

Self-Knowledge In and Out of Illness – Abstracts

3 May, Greenwood Lecture Theatre, Guy's Campus

9:00 – 10:45 Self-evaluation and Joint Action

Tony David – Self-reflection in Illness and Health: Literal and Metaphorical?

What sort of a person are you? What are your strengths and weaknesses?

To answer these questions requires us to see ourselves through the eyes of others – as if viewing another person. It also requires us to share a system of values with others which can act as a reference. One common theme for self-reflection is whether we are healthy or ill. The latter is especially reliant on knowing what the doctor thinks. A conflict between what we think and what the doctor thinks can be called ‘lack of insight’ and is especially problematic in psychiatry where there are few objective criteria to which an appeal can be made to adjudicate such disputes. An added complication is knowing what a person ‘really thinks’ in such circumstances as opposed to what they say.

Cognitive neuroscience has shown that there is a neural network – the central midline system – which is activated when a person engages in self-reflection. Dysfunction in this system may limit insight. Encouraging people with mental health problems to literally see themselves when ill may be the first step in them gaining awareness of their predicament.

Nick Shea – Self-Knowledge for Acting and Deciding Together

What is the functional role of explicit, reportable self knowledge about one's own cognitive processes? There is ample evidence that the human mind can respond to events and control its own operations through interactions in which one sensorimotor process represents another in an implicit, unconscious way. In joint work, I have argued that the importance of explicit, ‘system 2 metacognition’ may lie in its role in acting with others, in supra-personal cognitive control. This paper will set out that argument and suggest some consequences for the role of system 2 metacognition in illness.

11:00-12:30

Too Much Information?

Fiona Johnson - Self-perception of Weight: Is a Little Knowledge a Dangerous Thing?

Are there limits to the benefits of self-awareness in obesity? There is substantial mortality and morbidity associated with excess body weight, and many obese and overweight individuals do not recognise that they are part of an at-risk group. But there are also negative psychological and health outcomes associated with extremes of body dissatisfaction and eating restriction. How can we promote a form of self-knowledge in those whose weight poses a risk to their health, in a way that is empowering rather than stigmatising?

Matthew Hotopf – Big data, Big Brother and the internet of things: the challenges of implementing mobile health

The widespread availability of smartphones and wearable devices offers an opportunity for health – passively generated data can give insights into activity, location, sociability, cognition, sleep, heart rate and heart rate variability, speech characteristics, and stress responses to name a few. These data streams could be processed and fed back to patient and healthcare professionals to provide real time indicators of health, as well as potentially predicting deteriorations. Such technologies could radically alter healthcare, by empowering patients and tailoring healthcare intervention much more closely to need. However, concerns for privacy and data security are obvious and may affect adherence by patients. If these sources of data were informative, in what ways, and how might data be used by healthcare practitioners? My presentation shall speculate about these issues and describe a major European funded project which will explore exactly how data might be used for patient benefit.

2:30 - 5:30 Self-Diagnosis and Self-Care

Fiona Cowdell and Judith Dyson - Skin self-examination

Good skin health is essential for wellbeing. Skin is influential in how we feel about ourselves and how others perceive us and is often taken for granted until something goes wrong.

Eczema, psoriasis and non-melanoma skin cancers are common conditions with major physical and psychological sequale. Our interest is in applying health behaviour change theory to self-management of long-term skin conditions and to secondary prevention of skin cancer. Applying psychological theory may at first appear daunting; the theory is complex and vast. We intend to demonstrate the accessibility and feasibility of this approach through the presentation of two worked examples related to skin health.

Quassim Cassam – Self-Knowledge in Diagnosis and Self-Diagnosis

I'll be discussing (a) the role of cognitive biases in causing diagnostic error and (b) the role of self-knowledge in overcoming cognitive biases. I will also discuss the contribution of 'intellectual vices' to diagnostic error, and the relationship between intellectual vices and cognitive biases. I will argue that the cognitive biases and intellectual vices that are responsible for diagnostic error are *stealthy*, in the sense that they evade detection by those who have them. Even if knowledge of one's own biases and vices can be achieved this would not in itself reduce their impact.

Paul Norman - Psychological Aspects of Breast Self-Examination

This talk considers the importance of risk information, and associated perceptions, for the performance of breast cancer risk reducing behaviours. First, models of health behaviour that include risk perceptions, as well as their application to breast-self-examination, will be outlined. Second, the impact of receiving genetic risk information on breast-self-examination will be considered. Third, studies that have highlighted the link between alcohol consumption and breast cancer and the impact that this may have on self-integrity and preventive behaviour will be discussed.

5:30 Reception

Self-Knowledge In and Out of Illness

4 May, Harris Lecture Theatre, Hodgkin Building, Guy's Campus

9:00 – 12:00 Curiosity, Fear, and the Art of Living

Christine Patch – Genetic testing and Screening; tales from the real world

Genetic testing historically has been performed as part of a health care encounter. It has been offered to patients affected by or at risk of a rare genetic condition that is known to be caused by a variation in a single gene. Testing has targeted a specific sequence of the genome looking for variations that are known to disrupt the gene and affect the protein leading to disease. Individuals and family members have a clinical question or identify themselves to be 'at risk' and use that information to access information about diagnosis and prognosis, access therapeutic interventions if available or to make decisions about their future. For these rare serious conditions there has been a concern both about the medical implications but also the psychosocial implications on patients and their families. With advances in technology it is becoming possible and very often more efficient to perform analyses of many genes or the majority of the individuals DNA. It is suggested that sequencing the whole genome will become so inexpensive that it will be possible to sequence the whole genome and only interrogate the portion of interest. The debate about what to do about the remaining unreported data has been intense along with concerns about patient and consumer protection, discrimination, privacy and insurability. However for a constructive discussion it is important to be aware of the reality and limitations of sequencing, what can and cannot be predicted from our DNA and how this understanding is necessary to ensure responsible implementation realising potential benefits and minimising unintended consequences.

Sherri Roush – Hypochondria and Self-recalibration

Hypochondria is, among other things, an epistemological problem about coping with uncertainty. It afflicts patient and doctor in different ways, and is enhanced today by informed consent, the great success of medical science in detecting the nascent and invisible, and the easy availability of information over the internet. To address this problem I suggest straight talk about uncertainty, and a strategy of teaching the patient self-recalibration, that is, to keep a record of the frequency with which their

past symptoms and complaints did and did not turn out to become cancer or some other serious disease. They would learn how to better judge their own judgment.

Sacha Golob – Self-Cultivation and Self-Knowing: Knowledge as Style

The purpose of this paper is to juxtapose two influential, largescale pictures of our relationship to ourselves. The first, framed in terms of self-knowledge, is exemplified by recent work on transparency – most prominently, perhaps, in the work of Boyle and Moran. The other, often framed in terms of a project of stylisation or cultivation, is well illustrated by Foucault’s account of self-control, in the several senses of that phrase. I here argue that the former project is ultimately best seen as an aspect of the latter.

2:00 – 5:00 Navigation, Exacerbation, and Transformation

Veronika Williams – “I just know” – experiences of self-managing acute exacerbations in COPD

Self-management in chronic obstructive pulmonary disease (COPD) has potential to not only increase quality of life for people living with this chronic respiratory condition but also to reduce hospital admissions. Yet we still have limited understanding in how people recognise a deterioration of their COPD and how they manage this. In this paper we re-analyse qualitative interview data from two previous projects to explore how people with COPD experience and manage changes in their condition and symptoms over time, particularly during acute exacerbations. Using a constructivist approach, we focus on the meaning of exacerbations, the invisibility of symptoms, interruption of daily life and the experience of variability over time, such as *good days, bad days* as proposed by Charmaz’s framework of *‘the self in chronic illness’*.

Havi Carel (with Ian James Kidd) – What kinds of knowledge can illness promote?

Illness is, I suggest, a transformative experience (TE), a notion recently described by LA Paul. As such it brings about both epistemic and personal transformation. In this talk I focus on the epistemic transformation illness can affect, asking what kind of knowledge and epistemic process may be triggered by illness.

Paul describes the epistemic dimension of TE as positive and cumulative. Such an experience gives you knowledge you could not otherwise acquire and this knowledge thus expands the transformed person’s knowledge: they now know something they did not previously know, and this, claims Paul, is transformative. This strikes me as true,

but overly narrow, in the case of illness. I suggest that dramatic life experiences, of which illness is a primary, significant and universal case, can bring about other kinds of epistemic change. A deep scepticism about the possibility of certainty, the complete disappearance of epistemic certainty from one's world; changes to a person's epistemic psychology, and epistemic humility may all also arise as a result of illness. In this paper I discuss these changes and relate them to illness, suggesting that Paul's notion of epistemic transformation ought to be expanded.

Tim Holt - Sailing close to the wind: models and metaphors for the self-management of diabetes

Diabetes is a long term condition in which blood glucose, if not adequately controlled, can lead to organ damage and disability. The individual self-managing blood glucose is immersed in continually emerging quantitative and qualitative data. Quantitative data arise from self-monitoring of blood glucose, and are combined with qualitative symptoms and beliefs about where the system is and where it is going, in a personal world largely hidden to clinicians. The underlying mental model, and the individual's responses to the emerging data, determines success in navigating this world. This talk will discuss on-going research stimulated by these ideas.