Beyond Truth: A Pragmatist Approach to Narrative Pedagogy in Professional Learning for Healthcare Practitioners

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Abstract

This chapter is focused on adult professional learning in healthcare by focusing on an innovative narrative-based training platform for seniors that uses transformative learning theory to better support person-centered healthcare. It is suggested that adopting the theoretical framing of pragmatism can support professionals to move beyond dualistic thinking with respect to medical knowledge and the lived experiences of patients. Adopting a pragmatist perspective in this sense can therefore have practical consequences that supports the over-arching aims of the training, which is to move professionals from categorical to cognizant thinking.

It is suggested that the tenets of pragmatism offer adult learners a highly practical set of concepts that could support interpretive, narrative-based learning and more particularly the likelihood of transformative learning. Considering knowledge in action and for use, dialogue based on a pragmatist approach can facilitate the opportunity for narrative knowledge that broadens the conception of what knowledge itself is. This is reassuring the healthcare practitioner in how connected meaning frames are with many aspects of lived experience, and how complex, drawing on multiple levels of micro, meso and macro. Such a connection between research, theory and practice can facilitate a better ecology of learning in this area.

Keywords

narrative – pedagogy – healthcare – transformative learning – pragmatism

1 Introduction

This chapter presents an overview of how pragmatism, alongside narrative pedagogy and transformative learning theory, can benefit adult professional

learning in healthcare and support a better ecology of learning. It is suggested that adopting a particular theoretical frame – that of pragmatism – for professional learning in healthcare, has practical consequences, in helping to break down, rather than reinforce, disparate bodies of knowledge and avoid dualistic thinking amongst professionals. This chapter therefore explicitly addresses the section's aim of considering the interaction between research and practice and how this links to ecologies of learning and living. The professional learning referred to here is developed as part of a European Union (EIT Health) funded project involving a multi-disciplinary consortium of researchers. The aim of the project is to develop professional learning for healthcare practitioners working with seniors, utilizing the narratives of seniors, to better support person-centered healthcare.¹ This chapter reflects on how the methodology, or learning framework, for the training was developed. It considers particularly how a pragmatist approach facilitates the over-arching aim of the training, which is to move professionals in healthcare from categorical, to cognizant thinking, as discussed further below. Early feedback from learners suggests that a pragmatist approach, alongside the narrative content, can support and potentially transform practice through a better ecology of learning for healthcare practitioners.

There has long been a concern that healthcare practitioners are not adequately trained to be self-reflexive interpreters of meaning systems, but rather naïve realists (Kleinman, 1988). Fragmented and overly scientific and universal views of patients are said to be at the root of the problem (Marini, 2015). This can be described as a 'difference between biomedical understandings of pathophysiological processes of a medical condition and the individual patient's subjective experience of living with the condition' (Powell et al., 2013). As Charon (2006) has pointed out in her seminal work on narrative medicine, patients' explanatory models and their families' understandings of the illness have clinical significance. However, '... it is charged that doctors' innate empathy, respect for the suffering of others, and ethical discernment diminish in the course of medical training and that doctors become hardened against the suffering they witness through their education' (Charon, 2006, p. 8). Charon's work underpins the development and aims of this professional learning and her reflections on the role of narrative are worth quoting at length:

To know what patients endure at the hands of illness and therefore to be of clinical help requires that doctors enter the worlds of their patients, if only imaginatively, and to see and interpret these worlds from the patients' point of view ... To accomplish all these goals – empathic and effective care of individual patients, candid reflection, professional idealism, and

responsible societal discourse about health policy – requires a unified set of skills. To do all these things requires what psychologists and literary scholars call narrative knowledge ... Narrative knowledge provides one person with a rich, resonant grasp of another person's situation as it unfolds in time ... Unlike scientific knowledge or epidemiological knowledge, which tries to discover things about the natural world that are universally true or at least appear true to any observer, narrative knowledge enables one individual to understand particular events befalling another individual not as an instance of something that is universally true but as a singular and meaningful situation. (Charon, 2006, p. 9)

What is significant here for the development of the learning framework being discussed in this chapter is how to foster narrative knowledge and a 'unified' set of skills if this can be seen to stand in opposition to scientific or epidemiological knowledge. As an interdisciplinary project team we therefore drew on research in the development of a methodology that we felt would best enable learners to think across these dualisms in practice, or, attempt not to think of them as dualisms at all.

What we take as narrative determines its use in practice. Narrative is often said to be purposive, moving towards endings and aiming for closure (Andrews et al., 2002), idiographic and culturally dependent (Goodson, 2012), therefore context is essential for meaning and understanding. Drawing on MacIntyre (1987) and Ricoeur (1992), life is seen as meaningful, but the meaning is implicit and can become explicit in narratives. Thereby narratives can (but need not always) construct coherence and continuity (Taylor, 1989). Narrative-based learning can therefore foreground questions about how individuals endow experience with meaning in their own contexts (Rorty, 2009). An interpretivist framing demands that any phenomenon has to be contextualized in order to be understood: 'Differences of interpretation proceed, in large part, from differences in how we contextualize the matter at hand' (Charon, 2006, p. 26).

Unlike a more realist use of narratives in healthcare, whereby stories are seen to give an account of events and experiences from which better diagnosis can ensue, narratives are here conceived of interpretively. From this perspective, narratives are not realist reflections on the truth, but create the events they reflect upon. This differs from the long tradition in medicine and healthcare that utilizes narratives in a realist and largely content-based way, to support the professional knowledge of the practitioner in further ascertaining generalizable properties of individuals, rather than interpretively in accessing individual meaning-frames. As Hurwitz and Bates point out, 'case reports are terse outsider views of a person's situation recounted from a distinctively medical

or psychiatric standpoint, rendered in detached, depersonalized and factual terms' (2016, p. 568), although these different approaches to using narrative are not mutually exclusive. In the case of our project however, the narrative content of the training was oriented towards taking the trainee into the lifeworld of the teller, rather than viewing the narrative from the outside.

Professionals in the field of healthcare have a formalized knowledge-base that will, in large part, shape how narratives are heard. This professional knowledge contributes to the structuring of the world through our expectancies (Bruner, 2009) and because this primarily positivist medical and health-related knowledge holds true in a general way, it is largely context-independent. This links to the concern that both learning and human experience can be theorized in an overly rational, functional and logo-centric way, a criticism sometimes levelled against medicine and healthcare practice too (Charon, 2006). Countering this is the belief that life should be conceived of in a more fluid and unbounded way and the call not to view learning as solely cognitive and logo-centric (Formenti et al., 2014). This is also associated with the desire to challenge the common binaries of mind/body, person/nature, individual/collective, for instance. Whilst the constructivist paradigm clearly frames much narrative-based learning and professional training oriented to interpretive processes, it is suggested here that the tenets of pragmatism offer adult learners in this area a highly practical set of concepts that could also support interpretive, narrative-based learning and more particularly the likelihood of transformative learning.

2 Pragmatism

In order to demonstrate the interaction of research and practice in the development of the learning framework for this training, and its links to ecological learning, it is necessary to explore some of the key theoretical tenets of pragmatism. Pragmatism is best understood as standing in opposition to a correspondence theory of truth, that is, that language, and philosophy, are about reflecting the truth of an objective, real world. For the pragmatist, the question of truth, or an innate essence of things, is supplanted by the question of which vocabularies and cultures produce new and better ways of thinking and acting. In this sense, pragmatism is anti-essentialist and opposed to the idea that there is any intrinsic nature to things. Rorty, a key contemporary proponent of American Pragmatism, refers to this as the development of a new intellectual tradition (1982). Malachowski, writing about Rorty, says that what makes him 'so provocatively 'interesting' is that he maintains we can do this without thereby having to lose our grip on effective standards of inquiry, useful norms

of behavior and so on' (2002, p. 4). Ontological and epistemological traditions are just that – traditions;

[Pragmatism] views science as one genre of literature – or, put another way around, literature and the arts as inquiries, on the same footing as scientific inquiries Some of these inquiries come up with propositions, some with narratives, some with paintings. (Rorty, 1982, p. xliii)

The criteria that one uses to assess knowledge-claims cannot therefore be universal criteria about validity for instance, in terms of some conception of truth as would be the norm for scientific – and hence medical – knowledge. Rather, utilitarian criteria have specific ends in specific cases: 'On the pragmatist account, a criterion ... is a criterion because some particular social practice needs to block the road of inquiry, halt the regress of interpretations, in order to get something done' (Rorty, 1982, p. xli). What is interesting here in terms of narrative learning is that narrative interpretation is not then perceived as infinite and unbounded, but there can be criteria of use about interpretations in practice and how to assess the utility of these. This link to practice is worked out in dialogue and the development of our learning framework drew on this specific sense of criteria for use as having a particular appeal to the adult professional learner. The learners discuss the usefulness of particular interpretations of seniors' narratives in the context of their practice, taking into account multiple levels; the micro of the individual in their own orientation – and their own narrative(s), the meso of the relationships which structure lives, and the macro of the wider structured system of healthcare knowledge and their institutions. The learning framework is structured to commence with exercises based on learner's own narratives and it was interesting that in the stakeholder feedback collected to support design of the training this aspect was never mentioned. Most (but not all) stakeholders consulted could appreciate the value in working with the narratives of seniors, but did not consider a link to their own to be relevant.

As Rorty suggests, the question of whether the pragmatist view of truth is itself true is rather a question about whether a pragmatist position is useful and worthwhile adopting. For the adult professional learner in healthcare, the question is not about whether such learning gets at alternate truths, likely to fall in with subjective/objective, positivist/interpretive dualisms, but rather what usefulness there is in incorporating more and wider forms of interpretation into the repertoire of healthcare knowledge. 'When the notion of knowledge as representation goes, then the notion of inquiry as split into discrete sectors with discrete subject matters goes' (1982, p. 203). So, the point here is that a pragmatist framing can enable the healthcare trainee to consider the

usefulness of differing interpretations, positioning different ways of knowing – medical and narrative – as closer together and more commensurate by unsettling foundational and dualistic thinking. The pragmatist approach does not suggest either/or – that narrative knowledge invalidates scientific knowledge, or vice versa – but rather that by considering knowledge in action and for use, dialogue based on a pragmatist approach can facilitate the opportunity for narrative knowledge that broadens the conception of what knowledge itself it, facilitating a better ecology of learning.

Put another way, pragmatism can help professional learners to move away from the normative disposition that there is a choice of methodologies on offer with allegiance to something either more positivist, or subjective/constructivist, in terms of understanding human beings as the only epistemological route. In Rorty's terms, what is normatively construed as a difference of epistemology and methodology (the positivist versus the interpretive understanding of human illness and wellbeing for instance), is better conceived as a difference in vocabularies. Of particular relevance is Rorty's point that we fall too easily into thinking 'that the irreducibility of one vocabulary to another implies something ontological' (1982, p. 201). The implications of this, if we are to adopt Rorty's pragmatism fully, are profound. In not being about the accurate representation of reality, language – and the mind from which it springs – is not mysterious or numinous. Our awareness of the numinous is in fact awareness of our membership of a moral community of fellow humans, so potentially an orientation to unity rather than the epistemic threat of division if one's knowledge as a learner – i.e. scientific knowledge – cannot be embraced alongside that of another epistemic orientation, in this case narrative knowledge. The lack of a universal human nature or set of natural laws to which we all link, is not the same as the lack of a universal human solidarity therefore. In terms of an ecology of learning, foregrounding narratives that take account of the micro, meso and macro in complex ways, and using dialogue as a primary mode through which interpretations are framed on this pragmatist account, helps towards an ecology of adult learning. This is elaborated further in relation to narrative pedagogy and transformative learning, which are also core aspects of the learning framework and how it was created to support an ecology of learning.

3 Narrative Pedagogy and Transformative Learning

Goodson and Gill refer to narrative pedagogy as 'the facilitation of an educative journey through which learning takes place in profound encounters, and by engaging in meaning-making and deep dialogue and exchange' (2011, p. 123).

As discussed, narratives are widely used in healthcare, the narrative case study being the most notable form, and in nursing, for instance, Diekelmann describing narrative pedagogy as ‘a new approach to schooling, learning, and teaching identified in the content of interpretive research in nursing education’ (2001, p. 69). There is also much focus on use of patient narratives in professional learning in healthcare (e.g. Walsh, 2011; Sherlin & Quinn, 2016; Johnston et al., 2017) where it is common to find narratives presented primarily as content-based learning opportunities with respect to better clinical interpretation. Notwithstanding the fact that narrative pedagogy is commonly used to refer to learning for the narrator (Goodson & Gill, 2011), or such content-based learning, in the context of this project it refers to adult professional learning aimed at fostering patient-centered care through skills and dispositions that can specifically be developed through the interpretation of narratives.

Transformative learning as conceived of here involves alienation from earlier established conceptions of values and one’s actions, and the reframing of new perspectives (Mezirow, 2000). Mezirow’s seminal theory characterizes this as praxis and ‘a dialectic in which understanding and action interact to produce an altered sense of being’ (2000, p. xii). Critical self-reflection at a cognitive level is seen as the core of adult transformative learning theory, being meaning-making, since transformative learning can be ‘understood as a continuous effort to negotiate contested meanings’ (Mezirow, 2000, p. 3). Adult transformative learning suggests itself as useful in the facilitation of person-centered healthcare, as a process of making sense of and interpreting experience, utilizing heightened awareness and understanding, re-examining assumptions, synthesizing, justifying and creating and then being able to act upon new meaning perspectives is made possible in dialogue. This leads to what Mezirow describes as ‘perspective transformation’, which involves an empowered sense of self, more critical understandings of how social relationships and culture shape beliefs and feelings, and greater recourse to functional strategies and resources for taking action, all aspects of what we might also think of as an ecology of learning. The essence of transformative learning comes through critical self-reflection and active meaning-making with three main elements; critical reflection on assumptions, dialectical discourse to validate new meaning perspectives, and the context of the learning experience (Greenhill et al., 2018; Mezirow & Taylor, 2009), uniting theory and practice in dialogue.

Research demonstrates how a dialogic methodology is a positive means of supporting students’ maturing self-awareness about their epistemologies and perspectives (Formenti & Joria, 2018) and as a way of enabling transformative learning to develop over a series of learning activities. Formenti and Joria find three epistemic leaps in the process of sustaining transformative learning with

their adult learners in higher education, which have parallels in the learning framework developed for our training platform and which are also discussed further below. Firstly, an epistemic leap in personal reflection, which we refer to as mindset orientation at the start of our professional learning. The second leap Formenti and Joria identify is interpersonal learning, the dialogic space which they define as more than just a container for individual learning: 'Dialogic groups are forms which transform, and not only given containers for transformative learning' (2018, p. 16). This space is provided in the dialogic exercises that are designed to enable trainees to work with and through the narratives in the context of pragmatism, where epistemic orientations can conflict and meaning is seen in the context of practice. The third epistemic leap is about self-reflexive transformative learning, which entails a meta-theory of self-in-context, where students themselves re-interpret their learning experiences and which we build into the final learning activity in our professional learning to support the meta-cognitive process of interpreting and then utilizing learning in the context of everyday professional lives.

Gadamer's (1989) view that understanding starts from projection is useful here, that is individuals project meaning for the text or narrative as a whole as soon as they think they have grasped an initial meaning, based on particular expectations. This initial projection is revised and re-configured as the narrative ensues, but the extent to which this is the case depends on the listener not holding to their own initial meaning and being open to having this unsettled. For Gadamer, in order to pay attention to the meaning implicit in a narrative, and thereby achieve understanding, the criterion of questioning is very important. Goodson and Gill (2011) define this as the critically alert participant, as opposed to the critically detached observer, in direct contradistinction to how we might consider the clinical case study is often utilized in medical education. The conditions in which such epistemic leaps of the critically alert participant can best be fostered are not just important, but crucial. Rogers (1969) wrote that certain attitudinal qualities embedded in the personal relationship of narratives can lead to significant learning, through trust in the learner by the facilitator and the establishment of a space where there is a feeling of acceptance, an empathetic atmosphere and a dialogic environment.

These dialogic qualities could be seen as key criteria for enabling narrative pedagogy. Dewey (1938/1997) further supports the idea that relationships are key to establishing a trusting dialogic encounter in talking about active 'constructive listening', which underpins learning that can be achieved with conversation, dialogue, questioning, negotiating meaning and critical collaborative interpretation. Whilst these relational and contextual factors are of great importance, conversations with healthcare practitioners in the development

of the professional learning discussed in this chapter revealed that framing the dialogic exercises around pragmatist tenets supported the disposition of the learner towards making such epistemic leaps. Feedback revealed this could facilitate a move from not understanding the place of narratives that were not of the case study variety and therefore directly linked to diagnosis, to seeing their potential value.

This was also linked to use of the words 'stories' or 'story-telling' rather than narratives, which was a somewhat opaque term for many. In their feedback during the initial phase of designing the training, one care home provider said that they would favor the term 'true stories', which led to a very deliberate discussion of pragmatism, albeit without use of the term, to explore what could be meant by truth here. The care home was invested in the idea of true stories as standing for one truth that objectively represents events that were open to distortion both by staff, or residents themselves, at different times. It became apparent that reflection on this concept of 'true stories', drawing on the tenets of pragmatism, was useful as a way into exploring the idea of multiple meanings of stories without threatening this foundation entirely. This is explored further below, after outlining the structure of this professional learning.

4 A Pragmatist Framing for Adult Professional Learning

A core aspect of the professional learning that has been developed, drawing on this theoretical and applied work around pragmatism, narrative pedagogy and transformative learning, is the overarching learning outcome of a move from categorical to cognizant thinking. Categorical thinking characterizes routine performance and working under pressure, being largely resistant to change, whilst cognizant, reflective thinking, which is meta-cognitive, denotes a high level of cognitive responsiveness (Ringberg & Reihlen, 2008). This is to be encouraged through enlisting the learners' inner resources; curiosities, memories, creativity, associations, interpretive faculties (Marini, 2015). The training moves through a series of exercises, commencing with an invitation to reflect on and revise basic assumptions and beliefs situated and situating one's professional body of knowledge, referred to as mindset reflection. Ryden et al. (2015) describe this as the mental models that we hold, which are both private and cultural and under-pin individual sense making in that they are viewed as the way the world works. Ryden et al. discuss how a shift from categorical to cognizant thinking depends on the reflexivity to sense dissonance between external feedback and the learners' own sense-making, through dialogue and in particular, questioning. This is, in the words of Goodson and Gill 'a dialogic

approach to being and becoming critical' (2011, p. 47). In the case of the care home mentioned above, this would include questioning about not only the possibility, but the usefulness of multiple versions of one story – a not uncommon occurrence in a care home, through reflection on the kind of categorical thinking that underpins much functional training in this sector.

Subsequent activities focus on interpretation of a narrative, firstly from a structural perspective and then on content. The structural interpretation comes first, as this is not what is commonly prioritized. Usually we read and listen for content first, with an understanding of structure working at a more tacit and implicit level. These activities are followed by a systems approach to thinking about interpretations across professional groups, or departments in an institution. The main aim here is to attend to the concern that learning theories can be oriented largely to individual learning, whereas it is often at the level of the organizational learning of the workplace that meaningful transformation can occur and that we might come across the barrier of seeing multiple versions of one story, or not knowing that there could even be other versions. Theories of expansive learning and Engeström's boundary crossing exercises (2018) underpin how this activity is focused on the interconnected activity systems of an organization. Finally, there is an activity based on self-reflection of the learning that has taken place at a meta-cognitive level, with a specific focus on the embedding of new skills and insights in professional life and renewed mind set reflection. This was found to be of value by the learners because it acknowledges the importance of the task and process-oriented nature of much work in healthcare and hence the importance of exploring new narrative knowledge in the context of such practice.

The challenge of a self-sustaining training building on the above, is that in a relatively short space of time – given the demands on healthcare practitioners and the practicability of releasing staff for professional learning – holistic learning based on transformation is the aim. This professional training is aimed at fostering practitioners' awareness not only of the meaning frames of the seniors they care for and how to better access these through increased interpretive, dialogic and listening skills, but also of their own personal meaning frames by increasing critical reflexivity and awareness of language and imagery. Reflecting on the centrality of narrative pedagogy and transformative learning theory in the development of this healthcare training, it is arguable that a pragmatist orientation can support both methodological and contextual aspects.

The provocation of pragmatism, which could in turn function as a provocation for other professional learning courses such as this, where transformation of mindset and a shift from categorical to cognizant learning is the aim, is the question of what would a neutral standpoint, from which first principles

could be evaluated, look and feel like (Rorty, 2009). Pragmatism critiques the very idea of meta-practice, or meta-theory, from which vantage point all other social practices and theories are then assessed. The possibility of opening up a non-foundationalist position from which adult learners might re-imagine their own normative associations could be prompted precisely through the evocation of such meta-level thinking. Rorty's profound scepticism about methodology is a useful starting point from which to begin to disorient the professional adult learner whose methodology may well be largely taken for granted in the support of their epistemology. In the context of a learning activity delivered within a supportive environment, there is the potential to see this as playful with respect to one's philosophical commitments and to inhabit, as an exercise in imagination, the possibility that there are no foundations or criteria from which to make particular kinds of epistemological claims about truth. Instead, there is the richness of interpretation and questioning arrived at through dialogue, and the openness of inquiry in engaging with a range of commensurate methods and the knowledge claims based upon them, at micro, meso and macro levels of understanding. The challenge and hope of pragmatism is in the dismantling of constraints on knowing and what counts as knowledge, but in an unthreatening way and in this sense we might think of this approach as promoting an ecology of learning.

Rorty describes the efficacy of narrative as the medium through which to effect this transformative learning in being able to 'induce the Gestalt-like switches that are needed to view philosophical commitments in a fresh light – one that reveals, for instance, that they are 'optional' (Malachowski, 2002, p. 55). This last point, about the optional status of philosophical commitments, could arguably function as a disorienting dilemma, as posited by Mezirow. A disorienting dilemma is usually a life event that causes an adult to question their frame of reference and their reaction to this pushes them towards dialogue (Taylor & Cranton, 2012). It is sometimes commented that not a lot has been written about disorienting dilemmas (Taylor & Cranton, 2012) and it may be that for some adult learners a life event is necessary to function in this way. However, conversations with healthcare professionals in the development of this professional training point to the fact that there is also the possibility that the specifically applied nature of pragmatist tenets – the focus being knowledge in action – can facilitate a disorienting dilemma itself if introduced at the outset of professional learning as an explicit provocation and through the use of narrative to explain such an approach.

Rather than presenting narrative-based training such as this as occupying a different epistemic space to usual medical/healthcare knowledge, the subjective or idiographic frame can be presented as a way of disorienting such

foundationalism. Professional learners are introduced to the tenets of pragmatism in the context of being introduced to the training and to narrative, to support openness and confidence in discussing meta-theories in this way (notwithstanding the fact that academic terminology need not be used and is likely to be unhelpful).

5 Concluding Comments

Charon draws a distinction between listening for stories and listening to them, the latter being important for more healthcare practitioners to be skilled in; ‘... only this kind of narrative listening will hear the connections among body, mind, and self, and disease recognition and treatment cannot proceed, we are beginning to believe, without simultaneous attention to all three’ (Charon, 2006, p. 67). The focus on pragmatism, not only as a paradigmatic positioning, but also as a pedagogical resource that unifies research and practice, could be introduced in an explicit way to orient professional learners to a context in which epistemological understandings are unsettled, and binaries lose their hold, as they become detached from particular essentialist realities to which they are supposed to refer. In adopting an approach in which ‘There is nothing to be known about an object except what sentences are true of it’ (Rorty, 2009, p. 55), we meet directly the idea that no-one but us, in what we say and how we choose to engage with each other, is responsible for meaning making. Learners previously unfamiliar with narrative pedagogy, or even working with narratives – or stories, appear to be aided by a pragmatist approach to narrative knowledge if this is presented through the idea of a narrative that can have more than one truth. The anti-foundationalism of pragmatism offers reassurance against the stark dualism, and hence epistemic (and perhaps even ontological) threat, of a divide between scientific knowledge and narrative knowing. Working with narrative content can reassure the healthcare practitioner in how connected meaning frames are with many aspects of lived experience, and how complex, drawing on multiple levels of micro, meso and macro. In the development of this learning framework, narratives, and pragmatism as a wider framing approach, can help to foster a better ecology of learning.

Note

- 1 Further details on this project are available at www.eithealth.eu/ccentre and the training platform is available at www.caringstories.eu

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