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Narrative and Ethics in the Literary Hermeneutics of Paul Ricoeur: An Exploration Within the Context of Professional Health Care Education

Andrew McKie

In the recent interest expressed in exploring the intricacies between narrative and ethics (Charon 1994; Frank 1995; Downie and Macnaughton 2007), few people have addressed the philosophical issues underpinning this relationship with such depth and originality as the French literary philosopher Paul Ricoeur (1913-2005). In works such as *Time and Narrative* (1984-1988), *From Text to Action* (1991a) and *One Self as Another* (1992), Ricoeur explores these issues via an understanding of the person in terms of self-identity as revealed primarily through acting with others and, secondarily, through the construction of narrative.

In this chapter, I seek to address five distinct aims:

1. to present Ricoeur's broad understanding of narrative as outlined in his threefold mimesis model
2. to explore Ricoeur's understanding of self and the "ethical aim"
3. to explore the relationship between the self and narrative identity as found in *One Self as Another* (1992)
4. to consider dimensions of reading as a distinct action
5. to consider the application of examples of Ricoeur's work within the context of professional health care education where literary narratives may "confess," as well as "confound," perceptions and understanding of an ethic of the "good life."

Ricoeur's Understanding of Narrative

In his preface to volume one of *Time and Narrative* (Ricoeur 1984, ix), Ricoeur brings together metaphor and narrative as synthesising examples of "semantic innovation." Whereas metaphor concerns itself with using words beyond their literal use within sentences to create new meaning, narrative is characterised by its use of "plot" as the way in which "it 'grasps together' and integrates into one whole and complete story multiple and scattered events, thereby schematizing the intelligible signification attached to the narrative taken as a whole." (Ricoeur 1984, x).

This understanding of narrative in terms of an holistic form carrying meaning is developed further by linking narrative to a theory of action. Ricoeur draws upon an Aristotelian understanding of *mimesis*, or likeness, in which, to use Aristotle's example, tragedy as a particular form of narrative is viewed as a mimetic form not primarily of persons (agents), but rather of the structure of events (action).

Tragedy is not an imitation of persons, but of actions and of life. Well-being and ill-being reside in action, and the goal of life is an activity, not a quality; people possess certain qualities in accordance with their character, but they achieve well-being or its opposite on the basis of how they fare. (Aristotle 1996, 11)

Ricoeur, however, takes Aristotle's notion of mimesis beyond a mere imitation of a given reality. By seeing written texts in enhanced terms of re-presenting events in the shape of a configurative "single story" featuring imagination and fiction (Ricoeur 1991b), an active dimension is accorded to texts which permit the reader, as a purposeful agent, to see reading as an action itself and therefore the reading of a text as entry into life itself.

Ricoeur develops the notion of time within narrative by linking texts directly to an understanding of their interpretation (reading). It is the task of hermeneutics (the art of interpretation) to

reconstruct the set of operations by which a work lifts itself above the opaque depths of living, acting and suffering, to be given by an author to readers who receive it and thereby change their acting. (Ricoeur 1984, 53)

Understanding the dynamic between texts, authors and readers is central to Ricoeur's notion of narrative. Considering texts in narrative terms permits an appreciation of how time and the particular significance of events might be linked. This is done by Ricoeur (1984) by presenting a threefold mimesis model as part of a "circle of narrative and temporality" in which the links between reader, text and response (action) are shown. This is demonstrated in Table 1 below.

mimesis 1	pre-understanding of issues of human action reader asks of text: who agents are, symbolism, time, signs, rules, norms reader approaches text with their assumptions <i>Prefiguration</i>
mimesis 2	“literary universe” of text itself the “as if” of emplotment transformation of events into a story <i>Configuration</i>
mimesis 3	coming together of world of text and world of reader making/remaking a world of action application <i>Refiguration</i>

Table 1: Ricoeur’s (1984) threefold model of mimesis

According to Ricoeur (1984, 53-56), this “circle of narrative and temporality” operates with the inter-linking of these pre-figuration, configuration and refiguration “stages.” In mimesis 1, the reader approaches the text with her own assumptions and specific questions about the text itself (e.g. “who,” “whom,” and “how” questions). In the mediatory stage of mimesis 2, the text is considered in “as if” terms by allowing emplotment to draw events into a coherent whole. Finally, the stage of mimesis 3 represents an intersecting stage when text and reader come together to create a new world of understanding and possible actions.

Ricoeur’s discussion of narrative makes use of literary and historical examples (Ricoeur 1984). Nevertheless, particular dimensions of narrative as fiction are addressed which are relevant to the purposes of this essay (Ricoeur 1991a). Viewing fictional narratives in terms of “not about absent things but nonexistent things” (1991a, 170), Ricoeur argues that these can be useful as a means of addressing the complexities of the practical world. By use of such devices as “fictive representation(s)” (1991a, 176) and imagination, narrative can be considered beyond its structural forms and used as a “specific speech act” in itself to incorporate particular dimensions of the power to act and the promotion of intersubjectivity (Ricoeur 1991a, 176ff).

The Self and the Ethical Aim

In *Oneself and Another* (1992), Ricoeur outlines an understanding of ethics via a deeper exploration of the relationship between a theory of action and narrative. By placing the latter at the “crossroads” between description (action) and prescribing (ethics), Ricoeur (1992, 170) utilises the form of narrative as a way of exploring these actions in ways which are rich, anticipatory and full of meaning. Such “narrative fictions” become opportunities, or “imaginary spaces,” for reflection upon actions themselves (Ricoeur 1992, 170).

Ricoeur (1992, 171) asserts the primacy of ethics over morality. Drawing upon an Aristotelian notion of the good as “that for the sake of which everything else is done” (Aristotle 1983, Book 1, 73), Ricoeur frames his understanding of ethics in goal-orientated, or purposeful (*telos*), terms of intentionality as “aiming at the ‘good life,’ with and for others, in just institutions” (Ricoeur 1992, 172).

An ethics based on moral norms, constraints (rules) and principles (theories) is not dismissed entirely. These moral norms are necessary to avoid any tendency in the “ethical” approach towards mere “effusion of good sentiments” (Ricoeur 1992, 172). Similarly, appeal to a teleologically orientated ethics may be necessary when moral norms conflict with one another e.g. the principles of autonomy and beneficence (McCarthy 2003).

Nevertheless, Ricoeur’s primary aim is to outline a full account of an ethic based upon teleology. This definition of ethics is broken down into three constituent parts. Firstly, ethics is directed towards the intention, or aim, of “the Good”. Universalising notions of the Good are eschewed in favour of grounding it as “a question of the Good *for us*” (Ricoeur 1992, 172; original emphasis). This particularising tendency of grounding ethics in the pursuit of the “practical Good” allows the context of different actions to be recognised (Aristotle 1983, Book 1, 93). In addition, Ricoeur avoids any

individualistic notion of the Good by locating an understanding of ethics in social terms of the Good being absent, or lacking, in specific practice contexts of a profession e.g. nursing or medicine. The “internal Goods” of a practice (e.g. profession, game or an art) can contribute towards the Good by way of the exercise of that particular practice’s “standards of excellence” or virtues (Aristotle 1983, Book 2, 99).

At the same time, Ricoeur (1992) identifies an ongoing dynamic of interpretation (“hermeneutical circle”) between the aim of a good life and the everyday choices and decisions that constitute the world of practice. If the subject of ethics is to be considered in narrative terms, this is to acknowledge that the “text of action” of any life is complex. This interplay between intentions, causes, contingency, acting, failure and suffering may then make up a “narrative unity” of a life (Ricoeur 1992, 178).

Secondly, Ricoeur (1992, 180) locates the intention of the Good in relational terms—“with and for others.” By developing the notion of “solicitude” in terms of “benevolent spontaneity” (Ricoeur 1992, 190), a real danger of the Good being pursued in individualistic and self-absorbing terms is avoided. Instead, as Ricoeur (1992, 180) states it, “to say self is not say *myself*” (original emphasis). Rather, by way of alternatives, the relational dimension of an ethic expressed in pursuit of the “good” places capacity (“I can”) before accomplishment and the exercise of the virtue of friendship becomes one way of addressing the “problematic of the self and the other than the self” (Ricoeur 1992, 182).

This relational dynamic of an ethic of the Good expressed in terms of solicitude is tested by way of its response to the weakness and pain of the “suffering other.” Suffering may reduce the capacity of a person to act, but solicitude may enable power to be drawn from weakness itself.

When unequal power finds compensation in an authentic reciprocity in exchange, which, in the hour of agony, finds refuge in the shared whisper of voices or the feeble embrace of clasped hands...A self reminded of the vulnerability of the condition of mortality can receive from the friend’s weakness more than he or she can give in return by drawing from his or her reserves of strength. (Ricoeur 1992, 191)

Such relational practice has profound repercussions for the pursuit of an ethic based upon the aim of the Good. Expressed in terms of similitude, which is “the fruit of the exchange between esteem for oneself and solicitude for others” (Ricoeur 1992, 193), such an ethic may permit a new understanding of how a person might relate to an other. As Ricoeur (1992, 193) expresses it, “this exchange authorizes us to say that I cannot myself have self-esteem unless I esteem others *as myself*.” Relationality takes on a significance which allows such terms as “as myself” and “you too” to enter the language of an ethic of the Good.

Thirdly, Ricoeur (1992: p. 194) completes his definition of the pursuit of the good life by locating such a goal within wider contexts (“just institutions”). Structures of living together, in the shape of institutions belonging to historical communities, give further shape to the pursuit of the Good. Such institutions (e.g. political, legal, economic, family, educational, welfare, religious) may be considered in terms of the ways in which they reflect “common mores” or values, instead of merely “constraining rules” (e.g. procedures) of morality (Ricoeur 1992, 194).

Self and Narrative Identity

In his Sixth Study of *Oneself as Another*, entitled “The Self and Narrative Identity,” Ricoeur (1992) discusses narrative identity in terms of the location of the self in relation to life and in fiction. Self, understood via narrative identity, is placed between a static conception of selfhood as remaining the same (*idem-id*) in its interaction with others, on the one hand, and a conception of selfhood as self-constancy (*ipse-id*) in its accessibility to others and openness to change, on the other (Ricoeur 1992, 168). Ricoeur concedes that there may be many differences between life and fiction, not least in the areas of beginnings and endings (e.g. a narrator’s perspective on their own birth and death), the part played by others in any one life and conflicting senses of self-identity as part of any understanding of the “narrative unity” of a life.

Nevertheless, narrative expressed as fiction, can help us “to organise life retrospectively” (Ricoeur 1992, 161). Such a perspective can give us “a slice of life” that may help us in our present and future conditions. Narratives can enable us to exchange experiences and thereby to consider the merits of different understandings of the good life itself.

The thought experiments we conduct in the great laboratory of the imaginary are also explorations in the realm of good and evil. Moral judgment has not been abolished; it is rather itself subjected to the imaginative variations proper to fiction. (Ricoeur 1992, 164)

Narrative may help a person to see the merits of different understandings of the Good. By viewing one's own life and that of others via narrative and fiction, it may be possible to see the influence of factors of change and stability upon such pursuits of that Good.

Considering Ways of Reading as an Action

In this section, I explore the contribution that reading can potentially make toward the attainment of an ethic of the good life. In this, restriction is made to the consideration of “nonexistent things” (Ricoeur 1991a, 170) of fiction as found in the literary form of novels, but also found, of course, in paintings, dreams and drama. There exists an intentionality to reading which can evoke a sense of purpose and exploration. Engagement with the text by the reader goes far beyond “micro” attention to the text's internal structure (e.g. sentence construction and grammar). Rather, this engagement can be seen as a form of two-way interrogation, or dialogue, between text and reader: as the text, with its manifold agents, plots and time frames, addresses the reader; and as the latter comes to the text with her own assumptions and questions. Nussbaum (1990, 230) summarises this dialogue with respect to the reader by asking this question: “What is happening to them as they read?”

Nussbaum (1990: p. 25) places the act of reading within classical ethical perspectives of “how should a human being live?” This exploration may allow literary fiction to play a part in a dialogue about the good life and to allow the reader, using Frank's (2004, 6) phrase, to think *with* these fictional narratives in our ethical quest for that good life.

In what ways might the reading of works of literary fiction contribute to the ethical aim of the good life? Although Ricoeur (1991b) posits a “reading texts-reading life” dynamic via his threefold mimetic model, the central enigma of the status of fictional lives as they appear within fictional texts remains. A real person, even if a stranger, may be present in real life. But a character within a work of fiction is fundamentally characterised by their absence and non-existence. Wolterstorff (1997, 137) describes this ontological issue of being present, or absent, in these terms: “It is only *persons* who speak. Characters are mute. For characters are not persons but, so it seems to me, *types* of persons. And *types* of person do not speak” (original emphasis).

One possible resolution to this problem is presented by Ward (2006). Arguing that the ontological issue regarding fiction concerns believability in terms of the ability “to make present” and to “be present with,” Ward (2006, 442) suggests that this may be achieved by the very act of reading itself generally, and the intricacies of the narrative (plot, coherence, meaning), in particular. Reading fiction can be “made present” by contrasting the powers of imagination with those of perception.

Reading is not then a mode of perception, and yet there is a seeing, a hearing, even sometimes a smelling, tasting and touching that does take place in this making present that we associate with imagination. And imagination, like perception, is a form of consciousness. It is a consciousness informed by (in the act of reading) words. But words are not images: they are signifiers related to signified. (Ward, 2006, 442)

Ricoeur (1991a, 174) locates imagination at the “crossroads” between theory and practice. Defining the imagination in terms of the “free play of possibilities in a state of noninvolvement with respect to the world of perception or of action” (Ricoeur 1991a, 174), the role of imagination within the fictional text is linked to the use of metaphor. This literary device, “to see sameness in the difference,” (Ricoeur 1991c, 80) identifies the power of metaphor not only in “substitute” terms around the replacement of a single word (e.g. “man is a wolf”), but also in “tension” terms within sentences or paragraphs which potentially allows the “difference” to enhance, and deepen, the reader's understanding. Consider how this use of metaphor by Rush (2006, 17) might expand an understanding of a person's waiting experience in hospital.

Under that gown skulks your even more absurd carcass, entering its Prufrock stage. Your hair is grey ebb-tide, your teeth a lead-mine, your belly a sack of sand—not much left in the hour-glass either.

The use of the imagination, then, can be seen as a potentially helpful way towards seeking attainment of an “ethic of the good life”. Consider the way in which Lewis (1953, 31-32) uses the imagination via

an evocation of the senses to describe an early experience of his character Ransom on the planet of Venus.

When he next began to take any notice of his surroundings he was, at all events, well rested. His first discovery was that he lay on a dry surface, which on examination turned out to consist of something very like heather, except for the colour which was coppery. Burrowing idly with his fingers he found something friable like dry soil, but very little of it, for almost at once he came upon a base of tough interlocked fibres.

Ricoeur (1991a, 176ff) locates this “meaning-making” ability of imagination within fictional texts to include a “projective function” of acting (“a luminous clearing” to measure the scope of “I can”), freedom, intersubjectivity and recognition of relational dimensions (“every man my brother”). Such understanding of the imagination may find resonance within professional health care in terms of promoting empathy (Scott 1995, 1198), the “fine tuning” of perceptive skills (Pask 1997, 202) and in “helping people have a life” (Liaschenko 1998, 130).

At the same time, however, it is important to be aware of possible limitations to the use of the imagination. Keenan’s (1992, 32) observation of the distorting power of the imagination may be salutary. Or, as Lewis (1953, 84-85) puts it: “Our imaginations, like our appetites, need discipline ... in the interests of our own solid good. That wild impulse must be tasted, not obeyed.”

Narrative as “Confessing” and “Confounding” Ethics

In this section, I seek to explore some of the ways in which narrative, via the form of literary fiction, may contribute towards understanding ethics in “confessing” and “confounding” terms. To express this differently, to what extent might the reading of fictional narratives contribute towards an understanding of ethics “aiming at the ‘good life’” (Ricoeur 1991, 172)? Alongside such affirming dimensions of narrative, however, it is necessary also to address the possibility of its opposite. Could there be examples of fictional narratives that might serve to obscure, thwart or even deny the influence of an ethic based on a pursuit of the Good? In this section, a selection of texts of literary fiction will be discussed which will consider these questions within the context of professional healthcare educational programmes.

The use of literary texts within the professional educational preparation of nurses, doctors, occupational therapists, social workers and physiotherapists has been part of a modest, but significant, dialogue between the arts and humanities and professional health care education over two decades (McAteer and Murray 2003; Downie and Macnaughton 2007; McKie, Adams, Gass and Macduff 2008). In particular, these texts (of literature and poetry) have been used to address, amongst others, issues of communication (Begley 1995), skills development (Sandelowski 1994), cultural awareness (Cagele, Walker and Newcombe 2006) and ethics (Begley 2003). In terms of the latter, the use of literary fiction has been viewed as an alternative, or supplement, to dominant ethical discourses in health care practice based upon rationalist and detached approaches (e.g. the “four principles” of autonomy, beneficence, non-maleficence and justice. See Beauchamp and Childress 2009). Moreover, perceived deficiencies in such approaches (Hedgecoe 2004) may permit Ricoeur’s teleological ethics of the Good—involving intentionality, quest for meaning, relationality and context—to occupy places of greater significance within professional healthcare education curricula.

Narrative as “Confessing” Ethics

One way of considering how narrative works is to note its potential for a person to acknowledge, rather than merely know about, a particular human experience (Gibson 2007, 103). Such personal understanding may involve a response which incorporates ethical considerations of the Good. This quest for, or exploration of, the Good may be summarised in specific terms of a “how-to-live ethic” (Frank 2004). Solzhenitsyn (1968, 112-113) explores this theme by posing it as a question in his novel *Cancer Ward*: “What do men live by?”. When fictional character Yefrem Podduev, a loudmouth crook and womaniser, is admitted to hospital for treatment of throat cancer, he discovers for the first time a deep desire for, and satisfaction from, reading books. Such reading stimulates in Podduev reflection and meditation on the events of significance in his own life and what the prospect of death might mean for him. Podduev’s exploration is extended to include fellow patients by considering the theme “What do men live by?”.

Yefrem opened it at the shortest one. He read it. He felt like thinking. He thought. He felt like reading the little story again. He did. He felt like thinking again. He thought again.

He had lived his whole life without a serious book ever coming his way.

Yefrem had already noticed the title yesterday: *What Men Live By*. The title was so put together that Yefrem felt as though he had made it up himself. Stomping around the hospital floors, thinking his nameless thoughts, he had been thinking that very question during the past few weeks: ‘What do men live by?’”

That clients might seek to engage professional health carers in their quests for meaning as a result of experiencing an illness or addressing enforced lifestyle changes (e.g. disability following an accident) may not always be apparent to healthcare professionals themselves (Brody 2003). However, this is an ethical stance that might helpfully frame every approach towards clients. Consideration of the purpose (or end) of human life may allow practice to move beyond merely finding solutions to immediate health problems or dilemmas (real as they are). Liaschenko (1995, 2) reinterprets this “end” of human activity for nursing practice in terms of “human flourishing.” Nurses can help their patients to have “a particular life, a life that patients can claim as their own, that is, as ‘my life’” (Liaschenko 1995, 2).

In a second example, Ricoeur’s ethic of aiming at the Good within the context of relating to others is given expression in an extract which centres upon the therapeutic relationship. This is drawn from Appignanesi’s novel *The Memory Man* (2004, 63) in which the novel’s main character, Bruno, receives a medical examination in his native wartime Poland during the period of the Second World War:

When Bruno’s turn with the Canadian doctor finally came, he had the dawning sense he was speaking to someone for the first time in years. Really speaking, which was an act in which another heard you. Intelligence, perspicacity, good will emanated from the man like beams of sunlight after a bitter grey winter. Or so it felt to Bruno, when the Canadian doctor gently prodded his chest and with equal gentleness asked him questions about his past, his war experience, his activities in the camp. He asked not in the ways of the camp interrogators, but as if he really wanted to listen, as if he fully believed he was speaking to another human being who had an equal grasp on experience.

The therapeutic relationship initiated and developed by Bruno’s Canadian doctor demonstrates Ricoeur’s (1991) relational understanding of ethics. The quest for the Good may be seen in the doctor’s aspiration towards achieving “standards of excellence” (virtues) within the exercise of specific skills of examination and assessment. Such skills of observation and assessment are allied to virtues of practical wisdom (Haggerty and Grace 2008); openness and to a genuine sense of embodying similitude via dialogical understanding.

The quality of the therapeutic relationship within professional health care practice is much discussed (Scanlon 2006; Shattell, Starr and Thomas 2007). By considering the dynamics of this relationship in ethical terms, however, it can be seen how an aspiration, or quest, for meaning might begin to be embodied in relational terms. Fredriksson and Eriksson (2003) adopt Ricoeur’s threefold understanding of ethics (personal, interpersonal, societal) to consider the therapeutic relationship in terms of a “caring conversation.” In a similar way, Olthius, Dekkers, Leget and Vogellaar (2006) investigate the ways in which relationality links the personal identity of the nurse to the “caring conversation” of the therapeutic relationship within hospice care contexts. In particular, the concept of reciprocity inherent within the therapeutic relationship suggests that “hospice nurses not only give while they provide care, they also receive. Patients not only receive but they also give” (Olthius et al. 2006, 35).

In a third example, it is possible to see how a fictional narrative might promote an ethic of the Good within the context of Ricoeur’s (1991, 172) third arm of his definition: “aiming at the ‘good life’...within just institutions.” This is taken from Sebastian Faulks’ (2006, 182) novel, *Human Traces*, exploring the development and practice of psychiatry in nineteenth century Europe.

Thomas was surprised by how much he had come to tolerate, even to like, the asylum. The vast lateral folly was hidden from his view by the elms at the edge of the cow pastures, and he could briefly view it with detachment. The things he had seen inside the walls had seared his soul. But ‘sear’ was perhaps the word, he thought, like ‘cauterise:’ he was burned, but he did not ‘bleed.’ He dreaded becoming a ‘doctor’, like old Meadowes, someone who examined a patient and diagnosed by elimination...He passionately

hoped he had not become such a mechanical practitioner, such a clockmaker, such a cobbler of the human.

This narrative suggests that a relational ethic of solicitude (Ricoeur 1991, 190) requires us to take account of the social context of practice. Thomas, a medical psychiatrist, practises within the context of a nineteenth century European social model for the treatment of the mentally ill, namely the institution of the asylum. Although the asylum no longer assumes the social influence within contemporary European mental health services (Porter 1987), this example shows the importance of considering ethics within “specific narrative communities” (Gastmans 2002, 503) e.g. hospitals, clinics, day centres and community settings. This example may acknowledge Ricoeur’s (1991, 194) notion of “structures of living together” in which common mores and values (ethos) need to be recognised alongside the operation of constraints, rules and procedures within a particular context.

Narrative as “Confounding” Ethics

To what extent might it be possible to consider narrative as “confounding,” thwarting or even confusing the pursuit of the good life? Are there, to use Ricoeur’s (1991, 167) searching expression, instances of “troubling cases of literary fiction”? This is a serious issue because it may be possible for health care professionals to be presented with fictional narratives where the quest for “meaning” may not always be obvious or even be present at all. Three examples will be considered.

The first derives from Michael Ondaatje’s novel *The English Patient* (1992, 43-44). Here the experience of nursing practice within the context of war and conflict may challenge simplistic notions of the pursuit of the good life.

Nurses became shell-shocked from the dying around them. Or from something as small as a letter. They would carry a severed arm down a hall, or swab at blood that never stopped, as if the wound were a well, and they began to believe in nothing, trusted in nothing. They broke the way a man dismantling a mine broke the second his geography exploded. The way Hana broke in Santa Chiara Hospital when an official walked down the space between a hundred beds and gave her a letter that told her of the death of her father.

Such experiences may ask profound questions of a pursuit of the Good in professional and personal terms. Where practice is considered solely in professional terms of distance and detachment, the meaning of such experiences (e.g. “believe in nothing, trusted in nothing”) may often be denied completely. However, such experiences may have deep and lasting repercussions at both personal and professional levels of practice itself (Macduff 2007).

A second example is drawn from Elie Wiesel’s (1958, 47) fictional memoir *Night*, which is based upon his experiences as a fifteen-year old boy in the concentration camps of Auschwitz in Poland during the period of the Second World War.

A barrel of petrol at the entrance. Disinfection. Everyone was soaked in it. Then a hot shower. At high speed. As we came out of the water, we were driven outside. More running. Another barracks, the store. Very long tables. Mountains of prison clothes. On we ran. As we passed, trousers, tunic, shirt, and socks were thrown to us.

Within a few seconds, we had ceased to be men. If the situation had not been tragic, we should have roared with laughter.

Wiesel’s terse and at-speed narrative may challenge the reader to consider the ways in which professional health care practice generally, and specifically, treats others. Is it possible that professional health care practitioners might inadvertently (or otherwise) participate in practices towards persons that are dehumanising and depersonalising (McKie 2004)?

In a third example, the experience of illness or disability is presented in metaphorical terms in Kafka’s famous short story, *Metamorphosis* (1999). Here the main character, Gregor Samsa, awakens one morning to find himself transformed into a large insect.

As Gregor Samsa awoke one morning from uneasy dreams he found himself transformed in his bed into a gigantic insect. He was lying on his hard, as it were armour-plated, back and when he lifted his head he could see his dome-like brown belly divided into stiff arched segments on top of which the bed-quilt

could hardly keep in position and was about to slide off completely. His numerous legs, which were pitifully thin compared to the rest of his bulk, waved helplessly before his eyes.

The capacity of metaphor to see “sameness in the difference” (Ricoeur 1991c, 80) can evoke imaginative readings of this passage. In literal terms, the body is not an insect. But by using metaphor to heighten tension in reading, it is possible to understand how an illness or chronic condition might be experienced by the person (and others) in radically altered ways.

In what ways might reading these three narratives, via the act of imagination, contribute towards obscuring a quest for the good life? All of these narratives, in their depictions of pain, suffering, death, cruelty, indignity and altered appearance, fall within the possible range of experiences of contemporary professional health carers (McKie et al. 2008). Nurses, for example, may often have to address issues of “burn-out” in themselves as a result of practice experiences not dissimilar to Hana’s narrative in Ondaatje (1992). In a similar way, although the experience of witnessing human atrocities such as those that took place during the Holocaust may not feature in every professional health carer’s experience, reading imaginatively may help to show that the potential for acts of indignity and dehumanisation of patients lies within the social and historical contexts of all health care systems (Harrington 1996; McFarland-Ike 1999).

In drawing the themes in this section together, it is helpful to return to Ricoeur himself and to two key points in particular. A first to note is the *intentional* dimension of the ethical quest (Ricoeur 1992, 172). The Good is to be perceived by its “lack,” rather than its presence, in all things. This gives a sense that the Good is to be pursued and looked for, even tenaciously, in all situations. Secondly, if the subject of ethics is “one to whom narrative assigns a narrative identity” (Ricoeur 1991, 178), then any conception of narrative unity must see that person’s identity in terms of a mixture of intentions, causes and chance. To put it another way, a person’s experience represents a complex mixture of acting and suffering (or the reduction in the ability of “being-able-to-act”). For Ricoeur, the “ethical aim” of the Good incorporates the experience of suffering itself. Such an understanding of narrative unity suggests, to use Nussbaum’s (2001) phrase, the “fragility of goodness” itself. Suffering may not extinguish the Good, but it might suggest that goodness itself is often mediated through experiences of weakness and powerlessness. Practitioners, therefore, can move from detached spectators of clients’ sufferings to active witnesses of the same (Arman, 2007).

For Ricoeur (1992, 179), engagement in “interpreting the text of an action” permits an ongoing dialectic of interpretation between the aim of a good life and the particular choices that people make within their own lives. In narratives where the Good is found to be wanting to extraordinary levels, narrative may appear to “confound,” or distort, that intention of seeking the Good. And yet, to follow Bellow (1971, 107), “when you don’t die of a trouble somehow you begin to convert it—make use of it, I mean.” There often is present in men and women an exceptional ability to find meaning and purpose in the most adverse, and trying, of circumstances (Frankl 1984).

Conclusion

In this chapter, I have sought to explore a teleological approach to ethics as found in select writings of Paul Ricoeur. Narrative can explore that intention towards the Good, linked with personal, relational and contextual dimensions, via consideration of fiction, imagination and metaphor. Given the intricacies of professional health care practice, such an ethic has potential to work alongside existing ethical paradigms and to offer the prospect of new insights upon practice being achieved. Understanding ethics in these terms may help the professional health care practitioner:

- to see practice in ethical “first-person” terms
- to participate in clients’ quest for meaning within their illness experience
- to consider relational dimensions in ethical discourse
- to consider the significance of social context within ethical deliberations
- to understand the significance of perception and imagination within the act of reading as valid ways of understanding ethics

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