WHAT IS MORAL IMAGINATION?

Zittoun, T, & Cerchia, F. (2013).Imagination as expansion of experience. *Integrative Psychological and Behavior Science*, *47*, 305-324.

> From the authors' point of view, imagination can be representative or creative. Within the creative perspective, the working hypothesis is that imagination is triggered by a temporary disjunction or rupture, between the one's lived experience of the world (as material, embodied, socially shared), and one's ongoing flow of thinking. Research questions include: 1.) what prompts a "rupture"? 2.) What are the psychological processes involved in a looping the novelty into lived experience? (3) What nourishes this loop? 4) What are the consequences of such loop, or what does it enable doing? 5.) How does metaphor prompt the jump into new possibilities? Authors concluded that imagination is skill whose ultimate goal is to better adjust to reality.

Alexander, TM. (1993). John Dewey and the moral imagination: Beyond Putnam and Rorty toward a Postmodern Ethics. Transactions of the Charles S. Peirce Society: *A Quarterly Journal in American Philosophy*, 29(3), 369-400.

> This essay provides a history of the concept of moral imagination and its evolution from Plato and Aristotle to John Dewey to Mark Johnson. Plato thought that moral reasoning was more like a mathematical equations; Aristotle thought that it was more an art or technique relying on well-trained habits. The definition has gone through many evolutions and remains elusive.

Aristotle 350 B.C.E Nicomachean Ethics. Translated by W. D. Ross. *In Stanford Encyclopedia of Philosophy online.* Retrieved from http://plato.stanford.edu/entries/aristotle-psychology/#Bib

> Aristotle distinguishes perception and imagination. Perception is always true, in contrast to imagination which produces images which can be falsified in many ways. Both cognitive abilities enhance the capacity to create, store, and recall images in a variety of ways that motivate and guide action.

Nussbaum, Martha. Imagination (2011). *In Stanford Encyclopedia of Philosophy online*. Retrieved from http://plato.stanford.edu/entries/imagination/

> Martha Nussbaum identifies moral skill as the ability to discern morally salient features of one's situation. This skill, she contends, is one that must be developed, and one to which the engagement with literature might effectively contribute. Literature provides by "close and careful interpretative descriptions" of imagined scenarios that enable emotional involvement untainted by distorting self-interest. There is empirical psychological evidence for this hypothesis.

Johnson, Mark Imagination (2011). *In Stanford Encyclopedia of Philosophy online*. Retrieved from http://plato.stanford.edu/entries/imagination/

Mark Johnson holds a view in which our moral understanding and moral development are tied to our imaginative abilities. In his concept, our abilities to imagine morally relevant situations and alternatives aids in our moral understanding, and our moral education consists at least partly in the development of abilities to imaginatively apply moral concepts to events in our everyday lives.

Johnson, Mark. (1993). *Moral Imagination: Implications of Cognitive Science for Ethics.* Chicago: The University of Chicago Press.

P.198. "Let me summarize what I have been arguing concerning the difference that moral imagination out to make in how we live our lives. A theory of morality should be a theory of moral understanding. Moral understanding is in large measure imaginatively structured. The primary forms of moral imagination are concepts with prototype structure, semantic forms, conceptual metaphors, and narratives. To be morally insightful and sensitive thus requires of us two things: (1) we must have knowledge of the imaginative nature of human conceptual systems and reasoning. This means that we must know what those imaginative structures are, how they work, and what they entail about the nature of our moral understanding. (2) We must cultivate moral imagination by sharpening our powers of discrimination, exercising our capacity for envisioning new possibilities, and imaginatively tracing out the implications of our metaphors, prototypes, and narratives."

p.217 " The crux of this view of moral criticism as fundamentally imaginative is that moral objectivity consists, not in having an absolute 'God's eye point of view,' but rather in a specific kind of reflective, exploratory and critical process of evalution carried out through communal discourse and practice."

Gendler, Tamar. Imagination. (2013). *In Stanford Encyclopedia of Philosophy online*. Retrieved from http://plato.stanford.edu/archives/fall2013/entries/imagination.

Much of the contemporary discussion of imagination has centered around roles that imagination is plays in domains of human understanding and activity. Five of the most widely-discussed are the role of imagination in the understanding of other minds, in the cultivation of moral understanding and sensibility, in the reconfiguration of responses, in planning and counterfactual reasoning, and in providing knowledge of possibility.

WHY IS MORAL IMAGINATION IMPORTANT?

Bunkers, SS. (2011). What is not yet: Cultivating the Imagination? *Nursing Science Quarterly*, 24(4): 324-328.

Bunkers major premise is that the ability of nursing to flourish in a world in flux and change depends on cultivating nurses' imaginations. The capacities of imaginative learning include the following: noticing deeply; embodying; questioning; identifying patterns, making connection, exhibiting empathy, creating meaning, taking action and reflecting and assessing. She outlined a nursing seminar with four modules on the topics of: Listening Deeply and mindfulness; daydreaming and counterfactual thinking; storytelling, and creating.

Condon, BB. (2014). Imagination: The What-if in Thinking. *Nursing Science Quarterly*, 27(3): 204-210.

Many facets of imagination are defined, including moral imagination. Condon reflects the literature that describes moral imagination as the skill of discerning possibilities for ethical decisions and actions. She employed Hans George Gadamer's image of moral imagination as the process of understanding the movement towards a horizon fusion of understanding between two individuals. Condon connects these facets of imagination with the Parse school of thought---human becoming. In research, she connects imagination with qualitative studies as useful in conceiving phenomena, but unhelpful and confounding in ascertaining results. Within nursing education, Condon identifies the risks of not including imagination---depersonalization of the student and decreased experience with dialoguing and being present with others. She also articulates the benefits of imagination in nurse education—a greater contextual understanding of a patient's lived experience and a deeper respect of persons. In summary, it is her belief that: "Imagination should be the bedfellow of all learning."(p.208).

Scott, PA. (1997).Imagination in practice. *Journal of Medical Ethics,* 23: 45-50.

Scott also struggles with the definition of moral imagination. She sees it as three elemental influences—reason, gut-response and human fancy. She also takes a virtue ethics point of view, in saying that the practitioner grows in virtue by apprehending the personhood of the patient and the likely implications of decisions from within the psychosocial context of the patient, rather than simple consider the medical implications. According to PA Scott this engagement occurs only through moral imagination and that the only time that this skill should not be used are in times of life and death. (For example, during CPR, is the heart beating?). Failure to do so, hurts both the patient and the practitioner. Moral imagination is an intellectual virtue and can be taught with the use of literature (Martha Nussbaum) and other art forms.

WHAT ARE STRATEGIES TO BUILD AND NURTURE MORAL IMAGINATION?

Apperly,IA. (2009). Alternative routes to perspective-taking: Imagination and rule-use may be better than simulation and theorizing. *British Journal of Developmental Psychology*,27:545-553.

Adults tend to solve mind problems by two separate approaches. One, they may imagine themselves in the position of the other person and see how they would think or feel in those circumstances. This strategy is flexible but cognitively effortful. Second, they may abstract from their experience and project themselves into the shoes of others with some roughly outlined rules. This method may not always yield the correct answer but it is quick and requires less effort. The author discusses the failure of neuroscience to discriminate these processes in ways that are meaningful for development of perspective.

Arries, C. & Cur, M. (2005). Virtue ethics: An approach to moral dilemmas in nursing. *Curationis*, 28(3), 64-72.

Virtue ethics focuses on the character of the nurse versus a decision-making tool to apply to ethical dilemmas. She details the themes of virtues and virtue ethics and applies this theory to an ethical case. Simply put, virtues related to a person's emotions motivate him/her to do the right thing. She maintains that an ethical approach based on principalism demands that emotions be discarded or bracket during moral decision-making however, perceiving the ethical nature of a situation does not soley involve a cognitive process. She lists care, justice and courage, respect and integrity, reason, honesty and trust as virtues central to nursing. Virtue ethics as an ethical theory gives priority to virtuous character of nurses as moral agents.

Brock, ME, Vert, A, Vykinta, K, Waples, EP, Sevier, ST, & Mumford, MD. (2008).Mental models: An alternative evaluation of a sense making approach to ethics instruction. *Science English Ethics*, 14:449-472.

Authors focused on the development of cognitive sense making processes to enhance ethical decision making. They compared the mental models of field experts with those of trained and untrained graduate students in the use of sense making processes-- framing, emotion regulation, forecasting, self-reflection, and information integration. Results demonstrated that there are differences between experts and novices, and that there was variation in the mental models, and that trained individuals had more complex models. Poor decision models were traced to individuals inability to generate new ways of thinking about data.

Carson, RA. (1986). Case method. *Journal of Medical Ethics,* 12:36-37.

This article is a historical view on the use of the case study. Evocative narrative plus moral theory and a degree of "messiness" leads students to ethical decisions through a dialectal process.

Chen, RP. (2011).Moral imagination in simulation-based communication skills training. *Nursing Ethics,* 18(1): 102-111.

> For the purpose of her study, Chen defines moral imagination in stimulation training to have three critical facets: (1) identification of another's experiences; (2) engagement through the exercise of compassion, empathy and attention; and (3) responsiveness in understanding and action. She is particularly drawn to the Aristotelian concept of phronesis, which is the practical wisdom required of a moral agent in determining the most appropriate response to a particular situation at hand. A useful image to describe the process of understanding is the fusion of horizons between two individuals. It is the intent of the morally imaginative practitioner (Hans-Georg Gadamer). In testing end-of-life communications using this concept of moral imagination, Chen found that student had difficulty 'finding the mutual horizon' because they assumed that they needed to be a "neutral," and that they needed practice to exercise their moral imagination. The process of difficult communication required follow up reflection to facilitate learning and experiences. This was not part of the initial concept. Chen suggested further work on concrete strategies to develop moral imagination and ethical patient-and family-centered clinical practice.

Gadamer HG. (1996).*The Enigma of Health: The Art of Healing in a Scientific Age.* Standford, California: Standford University Press.

> In this serious of essays, Gadamer approaches medicine from the point of view of a patient and teases out how modern society has colored the ordinary understanding of medicine. He begins with a definition of health: "a condition of being involved, of being in the world, of being together with one's fellow human beings, of active and rewarding engagement in everyday tasks." (p.113). He further advocates for a concept of health as an equilibrium given us by nature and kept in us by nature. He argues that medicine cannot guarantee us a feeling of wellbeing and that is obtained through our own choices.

Greenlalgh, T. (1999). Narrative Based Medicine in an Evidence Based World. *British Medical Journal*, 318 (7179) 323-325.

> This article describes the necessity of narrative as a key factor for providing evidenced based care. The author notes how evidence based practice relies on both the use of current research evidence along with the provider's clinical experience and knowledge. The process of clinical decision making comes largely through the accumulation of "case expertise" or the stories and illness scripts of patients. To practice evidence based care one needs to interpret both the research findings in conjunction with the unique, contextual understanding of a patient's experience of illness to fully draw on all of the available evidence.

Krautscheid, L. & Brown, M. (2014). Microethical decision making among baccalaureate nursing students: A qualitative investigation. *Journal of Nursing Education,* 53(3), S19-S25.

This qualitative study of senior baccalaureate students lived experiences making micro ethical decisions in a clinical practice identified five themes. A central finding was that the ethics education was forgotten in a scenario, underlining a mismatch between what faculty perceived was taught and what students remembered. The second finding was that preconscious ethical thinking shaped by life experiences may fill the void in decision making. Additionally, students consulted nursing staff to act instead of contemplating ethical options and potential outcomes in a situation of potential safety compromise. Contextual naiveté was a fourth finding. Students were conflicted about what they learned was safe nursing practice and how patient centered care is contextual and dependent on socially constructed meanings not addressed consistently in the evidenced based safe nursing practices. Finally, authors questioned whether nurses were able to identify the ethical challenge in the everyday clinical situation. In addition to discussing possible teaching strategies, the authors recommended reexamination to the Evidence Based Practice Model to address applied ethics.

McCarthy, J. (2003). Principlism or narrative ethics: must we choose between them? *Journal of Medical Ethics; Medical Humanities*, 29: 65-71.

Author contrasts and compares a principlist, who consider that rules are at the heart of a moral life, and a narrativists who see communication at its core with the context of a case study entitled " the forgetful mourner. "She focuses on the advantages of the principlist---identification of the four basic elements of particular judgments in concrete situations, framework for rapid decisions, Moral deliberation is scientific and consistent. Joan also outlines the advantages of the narrativist----unique situations, unique solutions, and an open dialogue. The author also identifies the skills required of health professionals who deploy the techniques and espouse the values.

Svenaeus, Frederick. (2003). Hermeneutics of medicine in the wake of Gadamer: the issue of Phronesis. *Theoretical Medicine and Bioethics*, 24(5): 407-31.

The author presents the concept of phronesis as central to Gadamerian medical hermeneutics. He conceives of medical practice as an interpretative meeting between doctor and patient with the goal of restoring the health of the later. Thus phronesis is the skill of a good physician who interprets the best thing to do for this particular patient at this particular time. Examining situations with interpretation, paves the way for alternative forms of medical ethics including virtue ethics, narrative, or hermeneutical ethics. This latter alternative would address the phenomena of health and the good life within the context of health care. It would shift the emphasis to the relationship of caregiver and patient and to the skill of phronesis.

Wocial, LD. (2010). Nurturing the moral imagination: a reflection on bioethics education for nurses. *Diametros*, 25, 92-102.

This article discusses how and when to teach ethics content to nurses. As novices, nurses are "rule bound" by necessity and only as they mature, can they identify when to make exceptions to the rule. Moral education is a life-long learning process, enhanced through

reflecting on the everyday ethical issues that comprise clinical practice.Wocial suggests using a dynamic approach to ethics education that informs the mind as well as the heart. She promotes the use of everyday encounters as the basis for student reflections to engage their moral imagination to ponder the possibilities of ethically defensible choices.

TOLERANCE OF AMBIGUITY

Funham, A & Marks, J. (2013). Tolerance of Ambiguity: A Review of the Recent Literature. *Psychology,* 4(9):717-728.

The paper begins with the early definition of tolerance of ambiguity (TA) developed by Frenkel-Brunswik as an emotional and perceptual personality variable. Her definition was generated by case study material obtained from personal interviews. Budner (1962) later put a different spin on the term. He defined TA As a tendency to perceive ambiguous situations as desirable. Some researchers disagreed with the proposition that TA was a personality trait and argued that it is a context-specific construct. Measurement is usually on a one-dimensional scale. The two most accepted measures are the Budner Scale of Ambiguity Tolerance and the McLain Multiple Stimulus Types Ambiguity Tolerance.(MSTAT). Cross-cultural and interpersonal tolerance of ambiguity measures is also available.

McLain, DL. (1993).The MSTAT-I: A new measure of an individual's tolerance for ambiguity. *Educational and Psychological Measurement*, 53: 183-189.

MSTAT-I is a 22 item measure of an individual's tolerance for ambiguity. Construct and convergent validity measures have p-values less than .05. Of concern, there was not a positive correlation with cognitive complexity.

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