

## What Does It Mean to Be Called to Care?

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As we authors gathered around the table to reflect upon the meaning of being called to care we shared a variety of insights in response to the question: What does it mean to you to be called to care? Here are just a few snippets from our conversations.

*Emily:* I can remember when I took aptitude tests in high school testing very high in science and very high in the social area—wanting to work with people. The tests affirmed what I was already thinking. I had done volunteer work. Nursing was the profession I wanted to enter. Interest in people and interest in science seemed to go together. I find these two to be a constant thread in my work and in my studies. . . I think both of these contribute to the feeling of being called. . . I wanted to contribute to society in a different way, beyond my own family, although my family certainly has been central in my life. . . There is a certain spiritual sense that goes along with being called. Both the call and the sustaining of the call have a spiritual component to them.

*Maggie:* I think that for me the call to care was the commitment that grew out of family life, of needing to be responsible in many ways, of having an organized structured family life focused around education, around religion, where I saw parents making a commitment to working with and taking care of people. Sometimes we even took people into our home. I think my original response to the notion of calling and caring emerged from that. . . In psychiatric nursing you listen *with* heart. You are not needing to know what is going on under the skin except as you do it with dialogue.

- Francine:* I think one of the things I observe in working with students becoming teachers is that their sense of care is like a caring for, a doing *for* others. . . One of the elements of living out care in my own work is the sense of relation that you establish with one another in that caring relationship or in that being with one another in a caring way. . . Coupled with that relational aspect, of caring, I think is the claim made on you by somebody else. . . I think my own professional attention to caring came with Huebner's work (1987), which says that as you develop the vocation of being a teacher, it is that sense of living out your daily life as a way of being.
- Mary:* Is a calling an event, a way of being, or a response? Initially I came to the conclusion that it was a way of being, and then I thought of the notion of response. I do think that a calling is a response. It is that which compels us to move our life in a certain direction, to make choices and to live out our lives in meaningful ways. It might be a response to someone or something, but then it must be a response to persons. . . the primacy of the person, the face of the other is fundamental to the call. . . In a sense we are all willed or called to be in communion with others.
- Louise:* A telephone rings. An unknown and unexpected voice offers a position. An affirmative response is given. . . Eight years later another telephone call. Another unanticipated voice offers a position. Another affirmative response. . . The calls mentioned were significant in that I had an interior readiness to accept the invitations extended to me. In a sense the calls got to the essence of my being, perhaps because of the challenges, values, and possibilities inherent in the calls. . . My calling is to be with persons from varieties of educational settings. These persons are concerned with developing, changing, studying or interpreting curriculum in the settings of which they are part. My calling intersected with the callings of Maggie, Emily, and Mary, professors of nursing, as together we thought about ways of being and teaching in schools of nursing. Thus when a call came from one of the nurse educators to begin to think with them about a book, my reaction was to join them. Such an experience is in line with the values, predispositions, and attitudes which underlie my call and keep it in perspective.<sup>1</sup>

The windows on conversations among us as authors caused a realization that being called has many dimensions. Furthermore, we

found that each of us highlights different concepts of being called. We see that although for some, being called has some clear decisions points or breaks in our lives, for all of us the sustaining of the call has a claim upon us as we dwell within communities that nurture that call.

The remainder of this chapter then deals with three interrelated questions. What does it mean to be called? What does it mean to sustain the call? What does it mean to be called to care?

### What Does It Mean To Be Called?

How easy it would be if we could program calls for persons! If such were possible, a national agency might keep track of career and professional trends, and institutions could prepare individuals to fill necessary slots. Such does not ordinarily happen in a democracy where individual choice undergirds much critical decision making.

In the United States, despite freedom to choose at an individual level, persons have unequal access to resources and ideas affecting their professional decision making. Racial, socioeconomic, ethnic, gender, and other inequities have a bearing upon access to information, role models, and knowledge bases that might influence professional career choices. In other instances the mores or traditions of one's peer group may influence one's call toward a career choice. Directions may not be clearly established when choices are made. Some may embark on a path without a map, without a sense of direction, but move into a call after they have begun a profession.

For example, Mary said:

I'll have to confess that I never did feel called into nursing. I feel like I fell into nursing. I think it had a lot to do with life experiences and situations, social contexts that I was embedded in at the time. I had the opportunity to have some work experiences in a hospital setting that oriented me to nursing. I had choices to make in college. I really didn't know what I wanted to do with my life. That was something I was familiar with. It was more comfortable and less threatening to enter into. As I learned more about nursing, as I got into the profession, I grew into it. I grew to love it, but I definitely did not feel called from the very beginning.

Emily talked about having aptitudes in science and working with people. This self-knowledge pointed her toward striving to enhance the quality of persons' lives through a healthier way of being. The direction was deliberate and planned and seemed right. "I have always

felt that I have one life to live. I need to use my talents to the maximum that I can within that time period."

Although both Mary and Emily suggested different modes of decision making relative to entrance to nursing, both have sustained that entry-level decision in significant ways. Thus, call comes in a variety of ways.

As we explore the question of what it means to be called, particularly to human service, we find some partial responses to the question. Being called may come about as *restlessness* of spirit, from feelings of indecision, from being at transitional periods in life, or from a sense of longing, desire, yearning, or wonder. Sometimes these inner strivings are voiced, other times they may be hidden beneath the busyness of life, or they may take the form of wanting to do *for* others (Francine). Or that restlessness may take the form of feeling one needs to acquire knowledge in order to carry out certain humane ends.

At times the call may be very direct. Witness the biblical stories of Samuel in the temple or Jesus' calls to his disciples. The call may be so direct that it comes via telephone, letters, or today by fax. Certainly all invitations are not necessarily calls. The person receiving the message needs to have an inward receptivity to act upon it.

Call may be an awakening to a sense of purpose for our lives. "It can involve an accelerating sense of inner direction. It can emerge through a gnawing feeling that we need to do a specific thing" (Farnham et al. 1991, p. 7).

Call requires that we take responsibility for using the building blocks given to us—"intelligence, creativity, sensitivity, love"—and see what can be done with them (Farnham et al. 1991, p. 14). Our innate faculties are guided by knowledge and embedded in our sense of caring for our fellow travelers. The initial call may make us feel anxious—even anguished—vulnerable, and at risk. But a sense of call is invitational to probing into the knowledge bases of the community or professional arena.

The diligent search into knowledge is undergirded by a call to the face of the other in "inter-human relationship" (Levinas 1985, p. 97). "The face orders and ordains me" (1985 p. 97). The face of the other in suffering or wellness is what calls, claims, and calms human restlessness. Faces that make claims on us may change, the surges of restlessness may come and go. But it is that entrance to the call that opens up a way of being, a sacred trust, a continuous yearning to sustain the call. We learn to "be comfortable with reasonable doubt, openness, and unsureness if we are to respond afresh to that which is given us afresh" (Huebner 1987, p. 25).

In summary, a call ordinarily involves one speaking, one listening, and a response. That speaking and listening may be figurative, but an inner dialogue takes place that eventuates in a response. A call involves hearing and reflecting upon experiences in one's history and deciding upon next steps. It means an intentional living of life and continuous decision making in line with one's intentions. A call may be considered an *evocation*, which is a calling forth or the opportunity to enter new possibilities, to ask new questions, to be with others in new ways, or to become more conscious—to notice what was taken for granted. Indeed, a call may be subtle, or it may resound as a trumpet.

A call may also be a benediction (meaning speaking well). Thus, those who feel a call may speak in such a way that well-being is promoted. The speaking comes from a self that is authentic because it may have taken time to uncover or create a call, to nurture it, and to reflect upon it.

The creation or uncovering of a call may result in an epiphany or a transformational experience (Denzin 1989, p. 15). A new kind of reality may emerge as a result of a turning point. Passion, direction, and a sense of well-being may characterize an epiphany.

Indeed, a call is a heightened response to our human restlessness.

### What Does It Mean to Sustain the Call?

Each day brings fresh ideas, fresh challenges, and fresh ways of seeing the world. The regularities, and surprises are what invite us to sustain a call. We live each day in risk, responsibility, and responsiveness.

Risk taking is what propels us into uncharted waters. Risk invites us to make intuitive leaps in our imaginations and to act upon our hunches. The more skilled the individual the more possibility for making intuitive leaps, for the experienced person has skills and knowledges not yet attained by the novice. In a sense, risk invites an openness to the mysteries of the day.

It is the sense of responsibility that helps sustain the call. Responsibility invites us to an "accelerating sense of inner direction" (Farnham et al. 1991, p. 7). As individuals assume more responsibility for centering and renewing the self, they are more able to work in tandem with others, whether they may be doctors, nurses, social workers, or patients.

Responsibility means increasing one's skills in discernment. Discernment is a sensitive blend of observational, analytical, and normative skills that allow what is hidden to emerge. It is wisdom in

the midst of complexity, meaning finding in the absence of hope, and clarity in the valley of shadows. The linear development of skills and knowledge is an anathema to discernment unless individuals have learned to relate such skills and knowledge to larger wholes, including the call to nursing.<sup>2</sup>

Responsibility to the human service worker then means tuning into the call of the other for understanding of his or her own pain and suffering. Pain has different meanings to different people in different cultures (Morris 1991). How does the person in the immediate setting see and feel his or her pain? What are the mores relative to pain and suffering within the culture of which the individual is part?<sup>3</sup>

Being called assumes an ongoingness and responsiveness. The telephone does not ring once. It rings frequently. The call comes in the moment and evokes a presentness. Subsequent calls, however, may mean a revitalizing and a renewing and probably a reconstituting of the initial commitment. We are called by different people, to different contexts, and in different times. Sustaining the call involves my response to my initial commitment in different configurations of space, in different periods of time, and with different kinds of persons.

Sustaining the call also has a qualitative aspect. The quality of being called involves listening and speaking. It involves being attuned to others—in the case of nursing, the patient, the doctor, other health professionals, and family members. In a sense, the quality of sustaining the call can be likened to sensitivity jazz musicians bring to those with whom they are playing.

A nursing student offers other musical metaphors to enhance understanding of the quality of being called. Regina writes:

In the song of health care, the nurse is the harmonizer. To be part of the singing, however, the nurse must be aware of his/her own voice. Is he/she an alto, soprano, bass, tenor? What is his/her range, what octaves are beyond him/her, what key is he/she most strong in? He/she listen to the voice of the client, note by note with the client, but still a distinct voice. One note up, together up. One octave down, the nurse maintains the harmony to help the client. In harmonizing, the nurse takes into account the rhythm composed by the doctor and also keeps in beat with other health professionals' input. And so the nurse listens to the client's voice, the silent rests of the client's voice, the flatness of the client's voice—all a part of the nurse's tuning into the client's individual song. The nurse is to harmonize, to bring out the distinct quality of the client's voice and provide them with a melodious guide

to sing with others. . . Music lessons are discipline for the nurse. But he/she must sing his/her own song with help from others and alone. (Neal 1989, pp. 121–22)

Quality involves understanding nuance, “eloquence, wit, grace, and economy” (Kronenberger 1969, p. 170). The quality of being called is dependent upon the creation and re-creation of vision, appreciation of the complexity of the call, and wisdom and courage in meeting the challenges of the call. The initial call to care differs from later calls to care in that more experienced persons have a fuller grasp of the meaning of quality in being called to care (Benner 1984).

So what is the essence of being called to care?

### What Does It Mean to Be Called to Care?

Being called and sustaining a call have active as well as reflective qualities. Calls sometimes come with loud knocks, other times with inner or still small voices. Changes frequently follow calls, particularly as persons enter transitional periods, move forward with others in community, and find themselves in periods of growth.

If we try to untangle the essence of being called to care we find that there are no hierarchically or chronologically arranged concepts. The essence of being called to care is in *response*, as Mary says, each response being contingent on understanding persons and their contexts.

Here are some possible ways to think about one’s self and others as one struggles with meanings of the call to care.

*Finding one’s self.* Throughout this work notions of authenticity and vulnerability surface as consideration is given to being with others. But what kind of a being enters into a relationship with others? As one finds personal wholeness both through self-reflection—sometimes anguish (Pritzkau 1970, p. 10)—and through being with others, one is better able to enter into healing relationships with others. Finding one’s self is not something that is done once and for all. Rather, it is a constant response to an inner summons. It is self-renewal. It is feeling centered. Thus, being called to care has a major component of self-caring—of owning up to shortcomings (Caputo 1987, p. 59) and yet having the impetus and desire to “live out our historical lives” (1987, p. 258). In a sense, finding one’s self is a search for authenticity—a wading into the flux and trying not to drown (1987, p. 258).

“In following a calling a person follows an invitation to embark on a journey to selfhood. A calling is discovered; it evolves and is a

way of life, a way of being with others" (Slunt 1989, p. 81). In a sense, being centered is essential if one is to focus and to establish communion with others (Savary & Berne 1988, p. 24). Centering is a holistic process, involving body, mind, and spirit, in which persons are present to themselves.

Although finding one's self has a reflective component, it paradoxically may take place in the company of and in communication with others. Thus, being called to care invites us to be with others. We are called to focus on the other—to see not only persons but the face of the other.

*Seeing the face of the other.* In a sense, the face is the threshold to another's being. The face may beckon, make a claim on us. When we see the face, it may invite us into its being. At the threshold the door may be partially ajar, beckoning us to come to enter, to come to know the person more fully. According to Beittel with Beittel (1991), "Doors connect with thresholds, and ever since ancient times thresholds have been considered sacred" (p. 84). When we really see the face of the other, we are accepting our most basic mode of responsibility. "I owe more to the other than to myself" (Kearney 1984, pp. 59–60).

When we enter the threshold of the other, or see the face of the other, we respond in an ethical manner: "access to the face is straightaway ethical. You turn yourself to the other as toward an object when you see a nose, eyes, a forehead, a chin, and you can describe them. The best way of encountering the other is not even to notice the color of his eyes! When one observes the color of the eyes, one is not in social relationship with the other" (Levinas 1985, p. 85).

Since those of us in human service professions are so tuned in to being careful observers of external signs, Levinas's caution to respond to the face permits a way of being that opens doors to an indwelling with the person.

*Entering into.* Being called to care means having a voice and entering into relationships with the other—sharing the joys, fears, and darkness of others. When I enter into the world of others, I meet the other in weakness of body but possibly strength of spirit, in fears but also in joy, in apprehension but also in faith. Life at best for most persons is full of paradoxes and contradictions. My task is to see the other face to face and to permit myself to experience that face, occasionally allowing for ruptures in my thinking as the face of the other challenges me to responsiveness and responsibility.

*Suffering with.* Nouwen talks about care coming from a root, meaning "lament" (1974, p. 34). In her discussion of care, Emily talks



about two threads—the one has to do with being troubled and anxious for and with another, the other with the actions generated as a feeling of responsiveness to and responsibility for the other (Slunt 1989, pp. 39, 40). Thus, being called to care means stepping into the anguish of the other and simultaneously suffering with the other. At the same time the nurse is mobilizing ethical and intellectual energies to reflect on *more* than suffering. Nursing and other human service professions are called upon to engage in paradoxical, compelling, and contradictory feeling and actions as they suffer with others. They do not have the luxury of being immobilized. Being is called forth that is both suffering with the other and at the same time transcending the present state of the other.

*Becoming one with.* Despite the complexity of being called to deal with multiple realities, one is also called to be one with others, to commune. The nurse may feel a deep-seated concern for the being of the other (Lashley 1989, p. 6). Such may mean that one sees through the lenses of the other or steps out of one's own frame of reference into that of the other. Noddings (1984) talks about "engrossment." The person enters the world of the other. Individuals "feel" with the other (Neal 1989, p. 45).

*Responding to.* Pain, frustration, and possibly uncertainty may bond patient and nurse in a symmetrical relationship. They see each other face to face. On the other hand, the nurse may be in an asymmetrical relation to the patient as she responds to his exigencies. The nurse may respond by:

- dwelling with—watching the patient, being observant, giving protection, listening to
- creating structure—establishing ways to see that necessary tasks associated with the patient's well-being are accomplished
- giving voice—dealing with the particular knowledge and skill appropriate to the context
- being patient with institutional imperfections—handling constraints, contingencies and dilemmas with wisdom
- sharing knowledge, information, and insights that help the patient understand his or her own situation
- extending being through the use of the hand—touching, mediating between technology and the person
- standing beside—encouraging the person to go on
- standing behind—taking the lead from the patient

*Hoping with.* In times of crisis, seeming abandonment, the nurse is in a “privileged in-between position to foster the good of the patient” (Bishop & Scudder 1990, p. 140). Being in-between means decisions may be based upon a moral sense, a sense of hope for the patient. Emily talks about balancing the pain with hopefulness (Slunt 1989, p. 184).

*Reflecting upon.* Each encounter with another invites reflection on the way one responds to the call to care. Reflecting upon involves consideration of one’s own humanity, one’s response to the other, and one’s ways of envisioning fresh possibilities. Creative reflection involves transformation of the self by the self (Nozick 1990, p. 39). As I reflect upon my experiences with others, I may obtain new insights about myself, thus enabling me to see others with fresh understandings.

Being called to care involves a rethinking of what it means to be in places and spaces where anxiety, dilemmas, and hurt abound. It means not so much revolutionizing nursing or other caregiving professions as it does uncovering aspects of the profession that have been taken for granted, questioning what is historically grounded or tradition bounded and reconstructing perspectives on nursing or other human service professions.

In this work, three major themes integral to being called to care are considered. The first, authenticity has to do with the wholeness and genuineness of the person. It also is the experience “in which one has present awareness about [self] in relation to . . . surroundings” (Pritzkau 1970, p. 1). Emily considers the meaning of authenticity for those reexamining nursing. Vulnerability, the second theme, suggests an openness or potential for harm, according to Mary. Such is essential if true healing is to take place. Vulnerability and authenticity suggest personal attributes necessary to the transformation of nursing practice. Maggie treats a third theme, structure, referring to the framework central to dealing with and organizing knowledge or experience. Thus, the authentic and vulnerable person works within a framework which enriches the call to care. Each of these themes is considered as we move through the book. But first we consider ways of responding to the call as seen through different philosophical lenses.

## Notes

1. Prior to writing this chapter, I tape recorded individual conversations with the authors and transcribed them. We talked about some of the underpinnings of this text—what a call means, what caring means, and other topics pertinent to the text.

2. For a useful discussion of discernment see Farnham et al. (1991).
3. For a consideration of diversity of experiences and expressions in patients' dealing with pain and suffering, see Morris (1991).

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