

Letter to the Editor

Experience or authority? A response to Widdershoven

Vilhjálmur Árnason

Department of Philosophy, University of Iceland, Main Building, Sudurgotu, IS-101 Reykjavik, Iceland (Email: vilhjarn@hi.is)

I am grateful to dr. Widdershoven (2000) for responding to my paper on Gadamerian dialogue in the patient-professional relationship. I am a bit surprised, however, that he seems to read my paper as a rejection of rather than as a call for a revision of Gadamer's ideas. As my paper makes clear, I do think that Gadamer's hermeneutics provides a very fruitful ground for analyzing the patient-professional encounter. This holds also true for his key ideas of tradition and play which Widdershoven singles out as the targets of my criticism. But this singling out is itself misleading. My criticism of Gadamer is not aimed at these particular notions in his philosophy, but rather at the inconsistency between major claims that he makes. Since Widdershoven's critical response shows that I have not made myself entirely clear, I will now try to clarify my position.

Widdershoven distinguishes between two arguments that he thinks my critique is based upon. The first argument concerns Gadamer's appeal to tradition which might imply a defence of paternalism. I fully agree with Widdershoven's analysis of the role of tradition in Gadamer's philosophy. But his reading of Gadamer could be a bit too generous when he applies it to the particular situation of the patient-professional relationship. This is not because of what Widdershoven says, but rather because of what he leaves unsaid. Here I have in mind the notion of *authority* which is strikingly absent in Widdershoven's remarks, not least because it is crucial in the critical part of my paper. It is clear that Gadamer emphasizes the recognition of true authority based on superior knowledge. On Gadamer's account, such authority is intimately related to tradition as the reservoir and handing down of claims and judgments which have survived the scrutiny of the generations. Gadamer thus imparts validity to tradition which always "mediates truth in which we must try to share".¹ If we are to share this truth we must obediently listen to the authority which mediates tradition and not try to oppose it with our critical claims.

When we tease out this aspect of Gadamer's hermeneutics, we are inevitably confronted with a tension in his thought between the openness to the other and the attentiveness to tradition. On the one hand he recommends that we authentically listen to the other's claim and that we acquire new experience in the process by encountering disagreement, as Widdershoven correctly describes. On the other hand Gadamer invites us to listen to the voice of tradition and to acknowledge the authority of those who are knowledgeable about the subject matter at issue. I am not saying that these two 'moments' in the dialogical encounter are necessarily opposed. Most often they are intertwined and are jointly conducive to a mutual understanding. In the patient-professional relationship this is not least so because the partners in the dialogue see themselves as cooperating in a common venture: to find the best remedy for the patient.

Although it may well be the case, this apparent reciprocity need not imply mutual recognition of both partners, but rather a dogmatic acceptance of professional authority and of the claims of tradition that if faithfully represents. As a rule, the patient-professional cooperation is undertaken on the premise that the doctor is an incontestable authority backed by a strong tradition, working solely in the best interest of the patient. In that case, there is a latent domination in the situation, a force which has acquired permanence "through the objective semblance of an unforced pseudo-communicative agreement".² This, however, will not make itself fully manifest unless it is tested in a confrontation. This is why the hard cases for Gadamer's theory present themselves when there are conflicting interpretations and opposing viewpoints. What is the appropriate response of the medical doctor when the premise that she is an incontestable authority no longer holds?

In trying to answer this question in light of Gadamer's theory, it provides us with conflicting answers. While the medical doctor is to listen to the patient in an attempt to understand him, she should

at the same time affirm her professional authority. While this is clearly both a realistic and a responsible attitude, it conceals elements of paternalism which come to the fore when they are connected to the notion of play as a paradigm of the dialogical conduct. On Widdershoven's account, my second argument for Gadamerian paternalism concerns the notion of play. But my point about play must also be placed in the context of the notion of authority in Gadamer's philosophy. In our current example, doctor and patient join in a process of trying to come to grips with the matter at hand. But if they are to gain a true understanding of the subject matter, they must above all respect the voice of tradition which always "mediates truth in which we must try to share". Moreover, if the patient is to share this truth he must obediently listen to medical authority which mediates tradition and not try to oppose it with critical claims. If he does so, he becomes a spoil sport. He ruins the game which is based on the presumption that the medical doctor is an incontestable authority. It is not correct to say that, on Gadamer's account, "[n]either doctor nor patient can claim to have the definitive answer to the question what should be done about the patient's illness", as Widdershoven describes a partnership model of the patient-professional relationship. If the medical doctor is to be respected as a true authority in virtue of her superior knowledge, then she can claim to have the definitive answer to the question what should be done about the patient's illness, and the patient can be expected to observe that answer.

This is why I presented Katz's view as a corrective to Gadamer's position. He questions the presumption, looming large in Gadamer's hermeneutics, that "doctor's contributions to any conversations, in contrast to patient's contributions, are influenced largely by rational considerations".³ This presumption is implicit in Gadamer's uncritical conflation of authority and reason. On Gadamer's interpretation of the Enlightenment, the belief in reason implied that one could be freed from tradition and judge it from the side, as it were. But as has been argued, "the real meaning of the Enlightenment's conception of reason . . . implies that any authority which *contradicts reason* has no claim to our obedience". This leads to the demand "that traditions legitimate themselves in rational discourse".⁴ Although Gadamer claims our confrontation with tradition is in fact always critical,⁵ his theory harbours no basis for rational discourse that is critical of tradition as such, nor does it appeal to any principles that are not already validated by tradition. Therefore, instead of entering a rational discourse about validity claims that are under debate in the patient-professional encounter, the doctor can, on Gadamer's account, legitimately conduct an understanding dia-

logue without ever questioning the traditional basis of his own authority. Admittedly, this conflicts with the overall intention of Gadamer's dialogical hermeneutics, but it is precisely this tension in the theory that I was pointing out in my paper.

Moreover, in discussing the dialogical conditions in the patient-professional relationship it is not sufficient to look merely at the explicit dialogue itself. My criticism of Gadamer in the article should have been placed in a broader context. The entire atmosphere, the medical discourse pregnant with theoretical prejudices, and the entire – often technologized – clinical setting constitute a framework of authority which is rooted not only in the power of knowledge but also in fear and subjection. Even though the dialogue takes place in the spirit of an understanding openness between a patient and a medical doctor, this framework of authority strongly invites dogmatic recognition. Of course, no theory can counteract these elements but they can be taken into account in a critical analysis of the patient-professional dialogue. Gadamer's theory offers no tools for such analysis. It simply presumes that the virtues of thoughtful reflection and openness can be exercised in an effective and authentic way.⁶

Widdershoven argues that I distort Gadamer's philosophy by wanting to develop a dialogical model of the doctor-patient relationship without taking over the notions of tradition and play which are crucial elements in Gadamer's hermeneutics. I dispute this description of my appropriation of Gadamer's account of dialogue. The notions of tradition and play are fruitful elements for analyzing what optimally takes place in the patient-professional relationship⁷ if they are placed in a wider dialogical framework and freed from the uncritical category of authority which facilitates distorted communication rather than mutual understanding.

Notes

1. Gadamer (1975), p. xiii.
2. Habermas (1980), p. 207.
3. Katz (1985), p. 57.
4. Mendelson (1979), p. 61. Mendelson refers here to Albrecht Wellmer's argument in Wellmer (1971).
5. Gadamer (1979), p. 108. See also Gadamer (1975a) pp. 495–6.
6. See, however, Gadamer (1975b), pp. 313–314, where he argues that "modern technological society" has decisively changed our dialogical conditions.
7. Cf. Árnason (1994) where I make constructive use of Gadamer's notion of play.

References

- Árnason, V.: 1994, 'Towards Authentic Conversations. Authenticity in the Patient-Professional Relationship', *Theoretical Medicine* 15 (2), 227–242.
- Habermas, J.: 1980, 'The hermeneutic claim to universality', In: J. Bleicher (ed.), *Contemporary Hermeneutics*. London: Routledge and Kegan Paul, pp. 181–211.
- Gadamer, H-G.: 1975a, *Truth and Method*. New York: The Seabury Press.
- Gadamer, H-G.: 1975b, 'Hermeneutics and Social Science', *Cultural Hermeneutics* 2, 307–316.
- Gadamer, H-G.: 1979, 'The Problem of Historical Consciousness'. In: P. Rabinow and W.M. Sullivan (eds.), *Interpretive Social Science: A Reader*. Berkeley: University of California Press, pp. 103–160.
- Katz, J.: 'Can principles survive in situations of critical care?' In: J.C. Moskop and L. Kopelman (eds.), *Ethics and Critical Medicine*. Dordrecht: D. Reidel Verlag, pp. 41–77.
- Mendelson, J.: 1979, 'The Habermas-Gadamer Debate', *The New German Critique*, 44–73.
- Wellmer, A.: 1971, *Critical Theory of Society*. New York: The Seabury Press.
- Widdershoven, G.: 2000, 'The doctor-patient relationship as a Gadamerian dialogue: A response to Arnason', *Medicine, Health Care and Philosophy* 3(1), 25–27.

