Full title:
Ricoeur’s narrative philosophy: A source of inspiration in critical hermeneutic health research

Running title:
Ricoeur’s narrative philosophy

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Abstract

Patient-centred care has gained ground in health service following a health policy initiative aimed at changing the paternalistic culture towards one with more patient involvement. Development of knowledge relating to people's lived experiences of illness is important in this context.

Literature in the field of health science describes methods for exploring what is at stake for people affected by illness and the French philosopher Paul Ricoeur has been a significant source of inspiration. Especially Ricoeur’s interpretation theory has been construed and applied in different, often schematic, methodological variations, whereas his narrative philosophy is a little used source of inspiration.

Health science has been characterised by a biomedical awareness of method and the idea that there is a direct and immediate path to patients’ experiences, a viewpoint that can be traced back to Descartes and the philosophy of subjectivism. Opposed to Descartes, Ricoeur says that we are already embedded in a world of traditions and meanings over which we have no control. According to Ricoeur, we leave traces when we express ourselves, and traces are formed by the world of meanings and traditions to which we belong. Often, the sense in the traces is hidden, making it
impossible to directly understand individual's experiences. Reflection on an individual's lived experiences must take place via the narratives in which the individual expresses themselves.

The centrepiece of Ricoeur’s narrative philosophy is the threefold mimesis, which is an approach to understanding the meaning of peoples' lived experiences. The philosophical hermeneutics of Gadamer plays an important role in Ricoeur's theory of interpretation, although he has criticised Gadamer for failing to include one dimension in his philosophy; he finds this dimension in Habermas' ideology critique. Ricoeur's ideology critique is absent in health science research, which is why it has been made a focal point in this article.

**Key words**

Ricoeur, qualitative research, care, nursing, narratives

**Point of departure: The vision of patient-centred treatment and care**

Over the past years policy-makers, professionals and interest organisations in the healthcare sector have endeavoured to bring about a process of cultural change within the health system, the essence of which is to turn the patients into partners and to involve them in the decisions relating to their treatment and care. This focus on patient involvement has been conveyed in slogans such as patient-centred treatment and care, patients first, and the patient as partner (Gehlert et al., 2016). This process has been set in motion in most Western countries following the realisation that the previously paternalistic approach in the health service is ethically untenable and the recognition of the importance of the patients' view of their own life and illness in the ongoing decision-making process (Thrysøe & Birkelund, 2018).

Inspired by prominent philosophical thinkers, this realisation has spread within the field of nursing philosophy much earlier than within the field of medicine, where a one-sided, scientific approach to illness and treatment has dominated. However, the anthology, Whole Person Care: A New Paradigm for the 21st Century (Hutchinson, 2017), shows us that similar thoughts about illness, health and ethics, such as those which have long been established within nursing philosophy, are
now making inroads in the medical field, propelled also by other disciplines. With regard to patient involvement, the contribution by the English health researcher Angela Coulter's to literature in the field of health philosophy has particularly helped to promote a more patient-centred awareness. With phrases like, "No decision about me, without me", in her book Engaging Patients in Healthcare (2011), she has had a major influence on the patient-centred perspective and the ideal of shared decision-making.

The expectation of involvement in their own treatment and care is also generally high among patients. Via patient associations they are demanding a more active, participatory role in decision-making processes concerning their own health (Tobiano et al., 2016). To translate the positive visions and intentions into clinical reality, it is important to gain knowledge about the patients' view of their life situation and their encounter with the health system.

Inspired by French philosopher Paul Ricoeur, this article looks at an approach based on narrative methodology that is directed precisely at generating knowledge about the experiences which people have in the course of an illness. Ricoeur examined the importance of narrative for individuals and has presented a theory on progressive action in narratives and a number of overriding methodological notes for interpreting texts (Ricoeur 2002b).

Ricoeur, who subscribed to the phenomenological and hermeneutical tradition, has also been a source of inspiration for human and health science disciplines, where what people experience and what they say is the object of research-based development of knowledge. Particularly during the last 20 years health science has seen a surge of research methods that have focused on generating knowledge of the lived experiences of patients and relatives, i.e. experiences which relate to the world which we as individuals live in and which we take for granted. The narrative approach to research has been part of this development. Narratives can give insight into the individual's own view of their life and illness; in other words, what they feel is important and essential, good and bad, right and wrong, as the Canadian sociologist Arthur W. Frank (2001) puts it.
Inspiration from Ricoeur's interpretive theory can be found in research literature in the analysis and interpretation of qualitative data, and appears in different and often schematic, methodical variations. This article sheds light on Ricoeur’s narrative philosophy and how it can be used to explore experiences and phenomena connected to the patient’s lifeworld. The ideology critique, which is an important but often under-emphasized dimension in Ricoeur's critical hermeneutics, is illustrated at the end of the article.

**Ricoeur's position within phenomenology and hermeneutics**

Ricoeur's point of departure is phenomenology. However, in "Oneself as Another" (Ricoeur 1994), breaking with Husserl's descriptive phenomenological position, Ricoeur concludes that it is necessary to combine the phenomenological description with hermeneutical interpretation in order to gain deep insight into our reality. He thus rejects Husserl's notion of an absolute essence description and emphasises that understanding the conditions of our lifeworld always involves interpreting words and actions. In his opinion, Husserl overlooked the need for interpretation to make sense of our lifeworld.

Ricoeur followed the phenomenological tradition that was developed in the direction of hermeneutics by Heidegger and Gadamer. As Ricoeur (2002) himself put it, he grafts the hermeneutics project onto phenomenological philosophy. He believes that what is accessible for us in language requires interpretation to be understood in a more comprehensive sense. This viewpoint has to do with the fact that embedded in language is always a meaning that extends beyond the direct linguistic expression. In other words, language, including texts, contains connotations that can only be approached through a process of interpretation (Ricoeur 1998). Comprehension must happen via a detour past interpretation, as also described by Gadamer (2004).

Gadamer's thinking plays a key role for Ricoeur. For Gadamer, understanding should be seen as being a condition of human existence, which means that we exist as understanding subjects, which means that understanding is not a way of comprehending among others. In "Truth and Method" Gadamer (2004) shows how the act of understanding always defies and goes beyond the subject's methodological control. His point is that understanding is not something which the subject can consciously steer by using a particular method. Thus, another point made by Gadamer is that a
scientific approach exists which is not strictly methodical; hence, he opposes methodical consciousness and the focus on method within the human sciences.

Although Ricoeur agrees with Gadamer that understanding is a condition of human existence, in his opinion Gadamer goes too far in his renunciation of methodical consciousness in connection with the interpretation of texts. Ricoeur believes that linguistics methods in particular can be applied to linguistic structures in texts, as he perceives the meaning structures of texts as being something objective that can be analysed.

Ricoeur sees a link between structural analysis and the explanation of texts. He thus looks again at Dilthey's view that explanation and understanding are opposites but considers it in a new light. Whereas Dilthey stressed the opposition between understanding and explanation by linking understanding to human science and explanation to natural science, Ricoeur reintroduces explanation, through linguistic mediation, to human science as a methodological necessity for deeper text interpretation. Through this approach inspired by linguistics, Ricoeur adds the dimension of distanciation to Gadamer's interpretation theory, which stresses the interpreter's affiliation with the text which is to be interpreted.

For Ricoeur, both distanced analysis and comprehending assimilation are necessary when working with texts. He sees no opposition between explaining and understanding. Explaining and understanding, in his view, are a necessary dialectic process in the interpretation of texts (Ricoeur 1973, 1976). The distanciation explanation, according to Ricoeur, is not a goal in itself, but a means to better interpretation and understanding. In other words, explanation should serve the purpose of understanding, as distanciation opens up more opportunities for interpretation, allowing a more nuanced understanding.

The explanatory structural analysis is thus only one part of his interpretation theory and what he calls the hermeneutic arc (Ricoeur 1976). A text not only consists of symbols and structures that can be explained. It is above all a statement that requires interpretation to be understood. As a result this other part of the hermeneutic arc should be perceived as the actual act of understanding. One

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important point in this context is that Riceour, like Gadamer, places the text as the communication of an issue at the centre. This means that the focus of the interpretation is not the text in itself, but the issue that is at stake in the text.

In this way Ricoeur believes that he has reconciled two important opposites within hermeneutics. On the one hand, Dilthey's dichotomy between explanation and understanding, and, on the other, Gadamer's dichotomy between method and truth.

**Departure from philosophy of subjectivism and inspiration from Aristotle**

Ricoeur’s hermeneutics, like that of Heidegger and Gadamer, is a departure from the philosophy of subjectivism, i.e. from the philosophical tradition established by Descartes. The philosophy of subjectivism understands us to be isolated and separated from the world; however, says Ricoeur, this separation presents a problem that needs to be addressed, namely that we are nonetheless in a world. The decisive factor is that the philosophy of subjectivism claims that there is direct, immediate access to the understanding of what we articulate. In this regard, Ricoeur stresses the necessity of interpretation, also because much of what we articulate is not unambiguous, but ambiguous and often disguised. The intention with interpretation, according to Ricoeur (1976), is therefore not to recreate the original but to unfold and reveal a possible way of understanding the traces that have been left.

The core of Ricoeur's narrative philosophy is the theory of mimesis. For a long period of time mimesis was understood to be imitation. Within art, humans and nature, for example, were depicted by means of imitation. Ricoeur rejects this perception of mimesis as a type of imitation of reality, in that he harks back to Aristotle and discovers that Aristotle's understanding of mimesis was something entirely different, namely a recreation of the natural. Thus, Ricoeur (1984) understands the process by which a narrative comes into being as a recreating of the world or the situation in which we find ourselves.
In his book, Time and Narrative, he writes, "We have to understand something completely contrary to a copy of some pre-existing reality and speak instead of a creative imitation" (Ricoeur, 1984b p. 45). Our narratives, according to Ricoeur, should thus be understood as being constructed reformations of our hitherto unreflected life, including existential and emotional dimensions.

Ricoeur develops the idea of mimesis as re-formation in three stages. In the following we will look more closely at these stages and set out a health science interpretive perspective.

**Mimesis I**

Mimesis I refers to lived life before it is formulated in spoken or written narrative, and it corresponds to what Husserl called the lifeworld, i.e. the everyday, pre-scientific world we live in. It is a life that encompasses phenomena such as courage, spirit, faith, hope, fear, unease and suffering. In other words, phenomena which determine the human existential situation for better or worse.

One essential task within humanistic health science is to generate insight into the lifeworld phenomena which are important to patients. These are phenomena that cannot be captured through objective scientific methods associated with the biomedical understanding of illness and research tradition. Insight into these phenomena can only be gained via interpretation of the traces left by patients through language, attitude and actions.

Many health science studies are based on a lifeworld-oriented approach to illness and research that regards the patient as an individual with emotions, needs and preferences rather than as an object of treatment. For example, Damsgaard et al. (2017), in the article "Spinal fusion surgery: From relief to insecurity", have demonstrated how patients who undergo spinal fusion surgery are affected by existential insecurity and an altered self-perception while simultaneously nurturing the hopes of becoming free of pain. Similarly, Beck et al. (2018) have illustrated the importance of meals for people with neurological disorders during their hospitalisation, which is expressed in the form of a yearning for homeliness and aesthetic elements. The study reveals the significance of healthcare professionals not only serving energy-rich meals, but also responding to and incorporating...
knowledge about the existential situation which patients with neurological disorders are in. Both examples illustrate the importance of understanding the patients' lifeworld perspectives and translating this understanding into practice in clinical care.

**Mimesis II**

Mimesis II denotes the act of creating that makes up the plot of the narrative. Mimesis II involves a plot, i.e. a consistent thread that creates structure and wholeness in the narrative. A narrative has a beginning, middle and end. Ricoeur calls this order the configuration of the narrative, which refers to the point or theme of the narrative. When recounting their stories, people bring about this configuration themselves by summarising a chain of events or actions (Ricoeur, 2002b). In other words, the narrator in or through the act of articulation gives the events a meaningful order and coherence. Ricoeur (1976) argues that narratives provide the best approach to examining people's lived experiences.

One decisive feature of the language in a narrative is, says Ricoeur, that it has an intentional direction or openness. In his article, "Structure, Word, Event", Ricoeur (1970) talks of the openness of language, emphasising that language is not a closed system, but on the contrary is an opening up of a human world, a verbalising of the present and the topical.

In the context of research, patient narratives can be expressed via so-called narrative interviews, such as described by Horsdal (2017). The narrative interview allows patients to recount their lived experiences, or to use Ricoeur's terms, to configure the pre-understanding of mimesis I. The interviewer has the opportunity to gain insight into the phenomena which the narrative is about. Rather than asking pre-formulated questions, the interviewer listens to the patients' narratives. It is therefore up to the patients themselves to select and put into words meaningful events and experiences. If the interviewer intervenes with questions, they can easily end up steering the process of selection and the ordering of the events (Horsdal, 2007).
According to Ricoeur, something happens to the language when the spoken words are transformed into written words, which is the case with regard to research. He rejects the notion that written text is merely fixed, preserved speech. He emphasises that the written text is not simply an extension of the spoken words. The key factor when writing down the spoken word is that meaning is liberated from the event, which means that the meaning of the text is freed from the author's underlying intention (Ricoeur, 1998). The task of the interpreter is therefore not to look behind the text, e.g. to discover the patient's psychology – which was part of Schleiermacher's hermeneutic method – but rather to interpretively unfold the issue which the text is pointing to.

Narratives contain what Ricoeur calls a surplus of meaning, and it is this surplus of meaning around which the interpretation revolves. The act of distanciation from the original narrative situation which takes place when speech is converted to writing is not seen as a problem by Ricoeur, but on the contrary as a productive opportunity for interpretation. He points this out in relation to Gadamer, who, according to Ricoeur, has a tendency to lessen the importance of distanciation and see it as something that alienates. For Ricoeur, this alienation is not something which has to be overcome: it provides the opportunity for interpretation at a deeper level in what Ricoeur (1976) calls mimesis III.

**Mimesis III**

In Ricoeur’s words, mimesis III is "the intersection of the world of the text and the world of the reader" (1984b p. 71). This phase, which is called re-configuration, should be seen as the completion of the interpretation process, the point at which the text and the reader meet. Ricoeur says that something happens to us when we read a text. Understanding a text has to do with interpretation of different layers of meaning, which Ricoeur (2002b) calls an endless spiral.

A text is the result of a process in which meaning is accumulated, i.e. a whole is created which is more than the sum of the parts. The interpretation of the meaning of the text is therefore a movement between the whole and the parts. The meaning of the whole encompasses the parts, i.e. lends meaning to the parts; however, conversely, it can only be understood via the parts. For Ricoeur the interpretation process understood as an endless spiral involves three levels: a naive
search for the overarching meaning which the text seeks to convey, a linguistically oriented structural analysis and an in-depth critical interpretation. The structural analysis, so to speak, should be understood as coming between the naive reading and the critical interpretation.

According to Ricoeur the structural analysis provides an insight into the structure of the text, which has a meaning in itself, irrespective of what we do or do not know about how the text arose. Specifying the structure gives the text an objective content. Words and sentences are extracted which point towards an issue or a theme that recurs throughout the text. It is this structural analysis that Ricoeur associates with distanced objectivity and explanation of the text. The function of the structural analysis is that it should enable interpretation at a deeper level and thus go beyond naive understanding, since, as Ricoeur states: "Interpreting a text means moving beyond understanding of what it says to understand what it talks about" (1976 p. 88).

While the structural analysis is directed only at a closed system of symbols, the critical interpretation is directed at understanding the meaning and range of the text's statements (Ricoeur, 1999). Interpretive understanding thus allows a more profound understanding of the lifeworld phenomena or themes which have been left as traces in the patient's narrative. In a health science context this knowledge is particularly important to avoid reducing patients to subjects who react according to certain laws that can be observed empirically and which become the subject of objective scientific study.

**Critique of ideology in Ricoeur: An understated dimension**

Ricoeur adds a critical dimension to his interpretive theory, which is only vaguely present in Gadamer's philosophical hermeneutics. While Gadamer (2004) sees the task as being to determine the nature of the individual and society, i.e. "how this person, this people, this state is what it has become", the task for Ricoeur's (2002a) critical hermeneutics is in equal measure to analyse what could and ought to be different. Ricoeur, in other words, is a self-appointed advocate of critical reflection that aims to reduce the distance between the concrete life and the highest ideas about a good life.

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To add this critical perspective to the hermeneutics, Ricoeur subscribes to Habermas' ideology critique, which consists of showing how we form false ideas. Our language and ideas, according to Habermas, contain an often veiled, seductive exercising of power that calls for exposure through an ideology critique (Ricoeur, 2017).

According to Habermas, today's predominant ideology is scientific-technological ideology, and Ricoeur believes that this ideology has to a large degree removed the focus from the ancient Greek question of the good life. "We live in an epoch which started in the Renaissance with the mathematisation of nature, namely with the expansion of rationality for the comprehension of things, and we have extended this rationality to the humanities, the economy, society etc," he writes in his essay "The hermeneutical function of distanciation" (Ricoeur, 1973a p. 16-18). Ricoeur (2002a) says that as a result we live in a culture that has made material growth and the mastering of nature, history, politics and ourselves into the highest values, which he sees as a problematic development. In his view there are more important values when it comes to society and achieving a good life. He therefore believes it is important for us to critically interpret reality, also the reality which is presented in texts. He thus links Gadamer's philosophical hermeneutics with Habermas' ideology critique, which can also be called hermeneutics of suspicion.

This dimension of ideology critique has been understated in the literature presented about Ricoeur's thinking within the field of health sciences, but it has also – apparently in connection with this – been understated in many qualitative research projects conducted based on Ricoeur's interpretive theory as their central method.

In a qualitative health science context, the central issue is to discover the patients' experiences and perspectives, but with Ricoeur as a source of inspiration, it is also to look critically at what is relevant "all around" the patient. Health institutions – as Habermas (1985) calls the system – lend order to the public space with their regulations and frameworks. The logic of this system revolves around productivity and efficiency, science and technology and has its legitimacy, but the system,
in Habermas' view, has a tendency to colonise those aspects of life which function according to an utterly different logic. Here, Habermas, together with Ricoeur, point to the phenomena of the lifeworld.

This colonisation tendency within healthcare is illustrated by Damsgaard et al. (2016) in the article "Back pain – A feeling of being mistrusted and lack of recognition: A qualitative study", which describes how the patients' everyday experiences are met by a biomedical logic, which mainly focuses on physical defects and pain, while the patients’ existential situation and challenges are not on the radar of healthcare staff. Patients have experienced feeling invisible as a person in the treatment system.

Taking Ricoeur’s critical hermeneutics as a starting point, it is not sufficient merely to observe and describe the patients’ experiences. It is equally important to explore and explain the ideological factors that serve to suppress the care for the patients, factors such as a one-sided scientific view of people and illness that reduces the person to a machine and illness to a machine defect. Perception and articulation in the form of words and actions have a close link to culture-forming ideologies and institutionalised routines which, in practice, determine what is at all possible to think and do. However precisely when it comes to theoretically interpretive work, which in itself involves distance from the practical, it is, in Ricoeur's view, possible and also necessary to develop an ideology critique perspective and to interfere with the existing order.

**Final remarks**

In this article we have set out how Ricoeur’s narrative philosophy of the threefold mimesis can be an inspiring method for research which incorporates the dimension of ideology critique – an approach that has so far not been particularly noticeable in Ricoeur-inspired health science literature. As described, narratives are a way in which people create cohesion in their lives (Ricoeur, 1984a, 1984b, 1988). The strongpoint of the narrative is that it offers knowledge about what is meaningful for people with an illness, i.e. what they feel is important and essential.
If the vision of a more patient-centred health service is to be realised, we need to obtain research-based knowledge about the patients' view of the life situation they find themselves in. This kind of knowledge, which is generated through narrative-based research, cannot be directly implemented in practical processes in clinical practice, but it can provide a human insight that can indirectly improve knowledgeability and quality in practice.

Enabling the patients to recount their story has a further important function. By means of the narrative, we as people can, as Ricoeur (1984b) puts it, lend form to the formless, which is important per se in the context of illness and suffering, but which at the same time allows us to gain self-insight. To put it another way, it means that the opportunity for patients to tell their story can be healing and thus also therapeutic, as, for example, described in the book The Wounded Storyteller by Canadian health sociologist Arthur W. Frank (1995) and other pioneers within narrative medicine.

Health science is still dominated by the biomedical research tradition and the organisational structure it uses in scientific journal articles, called IMRAD, which stands for introduction, methods, results and discussion. This format is designed to report research results in a concise and logically stringent manner, following the development of the actual research process itself. In terms of disseminating interpretive research on lifeworlds, this concise reporting format very much has its limits. In Gadamer's and our view it has almost colonised the tradition of qualitative research. When the dissemination of patients' lived experiences with illness and suffering is squeezed into the IMRAD structure, it inevitably results in a disproportionately high level of fragmentation and loss of meaning.

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