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When I say.... understand

Introduction

How many times have you, as a medical educator, asked 'do you understand?'. Sometimes, it's to check facts; the building blocks of knowledge. More often, it's to ensure students move from superficial to deep understanding by making connections to organize their thinking. Understanding in education typically implies intellectual effort.¹ When a patient asks a physician if they understand, however, the question may be more existential. She is asking the physician to acknowledge her existence, her being in the world. Understanding in this sense is an invitation to the physician to open their being in the world to a fellow (human) being. Rather than organized thought, understanding is a holistic, pre-reflective grasp on a situation. Heidegger termed such understanding 'Dasein', or being-in-the-world.²

When I say understand' I am drawing on a branch of philosophy that focuses on the theoretical study of understanding, known as hermeneutics.³ Whilst earlier philosophers equated understanding with correct interpretation, Heidegger, Gadamer, and Ricoeur considered understanding an activity; a self-reflective engagement with all sources of meaning or significance. This 'practical philosophy', we suggest, offers new ways of knowing^{4,5} to health professional education.

To make this less abstract, let's start with two familiar terms – perceiving and conceiving.⁶ Perceiving is noticing with our senses ('I see/hear/feel something'). Conceiving is translating perceptions into abstract thoughts ('what is it I see/hear/feel?'). Conceiving turns perceptions into ideas that can be compared and likened to other ideas and the things they represent. Linking perceptions and concepts into a 'comparative web' is the activity of understanding; how we connect experiences with thinking and the world. This step led continental philosophers, who have been preoccupied with this for the last seventy years or so, to propose some central components of understanding.

Temporality

Time is one component of understanding and since understanding is always going on, 'I' am always located in temporal situations which require my response and to which I am answerable.⁶ I am a product of my past so, in the process of understanding, my past creates future possibilities.

Understanding makes historical experience possible and links it with future experience. The process of understanding is thus inescapably time-bound: our 'present' is the negotiation of our past(s) into the future.

Language

Wittgenstein wondered if, without language, it was possible to 'be'.⁷ That is, since language is the medium of thought, can we be aware of ourselves without language? Moreover, as language is by definition a social phenomenon, the very medium of thought commits us to others, while encoding our understandings in cultural and historical meanings. Without this social and culturally conditioned medium, I am helpless to understand the world, others, and even my innermost thoughts. Whatever 'is', or 'is not' must be sayable and thus shareable.

Dialogue

Understanding begins as a response to something. The 'call of the other' opens a dialogue of question and answer. Gadamer placed dialogue at the center of what it means to understand.⁸ Our expressions in response seek words and gestures to reach out to the 'caller', to signal our openness to hear and recognize the other. In a Gadamerian sense, dialogue requires an openness to be changed by the conversation. This transformative power allows conversations to take on a life of their own, thus becoming themselves fertile sources of meaning.

Interactions between the components of understanding

When I open myself to understand my patient hermeneutically, parts of our histories and horizons of meaning fuse. In a circular, back-and-forth, our dialogue draws on our histories, cultures and languages, sedimented in the past to build a place of present encounter. Through dialogue, I encounter myself through the other. I appropriate new meanings and new understandings. I bring each new meaning to the next event of understanding in a progressive but (re)-iterative cycle. The generation of new understandings keeps this circle from becoming vicious while pragmatic considerations allow me to achieve punctuated goals.

So far, so theoretical. What does hermeneutics have to do with medical practice? Let's return to our imagined patient waiting to be understood. As her doctor, I know some facts about her but how can I truly understand her when I know so little about her experiences as a person? What if I cast off the 'natural attitude' of my day-to-day thinking and intentionally put aside the scientific approaches I have spent so many years trying to 'understand'? My purpose is no longer to solve but to be open to the infinite outcomes projected within the moment. Rather than deny my subjectivity, I acknowledge and draw on it. Understanding becomes tentative and open, radically individual, but simultaneously inextricable from the world.⁹ Rather than a to-and-fro interaction between separate individuals, understanding is inter-subjective; a dyadic meaning-making embedded in the experiential flux of the

world. A dynamic web, constantly rewoven. There are no absolute truths or certainties: the question and investigation remain open, transforming over time as part of a dialectic interrelationship between self, world and other.

How might clinicians enliven these notions of understanding for our learners? One possibility is to allow our inner lives to come more to the fore, from a pre-reflective influence to a conscious recognition that our personal histories and heritages are central to understanding. The point here is not to promote reflection as an exercise of self, but to recognize the unity of self-experience and world-awareness. As human beings, self, other and world are intertwined. Understanding as a form of connection isn't transferred but co-produced. It is part of a 'bigger' picture, with an unending evolution of possibilities.

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