirical, with the theory of caritative caring as a frame of reference. Due to the general encouragement to publish academic papers in English in order to reach a wider circle of readers, most of her later articles are brought out in international journals. Her monographs and textbooks are, however, mostly published in Swedish.

In respect of subject range, Eriksson's theory is used, for example, in intercultural caring (Wikberg, Eriksson & Bondas, 2012), caring for patients suffering from addiction (Thorkildsen, Eriksson & Råholm, 2015), the importance of aesthetic surroundings (Caspari, Eriksson & Nåden, 2011), providing ethically good care for older people (Frilund, Eriksson & Fagerström, 2014), and mothers as patients in psychiatric care (Blegen, Eriksson & Bondas, 2014). In these articles, Eriksson's ideas of ethics, caring, and suffering are highlighted in various clinical contexts. The most recent studies published with Eriksson as a co-author are about nursing leadership (Foss, Eriksson & Nåden, 2018; Honkavuo, Eriksson & Nåden, 2018), ethos (Hilli & Eriksson, 2019; Östman, Näsman, Eriksson & Nyström, 2019) and claritas (Nåden, Bergbom, Lindström & Eriksson, 2018).

The concept of *intercultural caring* (Wikberg & Eriksson, 2008) is a characteristic example of a development of the nursing vocabulary based on the theory of caritative caring. *Transcultural nursing* as described by, among others, Leininger (2002), is more widely used, and is also employed by Wikberg and Eriksson (2008) to refer to the research field of patients and nurses with different cultural backgrounds meeting in nursing care. Their purpose is to build on commonalities, which supports the use of *caring* instead of *nursing.* The results of Wikberg's and Eriksson's study are summed up in a model for *intercultural caring*, where the concept *intercultural* is chosen to refer to "mutuality and concentration on similarities and

less on comparing cultural differences than transcultural and crosscultural concepts" (Wikberg & Eriksson, 2008, p. 493).

Considering the practical implications for nursing, the *Nursing Care Process* (Eriksson, 1983), the measuring of the patient's perceived caring needs (see e.g. Fagerström, Eriksson & Bergbom Engberg, 1998; 1999) and the ontological health model (see e.g. Arman & Rehnsfeldt, 2003; Bondas & Eriksson, 2001; Eriksson, 2007b; Larsson, Wärnå-Furu & Näsman, 2016) may be the most important parts of the paradigm. The nursing care process, later "the caring process", is a general step-by-step-model applicable to all areas of professional nursing and caring. It is composed of five steps: patient analysis, planning, implementation of care, evaluation and summary, and planning of continued care (Kärkkäinen & Eriksson, 2004; 2005). All of this is done with a basic attitude of human love and mercy that honours the human being as body, soul, and spirit. The aim of the nursing care process is to alleviate suffering and to promote health and life. The ontological health model envisions health as doing, being, and becoming, with the aim of increasingly becoming the kind of person the patient wants to be. This implies that the nursing care process, on the one hand, is limited to a certain period in the patient's life, and on the other, is part of his or her life process, where the patient at times can provide sufficient self-care not to need professional guidance on the path of becoming in health.

The most significant turn in the development of Eriksson's theory of caritative caring, was the paradigm shift: from seeing optimal health (or a dignified death) as the ultimate aim for the nursing care process, she recognized that alleviating suffering is an even more general aim for the nursing care process. In her foreword to the English translation of her book *The Suffering Human Being* (Eriksson, 2006), Eriksson explains how the concept of suffering came to stand out in a research program on health and suffering in the early 1990s. The original concept of

‘patient’, with its etymological roots in Latin, means “the suffering human being”. The results of Eriksson’s and co-workers research indicated that the patient’s dignity unfortunately often was violated within professional care, thus causing unnecessary suffering. The book was to be seen as a defence of human dignity and as a program declaration for research within caring science. According to Eriksson (2006), to understand suffering is a prerequisite for understanding health in a deeper sense. Not every person, or patient, for that matter, is actively or consciously suffering. Suffering is, however, always following every human being as a potential, thus affecting the human being’s health and wellbeing on a general as well as on specific levels. Eriksson (2006, p. 95) summarizes her new paradigm in the following points:

“1. The starting point is the suffering human being in relation to health. This provides deeper presuppositions for comprehensive caring.
2. The new paradigm also provides a basis for an ethic of caring where confirmation of the dignity of the human being as well as a deep responsibility for the other constitute the starting point.
3. Technology emerges in a deeper context of meaning and can therefore be adapted with regard to the individual person’s desires and needs and also includes values.”

This fundamental focus on alleviating (or avoiding unnecessary) suffering is on an ontological level, thus applicable to various models of nursing and nursing care. Hemberg and Bergdahl (2020), for example, have applied the theory of caritative caring with a person-centered approach in palliative care.

Other areas of development

Beyond the areas of nursing care in which Eriksson’s work has been cited and developed, there are at least two areas that have been actively enhanced by her works: the already mentioned field of leadership and education for nursing teachers. Caritative caring, with its theoretical underpinnings, has formed a solid base for nursing leadership – a base that has led some of Eriksson’s adepts to higher organizational positions also outside the field of nursing due to, inter alia, the universal nature of human caring and the thoughts of human love and mercy as a solid base for leadership as well as for nursing care.

Caritative leadership is described by Bondas (2003, p. 251) as to serve the patient by "developing, guiding, planning, organizing, reporting, directing, staffing, budgeting, coordinating, decision making, and evaluating" in a spirit of human love and mercy, with respect for the dignity of every employee, patient, colleague, and stakeholder. The thought of *caritas* as an ethos of a caring leadership has further been developed by such researchers as, Rudolfsson, von Post and Eriksson (2007); Foss, Eriksson and Nåden (2018); Honkavuo, Eriksson and Nåden (2018); and Salmela, Koskinen and Eriksson (2017). Bridging the gap between caring science, leadership and education, Näsman (2018) has also introduced the thought of caritative leadership into educational leadership.

The notions of *caritas* and caritative caring have influenced the education of nursing teachers at Åbo Akademi University, the Alma Mater of caring science in Finland. Articles on nursing education from a caritative perspective have been written by, among others, Matilainen and Westerlund-Perätalo (2001); Sandvik, Eriksson and Hilli (2015); Lejonqvist, Eriksson and Meretoja (2016); and Ekebergh, Andersson and Eskilsson (2018).

Influence from philosophers

Alligood (2014), who has served as the editor of several editions of *Nursing Theorists and Their Work*, presents over 40 major thinkers in nursing, of which Eriksson is considered one of the nursing philosophists together with Florence Nightingale, Jean Watson, Marilyn Anne Ray, Patricia Benner, and Kari Martinsen. Epistemologically, Gadamer (1960, 1989, 1990, 1994, 1996, 2000, 2003, 2004) can be considered the most influential philosopher when it comes to the theory of caritative caring. A fundamental idea within scholarship is to rediscover the core of the subject matter, "die Sache" in Gadamerian (2004) words, thus making the core visible and evident in time. The purpose of nursing and caring, as Eriksson and Lindström (2009) claim, has always been to alleviate suffering and to serve life and

health in a spirit of caritas, and to protect the dignity of the patient. Developing caring science as a universal science that goes beyond any professional boundaries, leads to a need for articulating and clarifying a deliberate theoretical perspective. To be deeply rooted in a certain perspective is not limiting, but rather opening, an openness that, according to Gadamer (2004), supports a striving for separating misleading prejudices from prejudices that shed light upon the meaningful. The division between "authority" and "overhastiness" (Gadamer 2004, 277) is based on a mutually exclusive antithesis between authority and reason. A certain perspective that marks the direction while clearly stating fundamental conditions not only facilitates the identification of what is misleading, but also makes it easier to focus on the subject matter, "die Sache", of caring science. The art of nursing calls for a wide knowledge range emanating from various scientific areas, but caring science, with its philosophical roots, may function as an academic, ethical base, which throws a bridge across the putative gaps between proficiency and nursing preparedness. In research on health and nursing, there is a need for developing a sustainable foundation for caring in praxis (Wärnå-Furu, 2014). Although it is said that there is a gap between theory and praxis, this gap is more of an illusion consisting of a persistent tension between ideals and the different levels of reality. An explicit theoretical foundation, or as Eriksson and Lindström (2009) put it, a theory of science for caring science, is a means for bridging this gap, a uniting cement between actuality and potentiality, thus opening up for new possibilities of mutual understanding.

The choice of Gadamer as one of the most influential philosophers when it comes to the theory of caritative caring, can be traced down to the academic starting point of caring science as an autonomous science at Åbo Akademi University in 1987. Eriksson's roots in the field of the science of education at Helsinki University were close to a hermeneutic tradition, where focus was on the use of concepts and language as means for bringing a historically rooted

human science alive and evident (Eriksson et al., 2007). According to Eriksson and Lindström (2007), Gadamer presents the idea of hermeneutics as to clarify the stipulations for understanding what it is to be human. Considering that enhancing human dignity, alleviating suffering and promoting health and wellbeing is closely connected to what it is to be human, Eriksson and followers often focus on qualitative research, thus allowing the voices of the patients to be heard. When it comes to practical nursing, Eriksson recognizes the need for quantitative research, multiprofessional cooperation etc., as her nursing theory is on a general, ontological level and thus applicable in various contexts. The theory of caritative caring is not *about* a profession, but *for* the *professions*, without any claims of being sufficient on its own for practical use.

The key ideas of Eriksson's theory of caritative caring are linked to the metaparadigm concepts of human being, health and suffering, caring, and environment. All of these are permeated with the ethos of caritative caring, that is, the caritas thought of human love and mercy, and the honouring of the absolute dignity of human beings. Meta-theory and theory of science have always had a fundamental place in Eriksson's thinking (Lindström, Nyström & Zetterlund, 2014). Seeing the theory of caritative caring from this point of view, it is universal, a Grand Nursing Theory, if you will, although not all of the aspects of the theory have been formally tested. Following Gadamer (2000), Eriksson considers *theory* in accordance with the Greek concept *theoreia*, "in the sense of seeing the beautiful and the good, participating in the common, and dedicating it to others" (Lindström, Nyström & Zetterlund, 2014, p. 180).

Referring to Gadamer, Eriksson (2010a) emphasizes the importance of language and concepts for developing a systematic branch of science. Language constitutes the rendezvous where the

human being and his or her environment join together. By the means of thinking and putting the thoughts into words, a person's doing, being and becoming can be understood and mediated to others. Although human beings' words for the same phenomenon may vary, Eriksson considers it important for caring science to translate these words into a shared vocabulary that can be used by academics, nurses and other professionals. The concepts constitute building blocks of a universal theory of caring, while other building blocks are made of the various layers and nuances in clinical situations for which there is a need for meaningful data related to the present moment (Eriksson, 2010a).

Eriksson's intellectual interests display a clear affinity with the thoughts of, beside Gadamer (1960; 1994; 2000), the Swedish theologian Nygren (1930), St. Augustine (1960), and Kierkegaard (1843/1943). She has also been influenced by Lévinas (1988), Aristotle (1995), Plato (1955) and Buber (1963). Noticing the ignorance within health care concerning spiritual health, religion, and philosophy of life, Eriksson stated that the human being is fundamentally an entity of body, soul, and spirit, and that this being is fundamentally religious, meaning that all human beings consciously or unconsciously search for some form of meaning in life, something bigger than themselves, which Eriksson names "the abstract Other". The use of "body, soul, and spirit" instead of "body, mind, and soul", may refer to the slight difference of meaning between the Swedish and the English words.

Theory and reality

Eriksson and Lindström (1999) describe three levels of reality: the world of perceptions, which comprises the tangible reality; the world of phenomena, which comprises reality as seen and experienced; and the world of Being, ontology, which is the "real reality". The "real reality" is beyond the immediate human capacity for exploring. It will not let itself be completely investigated due to the limits of human perception. The "real reality" beholds the

measureless features of the historical, the ethical and the esthetical, to infinity. Gadamer (1999) speaks of symbols and metaphors that may cross the boundaries of rational, conceptual knowledge. These symbols and metaphors allow the human being to move distinctly between perception and conception, thus catching glimpses of the "real reality", though limited to time and space.

Viewing reality as metaphorically constructed of three levels opens up for academic humbleness. The empirical reality of nursing care is an essential point of departure for research, but it does not constitute the fundament of systematic caring science (Eriksson & Lindström, 1999). The fundament is the *essence of caring*, that is, the categorical question that, in one way or another, is always present from this academic point of view.
The abstraction level of the theory of caritative caring is high, securing its universality as well as limiting its practical guidelines as such for nursing care. Eriksson's use of concept analysis and the analysis of ideas as central methods (Lindström, Nyström & Zetterlund, 2014) may have led to a certain estrangedness from common nursing vocabulary, although the new dimensions of concepts discovered may function as an eye opener for those willing to make the effort to delve into the given ideas.

The development of caring science is a development in the service of the suffering human being. Research on the level of perceptions may include the most common and unquestioned forms of research within nursing and health care. To deepen and broaden the knowledge of humans, however, research on the phenomenological and ontological levels is needed as well. Caring science looks for the good, the true, the beautiful, and the evident in human activity. In order to reach truth or what appears to be true, researchers need to be aware that they will never be able to fully comprise the life world of the Other. Researchers can only catch

glimpses of this life world, while being respectful and humble and remaining academically critical to the results and conclusions.

As for the theory of the science of caring science, the science or academic tradition itself is the subject matter. A theory or philosophy of science is at a meta-level an overarching view of academic traditions and their roots, their connections, similarities and differences. In the case of caring science, inner legitimation is assured by its core theory, its logical order. The more explicit a law of order that a science shows, the stronger its legitimation is. Explicit, written statements of this order is in line with Gadamer's (2004) thought of the truth being put into words within the range of possibility. Outer legitimation is achieved when caring science and its benefits are recognized in society.

Caring is the object of knowledge while the human being is the subject of caring science not only as a patient. The human being cares and receives care and is also the intermediary of the understanding of what it is to care. Bringing this understanding of the essence of caring to the level of the "real reality" can be compared to an ontological idealism, like Plato's world of ideas, where the idea of the Good is the highest. The idea of the Good as well as the idea of caring cannot be described with the help of statistics; there will always be room for the experience of unique human beings.

Making a theory of science for caring science explicit by the use of ethical, ontological, epistemological and methodological statements does not make it static. The statements reflect an ideal, but they are changing when contradictions and new evidence lead to a shift of paradigms. The possible impact of a universal caring science is utterly achieved when it will

be possible to ask any person, “What has caring science done for you?”, and that person will be ready to answer the question without hesitating.

According to Eriksson (2010b), it is momentous to ponder scientific results as not limited to empirically strengthened, randomized outcomes. In order to be consistent with a tradition of hermeneutic human science, with caritas as an explicit ethos, evidence implies envisioning, seeing, knowing, attesting, and revising. Part of making the results of scientific work evident is up to the individual nurses and their *being in the world.* The scientific knowledge about reality is always fragmented. It takes a serious will to understand, an absolute presence in concrete situations, to reach the depth of the world of caring and nursing. When scientific knowledge leads to what is Good, True, and Beautiful for the patient, the knowledge is made evident in the true sense of that concept.

Social place (epistemology, discourse)

As already stated, the theory of caritative caring is in many ways abstract and universal. Envisioning the future of caring science and nursing, Eriksson (2001) appreciated the way that caring science as a human science had been established in Finland. However, she also showed a concern for the overall development of the societal place of the universities and their research. Now, 19 years later, it is obvious that some of her misgivings turned out to be justified. Money rules and affects the possibilities of free inquiry. In spite of this, caring science and the theory of caritative caring have made great progress throughout the years. Eriksson (2001) outlined three possible ways of development for caring science: 1) caring science will be acknowledged and become a pervasive force in society; 2) medical science and research will increasingly be directed towards caring and a human science perspective; and 3) the paradigm of caring science will have an influence on multidisciplinary research, where researchers from various fields work together on concrete problems of caring and

nursing. Today, it is possible to recognize features of all the three possible ways of development in research as well as in society. 1) Caring science is established as an autonomous branch of human science in Finland. Its place is, though, sometimes questioned, as the main subjects of caring science also are of interest for other academic research. No one may claim a sole right to a concept or to a field of research. 2) Medical science has, at least partially, taken a step towards a caring perspective. A Nordic example of this may be the academic subject *humanistic medicine* (https://tidsskriftet.no/2000/12/tema/vad-ar-humanistisk-medicin), which started at the medical university Karolinska Institutet in Stockholm in 1998. Later, Karolinska Institutet has developed the subject of *integrative medicine* (https://ki.se/en/research/osher-center-for-integrative-medicine-ocim), where research is conducted on such issues as subjective health. 3) Representatives of caring science and the theory of caritative caring are increasingly co-operating with researchers from other sciences and academic traditions, as in the GERDA project (https://www.abo.fi/projekt/gerontologisk-regional-databas-gerda-enkatdatainsamling-2016/) concerning the care of older people.

Final remarks

Interestingly enough, a systematic literature search concerning nursing and human science done in 2020, resulted mainly in sources from the early 2000s. Maybe the theoretical foundations of nursing as a science are established at the moment? Fawcett (2002) refers, in a conversation with Marilyn M. Rawnsley, to 'natural science' as well as to 'human science 1' and 'human science 2'. 'Human science 1' would stand for a broad category including anything that focuses on characteristics specific to human beings, as for example migration, the phenomena of interest to psychology, sociology, and some nursing science, while 'human science 2' is more a philosophical school of thoughts. Kjørup (2009) seems to incorporate 'human science 1' as well as 'human science 2' in his broad definition of 'human science',

which has been used in this essay. Having read about the distinction made by Fawcett (2002) and Rawnsley (2003), I suggest that Eriksson's theory of caritative caring primarily belongs to 'human science 2', with a potential for fostering an inclusive nursing science culture that celebrates diverse patterns of scholarship in the discipline. Although Eriksson's theory has been criticized for being, on one hand "too abstract", and on the other hand, "too simplifying", its hermeneutic underpinnings stand for an openness for various perspectives, as long as the absolute dignity of the human being, the striving for alleviating suffering within nursing care, and the *caritas* thought of human love and mercy as the basic category of caring are maintained.

May this article end with the words of Eriksson (2007a), as she states a vision for the year 2050: "I would like to believe that the ethos of love and our courage to protect caring science and its research's freedom will support the caritative theory and the fundamental idea of caring, that is to say the preservation of life and health and the alleviation of suffering, into the future" (Eriksson, 2007a, p. 202).

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