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To Look at Things *as if* They Could Be Otherwise: Educating the Imagination

ABSTRACT

In this article I would like to argue that Paul Ricoeur can show us how a text matters in its ability to educate the imagination which, in turn, has the capacity to bring about change. The context of my argument is health care, the texts of concern are those written by a health care provider, Rachel Naomi Remen, and the subjects to be educated and transformed include the individual readers (e.g. students) and, ultimately, healthcare students and professionals alike. As a physician herself Remen configures both a personal story of her being healed and her professional story of providing care, in order to imagine new ways to health and healing more holistically. This holistic approach integrates the mind, body and spirit in the healing process. I gain support for applying Ricoeur's theory of the imagination to Remen's texts from Richard Kearney and Maxine Greene. Kearney and Greene focus on the productive role of the imagination for its transformative power within their own academic contexts of philosophy and of education, respectively. I gain from their extension of Ricoeurian and imaginative thinking to the texts of health care to look at healthcare as if it could be otherwise.

ABSTRACT

INTRODUCTION

This article defends the significance for health care of Paul Ricoeur's conception of the productive power of the imagination and its transformative role in reading texts. In particular, Ricoeur employs the mimetic capacity of the imagination both to configure and to reconfigure texts (*Time and Narrative I* 46). This dual figurative power of the imagination is able to open up new worlds to readers. Ricoeur himself describes the power of the productive imagination as a capacity enabling readers of texts to look at things as though they might be otherwise. He explains that the

imagination is indeed what we all mean by the word: the free play of possibilities in a state of noninvolvement with respect to the world of perception or action. It is in this state of noninvolvement that we try out new ideas, new values, new ways of being in the world. (*From Text to Action* 174)

Readers of texts can imagine new possibilities for their world and ways to bring about change. Ricoeur expounds, "Because it is a world, the world of the text necessarily collides with the real world in order to 'remake it,' either by confirming it or denying it" (*From Text to Action* 6).

The present application of Ricoeur's theory of the productive imagination and its role in narrative configuration and reconfiguration will be supported by the work of Richard Kearney and Maxine Greene. Kearney and Greene each apply Ricoeur's theory to texts and specific contexts in philosophy and in education, respectively. Greene calls for releasing the imagination, while Kearney calls for re-awakening the imagination. He argues that students need to be freed, in order to release their capacity to imagine a new world. This is made possible in the reading of texts; responses to those texts in multiple contexts provide the impetus to expand student's perception of what is and what could be. She explains, "To call for imaginative capacity is to work for the ability to look at things as if they could be otherwise" (*Releasing the Imagination* 19).

Kearney is equally concerned with the productivity of the imagination, he introduces the Greek word *poiesis* to describe the new possibilities which we can produce. But he insists that the step to another kind of *poiesis* is one that we can take into postmodern parodies or stories. Kearney argues that "imagination . . . explores the possibilities of another kind of *poiesis*—alternative modes of inventing alternative modes of existence. To

disclose how things *might be*, we must follow in the wake of imagination” (*Wake of Imagination* 33).

I continue in their Ricoeurian spirit to explore the ways in which the imagination can be freed and creative. In particular I aim to educate the imagination of those students interested in health and healing, in both science and spirit, by releasing and re-awakening the productive power of the imagination in the creative art of health “care.”¹ With Ricoeur, I seek to demonstrate that the imagination exhibits a capacity that can be developed in configuring and reconfiguring texts: configuration and reconfiguration are the second and third moments, respectively, of what Ricoeur calls “triple mimesis,” while the first moment is prefiguration.

In this article, I argue that Health Care in the United States in particular has become unbalanced due to a tendency to be fixated on technology and non-human scientific practices, and not on the art of caring. Health care touches people’s lives in profound ways, influencing their sense of self, their physical functioning and emotional well-being. There is a real and urgent need to redress the balance between the scientific and the spiritual and attention to the whole person. So, in order to address this need I urge readers to consider, with me, texts which can educate the imagination, to integrate the science and the art of medicine holistically. And my focus is on reading the texts of, in this context, Rachel Naomi Remen² with the insight of Ricoeur’s theory of productive imagination.³ A key component of change in health care is through the education of healthcare professionals. Therefore, I take as my central example for a Ricoeurian reconfiguration of contexts the responses

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¹ “Care” can be either objective scientific or subjective patient centered.

² Rachel Naomi Remen is the author of *Kitchen Table Wisdom* and *My Grandfather’s Blessings: Tales of Strength, Refuge and Belonging*, and numerous articles. She is medical director and co-founder of the Commonwealth Cancer Help Center in Bolinas, California. She is also a professor of medicine at the University of California, San Francisco Medical Center.

³ It was in 2004 that I myself initiated a dialogue with Ricoeur’s narrative theory and with health care. I looked at the stories of particular female healthcare professionals and the power in each of their stories to incite change in health care. Already at that time, I was hoping “to educate the imagination” by writing narratives about female health care, focusing on both health and healing. In that earlier project I claimed that

The goal of the narrator is to take the writing forward to the life of the readers who will bring their own interpretations to the story and new insights to cultivate change. These stories might initiate change in the various relationships readers might have with female health care professionals who care for them as patients, work with them as colleagues, learn from them as teachers or supervise them as managers. It is in recognizing and addressing similar barriers and frustrations in readers’ lives that the change begins. (Anderson Sathe 121)

of students to Remen's highly distinctive configuration of texts about health and healing.

Remen, a physician and a professor of medicine, employs narrative in her holistic vision for health care, including the story of her own healing journey, patients' stories of their illnesses and physicians' stories of their experiences. My contention is that Remen's pedagogical use of her own narrative texts of "healing" can help to educate the imagination of healthcare professionals. They learn to imagine health care as if it could be otherwise: that is, as if the integration of the mind, body and spirit matters in health and healing.

My hope is that by reading stories from healthcare professionals like Remen, students might imagine new possibilities for caring more holistically. This would mean caring for others emotionally, spiritually and physically. In this way, we would begin to shift toward a balance of the art and science of care in the process of transforming the world of health care through a Ricoeurian productive reading of texts, especially narrative texts by health care workers themselves; these narratives can be about their lives and their work in caring for others.

Ricoeur states that "stories are recounted, life is lived" ("Life in Quest of Narrative" 25). In writing stories authors narrate the past while life is lived moving forward. And yet, the imagination can help to imitate new forms of life in stories which will be told; this means life is lived before it is configured into a text. To examine one's own life and to tell one's story also makes possible the opening up of a new world for others who will read your texts. Through the imagination, readers can enter the world of the text and return to reconfigure the context of their lived worlds, and this is to imagine new possibilities for living life more fully. Ricoeur explains the role of the imagination in moving between "the world of the text" and "the world of the reader":

Allow me to stress the terms I have used here; *the world of the reader* and *the world of the text*. To speak of a world of the text is to stress the feature belonging to every literary work of opening before it a horizon of possible experience, a world in which it would be possible to live. A text is not something closed in upon itself, it is the projection of a new universe distinct from that in which we live. To appropriate a work through reading is to unfold the world horizon implicit in it which includes the actions, the characters and the events of the story told. As a result, the reader belongs at once to the work's horizon of experience in imagination and to that of his or her own real action. (Ricoeur, *Life in Quest of Narrative* 27)

ON CONFIGURING TEXTS AND RECONFIGURING WORLDS: EDUCATING THE IMAGINATION

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Texts matter in the opening up of possibilities to readers. A good (holistic) text on health care should allow readers to look at their lives differently. Thus texts develop the capacity to imagine new directions, avenues and opportunities in life. Kearney argues that Ricoeur's conception of a threefold mimesis of prefiguration, configuration and reconfiguration challenges those structuralist theories which celebrated the "death of the subject": that is, Ricoeur's circle of triple mimesis restores the subject as author and as reader to narrative theories of the text. In Kearney's words, the "referral of the narrative text back to the life of the author and forward to the life of the reader belies the structuralist maxim that the text relates to nothing but itself" (*Stories* 133). Thus, readers can reconfigure lives based on the author's configuration of her life in a narrative text; and it is a *new* world that will be opened up beyond the world of the text. Meaning is made by human subjects—women and men—in the reading of a text and the reconfiguring of a world.

Regarding the philosophical role of the imagination, Kearney presents Ricoeur's argument that imagination is a crucial element in philosophical hermeneutics as a tool for interpretation of meaning in the human sciences, "The adoption of hermeneutic acknowledges the symbolizing power of imagination. This power, to transform given meanings into new ones, enables one to construe the future as the 'possible theatre of my liberty,' as an horizon of hope" (Ricoeur, "Herméneutique de l'idée de révélation," qtd. in Kearney, "Paul Ricoeur" 118). Imagination then is employed both by the author in configuring her own life/world into a text and the reader in reconfiguring her life/world in response to reading that text. In this dialectical process, imagination both imitates life and produces action for readers/subjects who seek to create new meaning. This action gives meaning to life and opens possibilities for change. Herein lies the possibility of a meaningful life in freedom and in hope. For someone who lives an examined life this is an ongoing process of hermeneutics: of interpreting and re-interpreting how we live with one another.

Ricoeur does not think that there is a grand narrative for all human life. Instead, whether in each individual life or in every collective life we can always find a quest for a meaningful narrative; and stories are written at different points in each life in order to create the meaning. Kearney contends that

mimesis is the "invention" in the original sense of that term: *invenire* means both to discover *and* to create, that is, to disclose what is already

there in the light of what is not yet (but exists potentially). It is the power, in short, to re-create actual worlds as possible worlds. (Kearney, *Stories* 132)

This hermeneutic process of mimesis, then, allows for a richer understanding of the present with a hope for the future. If we can imagine alternatives to how we are living and dying, then we can begin to reconfigure our world with a new meaning. Of course, motivation is necessary for transformation. Following Ricoeur, Kearney points out that

the metaphors, symbols or narratives produced by imagination all provide us with imaginative variations of the world, thereby offering us the freedom to conceive of the world in new ways and to undertake forms of action which might lead to its transformation. (“Paul Ricoeur” 120)

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This transformation would provide us the means to “transcend the limits of our actual world” (Kearney, “Paul Ricoeur” 120). Thus, we can work toward possibilities that were inconceivable to us before, because the productive power of the imagination in mimesis provides the means and the desire to create a better world.

Similar to Kearney, Greene illustrates the crucial role of the imagination in configuring texts and reconfiguring the contexts of our lives: the imagination functions to create new possibilities for students and teachers alike. Greene configures her teaching life in writing narratives about education for change. In *Releasing the Imagination*, Greene herself illustrates the role of narrative as follows:

The essays in *Releasing the Imagination* may be read as a narrative in the making. We who are teachers would have to accommodate ourselves to lives of clerks or functionaries if we did not have in mind a quest for a better state of things for those we teach and for the world we all share. It is simply not enough for us to reproduce the way things are. Now in the midst of my life, I view my own writing in terms of stages in a quest, “stages,” as Søren Kierkegaard put it, “on life’s way.” The quest involves me as a woman, as teacher, as mother, as citizen, as New Yorker, as art-lover, as activist, as philosopher, as white middle-class American. Neither myself nor my narrative can have, therefore, a single strand. I stand at the crossing point of too many social and cultural forces; and, in any case, I am forever on my way. (1)

For Greene as for philosophers since Socrates in ancient Greece, only an examined life is worthwhile; such a life is examined life, I suggest in a Ricoeurian spirit, in an ongoing process of configuring and reconfiguring

texts concerning the stages of growth and change and one's place in the world. Good educational pedagogy offers narratives to students so that they can learn how to reconfigure their own worlds. Herein lies Greene's hope for a better world.

Consistent with a Ricoeurian tradition, Greene opens a horizon of meaningful experience to her readers. She uses narrative texts to teach her students about new possibilities for learning in the human sciences. She sees possibilities in engaging the imaginations of her readers: "I have set myself the task of arousing readers' imaginations" (Greene 2). And she thinks that "of all [our] cognitive capacities, imagination is the one [capacity] that permits us to give credence to alternative realities" (Greene 3). She explains that

It is difficult for me to teach educational history or philosophy to teachers-to-be without engaging them in the domain of imagination and metaphor. . . . An ability to take a fresh look at the taken for granted seems equally important: without that ability, most of us, along with our students, would remain submerged in the habitual. We and they would scarcely notice, much less question, what has appeared perfectly "natural" throughout our life histories. (Greene 99–100)

IMAGINATION IN THE CONTEXT OF HEALTH CARE

At this stage, I would like to apply Ricoeur's narrative theory, along with the hope and freedom generated by the meaning-making power of the imagination, to the context of health and healing. Ricoeur explains that

the art of narrating is reflected, on the side of following a story, in the attempt to "grasp together" successive events. The art of narrating, as well as the corresponding art of following a story, therefore requires that we are able to extract a configuration from a succession. (*Hermeneutics* 278)

The art of narrating involves looking at one's life over time. Given Remen's multiple perspectives as an oncologist, a storyteller, and a professor, she is an example of someone who uses stories and productive imagination to configure her life and work into new meaningful narratives for health and healing. She configures her life experience in particular as a person with a chronic disease and as a physician working with patients to heal others and herself.

It is important to notice that Remen's life stories reflect changes over time; these changes do not always come easily, nor is healing assured. Instead Remen has lived her life as a physician and as a woman health care professional, all the while managing her own Crohn's disease; the result of

this complex life and work relation is the development of her own holistic and relationship-centered practice. The text of Remen's life story begins with her as a child growing up in a family of physicians and a grandfather who was a Rabbi. Her early life was a mix of the scientific and the spiritual. Her grandfather provided a mystical presence and a connection to the rich heritage of the stories of Judaism. She explains that "the physicians in my family rewarded me for having the right answers. My grandfather for having the right questions" (Remen, *Kitchen Table* xxxii). This background led her to pursue an undergraduate honors degree in philosophy, with a passion for Wittgenstein, followed by a medical degree, and ultimately to create a medical practice with a mix of the science of medicine and the spirituality of stories. In her personal journey with Crohn's disease she nurtured her emotional, physical and spiritual capacities, not only to live a healthy life, but also to manage her medical practice and to teach in a medical school and eventually, to become a writer of lived experience in theory and practice.

In the process of configuring her own experiences, she describes life as "coherent, elegant, mysterious, and aesthetic." However, she admits that "when I first earned my degree in medicine I would not have described life in this way" (Remen, *Kitchen Table* 3). Her medical training focused on scientific objectivity and tended to deny the emotional and spiritual aspects of healing. Over time, she learned to listen to her patients' stories, especially those stories which reflected an integration of the mind, body and spirit.

Eventually, these stories would become far more compelling to me than the disease process. I would come to feel more personally enriched by them than by making the correct diagnosis. They would make me proud to be a human being. These stories engaged me at another, more hidden point. I too suffer from an illness, Crohn's disease, a chronic, progressive intestinal disease, which I had developed at the age of fifteen. So for me, these conversations eased certain loneliness. . . . I listened to human beings who were suffering, and responding to their suffering in ways as unique as their fingerprints. Their stories were inspiring, moving, important. In time, the truth in them began to heal me. (Remen, *Kitchen Table* xxxvi-xxxvii)

In the midst of her medical practice, Remen would listen to her patients' stories and then, reconfigure them along with her own life stories. After thirty-five years as a physician and more than forty years of living with a life-threatening illness Remen wrote *Kitchen Table Wisdom: Stories That Heal*, a compilation of stories from her life as a patient and a physician with the intent to reach a broad audience. She also began to weave these stories into articles in academic journals.

In the end, we can explain with Ricoeur's theory that the texts of Remen configure her own chronic illness, her experience with patients and her teaching in a medical school. Remen weaves her personal and professional stories into texts, revealing her conviction that healing only happens completely when a physician learns to listen to her patients. So, we have in Remen what we saw earlier in Ricoeur's hermeneutical theory; that is, the crucial dialectical process of creating meaning in reciprocal relations whether the relations are those of author and reader, or of patient and physician, each subject in her particular context gives and takes from each other; and this is how new meaning is created, and how life is lived in interaction: a meaningful life is one in which we listen to each other's story. In Remen's writing, social reality is interpreted in both the texts and the contexts of the lives of patient and physician alike. This interpretation by way of texts and contexts of life recalls Ricoeur's proposal that "we ought not to hesitate in comparing the production of the configurational act to the work of the productive imagination" (*Time and Narrative I* 68). Again we find that the productive power of the imagination gives the motivation to configure our lives in a text that can be read and re-created. In this way, readers of Remen's texts are given an incentive to imagine health care that is patient-centered and holistic. In this context, patients are healed and healthcare professionals find meaning in actually caring for themselves in relation to others who, like them, hope for a more meaningful life that is attentive to the physical, emotional and spiritual. Over the course of her life, Remen gradually reconfigures medical education by engaging the imagination of her students. As a professor she reintroduces compassion and meaning into medicine. In her courses on patient-centered care, students read her stories and write their own. Students are exposed to a new way of working in health care: but this can only be made available to students who then can choose to engage with it. Creativity in health care cannot be imposed or mandated. Rather, students and teachers must be willing to engage freely with their lives and the stories which they are to both hear and share. In reading Remen's texts students can be at most urged to imagine new possibilities for themselves and their future patients. In class, Remen would seek to provide students with an opportunity to share their own experiences with health care. She asks her students to pay attention to the activities of care as these happen, as well as how they feel about that care. She would ask them to write down their discoveries in the form of narratives. As Remen instructs, "Pay attention from the heart. Look at your life experience as if you were a novelist or a poet, not a doctor" ("Mission" 9). In the process of writing about their experiences as a novelist or a poet her students could gain new perspectives on life and care: the aim is to restore health and meaning to living.

Ideally, students in health care can come to recognize qualities of love, devotion, loyalty, and courage both in their own lives and in the lives of other health care professionals. But this requires commitment to a daily process of writing down what they see in their own and others' narratives they create in their own healthcare diaries in relation to and with others. Some students will find that meaning emerges in writing stories of compassion, in which students and physicians alike attend to the personal aspects of healing. Remen explains that "it is only through connection that we can recover true compassion, or any authentic sense of meaning in life: a sense of the mysterious, the profound, and the sacred nature of the world" ("Mission" 2). In the reading of Remen's stories and the writing of their own daily narratives, students should be able to imagine new possibilities of caring for, with and about others. Through these possibilities for connection, a new meaning in their work may emerge that can provide the vision of reconfiguring the world of health care.

CONCLUSION

In a Ricoeurian spirit, and with Ricoeur's own theory of the productive power of the imagination, especially in engaging with a triple mimesis of text production, I have tried to suggest new and constructive ways in which the imagination of students and teachers can be educated through stories such as Remen's in health care. These stories matter precisely because they help to develop the ability of each subject of health care to educate the imagination individually and collectively—and in this way, they will have followed Ricoeur's inspiration to look at things as if they could be otherwise. Health care does not need to be only scientific and objective where patients' stories are excluded from consideration. It can be patient-centered with an understanding of the complex relationship of the mind, body and spirit in healing. Patients can be recognized as individuals whose lives matter not only physically but emotionally and spiritually, who require to be cared for, cared about and involved in their own care. With Ricoeur, I suggest that life is lived and stories are told, but health and healing bring life and stories together in a productive process. Thus, to develop the capacity to bring about change requires creativity in the productive power of the imagination; educating the imagination can only happen if students and physicians are attentive to life in all of its varied and complex dimensions.

If, for example, students can reconfigure healthcare practices by seeing new ways of caring for, about and with patients, they might be motivated to change the way they actually care for their patients and one another. Ideally, the changes in what individual healthcare students see and do can

in turn begin to shift the broader context of health care. A crucial step for changing the act of caring is to be able to imagine other possibilities for care. Ricoeur asserts that “Without imagination, there is no action, we shall say. And this is so in several different ways: on the level of projects, on the level of motivations, and on the level of the very power to act” (*Text to Action* 177). Educating the imagination on the level of projects in health care means fixing the direction of vision for change, on the level of motivations it is to change the reasons for caring, and on the level of the very power to act it means transforming care; these levels come together in locating the hope for better health care between the science and the art of medicine. I end here with the mandate to look at things in health care *as if* they *could* be otherwise, rather than shaped primarily by the objectivity of science and technology, to a subjective patient-centered approach to health and healing more holistically. It would be a real tribute to Ricoeur if his hermeneutics and his concern for the human sciences were not forgotten, but were instead embraced in educating the imagination of all readers in health care, and not only health care professionals, but all human subjects who care for and are cared for by others in the process of health and healing today and/or tomorrow.

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