

A summary of three interrelated aspects of Dan Reist’s legacy for dialogue

Breakout groups at the Talk were encouraged to converse on applying these aspects. [Testimonials to Dan at the Talk are recorded [here](#); other HM|HC tributes to him are in a preceding [newsletter](#) and on a dedicated [page](#).]

1. Dan commended a humanistic perspective on health promotion, upholding personal agency and social responsibility

Dan’s widely-appreciated metaphor for a socio-ecological approach referenced frogs in a pond (and he was keenly conscious of a call to steward and sustain the natural environment). However, he was very committed to a humanistic perspective with its relational implications and emphasis on human agency and dignity. He sought to balance individual autonomy and collective responsibility that recognized the human need to be and belong.

While warning against simplistic binaries and polarized positions, Dan did echo David R. Buchanan and accord primacy in health promotion for a humanistic perspective over a predominant (but reductionist) positivistic framework with their respective contrasting forms of reasoning, assumptions, goals, methods, standards, performance and suitability, as shown in this minimal chart representation:

Approach	Instrumental reasoning	Moral/pragmatic reasoning
Underlying outlook on knowing	Positivist framework for knowing (in regard to what is considered universal, determinate, invariable, objective)	Humanistic, hermeneutical perspective (re what is regarded as contextual, contingent, socio-historical, subjective)
Assumptions	Human behaviour: a more complex form of natural processes, researched for causality reflecting the material order	Human social practices: not independent of value-laden language used to describe them, learned meaning to investigate
Goals	Explanation of cause, prediction of effect, power to control, change behaviour	Elucidation of motives and reasons to enable understanding, sensitization to particulars, critique, justification
Methods	Empirical experiment to test hypotheses, infer causes, confirm effective, efficient means to an externally established end	Engagement to enable appreciation of appropriateness, progress toward ends chosen & confirmed through the process
Standards	Quantitative, systematic; adherence to procedures, criteria to ensure reliable results, seeking facts, certitude	Qualitative, substantive; seeking insight, discernment, coherence, clarification of values, confirming what’s good, proper
Performance	Mainly meagre, banal, trivial results (mere commonplace generalities) in the social sciences	Meaningful results in the social sciences, sustained joint grappling with issues, values, principles, how best can we live
Suitability	Does not do justice to human agency, free will, autonomy, values, dignity, responsibility; is susceptible to elitism	Recognizes human meaning-making, supports moral judgements, integrity & integration, community consensus; has an egalitarian thrust

Dan sought to empower individuals and communities to collaboratively manage and improve personal and shared health. **Why should, and in what ways can, the HM|HC community of practice consistently apply that humanistic perspective on health promotion (in view of challenges it faces)?**

2. **Dan encouraged a culturally attentive and responsive phenomenological approach to substance use (and other social practices)**

Dan adopted and applied a phenomenological approach as very apropos and helpful for understanding human existence, including substance use. In contrast to the Cartesian dualism between mind and body, subject and object, phenomenology rejects the pretention of a detached external vantage point from which to indulge in abstract analytical reasoning with universal validity. It seeks to understand the meaning of embodied human lives in the world we share. It observes, describes, inquires about, and reflects on human experience from a position immersed in the intersubjective swirl of that relational connectedness and co-mingling that shapes the intersecting and partially overlapping identities of individuals and communities. This shared identification with our fellow human agents allows appreciation of reasons for and benefits from substance use rather than just focus on detriments. It encourages respectful active inclusion of and partnership with those who use substances in community regulation around their practice.

Dan was conscious of cultures as socially transmitted collective frameworks with layers that involve (i) basic assumptions and beliefs about reality and how to deal with it, (ii) values reflecting those received presuppositions and persuasions, as well as (iii) behavioural patterns and discourse that express such outlooks/orientations. Inherited or passed down cultures are typically transparent/invisible to us as the familiar surroundings in which we operate, with influence we are not readily conscious of. Yet we can become critically reflective on these shared systems of meaning, gain understanding of them and reshape the ways in which we think, act and speak and the why underlying this. For Dan, insight into cultures involves intentional curious inquiry, observation, listening and learning, getting feedback on impressions, and extended interactive conversations. With that collective exploration of meaning and receptivity to a diversity of stories, changing cultures involves scrutiny of our most deep-seated and prevalent notions, constructive critique of values & ideals, purposeful intentionality around our practices and language, and real collaboration in choosing and pursuing goals and appropriate means. Change needs to be a joint exercise with mutual accountability rather than be left to technical experts to design, manipulate and impose.

For Dan, evaluation of efforts to improve the health of cultures/sub-cultures and the community members within those domains likewise needs to be responsive, attentive to the quality of initiatives as attested in depth by the participants in them and their own expressions and interpretation of benefit.

Why should, and in what ways can, the HM|HC community of practice consistently apply a culturally attentive and responsive phenomenological approach to substance use (and other social practices)?

[[An HM|HC video, [Under our influence: shifting a culture](#), provides reflection on challenges in bringing about wholesome change to drinking cultures in the post-secondary campus context. This video relates issues taken up by HM|HC's [Changing the Culture of Substance Use project](#) (2012-2017) and includes Dan Reist as a recurring commentator to facilitate that reflection and share the conceptual thread of the approach taken in the project.

The thrust of that project is related in a 2020 book chapter Dan co-authored: Engaging the "heart and mind": Building community capacity for culturally grounded approaches to substance use on post-secondary campuses. In L. Levac & S.M. Wiebe (Eds.), *Creating spaces of engagement: Policy justice and the practical craft of deliberative democracy* (pp. 187-207). University of Toronto Press. Culture change and a phenomenological approach are also discussed in another (2022) book chapter for which Dan was the lead author: [Healthy Minds | Healthy Campuses \(HM|HC\): Promoting mental well-being among postsecondary institutions in BC.](#)]]

3. **Dan appealed for and invited a dialogical orientation to enhance mutual understanding and enable inclusive collaboration respectful of diversity**

For Dan, dialogue was both a way of being with people and a manner of communicating with them. As a way/mode of being, it is relating to one another as counterparts, fellow sojourners to whom we are orientated as those who contribute to our identity and give meaning to our experience in the world. It is an embodied awareness and positive acceptance of interdependence and reciprocity. As such, dialogue is an openness, a receptivity, a recognition that we are not the centre of the world but belong to it and seek to be at home in it alongside others.

As a manner of communication, dialogue involves two-way conversations where people not only speak to each other but with each other and really *listen* with the goal to leave the conversation with a better understanding on the topic and the different perspectives that make up a community. This means that dialogue is not about winning an argument or getting parties to agree. It is about suspending our judgements and assumptions “during the conversation”, hearing the voices of those whose “language, meaning systems, and social locations are different from our own” as David Bohm states, and it is also about not knowing in advance what will ‘come out’ of the conversation as Gadamer says.

There is no formula for dialogue, but here are some principles on using dialogue to build community:

- a) Finding ways to bring everyone to the table (moving toward a spirit of celebrating diversity)
- b) Focusing on relationships not “facts” (building trust between people and focusing on understanding)
- c) Having honest, open conversations (bringing people together, asking good questions, and helping people listen to each other)
- d) Being realistic, pragmatic and creative (having dialogue in various forms, e.g. public meeting, walking tours, an art show, a series of “ask me anything” sessions)

Dialogue to address mental health challenges, drugs crisis, or any other human complexity, is far more than just talking about them. For instance, addiction is not simply about drugs but results from a breakdown in the fabric or connectedness of human community. Using Bruce Alexander’s theory of dislocation, Dan focused on the importance of people’s need for psychosocial integration—“to be free but to still belong” and recommended dialogue as a way that could help community members better understand each other and build social relationships that support individual needs, preferences and autonomy. Dialogue is an important tool in re-building such integration.

Dan Reist was compelled by a dialogic orientation and kept on learning how to apply it as a service to his fellow human beings and community members.

Why should, and in what ways can, the HM|HC community of practice consistently apply a dialogical orientation to enhance mutual understanding and enable inclusive collaboration?

[[In collaboration with his knowledge mobilization team at the Canadian Institute for Substance Use Research, Dan developed a series of resources related to a) **understanding dialogue**, and b) **facilitating dialogue** for various settings including healthcare and community settings. All these resources are available on [a dedicated page](#) within publications on the CISUR website.]]

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