



Contemporary Issues

Big ideas: New metaphors for nursing (2): The nurse as bricoleur



1. Introduction

The recent history of nursing is often presented as a progression from traditional, routine practice, founded on a combination of hearsay and medical authority, to a modern evidence-based profession underpinned by rigorous scientific research. This view has been popularised in works such as *Nursing Rituals: Research and Rational Actions* (Walsh and Ford, 1989), which contrasted ‘modern’, innovative research-based practice with ‘the traditional rituals and myths that still abound in the wards and departments of hospitals today’ (p.ix). Walsh and Ford critiqued a number of examples which highlighted the negative aspects of so-called ritual practice such as outmoded and ineffective dressings, treatments for pressure sores and pain management, and concluded that ‘there is no place in the science of nursing for ritual and mythology!’ (Walsh and Ford, 1989, p. x). In the three decades since Walsh and Ford published their book (and perhaps partly as a result of it), research findings have come to replace traditional narrative-based nursing knowledge in almost every sphere of practice, and most hierarchies of nursing evidence place so-called expert opinion and experiential knowledge firmly at the bottom.

In a previous ‘Big Ideas’ paper (Rolfe, 20XX) I argued that metaphors could replace models as a means of thinking more creatively about the practice of nursing in order to explore alternatives to the technical rational nurse-as-engineer model that currently dominates the profession. In this paper, I will examine the work of the French structural anthropologist Claude Lévi-Strauss, firstly to briefly consider the relationship between myths and metaphors, and secondly to apply Lévi-Strauss's own metaphor of the bricoleur to nursing.

2. Untamed Thinking and the Science of the Concrete

In his short work *Race et Histoire*, Lévi-Strauss was one of the first anthropologists to popularise the idea of cultural relativism, and his later book *The Savage Mind* (Lévi-Strauss, 1966) challenged the received idea of cultural, social and technological progress from a primitive to a more advanced state. For Lévi-Strauss, the so-called ‘savage mind’ thinks in a different but equally valued and relevant way to the modern mind: modern ‘tamed’ thought is rational and disciplined whereas primitive ‘untamed’ thought is imaginative and expansive.

The contrast between the wild and untrammelled metaphorical thinking of so-called primitive cultures and the rigorous and controlled scientific thinking of advanced societies is unpacked in the opening chapter of *The Savage Mind*. Unlike Walsh and Ford who, as we have seen, characterised traditional ritualised practice as thoughtless and without factual basis, Lévi-Strauss argued that so-called primitive thinking is equally systematic and scientific and follows a parallel course to modern thought. Thus:

There are two distinct modes of scientific thought. These are certainly not a function of different stages of development of the human mind but rather *two strategic levels at which nature is accessible to scientific enquiry*: one roughly adapted to that of perception and the imagination: the other at a remove from it.

(Lévi-Strauss, 1966, p.15, my italics)

He continued: ‘it is important not to make the mistake of thinking that these are two stages or phases in the evolution of knowledge. Both approaches are equally valid’ (p.22); they are ‘two parallel modes of acquiring knowledge’ (p.13).

Lévi-Strauss pointed out, for example, that the great advances made in Neolithic times in pottery, weaving, agriculture and the domestication of animals cannot be explained as chance discoveries. Rather, ‘each of these techniques assumes centuries of active and methodical observation, of bold hypotheses tested by means of endlessly repeated experiments’ (p.14) in what he referred to as a ‘science of the concrete’ (p.16). For this reason, he claimed, we should talk of ‘prior’ rather than ‘primitive’ thought; the fact that the science of the concrete preceded modern-day generalisable science does not make it any less sophisticated or relevant. Applied to the development of nursing, this theory suggests that the recent introduction of evidence-based practice does not represent a progression from a crude primitive approach to a modern, sophisticated one. Practice based on so-called nursing myths and rituals should not be thought of as an antecedent to evidence-based practice, but rather as existing alongside it, offering an alternative methodology for working in the messy and unpredictable clinical world that characterises a great deal of everyday nursing practice.

3. The Nurse-as-Bricoleur

Lévi-Strauss referred to such an approach to practice as *bricolage*, and to its practitioners as *bricoleurs*. This French word has no precise equivalent in English. The bricoleur is a professional handy(wo)man who makes do and improvises with whatever is available, in contrast to the engineer who goes equipped with the right tools for the job and applies them in accord with established procedures. For the engineer, a screwdriver is only a tool for tightening or loosening screws. For the bricoleur it can also be used for levering the lid from a can of paint, for chiselling a groove in a piece of wood or as an improvised spoon for stirring a cup of tea. When nurses carry out sterile dressings according to the procedures manual, they are practising a form of engineering. When they are forced to improvise a dressing in an emergency situation with none of the correct equipment to hand, they are practising bricolage. As Lévi-Strauss explained:

The ‘bricoleur’ is adept at performing a large number of tasks; but,

unlike the engineer, he does not subordinate each of them to the availability of raw materials and tools conceived and procured for the purpose of the project.

(Lévi-Strauss, 1966, p.17)

Whilst it might appear that the bricoleur is professionally inferior to the engineer, bricolage is both intellectually and practically far more challenging. When engineers do not have the correct tools for the task at hand, they will postpone the job until they are properly equipped, whereas the bricoleur draws on a body of traditional knowledge and skills in order to improvise a solution. As Lévi-Strauss pointed out, each decision made by the bricoleur implies a variety of alternatives, and so bricolage is an inherently creative and imaginative response to a novel and unexpected situation. He continued:

[The bricoleur's] universe of instruments is closed and the rules of his game are always to do with 'whatever is at hand', that is to say with a set of tools and materials which is finite and also heterogeneous because what it contains bears no relation to the current project, or indeed to any particular project.

(Lévi-Strauss, 1966, p.17)

The nurse-as-bricoleur is not constrained by a lack of a sterile pack; the bricoleur draws upon the 'closed' universe of instruments which happen to be available at the time, which are often not specifically designed for particular projects, but which can be creatively deployed to address whatever unexpected situation is encountered. Unlike the engineer, who thinks ahead to what tools he or she will need to acquire in order to complete a particular job, the first step of bricolage is reflective:

He has to turn back to an already existent set made up of tools and materials, to consider or reconsider what it contained, finally and above all, to engage in a sort of dialogue with it and, before choosing between them, to index the possible answers which the whole set can offer to his problem.

(Lévi-Strauss, 1966, p.18)

Thus, the bricoleur reviews the objects at her or his disposal and engages in a creative dialogue with them by first imagining and then experimenting with the various ways and means in which they could be deployed in the current situation. Lévi-Strauss describes the tools and materials available to the bricoleur as whatever physical objects are to hand. However, by far the most important tool for the nurse-as-bricoleur is her or his own person. Bricoleurs deploy their own selves creatively according to the situation, drawing on their knowledge, skills, character and other personal attributes in what is sometimes referred to as the 'therapeutic use of self'. This is in stark contrast to the nurse-as-engineer, since the effectiveness of research evidence is considered to be independent from, and compromised by, the personal qualities of the nurse.

4. Conclusion

The history of nursing is often portrayed in terms of a march of progress from a primitive state in which practice was based on myths, rituals and unquestioning obedience to authority, to modern scientific practice based on rational thought and the findings from experimental research studies. Drawing on the work of the anthropologist Claude

Lévi-Strauss, I have suggested that we should think of these two approaches as contemporaneous rather than successive; as complementary rather than antagonistic; or in Lévi-Strauss's words, as synchronic rather than diachronic. The metaphor of the nurse-as-bricoleur helps us to regard nursing myth as a valuable source of know-how passed on from expert to novice, and ritual as a time-honoured and effective way of enacting that know-how. Bricoleurs draw on ritual in the form of the traditional practices of their craft, for example, a particular way of holding a saw when cutting a piece of wood. They draw also on traditional heuristics and rules of thumb such as 'measure twice and cut once', perhaps illustrated with the mythical story of the carpenter who only measured once and cut in the wrong place.

Instead of regarding evidence-based nursing as replacing earlier approaches, we should value them as equally useful modes of thinking and practising, to be drawn on as necessary. Some nursing situations can be thought of as engineering projects. In order to perform a sterile dressing in the safest and most efficient way, the nurse requires the correct tools and a detailed procedure based on best evidence from research. However, many situations encountered in the messy world of day-to-day clinical practice cannot be planned in advance and require an on-the-spot decision with no recourse to research findings and no access to technical equipment. These situations require a bricoleur who is able to draw on what Lévi-Strauss calls a 'treasury' of skills, knowledge and understanding from a diverse range of sources, many of which have been handed down through nursing myths and rituals. Much of what the nurse requires, research is unable to provide. It is not possible to write separate procedures for every possible nurse-patient encounter, and in any case, there will be no research findings on which to base them. It is in situations such as these, situations which comprise much of the everyday practice of many nurses, that the nurse will need to practice the art of bricolage.

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References

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