Giving a voice to users carers and practitioners: Hermeneutics and the whole person discourse

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Aim

- To argue that the multiple discourses encountered in psychiatry needed to be properly integrated to help improve communication between users, carers and practitioners.

- To examine how the multiple discourses - ordinary language and specialist/technical languages (neuroscientific, philosophical and religious/spiritual/theological) - can be juxtaposed together into a whole person discourse which does not impoverish the expression of health and illness experience of patients.
Background

- The practice of psychiatry is becoming more specialised and technical with various advances in neurosciences and the operationalisation of diagnosis and service delivery.
- These developments pose both opportunities and challenges for practitioners to help users and carers make sense of their experience of mental illness and wellbeing.
Background

- Part of a research program on psychiatry in relation to neuroscience, philosophy, culture, religion and spirituality

- *Ricoeur and The Third Discourse of the Person: From Philosophy and Neuroscience to Psychiatry and Theology* (Studies in the Thought of Paul Ricoeur)
Background

The Unfortunate Swing of Psychiatry between

- “brainlessness” (*neglecting* neurobiology)
- “mindlessness” (*over-focusing* on neurosciences)

(Eisenberg 1986)
Background

Ongoing ambivalence/neglect/negligence

- culture
- religion
- spirituality

(Recommendations for psychiatrists on spirituality and religion, Position Statement PS03, Royal College of Psychiatrists, 2013)
(RANZCP Position Statement 96 The Relevance of Religion & Spirituality to Psychiatric Practice, Section of History Philosophy & Ethics of Psychiatry, Royal Australian & New Zealand College of Psychiatrists, 2018)
Background

- The problem/challenge of multiple discourses in psychiatry – biological, psychological, social and spiritual
- How do we make sense of the relationship between these different discourses?
- How do we promote dialogues between these different discourses?
- A Whole Person Discourse?
Background

- Cultural plurality and diversity
- Mental health and ill health is experienced and expressed by a person within a cultural context
- How can we facilitate these different culturally contextualised voices to be heard and understood properly between persons?
- How do one say something as a person about something to another person who may or may not share our experience, ideas and beliefs?
How do we make sense of the voice of our patients/users?

“I am happy, healthy and fulfilled (ordinary discourse) because I take SSRI antidepressant that corrects my chemical imbalance in the brain (neuroscientific discourse), accepts that I am a free, rational and moral being (philosophical discourse) and believes that God creates me in his image and shows me the truth, goodness and beauty and empowers me to experience faith, hope and love (religious discourse).”
The major challenge for users carers and practitioners involves how to correlate between/bring together:

- The subjective and the objective
- The first person and the third person
- The mind and the brain/body
Method

- To explore the challenge posed by multiple discourses in psychiatry through the perspective of hermeneutics and the notion of a whole person discourse.

- This perspective is developed from Ricoeur’s notion that a possible ‘third discourse’ can bridge ordinary language (‘first discourse’) and ‘specialist’ languages (‘second discourse’), proposed in the dialogue between Jean-Pierre Changeux and Paul Ricoeur on neuroscience and philosophy (CRD).
Jean Pierre Changeux
*Neuronal Man* (1983)
- Molecular Biology
- Evolutionary Biology
- Connectionism

Paul Ricoeur
*Oneself as Another* (1990)
- Reflective Philosophy
- Phenomenology
- Hermeneutics
Mind and brain are two different substances – one is immaterial and the other material.
Mental events

sensation
emotion
cognition
volition

as **nothing but**

Brain
Activities
Dualism or Reductionism?

Mind Body Problem

**Dualism** - mind is essentially not physical, and exists separately from the body
- Interactionism - mind and body have causal interaction
- Occasionalism - the apparently causal links between mind and body are actually divine intervention
- Parallelism - the apparent causal link between mind and body is an illusion
- Property dualism - the mind emerges from the body, and obtains status as something separate.

**Monism** - mind and body are not fundamentally separate.

**Physicalism** - mind may be reduced to the physical processes of the brain.
- Behaviourism - talk about mental states can be reduced to talk about behaviours.
- Functionalism - mental states are caused by behaviours, senses and other mental states.
- Type physicalism - mental states are equivalent to brain states

**Idealism**, which claims that the mind is all that exists.
- Phenomenalism, which reduces the physical world to perceptions which exist within the mind alone.
Jean-Pierre Changeux

- Try not to say ‘nothing but the brain’
- Explain the soul and the mind in terms of the brain
- Replace the religious with ethics and aesthetics
Paul Ricoeur

- Eliminative reductionism is mistaken
- Dualism is not of substance but of meaning
- A unique nature of our ordinary language
Dualism is not of substance but of meaning

- Our language is *peculiar* in that it does not readily differentiate terms such as “mind” or “soul” which refer to *subjective non-physical* aspects of our existence from those words such as “body” or “brain” which point to the *objective & physical*
- I have a *brain* and I have a *mind* have similar structure
- We therefore take mind and brain as *two different stuffs or things or substance*
- The problem is that we are not aware of this sliding from meaning to thing
Paul Ricoeur

*Semantic* dualism and not *substance* dualism

- *Mental* is not equivalent to the term immaterial in the sense of something *non-corporeal*
- Mental experience implies the *corporeal*, but in a sense that is *irreducible* to the objective bodies studied by the natural sciences
- Semantically opposed to the *body-as-object* of these sciences is the *experienced body* (*p.15*)
Semantic dualism and not substance dualism

- **mind is not non-corporeal** (without a body or brain)
- We are **embodied persons**
- **Subjective experience of the body**
- **irreducible** to the **objective body observed by the natural sciences**
- This is the **real difference**
Paul Ricoeur

…The discourse of neuroscience is littered with such shorthand expressions – semantic short-circuits, in effect. They would be innocent enough if they were recognized, and in particular if they were not improperly used to support “eliminativist” arguments made by philosophers such as Patricia and Paul Churchland and related claims for a materialist ontological monism, which I find naïve …(p.41)
Paul Ricoeur

…The philosopher has a duty, then, in reading scientific texts, to combine semantic tolerance with semantic criticism – to accept in practice what he denounces as a matter of principle, namely confusions that result from illegitimately converting correlations into identifications (p. 40)
Philosophy - Explanation & Understanding

- Hermeneutics (theory of interpretation) distinguishes between methodological (there is correlation between brain and mind) and ontological/eliminative (nothing but the brain) reductionism,

- explaining the mind with the brain does not mean explaining away the mind

- more explanation (data or correlation) leads us to better understanding (significance and meaning)
Methodological reductionism

Interpretation of correlations faces 3 challenges

- Specificity
- Causality
- Complexity
Repetitive and Non-repetitive violent offenders have different glucose uptake at the RAIT gyrus.
Volumetric MRI measurement of Amygdala size in First Episode Psychosis (1996-2004)

Figure 2. Analysis 3 - Amygdala volumes
First Episode affective Psychosis has larger amygdala volume than normal controls and non-affective psychoses.
So it is not

- Nothing but the brain …
- Nothing but the mind …
- Nothing but the spirit …
- Nothing but the self
- Nothing but the family or society…
It is...

- Nothing but the **person** ...a bit of the brain ...a bit of the mind... a bit of the spirit ...a bit of the family or society...

- ...how much of *a bit* is ‘just right’
How to get it ‘Just Right’?

- A multi-layered discourse/language
- Comprehensible to the Psychiatrist and the Client
- Not only symptoms but also behaviour and function
- Correlate Bio-psycho-socio-spiritual dimensions
- Not reducing them to any particular/single perspective
- To explain: *not* to explain away
- To understand: to search for meaning and significance
- Explain more in order to understand better
- The *therapeutic hermeneutic circle*
Hermeneutics and Whole Person Discourse

Hermeneutics distinguishes between Ordinary language & Specialist Languages

- **Ordinary** language – *polysemy* (multiple meaning and ambiguity) leading to surplus of meaning and conflicts of interpretation

- **Specialist** languages - reducing *polysemy* to different extent with technical terms in theology, philosophy and science e.g. soul, mind, brain, achieving **certainty** and **clarity** at the cost of **reduction or loss of richness of meaning** through the elimination of ambiguity
Hermeneutics and Whole Person Discourse

- The problem of psychiatry is that we have *multiple discourses* in psychiatry
- both ordinary and specialist (biological, psychological, social and spiritual) discourses
- Not just semantic *dualism* but *pluralism*
- How do we *bring together* these discourses?
Hermeneutics and Whole Person Discourse

- Ordinary language is *first* order discourse (direct) and while specialist languages are *second* order discourse (indirect)
- Hermeneutic circle – explanation and understanding (Schleiermacher, Dilthey, Jaspers)
- Explain more in order to understand better (Ricoeur)
- Ordinary language and specialist languages act as metalanguage to each other to promote the hermeneutic circle
Hermeneutics and Whole Person Discourse

The Possible Form of a ‘Third Discourse’

- The “third discourse” is not a distinct discourse as such
- but, consistent with Ricoeur’s suggestion, an approach in which one brings together multiple discourses, each with its separate “specialist” language – philosophical, neuroscientific and religious/theological
- into dialogue with one another and all of them with ordinary language.
The Possible Form of a ‘Third Discourse’

- The ‘third discourse also takes up Ricoeur’s notion of a dialectic between a hermeneutics of “suspicion” and a hermeneutics of “renewal” which links explanation to understanding, in contrast to Changeux’ privileging of explanation alone.
Hermeneutics and Whole Person Discourse

The Possible Form of a ‘third discourse” or Multi-layered Discourse’ or ‘Whole Person Discourse’

- The “Whole Person Discourse” is a discourse in which the user/carer/practitioner is \textit{explicitly} and \textit{consciously} using ordinary language and “specialist” languages together in expressing his or her experience, in a \textit{correlative} but \textit{non-reductive} way that promotes both explanation and understanding.
An example of giving a voice to users, carers and practitioners through hermeneutics and whole person discourse

“I am happy, healthy and fulfilled (ordinary discourse) because I take SSRI antidepressant that corrects my chemical imbalance in the brain (neuroscientific discourse), accepts that I am a free, rational and moral being (philosophical discourse) and believes that God creates me in his image and shows me the truth, goodness and beauty and empowers me to experience faith, hope and love (religious discourse).”
An example of giving a voice to users, carers and practitioners through hermeneutics and whole person discourse

- This personal narrative takes a form that we encounter in daily conversation and is therefore practical in usage and pragmatic in function.
An example of giving a voice to users, carers and practitioners through hermeneutics and whole person discourse

This personal narrative has the overall semantic structure of “ordinary language” discourse

It uses words readily found in the dictionary and takes the form of a number of sentences linked together by conjunctions that obey the grammatical rules.

There is a technical term – “SSRI anti-depressant” – with specific univocal scientific definition, but nevertheless this is still made up of words rather than logical symbols or scientific notations.
An example of giving a voice to users, carers and practitioners through hermeneutics and whole person discourse

- However in this personal narrative there is also a juxtaposition of ordinary language, and neuroscientific, philosophical and religious discourses but there is no error of semantic amalgamation in Riceour’s terminology.
- In other words the discourses are brought together in a grammatical and legitimate way without any illegitimate vocabularies or neologisms.
An example of giving a voice to users, carers and practitioners through hermeneutics and whole person discourse”

While the subject in this narrative refers to himself/herself as “I” and as a “being” with a “brain” and an “image” there is no presupposition of either “substance dualism” or eliminative reductionism.
An example of giving a voice to users, carers and practitioners through hermeneutics and whole person discourse

- While this personal narrative consists of three separate kinds of explanations from three different kinds of discourses linked together by conjunctions, these explanations remain distinct and no attempt was made to reduce any of them to any other discourses. It takes the form of an integral narrative of the same person.

- In other words the speaker is explicitly and consciously using ordinary language and “specialist” languages together in expressing his or her experience, in a correlative but non-reductive way that promotes both explanation and understanding.
An example of giving a voice to users, carers and practitioners through hermeneutics and whole person discourse

- The personal narrative allows the interaction between the whole and the parts and between explanation and understanding.

- From the perspective of the whole the narrative declares an overall nature of the experience of the person – happy, healthy and fulfilled though the nature of this experience remains general, open and abstract.

- However this provides a paradigm to understand the specific, closed and concrete meaning of each part of the narrative, which can be subject to explanation through the rule of the particular ‘specialist’ language.
An example of giving a voice to users, carers and practitioners through hermeneutics and whole person discourse

- The whole is about the general sense of well-being.
- The parts are about the specific basis or correlate of well-being.
- On its own each discourse is a univocal explanation of well-being – the neuroscientific discourse of biochemical balance, the philosophical discourse of ontological-epistemological-ethical identity and agency, and the religious discourse of theo-athropological nature and capacity.
- Together they provide a rich and accurate understanding of the subject or self.
An example of giving a voice to users, carers and practitioners through hermeneutics and whole person discourse

- The double hermeneutics of suspicion and renewal provides further analysis of the personal narrative beyond the hermeneutic circle of explanation and understanding.
- It introduces a critical element in the explanation and understanding of the narrative.
An example of giving a voice to users, carers and practitioners through hermeneutics and whole person discourse

In terms of a hermeneutics of suspicion one will query

- the self-declaration of happiness, health and fulfillment as desperate assertion, wishful thinking or dishonest claim rather than confident confession accurate self-understanding or genuine self-appraisal
- The neuroscientific discourse as reductionist and eliminative
- The philosophical discourse as unjustifiably metaphyscial
- The religious discourse as supertitious and fideist
An example of giving a voice to users, carers and practitioners through hermeneutics and whole person discourse

- This critical moment of ‘suspicion’ at the beginning of explanation allows for clarification of any illegitimate use of words and grammar, as well as literal and non-literal interpretation inappropriate to the genre, and facilitates a subsequent post-critical moment proper to interpretation, understanding and attestation.
An example of giving a voice to users, carers and practitioners through hermeneutics and whole person discourse

After clarification by the hermeneutics of suspicion the hermeneutics of renewal can now proceed to

- Confirm the physical dimension of the sense of feeling happy, healthy and fullfilled
- Incorporate the idea of being a free, rational and ethical agent
- Accept the statement is epistemologically valid and not totally idealist
- Understand the confession of a personal identity in relationship to God is not necessarily fideistic, though it is still not verifiable in the sense of logical positivism.
An example of giving a voice to users, carers and practitioners through hermeneutics and whole person discourse

- The personal narrative allows the interaction between the whole ordinary language narrative and the individual specialist language discourse.
- The whole is about the general sense of well-being.
- The parts are about the specific basis or correlate of well-being.
- Each discourse is an explanation of well-being – the neuroscientific discourse of biochemical balance, the philosophical discourse of ontological-epistemological-ethical identity and agency, and the religious discourse of theo-athropological nature and capacity.
- correlative and non-reductive, i.e. multi-leveled
- To explain more (possible causality) in order to understand better (significance and meaning, providing a rich and comprehensive understanding of the subject or self.
- no more swings between “brainlessness” or “mindlessness” or “spiritual neglect”
An example of giving a voice to users, carers and practitioners through hermeneutics and whole person discourse

This personal narrative consists of **three separate kinds of explanations** from three different kinds of discourses

- these explanations remain distinct and no attempt was made to reduce any of them to any other discourses
- explicitly and consciously using ordinary language and “specialist” languages together in expressing his or her experience, in a correlative but non-reductive way that promotes both explanation and understanding.
The whole person discourse puts patients first

- Person focused – no longer fit them into restrictive oversimplistic diagnostic categories or a reductionist framework (nothing but your brain)
- Client centred - let them have a voice telling us what they really experience need and want
The whole person discourse promotes

- The dialogue between *three traditions of ideas* - Religious (belief & practice) Philosophical (thinking & reasoning) Scientific (observation & measurement)

- a *Holistic approach to lived experience* – overcoming *fragmentation and alienation* (personal identity and relationship) due to the use of reductive language and privileging particular discourse
The whole person discourse

reconnects brains with minds

*Philosophy of Psychiatry*
- Philosophy of Mind
- Philosophy of Science
- Moral Philosophy - Ethics
The whole person discourse

reconnects minds with brains

Experience (Thoughts, feelings, behaviour, function)

- <=> Mind/Brain
- <=> Circuits
- <=> Cells
- <=> Membranes
- <=> Molecules
- <=> Genes
The whole person discourse contributes to general skills training in medical education

- capacity to think
- courage to speak
- commitment to listen
- ability to care
Conclusion

A multilayered personal discourse that takes the form of

- A dialogue between ordinary discourse and one or more ‘specialist’ discourses
- Rather than a single unified discourse
- Allows our users carers and practitioners speak in different, nuanced, correlative but non-reductive ways
- provides a means of expression that is richer that what is achievable through the separate use of ordinary and individual ‘specialist’ discourse
Conclusion

- This presentation argues that the whole person discourse in the form of a multi-layered non-reductive correlative personal narrative provides a voice to users, carers and practitioners that allows them to explain more and understand better their various mental health experience.