

# 1

## The person in person-centred practice

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# Learning outcomes

- Develop insight into the meaning of 'person' in person-centred practice.
- Distinguish the meaning of 'person' from other concepts such as individual or people.
- Be able to articulate a meaning of personhood and why this meaning is important in person-centred practice.
- Identify and describe the challenges posed for healthcare practitioners when adopting different personhood perspectives

## Introduction

Being a person means more than just existing as a human being. There are elements of our make-up as persons that we may struggle to understand or make sense of – the deeper parts of ourselves! In this chapter we will explore some perspectives on what it means to be a person as this is the starting point of person-centredness and person-centred practice.

## Who am I?

There is a sense in which the word 'person' is merely the singular version of 'people', yet we are all instinctively aware that it has greater meaning than this – that it represents everything about me as a human being. 'Who am I?' is a question that is probably asked by many of us at various key stages of our lives – as a part of growing up and forming our identity; at a major transition point in our lives (such as reaching a significant birthday) or at a moment of crisis (e.g. the death of a person [or another entity] loved by us). When we reflect on such a question, we sometimes focus on functional aspects of our lives, such as 'my' job, friendships and relationships, ambitions, career prospects, life balance, etc. However, we can also focus on some core aspects of our being, such as the core values, beliefs or attitudes I hold towards particular aspects of my life, i.e. who I REALLY am! To start, we would like to invite you to engage with the following activity.

## Activity Who am I as a person?

For 20 minutes, create a collage (this could be either on paper or in digital form) representing your own *self-portrait* based on the following 10 points for creating your portrait. Place your name in the centre of the collage.

Who or what do you most depend on for your support, challenge and validation as a person?

What principles, values or beliefs are you willing to 'fight' for?

Who is the most significant person in your life and why?

Where do you go to (a place!) physically or metaphorically when you want to get away from it all?

Think of an image that best represents you and draw it? (nothing is off-limits!)

If you had one journey you could make, what would it be?

What has been your greatest achievement so far in your life (remember getting out of bed everyday and being on time for class can be an achievement in itself!)

Who or what are you most inspired by?

When are you most happy or joyful?

What is the greatest sadness or regret that you currently live with?

Reflect on your answers to these questions. Is there anything that surprises you about your answers? Have you gained new insights about yourself as a person? What do your collective responses tell you about who you are as a person?

Each time we (the chapter authors) do this activity, we are surprised at some of the things that emerge. No two collages are ever the same – there may be some common elements (such as a place of importance) but we are always interested in the things that evolve or transform (a key learning and its influence on us as persons). When we share these with others, the differences reflect changes in us as persons, our different experiences and learning from those, as well as shifts in thinking about our 'being in the world' and what is important over time. All this highlights how we exist in a dynamic state and are constantly evolving as persons.

## 6 What does it mean to be a person?

The word 'person' has been debated for as long as philosophical thought has existed and there are many perspectives on what it means to be a person. How we distinguish between persons and other species (such as non-human animals and robots) is a key focus for discussion and debate and the differing philosophical stances adopted have influenced the development of theories and frameworks for centuries.

### Humans as primary beings

There are multiple ways in which to consider the meaning of 'person' and indeed an animal rights advocate might argue vehemently that it is morally wrong to privilege the rights of human persons over those of animals (Singer 2011). They would strongly believe that it is morally wrong, for example, to test pharmaceuticals or cosmetics on animals before they are used with humans. Their argument would be predicated on the belief that humans and animals are equal and thus should be treated equally. For others, humans are considered to be a higher order species to animals and thus it is reasonable to use animals in this way in order to benefit the greater good of humans. You might like to reflect on your stance in this argument and where your boundaries are regarding speciesism (meaning biases or prejudices against beings on the basis of their species). You might also like to view this short video on speciesism by Professor Peter Singer: [www.animalsandsociety.org/human-animal-studies/defining-human-animal-studies-an-asi-video-project/defining-speciesism-with-peter-singer](http://www.animalsandsociety.org/human-animal-studies/defining-human-animal-studies-an-asi-video-project/defining-speciesism-with-peter-singer). This kind of argument gets played out in many ways in our daily lives and the fact that such emphasis is placed on preserving different species is not just an ecological argument but also a moral one where the rights of animals have been elevated in importance in recent years.

Even within the 'human species', a 'person' may mean different things, so, for example, debates about abortion are influenced by different ideas about whether or not an embryo is a person; is a foetus a person or when does a foetus become a person? This is a complex issue with different moral philosophical perspectives used to defend different beliefs and practices. We suggest the core issue is that of when a human being becomes a person – is it at the point of fertilisation or is it when the foetus is able to sustain life independent of the womb?

### Physical and psychological attributes

For some philosophers (such as Frankfurt 1989), it is not enough to claim that human beings are persons on the basis of a collection of physical and psychological attributes because it is conceptually possible that members of another species could also lay claim to these. If attributes such as sight, taste, smell, sexuality, memory, desires, motives and so forth were to be used as a means of distinguishing persons from non-persons, then we could easily provide a list of other species who would possess similar attributes. For example, the amazing developments in robotics and specifically humanoid robots and androids (i.e. robots or cyborgs made to look like humans on the outside) will find their way more and more into healthcare services in the future. Would it be possible to regard an android worker as a colleague and/or an electronic person? And would we ensure their rights are protected? While advancements are happening, societies and governments will have to find ways of managing or regulating the companies and products (or persons) they produce. In fact, the European Parliament is taking a proactive approach to exploring human-like artificial intelligence, including considering giving rights and responsibilities to robots.

Further, if we argue that personhood is predicated merely on a set of physical and psychological attributes, then what happens to persons who may lose some of these attributes

through disease and disability? For instance, a person with dementia may experience deterioration of memory and motivation and loss of physical attributes (e.g. mobility, hand–eye co-ordination, etc.) and so could legitimately, on the basis of this argument, lose the status of person. Even such higher order attributes as ‘thought’ and decision making fail to distinguish persons from other creatures, as human beings are not alone in having desires and preferences. Members of other species share these attributes with human beings and some species could even be seen to base action on deliberation and even prior thought.

Therefore, distinguishing persons from non-persons on the basis of a hierarchy of attributes is problematic. Some authors, such as Post (2006), argue that a dominant focus in Western cultures on some attributes being more important than others has led to a position whereby cognitive attributes of persons are given greatest importance. We see this played out in all kinds of ways in daily life, in that the ability to connect our thinking with our actions is essential for day-to-day functioning. Thus the loss of these attributes can have significant impact on human beings and their personhood as it can result in reduced ability to engage in daily activities of living, loss of employment, an inability to converse with others, a loss of connection with community, disconnection with friends and family, and increased loneliness and isolation.

So how should we think about ‘persons’ in ways that help us to not privilege cognition and rationality and in ways that avoid (human-based) hierarchies of attributes? Most philosophers attempt to understand this through a focus on ‘personhood’ – and it is to this focus that we will turn in the Section 1.4, but first, here’s an activity to help you reflect on your reading so far.

## Activity

From your perspective, what does it mean to be a person? Does your collage from the previous activity provide you with some insights into those aspects of being a person that you privilege most? Write an approximate 100-word statement that begins with:

*I am a person because ...*

If the activity seems too big, consider today and what it is about you today that makes you a person.

Consider how your statement reflects you as a person. Are you satisfied with your representation of ‘you’? Can you identify those parts of your description that are more dominant than others (maybe moral values shaped by your religious beliefs, for example, or beliefs about work and play shaped by your upbringing and childhood experiences)? All of these things are elements of your ‘personhood’.

## Personhood

Connecting with an innate sense of ourselves as human beings with feelings, emotions, thoughts and desires is an essential component of being a person and de facto having personhood. Leibling (2008) argues that personhood is that inner feeling we have that guides us as a person. It is the sum total of all these feelings, desires, motivations and values – or what Leibling refers to as ‘that which really matters’ (Leibling 2008, p. 180). This idea of personhood equating with that which really matters to us potentially enables us to rise above discussions of physical attributes and cognition, for example. Instead, it enables a connection with our unique humanness as persons – those inner perspectives that we hold in our body and that influence our being in the world. Leibling uses the term ‘interiority’ to describe this:

The materialization of certain values in time – and the moral question of what matters to certain people. (Leibing 2008, p. 180)

‘What matters to us’ is possibly the closest we can get to a neutral understanding of personhood and one that is connected with innate human characteristics. In reading this phrase (what matters to us), you might be reminded of the ‘what matters to me’ movement that is dominant in healthcare (refer to, for example, the ‘What Matters to Me’ day in Scotland: [www.whatmatterstoyou.scot](http://www.whatmatterstoyou.scot)) which is an attempt by healthcare providers to understand and surface those inner perspectives that we all hold and may not easily articulate.

However, we need to be cautious in viewing this question (what matters to me/you) as the primary consideration, as Leibing argues that in diseases such as Alzheimer’s, this interiority may become flattened through disease processes and the medicalisation of the associated symptoms. Accordingly, the response to the ‘what matters to you’ question may be limited, stunted, stilted or indeed may be voiced by an advocate (family member, friend, partner) and so is an interpretation of the person and who they are.

## The reflective person

The work of Christian Smith is also important here (Smith 2003). Smith argues that what distinguishes us as human persons from other non-human persons is that we live within a moral code or framework. This moral code is both inside us (our beliefs, values, desires, motives and feelings) and outside us (societal structures, cultures and processes). Every day, we operate through the lens of this moral code and so control of our actions is not just based on ‘interiority principles’, as Leibing argues. Like other philosophers such as Frankfurt (1989), Smith suggests that as human persons, we have the unique ability to reflect on our moral behaviour and recalibrate our actions if they misalign with the dominant moral code. We need to be aware, therefore, that our personhood is not just shaped by our internal beliefs, values, desires and feelings but also by our culture, which shapes, forms and reforms us on a continuous basis – thus personhood is not a static fixed concept but something that is continuously evolving and developing.

This is a very important point to reflect on in the context of healthcare practice. So much emphasis is placed on people working in healthcare having the ‘right’ moral attitude. Indeed, the standards of professional practice for nurses, midwives and associate nurses (NMC 2015) place significant emphasis on the beliefs, values and behaviours of individual nurses. This perspective reinforces and privileges the ‘interiority’ perspective of Leibing. But what about the culture of the care setting, the team behaviours and practices, the style of management and leadership in operation, the resources available to do the job, and many other elements of organisations that influence our individual effectiveness? To truly be a person-centred accountable person, we also need to operate in cultures that pay attention to these values – more on this in Chapters 3 and 4.

## Self and selfhood

In thinking about how we connect with personhood, Sabat (2002) suggests that personhood is connected with different understandings of ‘self’. Rejecting the idea of the ‘loss of self’ that is dominant in dementia discourse and that implies not just a flattening of personhood but its loss, with the consequence of being labelled as a ‘non-person’, Sabat (2002, p. 27) argues that we have three forms of self – Self 1, Self 2 and Self 3.

Self 1 is 'the self of personal identity' evidenced through our use of personal pronouns: 'I', 'me', 'mine', 'myself', 'ours' (meaning mine and yours). This self relates to our individual and unique view of the world. It expresses how we relate to our being in the world and the words we use to describe this being. It is autobiographical in nature and forms the narrative of our lives. Through Self 1, we tell the stories of our lives, and often how we tell those stories gives some indication of what is important to us. Sabat argues that a loss of words and language (such as happens with people living with dementia) does not mean a loss of self; rather, this Self 1 remains intact but the challenge is how we can enable such persons to voice their stories. Identical diagnosis and apparent severity of dementia, or other conditions, does not mean we can understand all persons in the same way.

Self 2 comprises our physical, mental and emotional attributes past and present – eye colour, height, weight, beliefs, religion, happiness, love, sadness, achievements, hobbies and so forth are all examples of Self 2. Again, these remain relatively intact with the threat of disease and illness. However, Self 2 becomes a problem when others focus on deficits and decline rather than abilities and potentials. Whilst the symptoms of a disease might impact on our physical, mental or emotional attributes, the attributes themselves do not change – what changes is how others engage with this aspect of our self.

Self 3 comprises the different social personas that we construct in different situations in which we live our lives. In different situations and contexts, a person may display very different behaviours – a highly dedicated and professional healthcare person by day and a hard party-goer by night; a focused, targeted and 'hard-nosed' manager versus a loving, sensitive and intimate partner.

Sabat argues that Self 3, the social persona, is most vulnerable when threatened by disease and illness, as it is dependent on a connection with at least one other person in our social world. Whilst this threat is obvious in a person living with dementia, we can also see the potential for loss of Self 3 in all kinds of illness situations where the autobiographical self is not considered; that is, we are concerned with treatment and cure and not with the social construction of that illness and how it threatens our personhood – something central to the argument made for a person-centred approach to practice in many of the chapters in this book. Self 3 fits most closely with Kitwood's ideas on personhood as social status bestowed by others (Dewing 2018).

Of course, these constructions of self can also be challenged and debated as there are a variety of ways in which Self 1–3 can change and/or be altered, and indeed the question needs to be asked, 'are we limited to three kinds of self?'. However, Sabat's ideas demonstrate how interiority (Leibing 2008) links with Smith's (2003) ideas of culture as an important basis for understanding how our behaviours can impact on the personhood of others. Paying attention to Self 1 and 2 is therefore critical for the protection of personhood in situations where a person is vulnerable and in need of care. Sabat's expression of self resonates with Merleau-Ponty's argument about the primacy of a 'perceiving body' in the world (Dewing 2012). Merleau-Ponty argues against any idea of a mind–body split or that we are passive recipients of our history. Instead, he suggests that our knowing is always subjective as we carry through the movement in our bodies, our prehistories that we take up, inherit and transform through our being in the world. Therefore, Self 1 is ever-present, even in the absence of rational thought.

So we could summarise by suggesting that 'persons are persons because of their personhood' and that this is what distinguishes human persons from non-human persons. We are more than our body parts held together by connective tissue – we are interacting persons, guided by whilst also shaping and reshaping our being in the world through our interior and exterior conditions. Yes, persons are complex!

## Activity

In our discussion of personhood, a focus on 'values' has been dominant. Consider your core values and what these say about you as a person.

What values did you identify as being important to you? Can you see a connection between your stated values and any of the elements of your collage (self-portrait)? It might be that this is implicit; for example, the place you identified as important might reflect values such as family or relationships. A key learning experience might have influenced your desire to be a healthcare worker. Can you see any connections?

## Persons, personhood and person-centred practice

Having some core understandings of persons and personhood is important as you develop your healthcare practice. Knowing who you are as a person, what is important to you, what core values you hold and how these are shaped and developed through different cultures are key considerations as you develop your person-centred practice. As you move through this book and in your day-to-day work, you will read about and hear different ways of understanding how persons and personhood are articulated by you and others, such as person-centred care, family-centred care, woman-centred care, person-centred practice, person-centred culture – to name a few! The ways in which these terms are used reflect different understandings of or engagement with personhood.

Think about 'person-centred care', for example – what does that term say about personhood? Does it reflect a particular set of beliefs and values? We would argue that person-centred care privileges the personhood of the patient/service user over that of the practitioner, i.e. the focus is on ensuring that 'what matters' to the patient is of primary importance. What might the implications of that be for a nurse or physiotherapist, for example? If the nurse or physiotherapist were in a care situation where their values were compromised, does that matter? We would argue that a focus on person-centred culture in healthcare, for example, ensures that the personhood of all persons is equally valued and paid attention to. Drawing on Smith's analysis, different cultural contexts shape how personhood is realised. The Person-centred Practice Framework pays attention to these cultural issues and places something like 'person-centred care' in a broader social context. This focus will be demonstrated in other chapters and in the different ways in which the framework is applied in contrasting contexts.

## Conclusion

In this chapter, we have introduced you to the ideas of person and personhood. We have challenged views of persons that privilege cognitive and physical attributes as key characteristics of persons. If you are new to this debate then we realise that this can be challenging to engage with. However, as you consider your own personhood, you will see how you pay attention to other aspects of you as a person and even take these physical and cognitive perspectives for granted – they form the background to your life. As active agents in the world, we constantly evolve, change and grow and through this evolution we influence and are influenced by our interior and exterior qualities, traits and circumstances. Thus being a person is a dynamic state.

## Summary

- There are multiple philosophical perspectives to what constitutes a person and personhood.
- Persons are more than their physical and cognitive make-up, but instead constitute a dynamic interrelationship of multiple factors that come together as personhood.
- Personhood is the key characteristic that distinguishes persons from non-persons.
- Values are a key part of our personhood.

## References

- Dewing, J. (2012). Bringing Merleau-Ponty's inspirations to working with participants. In: *Creative Spaces for Qualitative Researching, Living Research* (eds. J. Higgs, A. Titchen, D. Horsfall and D. Bridges), 65–76. Amsterdam: Sense Publications.
- Dewing, J. (2019). On being a person. In: *Dementia Reconsidered, Revisited* (ed. D. Brooker), 17–23. London: Open University Press.
- Frankfurt, H.G. (1989). Freedom of the will and the concept of a person. In: *The Inner Citadel: Essays on Individual Autonomy* (ed. J. Christman), 63–76. Oxford: Oxford University Press.
- Leibing, A. (2008). Entangled matters – Alzheimer's, interiority, and the 'unflattening' of the world. *Culture, Medicine and Psychiatry* 32 (2): 177–193.
- Nursing and Midwifery Council (2015). *The Code: Professional Standards of Practice and Behaviour for Nurses, Midwives and Nursing Associates*. London: Nursing and Midwifery Council.
- Post, S. (2006). Respectare: moral respect for the lives of the deeply forgetful. In: *Dementia: Mind, Meaning and the Person* (eds. J.C. Hughes, S.J. Louw and S.R. Sabat), 223–224. Oxford: Oxford University Press.
- Sabat, S.R. (2002). Surviving manifestations of selfhood in Alzheimer's disease: a case study. *Dementia* 1 (1): 25–36.
- Singer, P. (2011). *Practical Ethics*, 3e. Cambridge: Cambridge University Press.
- Smith, C. (2003). *Moral, Believing Animals: Human Personhood and Culture*. Oxford: Oxford University Press.

## Further reading

- Rogers, C. (2004). *A Therapist's View of Psychotherapy: On Becoming a Person*. London: Constable & Robinson.
- Schoenhofer, S.O. (2002). Choosing personhood: intentionality and the theory of nursing as caring. *Holistic Nursing Practice* 16 (4): 36–40.
- Singer, P. Ethics, uncertainty and moral progress. [www.youtube.com/watch?v=-NMD0g97C64](https://www.youtube.com/watch?v=-NMD0g97C64) (18-minute video)

