
Learning to "Read/Hear": Narrative Ethics and Ethics Committee Education

by Robert Lyman Potter

Narrative ethics, a method of ethical analysis that focuses on an individual's character and virtues, is an alternative and supplemental approach to doing ethics in a clinical setting. A narrative ethics perspective provides ethics committees with an understanding of the complexity of agents and their actions. Members of ethics committees trained in narrative ethics learn to "read/hear" the patient in the context of his or her life and history, and are able, consequently, to anticipate probable futures and design interventions which can change the course of an illness in a positive way.

The use of principles in clinical ethics has been an established method of rational analysis for many years (Pellegrino 1993). Ethics committee members, however, should be conversant with the spectrum of alternative approaches which have had an impact on the bioethics field in recent years. Narrative ethics in particular is a helpful perspective in educating ethics committees to be discerning about the complexity of agents and their actions. Although it is not a replacement for principlism, it provides a complementary method for ethics appraisal. In this paper I will explain the basic intent of narrative ethics and show how it can be used to enrich ethical analysis in the clinical setting.

Narrative Ethics

Ethics is about choosing. Narrative ethics is a method of understanding both the chooser and the conditions of choice. To study choice it is necessary to study the chooser, and to study the chooser one must also study the community and history of the chooser. The narrative perspective on ethics does not focus on principles or goals entailed in a moral choice; instead it focuses on the character and virtues of the person who deliberates choice. In order to focus on the virtues of character it is necessary to consider the community and the history, that is, the tradition, from which the individual character arises.

In narrative ethics a person's life story is the text from which meaning can be interpreted (Hunter 1993). Narrative ethics in health care entails the interpretation of meaning through a careful "reading" of the life story in ways relevant to the clinical situation.

Interpreting the patient's history is what is meant by a "hermeneutic of medicine." According to Kathryn Hunter, "medicine is fundamentally narrative...and its daily practice is filled with stories" (Hunter 1991). Medicine is a hermeneutical enterprise: an interpretation of a portion of an individual's life selected from the larger context of the whole of that life. Hunter further describes medicine as "a rational, science-using, interlevel, interpretive activity undertaken for the care of a sick person" (Hunter 1991).

The physician-reader-hearer must "read-hear" the patient-text-narrative through a thick description in order to distinguish the various sources of self which coalesce into a center of value that is commonly referred to as the "person." Exploring the depths of a person or self is highly problematic, as attested to throughout the writings of self-psychologists (Lifton 1993). "Person" is complex, as complicated as an entire life story.

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A personal life story is embedded in a matrix of stories regarding family, other associative groupings, as well as the larger society all the way up the hierarchy to the cultural ethos in the history of a particular era. This idea of a single story embedded in multiple stories is based on the interactional theory of personality, the framework of which entails the elements of personality, society and culture in an interactional network.

Alan Lubert describes this idea of a story-within-stories:

Patient narratives are not merely private tales. By telling stories we create a social world where events and actions can be made intelligible. We leave a lonely private existence and enter a common life shaped by a sense of what is needed for all to live well. No less is true for people who are ill. Patients share stories because meaning—personal and therapeutic—can be constructed only when we reflect together about our common experience. (Lubert 1993)

In the clinical setting, patients tell physicians and nurses biographical details which put the health care worker in touch with the individual's unique life and the individual patient in touch with the larger common experience of those who have been ill.

The importance of narrative as a grounding of ethics is summarized by Alasdair MacIntyre in the following points:

- Intelligible human action is narrative in form.
- Human life has a fundamentally narrative shape.
- Humans are story-telling animals.
- People place their lives and arguments in narrative histories.
- Communities and traditions receive their continuities through narrative histories.

- Epistemological progress is marked by the construction and reconstruction of more adequate narratives and forms of narrative. (MacIntyre 1989)

These uses of narrative emphasize the central importance of this form of cognitive discourse. The power of the rational use of principles is not eliminated; rather, it is complemented by the power of story.

Techniques of Narrative Ethics

Narrative ethics techniques may be approached from multiple perspectives. The first is the perspective of analysis of the self-structure by way of self-psychology or similar schools of psychology (Kegan 1982). Biography, and especially autobiography, are valuable resources for exploring the self-structure. The psychological perspective can be extended into sociological analysis as a way to broaden the social context of the self. In the same way, cultural analysis can provide an even broader matrix from which to understand the individual self. This technique seeks the self through the life story.

The second major perspective is that of literary criticism. Learning to read and interpret a written text in terms of character, plot, and metaphor is valuable for a fuller understanding of the rich meaning latent in the text. A variety of approaches to this active field are available to the inquiring explorer seeking a strong application of literary interpretation to ethics (Booth 1988).

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The third perspective is the general field of hermeneutics or the interpretation of symbols (Ricoeur 1976). In this discipline, signs, symbols, metaphors and other aspects of language are the focus points through

which the discovery of meaning is achieved (Detweiler 1978). The meaning content of myth is especially employed to interpret the way in which individuals within a culture construct their understanding of reality.

Applying narrative as an ethics tool requires the ability to understand self, other selves, and the socio-historical situation in which selves exist. It is the reading of the personal character in the character of the times that reveals the complex moral depth entailed in every decision about which action to take in response to any lived-situation. Whether by psychosocial analysis, literary criticism, or hermeneutical method, narrative ethics is a way to enter profoundly into the moral matrix.

Educational Methods for Learning to "Read/Hear"

Learning to analyze one's self and others within the complex dimensions of an entire life is a worthwhile goal for any person striving for an authentic existence. Although it may be learned through formal schooling, this is not necessary. Many persons are naturally intuitive and sensitive to understanding both themselves and others. Furthermore, the capacity to recognize virtues, to encourage self-reflection, and to identify the key issues of discernment can be learned through example and observation. An interest in the flow and meaning of ordinary, personal events is a strong qualification for being able to "read/hear" the moral level of life stories.

Educating ethics committees to be sensitive to the psycho-social arena can include instruction in psychological constructs. The various stage theories of self-development, for example, are formal structures that enable a more valid interpretation of each personal story. A psychoanalyst, Eric Erikson, pioneered this approach to understanding the self (Erikson 1982). The staging construct of Robert Kegan is of special value in locating an individual along the various points of a common human life journey (Kegan 1982). The perspective of developmental psychology is used in daily conversation; with a little effort, interested persons can expand their knowledge of this field to the point of practical application in ethical analysis.

The literary approach to narrative education involves interpreting a story through analysis of character, plot, and various other aspects of literature such as the use of metaphors. Reading stories, especially biographies and well-crafted novels, is a way to understand the moral matrix of people's lives. Reading in a reflective mode is an important exercise of the ethical sensibility. The interpretation of films and plays through discussion groups can also develop the insight needed to ask relevant questions and construct pertinent answers which describe the framework of the self. *The Elephant Man*, *A Man for All Seasons*, and *The Doctor* are examples of well-known works which lead to such insights.

Likewise, committee members who read newspapers and magazines, listen to the radio and watch informa-

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tive television reports remain in touch with the current culture. This cultural ethos is the formative background to everyone's personal story.

The hermeneutic approach appears more complex in its formal structure than self-psychology and literary criticism. However, one can reproduce the core of this approach by sitting quietly in a shopping center and observing the diversity of individuals as the crowd flows along. Those who have had experience in studying other cultures have identified the essential requirements which allow observers to suspend their own cultural framework enough to "read/hear" what is going on in the observed culture (Spradley 1980). The empathic positioning of oneself within a mind-set different from one's own is a skill which allows for a "shift of horizons." This change of perspective, allowing one to experience the world from another angle, is the most profound of ethical exercises, and is the most compelling aspect of the narrative approach to ethics. It not only nurtures an appreciation for one's own value per-

spective, but it makes possible the emergent appreciation of the other's value perspective.

The capacity to appreciate the dimension of values in oneself and in others is the goal of education in narrative ethics. According to Daniel Maguire, "The foundational moral experience is an affective response to value. The value of persons cannot be taught, subjected to proof, reasoned to, or computerized. It can only be affectively appreciated" (Maquire 1991).

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An ethics committee that functions from the mindset of self-psychology, literary criticism, and hermeneutics is more capable of sifting through the details of a complex case and discovering the essential outlines of the patient as a person than one that does not. Having the capacity to discover the patient as a person is a distinct advantage for sensitive ethical analysis.

Preventive Ethics Seminar as a Method of Narrative Ethics

One way to examine the several dynamics described above is to look at actual case histories of sick persons with the intention of anticipating the "plot" of the story (Brody 1987). This requires both understanding the character of the main actors and a range of experience from "reading" similar stories.

A seminar developed for hospital ethics committees around the concept of preventive ethics illustrates the use of this approach (Forrow 1993). After presenting the story of a patient, the committee was instructed to sort out the relevant and salient features which would

likely be important to anticipate the future events in the story. Participants looked for clues indicating what would likely happen so that interventions could be planned to change the expected adverse events. This was an exercise in practical discernment, or the deep reading/hearing of a narrative.

Health care workers, especially bedside nurses, are expert in "reading" the main plot lines of the "case" of the person for whom they are caring. Experienced observers recognize early in the course of an illness the various problems that are likely to develop as the natural history of the illness unfolds. That skill to anticipate probable futures is critical in designing interventions that can change the course of the illness in a positive way.

As the participants in the seminar focused on identifying early warning signs pointing to possible outcomes, they were amazed at their own perceptiveness. They began to identify details of daily routines as keys to one type of ethical analysis. For example, participants became aware that a patient with a sixth grade reading level would likely create problems for obtaining an informed consent, and that a patient from a conflicted family would probably have trouble identifying a substitute decision maker.

Using their knowledge of how certain types of people tend to respond to illness, the participants were able to understand the meaning of the illness for that person. This discernment used symbols and metaphors in a profound and subtle way. The participants were reading plot from the clues which unfolded in a temporal and relational sequence. The reading of plot produced a predictable and interpretable meaning at various stages in anticipation of the conclusion of the case narrative.

The seminar exercise demonstrated to the participants the use of interpretive skills embedded in a narrative method of analysis, and revealed the possibility of preventive ethics. Without being aware of it, the group was using a common approach to practical problem solving. The typical pattern of problem solving

requires the following three elements:

- analysis of the self-in-situation (the place where narrative works best)
- search for alternatives (asking how you would prefer this story to be played out)
- deciding for an optional action (choosing to apply some intervention in order to transform the destiny of the characters in the narrative)

The participants' sense of competence to "read/hear" the salient features of a case narrative was enhanced by the seminar experience. Satisfaction came from the realization that one approach to ethical analysis is the imaginative power of anticipating the next turn in a narrative plot. The group learned that preventive ethics can alter actions and outcomes.

Conclusion

Narrative ethics allows an in-depth "reading-hearing" of the complexity of the moral matrix in which each person is embedded. Affective appreciation of this moral matrix is central to an adequate understanding of the conditions under which a person must choose. The outcome of actions influences the plot of the personal narrative. By understanding the characters and interpreting the plot, ethics committee members are better prepared to suggest alternate actions to change the outcome of a clinical story.

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