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Folly and the Museum: Re-imagining Psychiatry using MacIntyre and Irigaray

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Ph.D Thesis

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2011

## Abstract

The thesis aims to reconstruct psychiatry using features from the thought of Alasdair MacIntyre. These features are his pre-modern model of knowledge and his 'tradition-constituted' method of enquiry. It also uses Luce Irigaray's philosophy to widen this approach to psychotherapy.

MacIntyre's model of knowledge is changed such that patients have legitimate knowledge, in part because they have been acted upon. Folly, in the sense of retaining good reasons for action while being irresponsible, is a key concept in this. Tradition-constituted enquiry is developed using the institutions of the museum and the assembly to think about Aristotelian knowledge in a way which would facilitate a move to a pre-modern paradigm in psychiatry. Aspects of MacIntyre's philosophy which depend on his encounter with Marxism are also used in the model.

The above model is then applied to psychiatry. The tradition of psychiatry is brought into dialogue with Christianity. By drawing on the work of the mental health service user movement, I propose collective advocacy as a way of providing a space where those acted on can contribute to practical wisdom in psychiatry.

Analysing the role of technique and the positivist paradigm in psychotherapy shows it currently sits in the cultural space of community and prayer. I read Irigaray as a feminist theologian and critic of psychotherapy and her philosophy allows an expansion of the pre-modern approach to psychotherapy.

I argue for a shift to a modified pre-modern paradigm in psychiatry, for MacIntyrean objectivity in psychiatry, a widening of the practice space, a re-invigorated public health function for psychiatry, patients to become authoritative authors of their life's narrative and a reassessment of the cultural position of psychotherapy. This philosophical framework for psychiatry can then become the basis of more spiritual ways of caring for the mentally ill.

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### List of Abbreviations in References

ASIA - Against the Self Images of the Age

AV - After Virtue

DRA -Dependent Rational Animals

EC – Epistemological Crises, Dramatic Narrative and Philosophy of Science

FP – First Principles, Final Ends and Contemporary Philosophical Issues

TRV - Three Rival Versions of Moral Enquiry

WJ - Whose Justice? Which Rationality?

### List of Illustrations

A diagram of Debate about Practices: Section 2.9

### Declaration

Some of Chapter 1 of this dissertation was submitted for the dissertation of the taught MLitt. in philosophy at the University of Dundee in June 2005 (partly published as Booth 2007 (See Bibliography)). Another part of Chapter 1 was part of my dissertation in the taught MA at the Centre for Psychotherapeutic Studies, University of Sheffield (See Bibliography Booth 2000).

### Statement of Copyright

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## Acknowledgements

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Prior to the Ph.D, I did an M.A. in Psychiatry, Philosophy and Society at the Centre for Psychotherapeutic Studies, University of Sheffield, an evening class in post-Enlightenment Scottish Philosophy at the University of Edinburgh and an MLitt. in philosophy at the University of Dundee. Hence I should also thank the following academics: Dr. Nick Crossley, Dr. Louise Goodwin, Dr. John Gordan, Dr. Rachel Jones, Mr. Lloyd Fields and Professor Timothy Chappell. Dr. Beth Lord, in running a conference on *Thinking About Museums* at the University of Dundee, at which I presented a paper, had an important effect on this project. I should thank my friends Patsy Dogra, Rev. Helen Percy-Douglas, Kathryn Jourdan, Dr. Bruce Meyer and Janet Mathews. Patsy and Kathryn for work-related conversations, Helen because her experience helped me think about what the Church of Scotland ought to be, Bruce for conversations concerning the equality of women, important in Chapter 6, and Janet (and her housemate Andrew) for the peace of Emmaus House. Thank you to John Campbell for talking to me about prayer.

The mental health service user movement in Lothian was already far advanced in what I would call MacIntyrean tradition-constituted enquiry when I joined them in 2008. They had set up the *Oor Mad History Project* to chart the movement's contribution to psychiatric practice in Lothian over the previous twenty five years. The biggest achievement of this movement was considered to be, by those whom we interviewed, the incorporation of advocacy into the 2003 Mental Health (care and treatment) (Scotland) Act. Obviously, their work inspires part of the research of the thesis, as does their courage. It is undoubtedly true that some of the finest people I know, morally speaking, are schizophrenics. I would like to thank in particular the Convenor and members of Edinburgh User's Forum for offering friendship and support and the steering group and volunteers on the *Oor Mad History Project* for discussion of the issues involved in doing oral history. Kirsten MacLean, the oral history worker, I should also thank: a virtuous artist, in terms of this dissertation. Keith's Maloney's long experience working in mental health advocacy has informed my writing on advocacy.

Thank you to those who commented on my paper on Irigaray and essentialism at the Fourth Annual Conference of the International Society for MacIntyrean Enquiry and to those who commented on my paper on reforming the tradition of psychiatry at the Fifth Conference. Thank you to Professor MacIntyre for some written comments on universalism.

Thank you to Annie Bobbie who cleaned my house in the early stages and to the Polish ladies who cleaned my house later on. Thank you to the staff in the Edinburgh University Library Cybercafe, who made me ever so many cups of tea.

Thank you to my mother for proof reading this more times than she should have had to. I thank my husband Stephen who has walked with me in this on so many steps of the way. I thank my children Katie and Peter who have latterly put up with a great deal of untidiness and who still do like going to museums...

Dedication

For Leila (wherever she is now); for Linda; for Christina Soran and in grateful remembrance of Roy.

## Introduction

### 1) Aim

The aim of this thesis is to challenge psychiatry by reconstructing it using features from the thought of the moral and political philosopher Alasdair MacIntyre. The two main features of MacIntyre's philosophy usable for this task are his pre-modern model of knowledge and his method of enquiry, which he calls tradition-constituted enquiry. The use of the pre-modern model of knowledge is necessary because, according to the observation of the psychiatrist Patrick Bracken, modern psychiatric practice is aligned too closely to positivism and other forms of modern knowledge (Bracken 2002). However, MacIntyre's model, before it can be applied to psychiatry, must be adjusted to take account of patiency and dissent, and to introduce the idea of genuine, rather than usurped, authority.

MacIntyre's tradition-constituted enquiry, I argue, was developed partly in response to debates in philosophy of science over the work of Kuhn. It can be seen as taking forward the approach to narrative rationality in the work of Kuhn and adding to it a Thomistic concept of truth. I argue that MacIntyre's response to Kuhn, however, doesn't dwell on the features of Kuhn's concept of a paradigm which help bring about change. I draw on the observation of the sociologist David Ingleby that psychiatry is currently dominated by a positivist paradigm and needs to be replaced by what he calls a "praxis" paradigm (Ingleby 1981) and that MacIntyre's philosophy, properly modified, is a good candidate for this. In this thesis, I explore and develop aspects of MacIntyre's premodern model of knowledge and aspects of tradition-constituted enquiry to make it suitable for the task of revising psychiatry. In particular, to help bring about change, I add to it particular uses of two institutions, the museum and the assembly, as ways of "re-seeing" knowledge.

All these observations relate to biological psychiatry as practised by state-funded psychiatrists. However, as Daniel Burston points out in his book on the work of R.D. Laing (Burston 2000), this is only half of the practice of trying to assuage mental distress, the other half being psychotherapy. The two halves are often considered disconnectedly. According to my thesis, they look different because a combination of a positivist paradigm and a paradigmatic technique, dominate both in different ways. I use the work of the secondary thinker of this thesis, Luce Irigaray, to address psychotherapy, asking how the above considerations -of premodern knowledge considered in the light of the existence of genuine spiritual authority- relate to her work. As Irigaray is a psychotherapist, this will provide insights as to how the practice of psychotherapy changes when seen from this perspective.

### 2) Tools for the work of reconstruction: the philosophy of Alasdair MacIntyre

As I have stated, the philosophy of Alasdair MacIntyre will be applied in this thesis, in modified form, to psychiatry. In this first section, therefore, I will need to describe his philosophy, pointing out, as I do so, certain salient features which will be of particular relevance in this project.

Alasdair MacIntyre is a writer on ethics whose most celebrated works are a trilogy of books elaborating on an idea put forward by Elizabeth Anscombe in 1958. The books are *After Virtue*, *Whose Justice? Which Rationality?* (henceforth *Whose Justice?*) and *Three Rival Versions of Moral Enquiry* (henceforth *Three Rival Versions*). Anscombe said that such phrases as "morally right and wrong" and such words as "ought", "duty" and "obligation" when used with the "mesmeric force" of a guilty verdict were survivals of an earlier conception of ethics which has been lost and should be jettisoned until we have an adequate philosophy of psychology to explain things better (Anscombe 1958:1). MacIntyre takes a similar but slightly different approach in *After Virtue*. Emotivism, the contemporary moral theory that all evaluative moral judgments are merely expressions of emotions and attitudes, professes to give an account of all value judgments. It should instead be seen as being about the use of moral statements, rather than about their meaning; our culture has lost the context in which such statements had meaning so they are now used to express preference. He believes that the emergence of emotivism at this time in history indicates that the use of moral expressions has become radically discrepant from their meaning whereas, prior to the Enlightenment, "genuine and impersonal moral standards could in some way be rationally justified". But the Enlightenment project, which was to give an account of human nature based on rational facts as they stand, has failed with regard to morality. The debates of moral philosophers are "interminable"(AV:12) in the sense that they are never brought to any satisfactory conclusion; we now inhabit an "emotivist culture" to which the only coherent alternatives are those of Nietzsche or Aristotle. Of these, MacIntyre's choice is Aristotle.

This view of the moral incoherence of modern life is closely tied, by MacIntyre, to the political project of liberalism (of which more later). His way of combating liberal modernity here is to seek a return to the Aristotelian life of virtue lived within small communities. The book thus ends on a pessimistic note, seeing the only alternative to liberal modernity as the construction of small scale communities for the sustaining of civil and moral life in the face of a decline, which is compared to that of the Roman Empire into the Dark Ages. However, *After Virtue* also sets out a promising and interesting Aristotelian sociology, in which action is accounted rational as it occurs in settings, settings in practices and practices in traditions. Key elements in the rationality of this sociology are intelligibility and narrative. The promise of this sociology outweighs and belies the book's negative conclusion. In *After Virtue*, MacIntyre says of narrative: "narrative history of a certain kind turns out to be the basic and essential genre for the characterization of human actions" (AV: 208) and of tradition: "a living tradition is a historically extended socially embodied argument, an argument precisely in part about the goods which constitute a tradition" (AV: 222). Such an argument, can, of course, be described by a narrative, a narrative concerning how the argument went, who said what,

who won etc. In *After Virtue*, tradition is to take the place of what MacIntyre calls "Aristotle's metaphysical biology" (MacIntyre 1981:152) as the context for virtue. So the conception of virtue has three stages of logical development: firstly a good internal to a practice (I will define practices in Chapter 2); secondly as the practice is placed appropriately in the narrative of a human life (if you left your family to starve in order to concentrate on fishing, then your action of fishing could hardly be accounted virtuous). That is, a human life must make sense as a narrative whole. Thirdly, the living of an individual human life makes sense if it forms part of the narrative of a community and its "quest" for good. This good transcends the lives of individuals and is therefore historical in nature forming part of a tradition (AV). Lutz contends that this narrative sociology is, in fact, still metaphysical (Lutz 2004:136). The philosophy from *After Virtue* which will be particularly useful for this project, is this narrative sociology, which will be discussed further in Section 5 of this chapter .

The second book is *Whose Justice?*. Knight argues that what MacIntyre is attempting to do here is to rebut claims that in choosing Aristotelianism over Nietzscheanism in *After Virtue* he was making just another emotivist decision rather than a rational one (Knight 1998:9). MacIntyre contends that rational moral enquiry takes place within a culture and cannot be detached from that culture; practical rationality as such, and justice as such, do not exist. They are always the justice and practical rationality of a particular polity, tradition and social group. There are certain entities which he calls "socially embodied traditions of rational enquiry" (MacIntyre 1991:107). Examples he gives are "a line from Socrates through Plato to Aristotle and onwards to Aristotelianism, including the Aristotelianism of Aquinas" and the line "from Shaftesbury through Hutcheson to Hume" (*ibid.*).

According to Knight, this book presents a two-stage theory. The first is MacIntyre's substantive theory of practical rationality. That is, that practical rationality is Aristotelian and that "an Aristotelian's answer to the question 'Whose rationality?' is 'That of plain persons'" who basically reason along Aristotelian lines or else are in reaction against doing so (Knight 1998:15). The second, MacIntyre's "meta theory about theory", should be understood in terms of the first (*ibid.*). "Only a substantive theory might...solve the problem (of relativism and perspectivism) by demonstrating rational superiority over its rivals" (Knight:1998:16). What is important here is that these theories can compete and demonstrate rational superiority one over the other, such that "what may be called the problem of relativism or of perspectivism is in principle soluble" (Knight 1998:16).

The key concept in this book is that of tradition. Jean Porter describes how tradition is elaborated in W.J. as follows: it has a canonical starting point in the beliefs and practices of a community which may be questioned. "In its later stages, the bearers of a tradition will be in a position to compare the earlier stages of that tradition with its later, more successful stages" (Porter 2003: 47). In whatever tradition one is a part of,



the tradition in its later stages will provide a more adequate framework within which to attain that adequation of mind to its objects that MacIntyre takes to be the authentic meaning of a correspondence theory of truth (Porter 2003:47).

This process of a mind becoming more adequate to its objects is said not to be Cartesian, because traditions begin from a contingent starting point and their truth is always provisional and capable of being overturned. Therefore truth is not warranted assertability (*ibid.*).

MacIntyre says that, because of this uncertainty about starting and finishing points, the challenges of relativism and perspectivism must be dealt with.

The relativist challenge rests on a denial that rational debate between and rational choice among rival traditions is possible; the perspectivist challenge puts in question the possibility of making truth claims from within any one tradition.(MacIntyre 1988 :352)

He sees off the relativist challenge (summarized by Porter as truth being equivalent to warranted assertability within a given tradition) by, according to Porter, turning to the simplest kind of epistemological crisis that may occur in tradition-constituted enquiry in which a tradition fails to make progress by its own standards. This type of crisis is coped with by conceptual innovation and improved standards, hence implying that truth claims exceed warranted assertability (Porter 2003:48). The perspectivist challenge is summarized by MacIntyre as interpreting rival traditions as “providing very different and complementary perspectives for envisaging the realities of which they speak to us”. (MacIntyre 1988:352). This is dismissed by the more complex situation where the crisis leads to an encounter with a rival tradition. Proponents of the two traditions can make comparisons which the perspectivist would say are impossible. The tradition in crisis receives an account of its own difficulties from the other tradition. The account resolves the difficulties of the tradition in crises in a way which its own standards recognize as satisfactory. Features of this kind of encounter, noted by Porter, are: genuine encounter, rather than just awareness, openness to recognize a genuinely rival account of reality, shared awareness of the realities which are to be explained and genuine incommensurability due to different beliefs and different standards of judgment. Key in such encounters are persons who can inhabit two traditions at once and who can enter imaginatively into both traditions (Porter 2003:49). For MacIntyre such individuals are exceptional. He gives Thomas Aquinas as an example of one:“such persons are rarely numerous. They inhabit boundary situations, generally incurring the suspicion and misunderstanding of members of both contending parties”(MacIntyre 1990b :114). The important concept from *Whose Justice?* to take, forward for this project, is the idea of traditions being able to be reformed by two methods.

MacIntyre is at pains to point out, in *Whose Justice?*, that the liberal view, that liberalism provides a “neutral tradition-independent ground” from which to evaluate other traditions, fails (WJ 346).

MacIntyre stands within a tradition, that of Thomistic Aristotelianism, and claims that theories can defend one another rationally against challenge from other theories in the ways described above. A key role is played, as we have seen, by an individual who is imaginatively immersed in both traditions and can represent the failings and strengths of each to the other. This is the *phronimos*, or practically wise individual, who takes on a more marked presence in the third book of the trilogy, *Three Rival Versions*. A thorough, if critical, summary of *Whose Justice?* is provided by Martha Nussbaum's essay "Recoiling from Reason" (Nussbaum 1989). Nussbaum, an Aristotelian, finds in *Whose Justice?* no justification for why one should choose Christianity over and above Aristotelianism. In particular she does not see, from her reading of the book, why she should accept the concept of original sin. This important criticism of MacIntyre will be of relevance to the argument in Chapter 6.

In the third book, *Three Rival Versions*, MacIntyre reflects that, in addition to the mode of moral enquiry of the lecture, which exemplifies the universal Encyclopaedic rationality striven for by, for example, the ninth edition of the *Encyclopaedia Britannica*, there are two other modes of moral enquiry: genealogy, exemplified by the work of Foucault and Nietzsche, and tradition-constituted enquiry<sup>1</sup> a concept unique to MacIntyre. MacIntyre suggests the University should be a place where the three modes of moral enquiry confront one another. It is interesting that it is here suggested that the University should take on this role, given what MacIntyre has said in *Whose Justice?* about there so far having appeared no neutral ground from which to judge between traditions. (He does not rule out such ground as impossible (WJ 346)).

MacIntyre, in *Three Rival Versions*, elaborates on the support he gave in *Whose Justice?* for the modified version of Aristotelianism found in the work of Thomas Aquinas. MacIntyre's conception of tradition-constituted enquiry began, to develop, as we shall see, from an essay on the philosophy of science called "Epistemological Crises, Dramatic Narrative and Philosophy of Science" (Henceforth "Epistemological Crises"). It then moved through the narrative philosophy of *After Virtue* and on to the Thomism of *Whose Justice?* and *Three Rival Versions*. The *phronimos* has a role in *Three Rival Versions* as well, but here some *phronimi* are more wise than others and can direct the activity of the less wise. That is, MacIntyre is finding concepts of authority in mediaeval philosophy to challenge the authority of the modern encyclopaedic lecturer. He argues that mediaeval university conversations were marked by dialogue and dispute rather than such a lecturer's univocal authority. However, by his insistence that the Pope could intervene in such disputes, he seems to back the authority of post-holders whether that authority is genuine or not.

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<sup>1</sup> Moral enquiry is, for him, wider than what is conventionally described as ethical enquiry, and so includes such studies of man as anthropology, sciences of man and historical enquiry (TRV).

The three books described above are generally thought of as a coherent trilogy, although there are problems as to how they fit together even here. For example, Jean Porter finds MacIntyre's account of epistemological crises and how they are overcome in *Whose Justice?* convincing for science, but fails to see how it can work for morality. She notes that, in *Three Rival Versions*, there now appear to be authoritative interventions of a teleological nature (Porter 2003:53). Porter questions why these authoritative interventions should be necessary: "Why are the processes of self correction and ongoing reflection outlined in *Whose Justice?* not sufficient?" (Porter 2003:66). Arguably they are necessary because of the introduction of the concept of moral authority into debate about knowledge which is an important point for us to take forward from *Three Rival Versions*. *Three Rival Versions* also provides a key explanatory framework for this project, as I will outline in Section 3 of this Introduction. The basic point is that, in *Three Rival Versions*, MacIntyre recognizes tradition-constituted enquiry as a third type of enquiry to genealogy and encyclopaedia and this has significant implications for psychiatry.

Finally MacIntyre writes a fourth book, *Dependent Rational Animals*. This book appears to reverse his apparent eschewal, in *After Virtue*, of Aristotle's metaphysical biology<sup>2</sup> (MacIntyre 1981:186). *Dependent Rational Animals* appears to be written in response to criticisms of this eschewal such as the following from John Haldane: "Unless there are no facts about human nature, we remain in a position that allows for the possibility of appealing to them" (Haldane 1999:166). MacIntyre's *Dependent Rational Animals*, a profoundly wise book, starts with those characteristics which we share with higher animals such as dolphins (in particular, dependency on the group), and moves on to present a kind of Thomistic Kingdom of Ends. "Humans must be understood first as animals" with the emphasis on the vulnerability and dependence on others which they experience for much of their lives (Meilander 1999:4). They need help to establish independence and in turn must use this independence to help the dependant. This comes as a shock to many of MacIntyre's readers. To quote one reviewer: "in *Dependent Rational Animals* he now turns away - after all that ink has been spilt - from an attempt to talk about morality solely in terms of moral practices" (Meilander 1999:2). In other words, what has happened to the concept of tradition? In fact I will argue, in Chapter 1, that *Dependent Rational Animals* brings in the narratives of Aristotle's "many" to set alongside those of the wise in debating a tradition. This is particularly important for psychiatry as we will be seeking to ask how the patients can contribute to psychiatric practice.

*Dependent Rational Animals* adds to our project an approach which is Christian and as such is of key importance in psychiatry because it is capable of providing a theory which protects against

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<sup>2</sup> This eschewal in *After Virtue* was, as I have said, in favour of a three layer conception of virtue embedded in practices, and the narrative of one's own and one's community's quest for good.

eugenics. It also, as I will argue in Chapter 5, allows elaboration of a theory whereby fellow patients may recognize the reasons for action of others, even when those others are of diminished responsibility. The balance between dependence and independence in human life are illustrated by MacIntyre's portrayals of the "virtues of acknowledged dependence" and the "virtues of independence". I will relate these virtues to two different sorts of friendship, which will be very important in this thesis in analyzing psychiatric medicine.

These four books which are considered, by some, as MacIntyre's mature work were preceded by approximately 30 years of writing as a professional academic philosopher. This writing Thomas D'Andrea has made it his business to summarize (D'Andrea 2006). This early work provides a rich resource of background to MacIntyre's later writing. It covers topics like ideology and causality in social science, which, in turn can inform our understanding of the later work. An important essay, as I have said, is "Epistemological Crises". Here MacIntyre spells out his theory that dramatic narrative is the most basic genre of human knowledge and that even science may be judged by its intelligibility as a narrative. This ordering of priorities is important in psychiatry where science is often accorded more authority than human narrative. An important essay for thinking about MacIntyre's overall view of knowledge is his 1990 essay "First Principles, Final Ends and Contemporary Philosophical Issues" (henceforth "First Principles"). Important in MacIntyre's early work is his 1957 essay "Determinism", discussion of which will allow clarification of concept of folly.

More recently, MacIntyre has published two volumes of essays spanning the period 1985-2006 (MacIntyre 2006b), a philosophical biography of the philosopher Edith Stein (MacIntyre 2006c) and *God, Philosophy, Universities, a Selective History of the Catholic Philosophical Tradition* (MacIntyre 2009a), which last contains, among other things, a comparison of psychotherapy with prayer which I will discuss in Chapter 6. All three of these publications bear signs that MacIntyre has latterly been considering the nature of the human body, and this again, has relevance to psychiatry: I will consider MacIntyre's major essay on the body (in MacIntyre 2006b Vol 1) in Chapter 2, when considering how "the many" can be authoritative because of their patiency.

In an essay entitled "Three Perspectives on Marxism:1953,1968,1995", MacIntyre reviews his early work on Marxism and concludes that he still maintains that it is capable of complementing Christianity by addressing the negative effects of the sin of greed (in Aristotelian terms *pleonexia*) (MacIntyre 2006b Vol.2: 146). When, in Chapter 3, I modify MacIntyre's model of knowledge for use in psychiatry, I will retain his work on ideology, *ought* and false consciousness (spelled out particularly in his 1971 book *Against the Self Images of the Age* (henceforth *Against the Self Images*), which is related to his early Marxism, as an important tool in thinking about the political role of psychiatry.

MacIntyre has most recently published the lead essay in a book discussing disputes over natural law (MacIntyre 2009b). This essay is relevant to discussion about disagreement in practices in Chapter 2.

### 3) Features of MacIntyre`s work which particularly relate to this project, and an outline of the project

Having set out the features of MacIntyre`s work , I need to stress the features of it which are particularly important to this project. MacIntyre`s work contains both a model of knowledge and a method of enquiry. The model of knowledge is pre-modern knowledge, which underpins his method of enquiry: tradition-constituted enquiry. My task will be to retain this pre-modern model of MacIntyre`s, but to modify it somewhat to apply to psychiatry<sup>3</sup>. Important features of MacIntyre`s work for this task are, quickly listed:

The narrative sociology of *After Virtue*

The possibility of reform of, and debate between, traditions in *Whose Justice?*

The theoretical knowledge framework of *Three Rival Versions*

The emphasis on the idea of moral authority in *Three Rival Versions*

The possibility of “the many” debating with the wise which can be argued from *Dependent Rational Animals*

The protection against eugenics which can be argued from *Dependent Rational Animals*

The possibility of assigning reasons to those not completely responsible, which can be argued from *Dependent Rational Animals*,

The prioritizing of narrative over science of “Epistemological Crises”.

As I shall discuss, MacIntyre`s model will need further modification to take account of patency and dissent before it is fully applicable to psychiatry.

The narrative sociology of *After Virtue* allows a prioritization of the genre of narrative which, as I argue following MacIntyre in this Introduction Section 6, is important in understanding human beings. The possibility of reform of and dialogue between traditions will show how the tradition of medicine can be reformed, either by appeal to its own core values or by interaction with other traditions, such as those of Christianity and liberalism.(In this discussion of the core values of medicine I will bring in the protection which I agree the approach of *Dependent Rational Animals*

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<sup>3</sup> The type of pre-modern knowledge MacIntyre is dealing with is Christian. I will discuss the challenges and benefits of this for the task of this thesis in this Introduction: Section 7 and in Chapter 8: Section 4.

affords against eugenics). The theoretical framework of *Three Rival Versions* is very important for this project and will be discussed in the next section. The emphasis on the idea of moral authority, from *Three Rival Versions* is valuable but will require modification in applying MacIntyre's philosophy to psychiatry, to give an account of genuine, as opposed to usurped, authority. The possibility of "the many" debating with the wise, brings in the idea that patients may have authoritative knowledge in psychiatry. In exploring how the knowledge of the patients can be elaborated, I bring in the approach of *Dependent Rational Animals* again.

In Chapter 1 (and Sections 4 and 5 of Chapter 2), I introduce the idea that the museum and the assembly may, if used in certain ways, provide ways of "re-seeing" at the heart of what Ingleby would describe as a praxis paradigm (Ingleby 1981, discussed further in Chapter 1). As such these institutions emphasize many of the features of Aristotelian knowledge including *epagōgē* or the sifting the opinions of the many and the wise.

In Chapter 2, I suggest that "the many" have some authority to debate a practice. I discuss MacIntyre's views on the body alongside Soran Reader's views on patiency and build on these ideas of being acted upon and being "patient" discuss how "the many" can be authoritative because they have been, in Reader's terms, "patient to" the world, and because they may have successfully grasped first principles of some traditions better than some of those conventionally considered wise. I move on to discuss how the mentally ill should contribute to the practice of psychiatry. Following this I set out how tradition-constituted enquiry can occur using both the simple model of tradition from *After Virtue* and the more complex one from *Whose Justice?*

In the light of Chapters 1 and 2, Chapter 3 completes the model of pre-modern (with some modern touches) knowledge as an alternative to the model of post-modern knowledge which Bracken elaborates for psychiatry. That is, it takes MacIntyre's original model and modifies it to include patiency and dissent. MacIntyre's discussion of reason and responsibility in "Determinism", is combined with Reader's work on patiency and MacIntyre's essay on the body to give an account of folly. I introduce the idea that dissent from a practice may be necessary where the practice space has been circumscribed. To complete the model, I use MacIntyre's own work on dissent, related to his early espousal of Marxism : - his work on *ought*, ideology and false consciousness, which is capable of describing the current political functions of biological psychiatry, within liberalism.

Chapter 4 performs the more complex form of tradition-constituted enquiry set out in *Whose Justice?*, a kind of tradition-constituted enquiry appropriate where a tradition has become entrenched and philosophically complicated. The model elaborated in Chapters 1-3 is helpful in doing this, as is the ability of MacIntyre's account of human nature in *Dependent Rational Animals* to resist eugenics. By Chapter 5 I will have discussed a complete account of how state-funded biological psychiatry

would change if reconceived using aspects of premodern knowledge. It remains to apply this to the practical example of mental health advocacy, which I do in this chapter.

These Chapters then, spell out how a modified version of MacIntyre`s model of knowledge can be applied in psychiatry. However, as I pointed out in the introduction, biological psychiatry is only half of the practice of addressing mental health problems. Chapter 6 widens the approach I have been taking to psychotherapy using the philosophy of Irigaray who is both a psychotherapist and a critic of psychotherapy. I claim her philosophy can be used for this task because she may be considered a dissenting Catholic who may be read as a feminist theologian, many of whose critiques are addressed to the Catholic Church. Thus her approach has broad similarities with the “pre-modern with dissent” approach I have been taking.

Chapter 7 returns to MacIntyre`s philosophy of practices to ask how objectivity in nurturing practices can be described. Thinking about authority in nurturing practices allows me to consider where genuine authority lies. To help with this, I consider the mental health service user movement as a representative of what I would call a “clean practice”. I argue that, where genuine objectivity is arrived at in the practice of psychiatry, it may *then* be appropriate to allow that psychiatric practitioners have genuine authority within liberalism. Finally, in Chapter 8, I draw conclusions for the reimagining of the practice of caring for the mentally ill.

#### 4) Why the knowledge framework of *Three Rival Versions of Moral Enquiry* is important

MacIntyre`s philosophical project rests on a number of premodern characteristics set out most clearly in “First Principles”. Premodern knowledge, he says, opposes epistemological foundationalism and methodological individualism (FP:175-176). However, against MacIntyre, positive features may also be found in the project of modernity as a whole which can add to the task of reviewing psychiatry. These positive features would allow re-valuation of genuine authority (spiritual authority or authority to teach) rather than deferring to usurped authority, where usurped authority occurs in a post-holder merely because he or she is post-holder. Such features are, to some extent, present in Aristotle`s thought and in some versions of Protestantism. However, by the time of the Enlightenment, notions of authority were being challenged by those of inalienable rights. MacIntyre`s project rejects the notion of rights, but, I argue, should be re-envisaged as finding room for the distinction between genuine and usurped authority<sup>4</sup>. I will need to make this adjustment to MacIntyre`s model of knowledge in order that it may successfully challenge psychiatry. To do so I will bring in notions of patency and dissent. However, there is a sense in which MacIntyre is himself

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<sup>4</sup> See footnote 9

a dissenter himself from some of the prevailing orthodoxies of liberalism. This too will be used in the model.

The psychiatrist Patrick Braken has called for what he terms “post psychiatry” which questions the certainty of the truths of biological psychiatry and “does not argue that there are “right” and “wrong” ways of tackling madness” (Braken 200:224). While I am in sympathy with that which Braken states to be the aims of “post psychiatry” , namely:

“1 A foregrounding of ethical issues

2 A move towards contextualist understanding and practice

3 A recognition of power differentials” (*ibid.*)

I think it is unsurprising that biological psychiatrists have reacted negatively to his questioning of scientific truth (as laid out by Thomas 1997:151). Instead, this thesis proposes that a model which retains the notion of truth but which continues to question some of the assumptions of modern knowledge in psychiatry. Here the theoretical framework set out in *Three Rival Versions* can help.

John Haldane points out that MacIntyre, in *Three Rival Versions*, makes the startling claim that there is a third method of moral enquiry which is to be a genuine “*via media*” between the radical relativism of the genealogist and the universal rationalism of the encyclopaedist” (Haldane 1994,104)<sup>5</sup>. Haldane analyzes what this method must have if it is to be more than the “commonplace of academic enquiry” that “the forms and process of enquiry are shaped by history” (*ibid.* 105). To avoid this, he says, tradition-constituted enquiry must steer a course between genealogy, “historically situated and open-ended enquiry” where the objects of enquiry are “immanent” (i.e. constructions and projections of thought) and “encyclopaedia” where the objects of reason are transcendent and “the means of engagement with them are likewise independent of historical conditions of enquiry” (*ibid.*104). Haldane thinks that such a *via media* must, therefore, combine the immanence and open-endedness of the means of enquiry with the transcendence of the objects of enquiry (*ibid.*: 104).

In psychiatry I can argue that there are already representatives of genealogy and tradition-constituted enquiry. For genealogy there is Foucault’s *Madness and Civilisation*, which is a powerful account of the history of madness and the positions it has held in Western culture. For Foucault

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<sup>5</sup> Cohen questions the assumption that genealogists are relativists, arguing instead that they are perspectivists, believing truth (only ever existing within a given perspective) is elaborated by communities (Cohen 1999). Haldane’s main definition of genealogy in his article, however, is consistent with seeing genealogists as perspectivists. In common with Haldane, Cohen thinks the difference between genealogists and MacIntyre’s approach is that genealogists do not believe in a fixed, transcendent *telos*.



knowledge is explained in terms of power-relations and its discourses in terms of power structures<sup>6</sup>. For Encyclopaedia we have biological psychiatry. MacIntyre`s description of Encyclopaedia equates to modern knowledge, whose features are epistemological foundationalism and methodological individualism (MacIntyre 1990:175-176). Braken claims that Descartes` dualism, his concept of “*res cogitans*”, and the subject in Kant`s philosophy, have been influential on the development of psychiatry in its current forms (Braken 2002: 17-27). He claims, following Sass, that a form of epistemological foundationalism is present in Husserl`s philosophy and, via the thought of Jaspers, this has greatly influenced psychiatry (Braken 2002:24-25). (He particularly notes the point in Jaspers` book *General Psychopathology*, where Jaspers advocates separating the form of mental symptoms from their content as being influential (*ibid.*.) He cites Mill and Comte as bringing empiricist methods into the humanities and associates the introduction of the term positivism<sup>7</sup> with Comte (Braken 2002:27-8). He uses Polkinghorn`s summary of positivist assumptions, which include the idea that knowledge can be considered more adequate as it approximates to science and that “scientific explanation is limited to only functional and directional laws” (Braken 2002:27 citing Polkinghorne 1984). Such an approach to knowledge equates to methodological individualism, where the derivation of such laws can be repeated and checked by any individual trained in the sciences. It will be taught by the monological expert lecture of MacIntyre`s definition of Encyclopaedic enquiry (TRV:32<sup>8</sup>) in which there is considered to be a “single framework” of knowledge and the methods are the methods of “rationality as such” (TRV 42).

Braken then adds to this account of the development of psychiatric knowledge, naturalism - as knowledge stripped of any supernatural or spiritual causes- and concludes:

biomedicine incorporates...naturalist epistemology as its “official” theory of knowledge, and uses science to provide its criteria of truth. A combination of naturalism, empiricism and positivism came to dominate the methodological framework of medicine and the behavioural sciences such as psychology, and has continued to do so up to the present time (Braken 2002 :28).

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<sup>6</sup> In this thesis I will repeatedly quote Foucault`s work on psychiatry. This is because I have enormous respect for his descriptions of it as a complex interaction of power-relations. Foucault`s descriptions of institutions are like the tapestry seen from the back. Where the founders and managers of institutions may see them as performing positive functions, Foucault describes the effect of them as power structures and his view is very close to how patients can experience psychiatry. His approach to the history of psychiatry interprets it as it leads to power relations. For example, his reading of *A Description of the Retreat* by Samuel Tuke reads Tuke`s enterprise as sowing the seeds for later power imbalances, rather than as its Quaker authors would have seen it (which is in some ways unfair to them, but in some ways true) (Foucault 1967, Tuke 1996).

<sup>7</sup> Clearly, positivism is a complex term including thinkers such as Mach, Schlick and Carnap (Hamilton 1990 and 1992)

<sup>8</sup> MacIntyre claims here that lecturers no longer speak with this nineteenth century authority. I would claim that Braken`s point is that, in biological psychiatry, they do.

In Chapter 1 I will look at Ingleby's contention, influential on Bracken, that psychiatry contains a positivist paradigm which should be replaced by what he calls a praxis paradigm (Ingleby 1981). I will propose a version of MacIntyre's view of knowledge as a candidate for that paradigm. As I have indicated and will discuss further in Section 1.6, such a model allows for a view of human beings as spiritual.

So the existence of highly developed and powerful forms of two of MacIntyre's *Three Rival Versions of Moral Enquiry* in psychiatry leads to the question of what would the third be. What would it look like? This thesis is an attempt to answer this question. Tradition-constituted enquiry would be based on MacIntyre's basic model of knowledge. He writes from the worldview of Aquinas and proposes, against epistemological foundationalism, the teleological view that man moves towards ultimate ends. MacIntyre says modern epistemology seeks to argue from first principles which we can know with certainty, whereas actually we move towards knowledge of our ends:

All knowledge even in the initial stages of enquiry is a partial achievement and partial completion of the mind, but it nonetheless points beyond itself to a more final achievement in ways that we have not yet grasped (FP:176).

A correspondingly more complex view of the nature of first principles applies (FP:175). This view, MacIntyre describes as being opposed to epistemological foundationalism which he associates with modernity. In "First Principles", he also argues against, what Bracken characterizes as an accompanying feature of epistemological foundationalism, "methodological individualism" (Bracken 2002:26). MacIntyre argues for an approach where:

My mind, or rather my soul, is one among many and its own knowledge of myself *qua* soul has to be integrated into general accounts of souls and their teleology (FP: 176).

That is, the approach to knowledge is one in which many souls are engaged together. If there is an answer to the question of what is tradition-constituted enquiry for psychiatry, it may be possible to elaborate a model of psychiatry which acknowledges our spiritual nature as human beings.

##### 5) Tradition-constituted enquiry as a response to Kuhn: the role of the museum and the assembly in the project

To answer fully the question of what tradition-constituted enquiry would look like in psychiatry, I will introduce the idea that tradition-constituted enquiry could be thought of as taking place in a museum space. I will then add a second institution usable for "re-seeing" Aristotelian enquiry, the assembly, to this model. MacIntyre's close association of rationality with narrative was first elaborated in "Epistemological Crises" in response to Thomas Kuhn's philosophy of science. His subsequent development of tradition-constituted enquiry can be seen as a response to Kuhn, and to

Lakatos` development of the idea of problem shifts (EC). In Chapter 1, I argue that the museum and assembly provide a way of “re-seeing” knowledge at the heart of our conception of illness; something which Kuhn`s philosophy would imply is necessary if a more praxis-based paradigm is to supersede the scientific paradigm in mental illness.

As such, this use of the concepts of museum and assembly becomes somewhat more than a metaphor. The Oxford English Dictionary defines a metaphor as

A figure of speech in which a name or descriptive term is transferred to something to which it is not properly applicable (Little, W. and Coulson, H. 1973).

An example might be “her heart was of stone” which is clearly not literally true but conveys a truth. The example given in the OED is of life being a pilgrimage, which might actually be true, and which might get you to behave in new ways if you thought it might be true. The “re-seeing” involved in the Kuhnian paradigm as elucidated by Masterman (discussed further in Chapter 1) is that the essence of the “re-seeing” is that one artefact (for example the museum) is used to represent something else. (Masterman`s example is a toy representing a protein molecule). This use contains insights that allow for extension of a new paradigm. “Re-seeing” knowledge as being elaborated in a museum and assembly (in parallel with the life as pilgrimage example) also has the advantage of being something which could be done; if you are stuck as to how to proceed with tradition-constituted enquiry, you can imagine the process of exhibition creation to allow you to think about how to proceed further. As such these institutions make tradition-constituted enquiry, one of MacIntyre`s *Three Rival Versions of Moral Enquiry*, as large and powerful as that of the psychiatric versions of the other two. What these institutions do is show us how Aristotelian enquiry should proceed just as test-tubes and laboratories show us how science should proceed. Thus thinking of Aristotelian enquiry as taking place in museums and assemblies adds to our thinking about a praxis paradigm, and the fact that we can, if we so choose, set up museums and assemblies in the real world is important.

I will now discuss the concept of tradition in MacIntyre`s philosophy as it is necessary to know how MacIntyre uses the word before any discussion on tradition-constituted enquiry. In “Epistemological Crises”, MacIntyre says epistemological crises, are, in both the history of science and the lives of ordinary persons, moments when the question “What is really going on here?” is asked (MacIntyre 1977b 455). He sees the answer to that question (including for science) as being the most intelligible dramatic narrative which can be written describing the situation. It brings in “two ideals”, for use in this moment of crisis: “truth and intelligibility” (*ibid.*). The crisis may have been precipitated by the discovery of “a hitherto unexpected truth” which must be incorporated into the account previously held.

When an epistemological crisis is resolved, it is by the construction of a new narrative which enables the agent to understand both how he or she could intelligibly have held his or her original beliefs and how he or she could have been so drastically misled by them. The narrative in terms of which he or she first understood and ordered experiences is itself made into the subject of an enlarged narrative (EC:455).

This work is a precursor to MacIntyre's discussion of tradition and narrative in *After Virtue* and later in *Whose Justice?* As shown in the following section on narrative, in the view of narrative explanation put forward in "Epistemological Crises", the mistakes of the old science are understood from within the intelligible narrative of the new science. The whole is understood by introducing the concept of moving towards a more completed science (FP).

In *After Virtue* enacted dramatic narrative is described as the most basic *genre* in which human being's actions can be understood. A person's life needs to be understood as a narrative quest for the good and tradition is a "quest" for the good for man which may involve communities and extend through time. This is in agreement with "First Principles", where judgments are described as being made on knowledge as it contributes to the moral life; we are not merely concerned with knowledge but with what should be done. *After Virtue* situates this quest for the good in an individual practice, as the practice finds a place in a life and as a life finds its place in this quest for the good by the individual's community. This highest level is here described as tradition but the whole may be seen as tradition-constituted enquiry, incorporating the basic elements mentioned before of intelligibility and search for wider truth for constructing new narrative to accommodate new truths. In *Whose Justice?* traditions have become more rational and highly complex (Kuna 2008:110), but, extrapolating from "Epistemological Crises", the methods for resolving their crises still employ the use of a transcendent concept of truth and the search for a more intelligible narrative (either within a tradition or in an encounter between two traditions).

*Three Rival Versions* introduces MacIntyre's current conception of authority. The legitimate authority of the expert practitioner of *After Virtue* has been replaced by the authority of post-holders to intervene in enquiry. Cohen says one difference between MacIntyre and genealogists is his belief in what Cohen calls the "subjugating authority" of the community (Cohen 1999). MacIntyre's stress on authority in tradition-constituted enquiry is consistent with his belief that we are moving towards final ends set out in "First Principles". If we are all engaged in a movement towards those final ends then we must allow that some people may be nearer to those ends than others – may be wiser than others – and can therefore direct the enquiry of the less wise.

While I would agree with MacIntyre as to the existence of wisdom (of genuine spiritual authority and genuine authority to teach) and I would agree that this is an important feature of his pre-modern approach, I would disagree that authority will reside, as MacIntyre implies in *Three Rival Versions*, in

post-holders merely because they are post-holders<sup>9</sup>. Authority in the pre-modern world was based on your position in society – on what post you held. The Enlightenment sought to base it on expertise and repeatable knowledge. I would suggest that genuine authority should be based on a combination of morality and knowledge<sup>10</sup>. This conception, is, in fact, implicit in MacIntyre’s own account of first principles (FP). In “First Principles” you cannot be “the wise” without being good. But this is at odds with an Encyclopaedic conception of expertise. In Chapter 2 I argue that those who have been patient to a practice can be authoritative because being patient gives them knowledge of a practice which others do not have. They may also have a better grasp of some of the first principles of a tradition than some post-holders, especially if those post holders hold posts due to being expert in an Encyclopaedic form of knowledge (In Chapter 7 I explore why patients seeking to contribute to psychiatry are more likely to be morally good than not which again would make what they say authoritative as they are unlikely to be deceiving others).

So I have explored developing ideas of tradition and tradition-constituted enquiry within MacIntyre’s thought. They are underpinned by the premodern approach of “First Principles”, where truth is a transcendent concept and final ends are what we move towards, together. They include the concept of intelligibility and search for new truth based on intelligible dramatic narrative from “Epistemological Crises” and they include (from FP) considerations of usefulness and what ought to be done. In *After Virtue* the tradition has quite a straightforward structure of a life, within a practice within a tradition. Successful practitioners of a craft here have genuine authority. In *Whose Justice?* there are more complex, rational traditions. In *Three Rival Versions* the wisdom of post-holders directs enquiry – an idea I would contest, suggesting instead that enquiry be directed by those possessing genuine authority.

How does enquiry in a museum space relate to these accounts? In Chapter 1 I will indicate that what characterizes the Aristotelian use of the museum as a site of enquiry is the sense, from “First Principles”, of moving towards final principles which are not yet known. That is, the act of displaying knowledge in a museum space expresses the hope that truth is attainable and therefore corresponds to Haldane’s criterion for tradition-constituted enquiry discussed earlier. What is displayed in the museum so far is the current state of our knowledge but its status as knowledge is always open-ended and may be the subject of further revision to accommodate new perspectives. In Chapter 1 I will also discuss the Aristotelian museum as a space of knowledge, where knowledge is a communal

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<sup>9</sup> In Chapter 7 I will discuss Hamilton on Mill’s conception (held halfway through his career) of the authority of an elite within a given sphere in liberalism (Hamilton 2008). For practitioners to be genuinely authoritative they will need to be practitioners in a practice which is objectively good in terms in which I will define objectivity in Chapter 7.

<sup>10</sup> I reach this conclusion from a consideration of Alexander Broadie on mediaeval authority (Broadie 1995:92).

enterprise in which every person has a certain amount of authoritative knowledge and is entitled to add their own narrative to the tradition. This uses an elaboration of MacIntyre's account of Aristotelian friendship in *Dependent Rational Animals* and brings out a political aspect to friendship written about by Hannah Arendt (see Chapter 1).

The Aristotelian museum illustrates how MacIntyre's virtue ethics can be more democratic than those of Aristotle's few Athenian gentlemen of the *Nicomachean Ethics*. I argue that it is a sight of Aristotelian *epagōgē* or the sifting of the opinions of the many and the wise and thus authority lies with the many as well as with the wise. Each narrative which is displayed is a testimony and may be regarded as real (rather than the reality of the objects, in conventional museums). Where narratives are edited to form the wider story of the practice or the tradition, editing authority lies with the curator (rather like the editor of a book of oral history). Such a person must be trusted by the community to display the community's knowledge accurately. Authority also lies with the visitors who judge and/or are educated by the display. As judges they have more authority than the students at an Encyclopaedic lecture who just passively receive part of the single Encyclopaedic knowledge framework. The visitors are also educated by the museum display and hence their capacity to exercise practical wisdom towards those whose tradition is displayed is increased. The approach to tradition-constituted enquiry described here resembles the account given in *After Virtue* where the narratives of lives fit into the narratives of practices and the narratives of communities. In Chapter 2 I use the museum to bring the tradition of enquiry of the patients of a practice into dialogue with the tradition of the psychiatrists. Here the psychiatrists' tradition is much more complex and more like tradition-constituted enquiry as described in *Whose Justice?*, where things are so complex that possibly only a philosopher can negotiate between the traditions. Debate between the patients and psychiatrists, as visualised in the museum, concerns what ought to be done.

Also in Chapter 2 I bring in the possibility of using an assembly to "re-see" knowledge in a Thomistic way as a further site of tradition-constituted enquiry. In such an assembly, the members of a community can debate what should go in their museum (i.e. what should count as knowledge for that group.) This use of the assembly instantiates Thomistic enquiry because the virtues of acknowledged dependence are fostered within it. This institution is inward-looking: where the members of the community discuss their tradition among themselves. The museum, in contrast, is outward-looking and is about the debate between traditions. One thing this use of the assembly adds to tradition-constituted enquiry is the potential for privacy in deliberation – very important when a group of people (such as apprentices or patients) are in the power of others. I argue that this feature also corresponds to an aspect of Thomism.

So we can see that the museum can be seen as instantiating a number of features of tradition-constituted enquiry. Also in Chapter 1, I discuss Ingleby's view that the dominant paradigm in

psychiatry is positivism and should be replaced by what he calls the praxis paradigm. I have indicated above the Kuhnian role which the museum and the assembly might play in this if one were to see MacIntyre`s philosophy as providing an elaboration of the praxis paradigm<sup>11</sup>. This provides a Kuhnian aspect to MacIntyre`s tradition constitute enquiry which allows it to inspire change. A praxis paradigm might be expected to emphasize practical wisdom over technique and human judgments over science. Both the institutions discussed emphasize the role of wisdom in knowledge. I consider this in relation to the work by Karen Stohr in Chapter 1. The museum allows us to see debate about knowledge as a virtue-ethical one, where visitors make judgments on the narratives according to the narratives` intelligibility, so that science thus becomes subject to rational human judgments concerning its usefulness and loses some of its “dazzling” quality (to quote Campbell 1984, see Chapter 4). I then start to use the insights gained by thinking about knowledge in terms of museums and assemblies to reimagine psychiatry in Chapters 4 and 5. In Chapter 6, I illustrate how I think this same picture can be said to be present where Irigaray disrupts what I think is the paradigmatic trick or technique of psychotherapy.

#### 6) The importance of narrative

Narrative is a key part of MacIntyre`s philosophy, but many other thinkers also regard narrative as important. Kearny lists Walter Benjamin, Braudrillard and Lyotard as thinkers who emphasizes its importance and also its breakdown in the modern world (Kearny 1996). For example, Lyotard, a post-modernist, questions societies` use of “Grand Narratives” (Lyotard 1984, Kearny 1990) but allows that knowledge of the knower`s interlocutors may be legitimate (Lyotard 1984). Kearney also mentions Aristotle, for whom narrative *muthos* (plot) and *mimesis* (“imitation of action”) provide examples of the particular in ethics (Aristotle 2001) (Kearney 1990). Narrative, Kearny says, favours emotions over rule-based approaches to morality. He cites Nussbaum and Ricoeur as linking teleological ethics to narrative but also argues that Kant`s *Third Critique*, and in particular reflective judgment, also allows for narrative to enlarge judgment (he cites Hannah Arendt as someone who takes such an approach to narrative).

Misak explores the view that autobiographical narrative can be a way of justifying ethical beliefs by appeal to experience (Misak 2008). She sets this against the view, set out with evidence by Tversky whom she quotes, that narrative is a rather non-objective genre because, for example, people alter their own memory experience by the narrative interpretation they place on it. Even though Misak

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<sup>11</sup> Although praxis may be the wrong word, because it has more emphasis on agency than is required for this task. What is required by this task is restoration of authorship of one`s own life`s narrative, including episodes where one is predominantly patient rather than agent (see Chapters 2, 3 and 4). Once I have elaborated upon this, I will stop calling it the praxis paradigm and start calling it the authoritative narrative paradigm (see Chapter 8 Section 2d).

believes that all our experience comes to us through our own interpretation and so “the best we can say about our perceptual judgments are that they are an index of the actual clash between us and the world” (Misak 2008:620), nevertheless narrative of a given person in given special circumstances, she says, can be illuminating of those special circumstances. She brings in the example of legal testimony and says that the idea of objectivity in ethics requires that we scrutinize narrative, where conclusions based on more than one narrative accounts differ (*ibid.* 628). She says that we are capable of evaluating narratives for plausibility, honesty, vanity, “wishful thinking” etc. and that we are also capable of evaluating our own stance as hearers where the ethical conclusions drawn from a narrative account of a given experience conflict with our own ethical stance (*ibid.*631-632).

MacIntyre also places a justificatory import on narrative which he uses in his account of action: he says we

Understand an action as something for which someone is accountable, about which it is always appropriate to ask an agent for an intelligible account (AV 209).

He says types of speech acts can be rendered intelligible in conversations which can in turn be rendered intelligible by assigning them *genres* within dramatic narrative. Examples of such *genres* are

A drunken rambling quarrel, a serious intellectual disagreement, a tragic misunderstanding of each other, a comic even farcical misconstrual of each other`s motives, a penetrating exchange of views (AV 211).

Actions, similarly, can be made intelligible within settings (examples being institutions, practices or some other social milieu) within which the motives of the actions can be described. Specific examples MacIntyre gives are the narrative history of a marriage or the narrative history of cyclical work on a garden (AV 206-7). To be without such intelligibility for one`s actions, MacIntyre says, is to be mad (AV 210). For MacIntyre man is “a storytelling animal”<sup>12</sup> (AV 217) and so such lack of intelligibility for action is therefore a form of suffering (*ibid.*).

In this thesis I argue for restoring intelligible settings and the possibility of assigning intelligible accounts of their actions to the mad. I argue that the telling of narratives of their own experience by patients among themselves can allow them to understand better their own behaviour and the way they have been patient to the world. Such telling makes them realize that they have good reason to be upset because of all the things that have happened to them. Their behaviour becomes justified to

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<sup>12</sup> Others would agree, for example, Velleman draws on Delancy`s work on psychobiology and neuropsychology to argue that the basic plot structure of beginning, middle and end is a response to the nature of our emotional make-up: “the cadence that makes for a story is that of arousal and resolution of affect, a pattern that is biologically programmed. Hence we understand stories viscerally, with our bodies” (Velleman 2003:13-14).



themselves. Narrative, in this situation, where they are surrounded by others who have similar experience of the psychiatric services, makes their actions become more intelligible to themselves.

Vasterling compares the approach to narrative of cognitive theory with that of hermeneutic phenomenology, the former concentrating on the “mind as a distinctive feature of human species” the latter on the “worldly” character of human experience. The conclusions of these two approaches, she notes, are similar: the former “conceives of narrative as integrative work, producing the continuity and coherence without which identity, experience and memory would not be possible” (Vasterling 2007:79) and she notes that Ricoeur, for the latter, comes to similar conclusions (*ibid.*).

Vasterling herself takes the work of Nussbaum as an example of the former approach and that of Arendt as an example of the latter. She notes that Nussbaum thinks reading literature can improve our human judgments by increasing our imaginative understanding of situations described therein. Vasterling calls this the “ethics lab” approach (*ibid.* 81) in which the reader reflects on narrative as if it is real life, whereas, in fact, the reader is not as involved as in real life. Vasterling compares this with the thought of Arendt in which stories are part of real life as it is lived and we inhabit a shared world of plural viewpoints (*ibid.*86). Successful politics, for Arendt, requires the acknowledgement of these shared narratives (*ibid.*). MacIntyre seems to share Arendt’s view of narratives, emphasizing how we are all part of one another’s stories (AV 218). Without plurality of narratives, politics, for Arendt collapses into totalitarianism (Vasterling 2007:86). By extrapolation, from the MacIntyrean perspective I will be elaborating, politics, without plurality of narratives, collapses into ideology.

Vasterling complains that the “ethics lab” approach may increase judgment but does not

Transform...viewpoint and frame of reference in a way that the resulting viewpoint and frame of reference allow one to see and understand new things that one didn’t understand before (*ibid.* 90).

Vasterling claims that such transformation only comes with a non-cognitivist emphasis on the emotions, which can tell us new things as we are patient to the world. I would say that transformation of worldview occurs with the interaction with a new and surprising point of view (which may occur in a controlled way in Nussbaum’s use of literature but will be much stronger in Arendt’s approach). Therefore narrative may have the function of justification of our own view within a group of those who share a common narrative experience, *or* transformation of that point of view by interaction with a new tradition or new perspective. There is currently a movement of professional storytellers who seek to transform narratives as part of peacemaking.

MacIntyre says that the actions he has described as occurring in settings are given unity in the life of a human being seen as a narrative quest. He says that the “individual’s search for his or her good is generally and characteristically conducted within a context of the tradition of which the individual’s

life is a part” (AV 222). He says that we all have a set of tools for constructing our own account of our lives: “there is no way to site us as understanding any society, including our own, except through the stock of stories which constitute its initial dramatic resources” (AV 216). Here MacIntyre links narrative to the kind of description given by Helmen of culture (Helman uses the word culture rather than tradition):

Culture is a set of guidelines (both explicit and implicit) which individuals inherit as members of a particular society, and which tells them how to view the world, how to experience it emotionally, and how to behave in it in relation to other people, to supernatural forces or Gods, and to natural environment. It also provides them with a way of transmitting these guidelines to the next generation – by the use of symbols, language, art and ritual. To some extent, culture can be seen as the inherited ‘lens’ through which individuals perceive and understand the world they inhabit, and learn how to live within it. Growing up within any society is a form of enculturation, whereby the individual slowly acquires the cultural ‘lens’ of that society (Helman 1994:2-3 cited in Firth 2001).

For MacIntyre we find our place in tradition by situating our story within it. While the main thrust of this thesis is to argue that psychiatric patients need their narratives justified by discussing their experience with other patients, I argue, in Chapter 8 that, in the telling of their stories, it may be helpful for the psychiatric patients to be among those who have the correct cultural tools to give their narratives meaning and intelligibility. Here some transformation of their narratives may occur, but, because the culture is similar, it is gentle transformation. Hence psychiatric patients may find meaningful identity among patients who share similar narratives, but also in returning to the cultural community which has provided a setting for their story in the past, provided such communities have been properly educated not to reject them due to their illness.

Finally, narrative is, for MacIntyre, a form of explanation. In “Epistemological Crises” he says

It is because only from the standpoint of the new science can the inadequacy of the old science be characterized that the new science is taken to be more adequate than the old. It is from the standpoint of the new science that the continuities of narrative history are established (EC 467).

Narrative as a form of explanation, in which the quest is for more adequate explanation has been recognized by other thinkers:

The characterization of events in terms of their relation to an outcome enables us to comprehend them as a completed whole after the story is finished (Velleman 2003:9, citing Mink)

MacIntyre realises, as his project develops, that narrative explanation requires truth and final ends, as I have discussed. I also use his approach, of providing increasingly adequate explanation to address epistemological crisis, on the tradition of the psychiatrists in Chapter 4.

## 7) The role of Christianity in MacIntyre's Aristotelianism and his Marxism and in this project

This project aims to bring in a pre-modern model of knowledge to psychiatry. I am specifically working with Christianity, although, as I shall outline, I think features of the resulting model will be convincing to atheists or agnostics. Also, in Chapter 8, I widen some of the insights gained in the light of our multicultural society. Since *Whose Justice?*, MacIntyre has identified himself as a Thomist, but this does not invalidate his earlier work as useful for my thesis. Lutz argues:

To [many Thomists] MacIntyre's rejection of Aristotle's metaphysical biology (in *After Virtue*) seems to entail a complete rejection of Aristotelian metaphysics. This, in turn, seems to entail a complete rejection of a unitary good for the human person (Lutz 2004:119).

But Lutz argues that certain metaphysical concepts, such as final ends, are required by the sociology of *After Virtue*, although this is not stated in the book (Lutz 2004:136). One can perhaps reject details of Aristotle's biology (such as some obviously erroneous elements such as the rational element in man being implanted in the female, and species being immutable (Lutz 2004:134)) while retaining a conception of ourselves as having final ends. Deborah Achtenburg argues that Aristotle sees good as meaning final end or completeness, a unity which applies across different kinds (Achtenberg 1992:323). Hence the idea of a final end does not have to be tied to the detail of Aristotle's biology. Consistent with MacIntyre's work on philosophy of science, any set of biological facts will have more than one set of theories which can explain them (TRV 17), but some theories will make the facts more intelligible than others. I argue, in Chapter 1, that in the biology of Aristotle and Plato, our theories are as much a part of our biology as the facts. Even an atheist can believe that completing us will involve getting our theories right in a way that allows us to flourish.

However, MacIntyre goes beyond this and has us think of ourselves as created beings. What does this add to the above picture? It adds a view of truth in which our knowledge can only ever be partial, and in which our enquiry is informed by faith and hope. Also it adds a view of knowledge involving the rationality of charity. To elaborate: MacIntyre presents Aquinas as a thinker who integrated and went beyond the thought of Aristotle and Augustine (TRV 119-126). In the move from Aristotle to Aquinas, Lutz says, firstly there is a change in the conception of truth: he quotes MacIntyre on the Thomistic synthesis of Aristotle and Augustine saying that, while Aristotle locates truth in the "relationship of the mind to its objects, Augustine locates it in the source of the relationship of finite objects to God" (TRV110 cited in Lutz 2004:121). For Aquinas, the more complete truth lies in God (*ibid.*), and we can never fully attain to that in this life. Thus the idea that human knowledge can only ever be partial is to the fore in MacIntyre's mediaeval version of knowledge. Lutz connects this view to the view of tradition as a narrative quest in *After Virtue* (Lutz 2004:126) and, using the work of the Thomist Josef Pieper, to hope (*ibid.*), which I have characterized as a condition of tradition-constituted enquiry in a museum space. We can also say that the full-blown Christian approach to

truth adopted by MacIntyre in *Whose Justice?* was developing even in his 1977 essay “Epistemological Crises”, with its concepts of truth and intelligibility of narrative.

Faith provides a kind of knowledge where, as St. Paul says, “Now we see through a glass darkly, then we shall see face to face” (I Corinthians 13 v 12 in Bible Societies 1976). This kind of knowledge is that held by people as spiritual beings who move towards their final end which they dimly perceive, the kind of approach to knowledge described in “First Principles” in fact. In *Three Rival Versions* MacIntyre describes the creation of a “new genre” by Aquinas in which truth is never completely known, but in which we have hope that it may be one day. He discusses this by claiming that Aquinas confronted similar problems to those encountered by the philosophers of science in “Epistemological Crises”, truth exceeding warranted assertability within a given conceptual scheme. In the interpretation of truth I have outlined, every new person who turns up may bring along some objection which has some authority to challenge current received truth. MacIntyre tends to emphasize that every new *tradition* may contain truth and authority to challenge the current view, but in this thesis, I am placing some of this authority with individuals. It is MacIntyre’s view that other traditions may have access to truth, which gives his ability, in *Whose Justice?*, to widen Aristotle’s approach and update Aristotelianism for a complex world. This ability is foreshadowed in Aristotle, who sees some truth in the opinions of “the many” and who meticulously documents different polities, looking for the truths of politics.

The wise, in Aquinas’ system, have greater knowledge of the first principles. However, Aquinas also claims that “the many” have some access to truth. In his essay “Intractable Moral Disagreements”, MacIntyre puts to us Aquinas’ claim that all plain persons have access to the precepts of Natural Law in their hearts (MacIntyre 2009b:6). Kal argues from Aristotle that first principles are something we have the potential to acquire *because* our mind has come into contact with reality (Kal 1988 45-47) Because we have had this contact, our understanding (*nous*) can make the connection between discursive reasoning and first principles. Lutz (a Roman Catholic) argues that sinful people will have access to abstract first principles but that sin will corrupt their access to secondary precepts (Lutz 2004:148). So the extent to which “the many” have access to wisdom may be a bone of contention between Roman Catholics and other Aristotelians. In this thesis I will contend that psychiatric patients (“the many” of psychiatric enquiry) have a grasp of the true first principles of medicine.

What further differences from Aristotle are entailed by having a creator? For Lutz, a difference is that MacIntyre says Aquinas takes from Augustine a “neoplatonic element which presupposes a metaphysics of creation and a creative intellect which give it form” (Lutz 2004:123). Lutz describes the, slightly odd, theories in Aristotle and Aquinas, that only our intellect is divinely created, not the rest of us (Lutz 2004:138). However, I think it is clear to most people that, if we are going to believe

we are created, it is going to be all of us – bodies and all. That is, God makes us: we are children of God. In this thesis I have tried to incorporate MacIntyre's views on the body and to build on his insights in *Dependent Rational Animals* of the necessity of fully integrating our embodied nature into enquiry. Reader's philosophy of patience (see Chapter 2) and Irigaray's philosophy in Chapter 6 have been important in doing this.

MacIntyre says, in *Three Rival Versions*, that Aquinas' appropriation of Augustine means that one needs awareness that one's will tends to sin:

The acknowledgement by oneself of radical defect is a necessary condition for one's reception of the virtues of faith, hope and charity.

It is only the kind of knowledge which faith provides, the kind of expectation which hope provides and the capacity for friendship with other human beings and with God which is the outcome of charity which can provide the other virtues with what they need to become genuine excellences, informing a way of life in and through which the good and the best can be achieved. (TRV 140 para 2, also quoted by Lutz 2004:140)

Put aside, for the moment, the question of whether one needs to acknowledge sinfulness in order to gain faith, hope and charity. A Thomistic type of knowledge is informed by faith and hope. Now let us look at what charity adds.

The rationality of friendship, and of the neighbour, I would argue, is basic to the rationality of Christianity. Jesus says to his disciples in John's Gospel: "I do not call you servants any longer, because a servant does not know what his master is doing. Instead I call you friends" (John 15 v 15 in Bible Societies 1976). The love Christians are supposed to have is defined in terms of friendship (John 15 v 13 *ibid.*). In Chapter 1, I look at how Hannah Arendt thinks that every friend has a different perspective on the world. Allowing that an individual may bring along new truth which may be authoritative is a widening of where authority may lie. This is related to MacIntyre's assertion, in *Whose Justice?*, that Christianity, like appeals to theology in the ancient world, widens justice beyond the *polis* (WJ 153). In *Dependent Rational Animals* MacIntyre uses not only the rationality of friendship, but the virtue of *miser cordia*, exercised to the stranger outside one's community. This virtue is "grief and sorrow at another's distress, just insofar as one understands another's distress as one's own" (DRA 125)<sup>13</sup>. Although MacIntyre points out that one does not need to be a Christian to exercise this virtue, it is exercised *par excellence* by the Good Samaritan, whose example is given in response to the question "Who is my neighbour?" (Luke 10 v25-37 in Bible Societies 1976). This

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<sup>13</sup> MacIntyre, with his familiar emphasis on reason, seeks to distinguish *miser cordia* from "sentimentality", which he deems a moral failing (DRA 125). I think that sentimentality is merely the attitude of *miser cordia* being given a hard time by cynics and that rationality is present in "sentimentality".

thesis puts forward a model of medicine based on the rationality of friendship. It also uses the *miser cordia*-based approach to friendship of *Dependent Rational Animals* to protect the vulnerable against eugenics and to elaborate their knowledge. *Dependent Rational Animals* then, widens the view of knowledge to one where every friend has a point of view and where love can move us at another's distress. It allows us, therefore, to put forward a widened version of MacIntyre's pre-modern model of knowledge; widened because it takes account of patiency (in the ability of the distress of others to affect us) and dissent (in the acknowledgement that the dissenter has a legitimate standpoint).

I put forward the view that objectivity in psychiatry will be the result of negotiation between narrative and deontological friendship. The deontological friend will work out what to do according to Kant's Categorical Imperative; the narrative friend will work out what to do from love of their fellow suffering human being. Does this introduce a form of universalism which is antithetical to MacIntyre's philosophy? MacIntyre's own view is that he is in some ways a universalist, because, in *Whose Justice?*, he owns that many traditions make universalizing claims for their own view (MacIntyre 2010). MacIntyre argues that his own view is that there is no rational argument which will be convincing to every rational agent at all (*ibid.*). This is indeed true and the version of his model I am putting forward would doubtless not convince Nietzsche. Therefore, in a way, the view I am putting forward is one more tradition like those in *Whose Justice?* However, I think it contains elements which would be convincing to atheists: as it must if it is to provide the basis for psychiatry.

The points on which to convince atheists are as follows: I associate the deontological friend with the view that the patient *ought* to be well and claim that this is the basis for psychiatry as it is practised today where people are being given drugs to enable them to do their duty. MacIntyre says, in *A Short History of Ethics*, that "for many who have never heard of philosophy, let alone Kant, morality is roughly what Kant said it was" (MacIntyre 1967:190). That is, many plain persons find Kant's moral philosophy convincing, if rather harsh. Pointing out that the current practice of psychiatry may resemble Kantian philosophy may be a way of showing both why psychiatry convinces, and why it often upsets patients. The second element is that of a narrative friendship based on the idea of friend as advocate who has the "virtues of acknowledged dependence" described in *Dependent Rational Animals*. In *Dependent Rational Animals* MacIntyre describes a major difference between Christianity and Aristotle on the subject of charity ("friendship with other human beings and friendship with God") and the replacement, as MacIntyre outlines in *Dependent Rational Animals*, of the *megalopsychos* who is "ashamed to receive benefits" (MacIntyre 1999:127, quoting *Nicomachean Ethics* 1124b 9-10) with one who is prepared to acknowledge that he or she is or could have been dependent on others. *Dependent Rational Animals* is MacIntyre's mature statement of why Christianity goes beyond Aristotelianism. In *Dependent Rational Animals* MacIntyre outlines communities of mutual giving and receiving where we are rational only as we care for each other in all our brokenness. In Chapter 4 I outline that, unlike other views of human nature, this view properly

protects psychiatric patients against eugenics. This is an argument that ought to be convincing atheists.

I am proposing a branch of medicine, which, like the hospice movement, is informed by Christianity. The hospice movement is of great interest in this matter in part because nobody objects to it. It is universally welcomed and wanted, particularly by the dying. Is this because dying suddenly makes you aware of your sin? Rather I think it is because dying makes you aware of your dependence on others and, if you believe in him, on God. In *Dependent Rational Animals*, MacIntyre's emphasis on the need for awareness of "radical defect" becomes an awareness of dependence (which may be because of some physical or mental defect. It may be sin, but, in some instances, it may not.)

A further point of interest and comparison with the hospice movement is that, although that movement began from religious convictions that dying patients should be treated with dignity, it led to scientifically measurable decreases in the pain levels of dying patients (Du Boulay 1984:179). This kind of approach may be characterized as natural theology. In natural theology one may expect one's reasoning about the world to confirm knowledge one has gained about God (knowledge of God may have been gained by direct religious experience, or by the formation of opinion after considering the scriptural evidence, or by deliberately willed decision to have faith<sup>14</sup>). One gains truth about the nature of human beings (as requiring love and respect while dying) from religion, but the fact that measurable decreases in pain levels occur when people are treated well, indicates that it is possible that reasoning about biology and the world will agree with the Bible<sup>15</sup>.

An interesting comparison is possible here with the work of R.D. Laing. In *The Divided Self*, Laing argues that all descriptions of mentally ill people made using the knowledge of science are ways of "not understanding" a person (Laing 1965:33, Laing's italics) and that to understand someone properly, he claims, you must love them: "for understanding one might say love" (Laing 1965:34). His example of this kind of love is the second great commandment from *The New Testament* to "love thy neighbour" as thyself (*ibid.*). What Laing is doing here is taking up a position of faith that to treat people well will enhance their sanity. However, he has himself noted real evidence in the world which backs up his approach. He gives a striking description of what would happen to catatonic patients at Gartnavel Psychiatric Hospital in Glasgow in the 1950s when those who had been silent for a year would "shake hands, wish someone 'a guid New Year' and even dance" (Laing 1985:32). Laing says this happens because the "celebration of the spirit of fellowship"

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<sup>14</sup> I base these ways of coming to have knowledge of God from the categories of evident assent, opinionative assent and assent of faith elucidated by Alexander Broadie from the thought of John Duns Scotus (Broadie 1995). My understanding of what natural theology is also comes from Broadie (Broadie 1995:23)

<sup>15</sup> *Dependent Rational Animals* arguably takes this approach to our biological vulnerability, interpreting the facts about biology in the light of religion.

is abroad at this time (*ibid.*). Laing himself implies a link here to science. His point is that this is a change which really occurs in real people and wants this reality, which he notes as a scientist, to inform our thinking about mental health. His position of faith is backed up by observations of the real world. Laing also notes the incompatibility of (1950s) psychiatry with this approach and hence his inadequacy, in his role within this system, to help much:

I realized that it was impossible for a patient to be a pal, or for him to have a snowball's chance in hell of finding a comrade in me (Laing 1985).

The challenge to elaborate a model of psychiatry in which a psychiatrist who held these opinions of Laing would have a place is the challenge of this thesis.

Finally, how is the Marxism in MacIntyre's project related to his Christianity? In Chapter 3 I outline how MacIntyre sees Marxism as opposing the harmful effects of the sin of greed: a sin which some branches of Christianity have, in his opinion, ceased to take seriously. Also in Chapter 3, I outline MacIntyre's work on ideology and false consciousness, which arises out of his thinking on Marxism and Christianity and in Chapter 4 I apply this in psychiatry to suggest that our current view of psychiatry supports liberalism as ideology and that narrative friendship would work against this ideological use of liberalism. The stance of the narrative friend seeks justice on behalf of patients, both, as MacIntyre's approach to the relation of Marxism and Christianity would indicate, for harms caused by the sin of greed, and for harms caused by other sins. When, in Chapter 8, I ask how communities, such as the church, should be involved in psychiatry, it is by friendship; as, for example, suggested by John Swinton in his book *Resurrecting the Person*. Swinton argues, from liberation theology (a branch of theology which does not ignore the poor) that:

In a multitude of different ways, they (people with mental health problems) rank among the poor and oppressed of contemporary Western societies. In a multitude of different ways their personhood is undermined, their life expectations limited, and their possibilities for meaningful, health-bringing relationships severely restricted. Within such a context the church is called to a pastoral ministry of liberation and radical befriending focused on enabling and overcoming of such injustices (Swinton 2000:207).

So, in Chapter 8, I look at the involvement of different cultural and religious groups in the psychiatric hospital as it currently stands, in terms of friendship and hospitality.

To summarize this section, I have said that elements of a pre-modern approach were present even in some of MacIntyre's early work. Christianity adds the virtues of faith and hope to this approach to knowledge and it adds the rationality of charity. Taking my cue from the hospice movement, I would concentrate on MacIntyre's emphasis on mutual dependency from *Dependent Rational Animals*,



rather than that on radical defect (sin) from *Three Rival Versions*, in any model of Christianity to apply in the area of mental health.

## Chapter 1: The contemporary Aristotelian museum: why it is a way of “re-seeing” knowledge and what its features are

In this chapter, I outline how David Ingleby has suggested that the dominant paradigm in psychiatry is positivist and how he has called for what he terms a “praxis paradigm” to take over. I explore the concept of paradigm in relation to psychiatry and propose that the museum and the assembly are institutions which are useable as a way of “re-seeing” knowledge in psychiatry, which would be required to overcome political barriers preventing a shift to a praxis paradigm. I outline the features of the museum as an Aristotelian institution which make it suited to this task: *theoria*, knowledge of the world of which the knower forms a part, *epagōgē* (sifting of the opinions of the many and the wise), knowledge (including scientific knowledge) organized in terms of intelligibility as a moral or dramatic narrative, the knowledge of how the world appears to each person (however disadvantaged) being given due weight by enhancement of narrative friendship, the prioritization of practical wisdom over *technē* and the enhancement of practical wisdom by enhanced emotional engagement with a narrative.

### 1) Does positivism in psychiatry constitute a Kuhnian paradigm?

I have noted that Patrick Bracken says that positivist assumptions are to the fore in biological psychiatry. David Ingleby (who has influenced Bracken) claims that psychiatry is dominated by a positivist paradigm (Ingleby 1981:42) which he explores to a certain extent by considering paradigms as “systems of prejudice” (*ibid*: 25). He claims the natural opposition to this paradigm is “praxis”, which he characterizes in terms of motives, intentions and expressions (Ingleby 1981:46). I use this phrase “praxis paradigm” as opposed to Ingleby’s other phrase “interpretive paradigm” because a MacIntyrean praxis paradigm would differ from Ingleby’s account on the question of whether one could remain within the paradigm and ascribe false consciousness to another. Ingleby, in fact, splits the praxis paradigm into what he calls “normalising approaches” which characterize what the person is doing according to a person’s own account of it, and what he calls “depth hermeneutics”, in which category he places psychoanalysis and Marxism, which ascribe what MacIntyre would call a “false consciousness” to people. In doing this the therapist’s work is, according to Ingleby, “interpretive”. I discuss how MacIntyre’s approach might differ further in Chapters 2, 3 and 6 (Chapter 6 will particularly focus on psychotherapy and will be critical of the idea that psychotherapy belongs in the praxis paradigm).<sup>16</sup> In this thesis I also propose that what Ingleby is looking for in the praxis

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<sup>16</sup> I would say that what would characterize a MacIntyrean praxis paradigm would be attempting to reduce the ascription of false consciousness where possible. For example, in *A Mistake about Causality in Social Science*, MacIntyre argues that the “agent’s honest avowals (of what he was doing in performing an action) have final authority” (MacIntyre 1962:59). Hence, I would argue, we must be able, under the right conditions, to own

paradigm is something broadly Aristotelian, including the prioritization of wisdom over technique, and human judgments over scientific ones. But most of all we are looking for, as I will outline in Chapters 4 and 5, psychiatric patients to become authoritative authors of their own life's narrative. Because of this, praxis may be the wrong word because some uses of it place too much emphasis on agency, when periods where one is predominantly patient must be incorporated into the narrative. But equally "interpretive" may be the wrong word because Ingleby wishes this to emphasise the therapist's work which is, in MacIntyrean terms, the ascription of false consciousness.

Returning to the question of whether biological psychiatry (excluding psychotherapy for the moment) can be said to be dominated by a positivist paradigm. We need to look at what is meant by a paradigm in Kuhn's philosophy of science. Kuhn envisages science as periods of "puzzle solving" within the current theoretical limits of a given paradigm by "normal scientists". These periods are interspersed with "scientific revolutions" where "extraordinary scientists" bring theories under scrutiny and bring about "paradigm shifts". Although there are places in Kuhn's theory where he seems to work with a concept of objective truth, as where he says that "the decision to reject one paradigm is always simultaneously the decision to accept another, and the judgment leading to that decision involves the comparison of both paradigms with nature and with each other" (Kuhn 1962:77), his book concludes by putting in question any sense that science moves towards truth, a view he underpins with an agnostic Darwinian view of the world (*ibid.*170-173). Hence, overall, Kuhn's is a relativistic philosophy where truth is equivalent to whatever the scientific community thinks at the time (Kuhn 1967:70). However, his book was important in emphasizing the role of the cultural history of the scientists in science.

Also important is Kuhn's concept of paradigms which are "illustrations" and "solved problems" by the study of which scientists learn their trade (Kuhn 1962:43). MacIntyre, in his essay on Kuhn, seeks to emphasize how the adoption of a new theory is not irrational because a new theory produces a more intelligible narrative of what has gone before (EC:467). However, Kuhn notes political problems with the adoption of such a new theory, for example:

For these men (the scientists) the new theory implies a change in the rules governing the prior practices of normal science. Inevitably, therefore it reflects on much scientific work they have already done (Kuhn 1962:7).

Kuhn doubts that falsification ever causes paradigm rejection (Kuhn 1962:146) (he claims all available theories can be argued to fit the facts). He believes a new paradigm wins out over an old when its "way of seeing" promises "more for the future. MacIntyre claims, in "Epistemological

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our own actions, even if we allow that we were largely "patient" and caused to do them (This use of the term "patient" is explained in Chapter 2).

Crises”, that in Kuhn’s scientific revolutions “every relevant area of rationality is invaded by disagreements” (EC 466); a situation which he thinks is not a correct description because his account of narrative explanation shows this is not so. However, arguably, Kuhn’s concept of a paradigm shift takes seriously the political barriers (such as that mentioned above) to scientific revolution, and MacIntyre’s, arguably, does not. While it is true that MacIntyre’s narrative explanation may, for rational, uninvolved people, be sufficient, Kuhn’s philosophy would indicate that more than this is needed.

Kuhn’s philosophy of science was supposed to apply to pure science, that is one with research topics chosen on the basis of reasoning and assessment internal to science, not derived from social and military interests (Hoyningen-Huene 1993:6).

However, Hoyningen-Huene accepts that such a definition is problematic (*ibid.*). Rather few sciences would fall under this definition rigidly applied and yet Kuhn’s concept of a paradigm shift has moved into public consciousness and is applied liberally (for example in the psychlit database 1969-99, 84 articles were found when searching on paradigm and psychiatry (Booth 2000:4)). Two questions need to be asked. What does Kuhn mean by a paradigm and can such a concept usefully describe the situation in psychiatry?

Masterman characterizes Kuhn’s usage of the term paradigm. He never equates paradigm with theory. She identifies 21 different uses of the term in *The Structure of Scientific Revolutions* (Masterman 1966:61). She divides them into three types: metaphysical paradigm or worldview “Weltanschauung” (Masterman 1966:67), which is ideologically prior to theory, “sociological paradigm”, which is a set of scientific habits which can and do function when the theory is not there, and “construct paradigm” which is some trick or embryonic technique and picture or insight on which the sociological paradigm is founded; this is less than theory (Masterman 1966:70).

Masterman says that Kuhn’s paradigms, in the sense of scientific habits of how to solve problems, can exist before scientific theory is added (*ibid* :66). They must, however, follow a scientific achievement (trick or technique) that can justify itself. She says that Kuhn’s philosophical originality is in pointing out that scientific achievement precedes habit which precedes theory. Can this pattern be seen in the development of psychiatry? Kuhn says that in a new scientific field the paradigm is “some trick or technique *with an insight*” that is applicable in the field (Masterman 1966:76). What is meant by this accompanying insight? Masterman says that what distinguishes a puzzle-solving paradigm from a puzzle-solving hypothetico-deductive system is a concrete “way of seeing”. She cites Kuhn as repeatedly describing the switch from paradigm to paradigm as re-seeing. But she says this *gestalt* figure analogy breaks down because

1) the *gestalt* figure when it is only one way of seeing is just a picture

2) it cannot be extended or developed

“What Kuhn must be feeling his way to when talking about an artefact which is also a way of seeing is an assertion not about the artefact but about its use, namely, being a picture of one thing it is used to represent another.” She gives an example of a glorified child’s toy being used to represent a protein molecule (Masterman 1966:76-7).

B` (the toy) is a replication of B (the molecule). It reproduces what, for some unknown purpose P, are thought to be the main features of the B. B` is not a replica of B made by a mechanisable replication process. The process is intuitive and it is the process by which Kuhn says the paradigm extends (Masterman 1966:85).

So in the setting up of the psychiatric profession, the disease analogy could be said to have been used to represent what was happening to the mad person. Madness was “re-seen” as illness<sup>17</sup>. If we are looking at a trick or technique which began this we light upon the (French father of psychiatry) Pinel’s classification. Although many aspects of Pinel’s work were similar to those of his contemporaries the Tukes<sup>18</sup> (for example both advocated recovered mad people as the best people to care for the mad), the part of Pinel’s work retained by the psychiatric profession as an exemplar was his nosology – the idea of dividing madness up into classifications as for biological diseases. Pinel’s was then arguably the embryonic trick or technique for psychiatry. It accompanied “re-seeing” madness as illness. Prior to that, as many authors have recognized, psychiatry could be said to have been in a pre-paradigmatic state.

Kuhn says that, when an embryonic scientific community adopts a paradigm, practitioners start to direct their books at the specialist, rather than the general reader. Books on insanity at the beginning of the nineteenth century were directed at the general reader. As a result of her survey of early nineteenth century literature on insanity, Skultans concludes:

Insanity is seen as a real problem for the author and the reader. The problem is seen as being an explicitly moral one, immediately related to wide issues concerning the nature of man...a problem for mankind rather than, as it was later to become, a problem for certain categories of men (Skultans 1975:15)

But the praxis paradigm at this stage did not have a picture which would create a puzzle-solving tradition which would be the chief work of specialists extending the analogy of that picture. It might

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<sup>17</sup> See for example the work of Scull, Foucault and Havens (Scull 1989, Foucault 1967, Havens 1973)

<sup>18</sup> The Quaker inspirers of Victorian lunacy reform in Britain (Tuke 1996).

be said that the Tukes<sup>19</sup> had morality but it was only one of the contemporary theories of the nature of man. So Pinel's work was preferred.

It being the case that nosology formed the initial paradigmatic trick, how did the crude paradigm extend itself or what does Kuhn mean by replication? Kuhn says that to discover the relation between the rules governing the field and the original paradigm inspiring the field is difficult (Kuhn 1962:44). He suggests the growth of research problems and techniques that arise within a single normal science tradition is governed by the intuitive replication mentioned above and exploits Wittgensteinian family resemblances (*ibid.* 44-45). Kuhn says that new developments in a field

may relate by resemblance and by modeling to one another or part of the scientific *corpus* which the community in question recognizes among its established achievements (*ibid.*45-46).

One could already say that, in his nosology, Pinel had used as a model other branches of medicine. The established achievements of the medical profession in the second half of the nineteenth century were biological<sup>20</sup>. Pinel's nosology was then combined by Kraepelin with Virchow's concept of the progression of illness over time (Havens 1973), again following biological medicine.

Kraepelin escaped the symptom-splitting petty warfare of his time by collecting clinical signs under the broad distinction of outcome...the clinician, if not given something to do was given something to expect (Havens 1973:16).

What was happening to the mad person was thus represented by the picture of biological illness in the same way as a protein molecule may be represented by a model with beads and springs. During this period of time one could say that Kuhn's puzzle-solving set in, demarcating the area as a science. Note that Masterman says this criterion of puzzle-solving doesn't mean the area is a good science, but it has an aspect of Kuhnian science.

So far psychiatrists would agree that the dominant paradigm of madness as illness emerged with the development of psychiatry. But today, as Ingleby notes, some authors describe the psychiatric field as being eclectic (for example, Pilgrim and Rogers' description of the post-structuralist position of Miller and Rose (Pilgrim and Rogers 1994:525) or Professor Anthony Clare cited by Ingleby (Ingleby 1981:34)), while others consider psychiatry to be still in a pre-paradigmatic state. This doesn't fit with the position of complete dominance by one paradigm described above. Ingleby

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<sup>19</sup> The Tukes called what they were doing "moral treatment". The word moral not having gained all its modern connotations it can be more seen as used in the sense of the "moral" of a story. Their religion was an important factor in their work.

<sup>20</sup> Foucault points out that madness is seen also seen as illness in the eighteenth century, when medicine was less scientific; though, as Scull points out, in the eighteenth century there was competition between medicine and other ways of dealing with the mad such as law (Foucault 1967, Scull 1989).

resolves this paradox by saying that more fundamental assumptions of the illness paradigm were dug out with the introduction of social causationist approaches and it became positivism (Ingleby 1981:42)

This can be described in Kuhnian terms: Masterman`s agrees with Kuhn about what happens when a construct paradigm or “way of seeing” starts to break down. That is, that Kuhn`s anomalies are should-be-soluble-but-aren`t results which are thrown up when a paradigm is pushed too far, beyond the boundaries of what works. Thus:

A set of statements or laws developed from within the paradigm itself which should have been true had the analogy held that far but which, since the analogy does not hold that far, turn out to be false...It (the construct paradigm) is stretched too far producing conceptual inconsistency, absurdity, mis-expectation, disorder, complexity and confusion in exactly the same way as a crude analogy does if pressed too far in, say, a poem (Masterman 1966:83).

Construct paradigms collapse due to their own make-up. What happens then is that attempts are made to adjust the analogy, one way being “to dig out the theory`s fundamental assumptions” (*ibid.* 83). Examples of the mis-expectation produced by the “madness as biological illness” construct paradigm are studies associating various activities, such as being a housewife or being a doctor, with increased risk of mental illness. Such studies are characterized, by Pilgrim and Rogers, as falling within the “social causationist” branch of sociology. Theoretically they are hard to explain by a purely biological view of mental illness. However, these studies are not rejected by psychiatrists as not fitting the madness-as-illness paradigm. They are embraced, causing psychiatry to be thought of as eclectic (Pilgrim and Rogers 1994). How was psychiatry able to embrace these studies? By, as Masterman says, pushing back the original paradigm and digging out its more fundamental assumptions. Ingleby has already concluded that this more fundamental assumption is positivism. The collapse of the madness-as-illness paradigm due to the revelations provided by such studies of its inherent weakness was thus avoided. Ingleby agrees that the boundaries of the illness paradigm have been widened by changing it to positivism. A side-effect is that psychiatry is thought to be in agreement with sociology and be eclectic. But, as Pilgrim and Rogers point out, social causationism “accepts the legitimacy of psychiatric nosology...focussing on the social causes of mental illness” (Pilgrim and Rogers 1994) and is closely associated with medicine. It has been the branch of sociology embraced by psychiatry in its “eclecticism” while other branches have not: micro-sociology has tended to be associated with anti-psychiatry, and sociological approaches involving considerations of politics and economics (see, for example, Warner 1985) tend to be left alone by psychiatrists (Pilgrim and Rogers 1994).

I have shown how Kuhn and Masterman`s ideas on paradigms can be seen in the growth of the type of psychiatry defined above. Their ideas of what happens when a paradigm breaks down due to its own make-up throw light on the state of psychiatry today, namely why it is thought of by some as

eclectic and by some as pre-paradigmatic, as Ingleby has already pointed out for Kuhn. To some extent, this is an elaboration of Ingleby's idea that the dominant paradigm in psychiatry is positivism, but it provides a more detailed explanation of the phenomenon. It enables us to suggest why various resurgences of the "anti-psychiatry" point of view over the years, attempts by what Ingleby calls a rival "praxis paradigm" to establish itself, have never been successful. In my MA dissertation, I argued that psychiatry does, in many of the ways in which it is organized, resemble a Kuhnian version of science (Booth 2000). However this very resemblance may provide reasons why the praxis paradigm has not been able to establish itself. These reasons are:

1) Psychiatry, despite resembling a Kuhnian pure science in its organization, is not a pure science but happens in a political world. In an area like psychiatry, freedom to change practice is partly governed by government policy and bureaucracy. So gradual conversion of the whole group of scientists may not take its natural course as it might in a pure science. Kovel cites Marxist reasons for the failure of anti-psychiatry:

Radical psychiatry never really took hold in America and has proved one of the most perishable of New Left movements. The reason...is that it consistently failed to realise the extent of the problem it was addressing (Kovel, J. 1980:89).

He argues that part of the problems causing mental ill health are serious economic injustices and a movement which does not address these politically will not succeed in addressing mental ill health. A similar point is made by Scull when talking about the failure of the earlier, Victorian movement moral treatment, which foundered in the creation of Victorian asylums:

The insane would not recover in their own homes as conditions were equally revolting to (upper class) reformers...only the asylum plan offered the advantage of allowing scope for the exercise of humanitarian impulses...while remaining within the imperatives of the Poor Law (Scull 1993:145).

MacIntyre, as I noted in the Introduction, thinks Marxism opposes the sin of greed and this aspect of his project can be used in reforming psychiatry. Arguably, a more complex political tangle than greed alone prevents a psychiatry changing naturally as a Kuhnian pure science.

2) When we are dealing with a science involving patients, then what Kuhn describes is not a scientific revolution but a coup (Booth 2000:52). That is, by Kuhn's theory, any scientific revolution is supposed to come from those in post as contributors to the practice, not from below. Hence psychiatrists, considering themselves to be doing a science, will if they consider Kuhn at all, only be expecting advances to occur which are put forward by those among their number. It will be harder for suggestions put forward by patients to be taken seriously. Psychiatry as it is currently structured has very little room for patients to contribute to its practice space. As I will describe in Chapter 7 Section



3, this problem is related to the goods of effectiveness in practices. In this thesis I will describe how patients have elaborated a version of Ingleby's praxis view and argue that psychiatrists need to make room for the patient view within their practice.

3) For the same reasons Kuhn's critics object to Kuhn's work. Kuhn describes science as it happens as being equivalent to the best way of doing science. One of his critics, (Feyerabend) says that to be truly scientific, a science would need to be trying to grow and develop alternative paradigms in its shade, so to speak. Mature science will hence involve both tenacious puzzle solving and a "tradition of pluralistic philosophical criticism" (Feyerabend 1969:212). I would argue that the pattern in psychiatry in recent years has not been one of growing alternative paradigms and has tended to be more one of the power structures within psychiatry being so strong that it can afford to wait for such attempts to elaborate an alternative paradigm to lose funding, or those involved to die or retire, allowing psychiatry as currently structured to carry on as before. Therefore a complete theoretical challenge to psychiatry is needed.

Another critic, (Watkins), criticizes what he calls Kuhn's "instant paradigm thesis", saying that it would be incredible for normal scientists suddenly to develop faith in a new and untested paradigm. A new paradigm may take years to develop (Watkins 1965:37). MacIntyre's philosophy, strangely, seems capable of providing that "instant paradigm". In a lifetime's work, it is interesting that, as I noted in the Introduction, he seems to have provided all the tools necessary for reforming psychiatry. A third critic (Lakatos) says that a true science is judged on whether or not it provides a "progressive problem shift" (Lakatos 1969:118-120). This criticism is noted by MacIntyre in "Epistemological Crises" as he starts to develop what will be his idea that traditions are the bearers of rationality (EC 470). In Chapter 4 I use MacIntyre's mature theory of tradition-constituted enquiry (from *Whose Justice?*) to reform the medical paradigm of psychiatry but this time, not in the direction of positivism. This method will seek to bring a more intelligible narrative to bear on the epistemological crisis in psychiatry.

I have discussed how the dominance of positivism in psychiatry is to some extent a political difficulty. MacIntyre, in "Epistemological Crises", notes that Lakatos' idea of assessing a series of theories or "problem shift" has within it a conception of what promises more for the future (EC:468). To return to Masterman's elucidation of Kuhn's concept of paradigm, we need a way of "re-seeing" the problem capable of bringing new researchers on board. This returns us to the discussion of the museum. I argue that the museum is a way of "re-seeing" knowledge as Aristotelian, that the museum can be used as a way of imagining Aristotelian knowledge. The museum conceived in this way can be a site of Aristotelian *theoria*, *epagōgê*, and a democratization of knowledge where even the technical ends of science are subject to the virtue ethical judgments of visitors on its usefulness. It contains the pre-modern approach to truth whereby ultimate truth will not be attained in this life but the act of

displaying knowledge in the museum expresses the hope that we do move towards truth . As a way of imagining knowledge it is like the child's toy above. The museum is not Aristotelian knowledge, but an artefact which can be *used* to imagine it. A museum does not have to be used like this. In Chapter 2 I will add to this a second institution for “ re-seeing” knowledge as Aristotelian: the assembly and the particular way I use *this* institution will complement the museum and give a modified form of Aristotelian knowledge, according to some of the more mediaeval interpretations discussed in the Introduction Section 7. In the remainder of this chapter, I will describe the Aristotelian way of using the museum (Section 2) and discuss seven features of Aristotelian knowledge which it emphasises (Sections 3a to g).

## 2) The Aristotelian use of the Museum

To describe this use of the museum it is necessary to consider that museums can be characterized for all of MacIntyre's *Three Rival Versions of Moral Enquiry*. Perhaps what we have all grown up with as the “archetypal” museum is what Eileen Hooper-Greenhill has characterized as the modernist museum. Hooper-Greenhill herself makes the connection between modernism and Encyclopaedia (Hooper-Greenhill 2000:126). An example of this type of museum would be the Royal Museum in Edinburgh which was , until its recent refurbishment, a museum which instantiated this Encyclopaedic of enquiry. Supported by the architecture of Francis Fowke<sup>21</sup>, it had numerous rooms leading off balconies from a central auditorium. Built 100 years on from the time of the Enlightenment, the Royal Museum of Scotland expressed a Victorian eagerness to display all knowledge. Each different room in the Encyclopaedic museum can be seen as the subject matter of an encyclopaedic chapter or a lecture: a room, of stuffed animals, a room of rocks, a room of Egyptian artefacts etc.

We can see this has parallels with the first of MacIntyre's three rival versions: According to MacIntyre, Encyclopedic enquiry has a

unitary conception of reason as affording a single view of the developing world within which each part of the enquiry contributes to an overall progress whose supreme achievement is an account of the progress of mankind (MacIntyre 1990:32).

For MacIntyre, the canonical book of those who gave their allegiance to this worldview is the ninth edition of the *Encyclopaedia Britannica*, published in the late nineteenth century. He notes that articles in the ninth edition were written by those who were also professors of nineteenth century universities and hence that there is a parallel between a style of presentation of knowledge and a style

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<sup>21</sup> An engineer and architect who also designed part of the Victoria and Albert Museum in London.

of university teaching, their university lectures being akin to encyclopaedic articles. For MacIntyre, what is characteristic about this style of university teaching is its authority, in which the expert speaks with the authoritative voice of the worldview.

Much recent debate in the philosophy of museums has involved criticism of this Victorian/Enlightenment-inspired worldview from a post-modern perspective. The post-modern perspective, as represented by the genealogy of Nietzsche and Foucault, is the second of MacIntyre's three rival versions of moral enquiry. Hooper-Greenhill's approach in the philosophy of museums leads the way in thinking about museums as sites of genealogical enquiry. Another thinker on museums with a post-modern approach is Lisa Roberts. By considering Roberts' work, I will ask what a post-modern museum would look like.

Lisa Roberts' rich book on museum education looks at the history of thought concerning museums as played out in several facets of their practice. Each facet, for Roberts, raises a different problem. Roberts' responses to these problems can be seen as post-modern as Haldane describes it, discussed in the Introduction Section 4, as embracing the paradox of attempting evaluation without very much in the way of transcendent conceptions such as truth. Her attempts to deal with the problems she outlines show that post-modern museum studies' approaches have been successful as far as they go but that they require a more robust conception of truth to go further.

The problems Roberts outlines are as follows: firstly, with respect to the basis of knowledge itself, she notes how ways of labelling museum objects have changed. She concludes the meaning of an object as exists "in a wider context of taste and value" in which the object has its place (Roberts 1997:58). She brings in Lyotard's "legitimizing criteria" which, she says, mean that the content of the labels depends on the "taste and values of the knowledge producers" (Roberts 1997:58). She also claims that there has recently been, within museums, "open acknowledgement that there is more than one way of knowing". Legitimacy is conferred on alternative views by "their mere presence in the museum" (Roberts 1997:73). Roberts' solution to this problem of multiple "ways of knowing" involves making the process of production of knowledge and exhibits a shared process - open to everyone who might have a stake in a subject (Roberts 1997:69).

Secondly, in considering changing visitor experience in museums, Roberts notes how a desire for the real has been replaced by the desire for "realistic experience" (that is it leads to the questions about reality). This time she draws on a thinker whose work has significance for the development of post-modernism: Ferdinand de Saussure. He divides the sign into signifier and signified, the former linked to the latter "not by nature but by culture"(Roberts 1997:100). Roberts' conclusion is that

meaning is not inherent to objects but resides in the signs by which we indicate them...to speak of experiencing the real is to speak of experiencing not some innate quality contained in objects but a wider context of signs which give meaning to reality (Roberts 1997:102).

Finally, in her discussion of the changing nature of our understanding of the role of museums, she moves into ethics (Roberts 1997: Chs 2, 3 and 4 respectively) :

beliefs, values and assumptions shape the narratives chosen concerning artefacts. Curators have an ethical responsibility to acknowledge this has shaped their choice (Roberts 1997:129).

Roberts, however, rejects the position which MacIntyre has described as perspectivism (MacIntyre 1988:352). She notes:

Education is about more than making meaning. If it were not we could stop right here and simply accept that there are multiple versions of the world and that each version, under its own terms, is as plausible as the next (Roberts 1997:133).

She argues instead for "observing, comparing and evaluating possible versions of the world" within the museum space. Roberts is post-modern in that she attempts to do this without a transcendent concept of truth, leading to awkward statements such as "what is at issue is not the truth of different versions but their truthfulness" (Roberts 1997:133). In the end, what emerges as her solution is that she adapts her reading of Lyotard, quoting him to the effect that knowledge of the good comes from that "accepted in the social circle of the `knower`s` interlocutors" (Roberts 1997 136 quoting Lyotard) and moving to a position where she seems to see narrative as that which can successfully arbitrate between versions of the good in museums.

The Post-Modern Museum may occur within the Encyclopaedic Museum, as when the power-relations behind some colonially-collected artefacts are investigated. Alternatively it may take seriously Roberts` assertion that one may "evaluate possible versions of the world", an example being the *Moving Waters Colorado River Project* (Dallett 2003). This does not take place in an enclosed space, but brings together numerous narratives concerning *one object*, the river. Hence it approaches political problems, to do with stewardship of the river by the communities associated therewith. This last approaches tradition-constituted enquiry.

This relates back to John Haldane`s approach, mentioned in the Introduction Section 4, and his claim that MacIntyre`s third method of moral enquiry which is to be a genuine "*via media*" between genealogy and encyclopaedia (Haldane 1994:104). Despite the post-modern approach she is taking, some aspects of the museum described by Roberts would seem to approach Haldane`s description of MacIntyre`s third method. While she has emphasized that reality is not "some immutable transcendent thing; it is subject to the conditions of its representation" (Roberts 1997:101) yet signs,

interpretations displayed in the museum, indicate "a reality that constantly eludes us " (Roberts 1997:101).

The museum restores the possibility that there is some reality to which we have direct access...What is paramount is not the "reality" enshrined in museums but the possibility and the hope that there is something that can be so enshrined. (Roberts 1997:103)

So this ushers in the third way of conceiving of the museum, corresponding to the third of MacIntyre's "three rival versions": in tradition-constituted enquiry, the museum, contrary to Roberts' original assertions, *does* employ a transcendent concept of truth. The act of displaying differing points of view in the museum, each resulting from different ethical values, captures a belief that ethical transcendence<sup>22</sup> is possible; that, because the museum displays the different viewpoints, the visitors will be able to see where the differences of opinion lie and move towards ethical transcendence on a particular point<sup>23</sup>. Even if, in a given instance, ethical transcendence appears to have been achieved, this may well not be the final word on the subject. Another person may come along with a different view which needs to be accommodated. In its approach to truth, this resembles the *genre* MacIntyre, in *Three Rival Versions*, claims Aquinas created. Hence the methods are immanent. But hope of ethical transcendence of which Roberts speaks is based on the hope of the reality of truth. The Aristotelian museum can be thought of as instantiating a third method of enquiry and as a "way of seeing" the third mode of enquiry. In the remainder of this chapter, I look at the museum from this, Aristotelian, perspective. Conceived of in this Aristotelian way, the museum will instantiate a number of features of Aristotelian knowledge.

### 3) Features emphasised by the Aristotelian use of the museum

#### 3a) Aristotle's concept of *theoria*

The first feature of Aristotelian knowledge which the Aristotelian museum instantiates is *theoria*. Brunschwig and Lloyd begin their analysis of ancient Greek approaches to knowledge by making the slightly sweeping statement that "early ancient Greek knowledge was more or less identified with sense perception, especially visual perception" (Brunschwig and Lloyd 2003:22). They say that the Greek word for "I know", *oida* comes from the same root as the Latin *videre*, to see. They also point

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<sup>22</sup> I take this term from a talk by Rt. Rev Brian Smith, concerning Psalm 85 in which "righteousness and peace will embrace" (Psalm 85 v10 Bible Societies 1976), and take it to mean a situation in which everything is alright in the end, so to speak.

<sup>23</sup> This is not to deny the existence of "burdens of judgment" which John Rawls argues are sources of disagreement even among fully reasonable persons (Mulhall and Swift 1992:177). It should be remembered, however, that friendship, tolerance and even forgiveness are all methods by which ethical transcendence can be achieved and are all intimately connected with truth.

out that the form of *oida* means, not "I see" but " I am currently in the situation of someone who has seen", thus linking knowledge to

not what I am seeing now but what I have seen, that at which I have been perceptually present, what I remember after ceasing to see it and what I can recognize if I happen to see it again (Brunschwig and Lloyd 2003:22).

They also say that, for the Greeks,

we humans are not in the world (to quote Spinoza) as an empire within an empire, as an island enclosed with representations that constitute a screen between ourselves and the real; quite the contrary, we are an integral part of it, we are made of the same ingredients as everything else in it (Brunschwig and Lloyd 2003:19).

To investigate how a museum can be a space of Aristotelian knowledge, we should look more closely at Aristotle`s concept of study. Aristotle says that

If happiness is activity in accord with virtue, it is reasonable for it to accord with the supreme virtue, which will be the virtue of the best thing. Hence complete happiness will be its activity in accord with its proper virtue; and we have said that this activity is the activity of *study*. (Aristotle 1999 Bk X Ch7 ss1)

The Greek word for study is *theoria*. This is what the notes of Irwin`s translation of Aristotle`s *Nicomachean Ethics* have to say concerning it: "*Theorein* is cognate with *theasthai* (gaze on) and indicates having something in clear view and attending to it" (Irwin 1999:349). Irwin describes the following uses of the word for study:

- 1) *Theoria* of a question or subject is looking at it, examining it carefully and seeing the answer.
- 2) *Theorein* is the activity of a capacity for knowledge...
- 3) In Aristotle`s more specialised use, *theorein* refers to the contemplative study that he identifies with happiness, or with a part of it. This is the sense in which I "study" a face or a scene that I already have in full view (*ibid*).

These uses indicate that this knowledge must be out where it can be seen. Because *theorein* is an activity, it is something which, if you stop it suddenly is none the less complete. (Compare taking a walk, which is complete if you stop, to walking to the shops, which is incomplete if you do not reach the shops and is consequently a process and not an activity.) To have a capacity for knowledge, might be that I, to quote Irwin, "know Pythagoras` theorem even if I am not thinking of it". For the word *theorein* to be appropriate I must be activating that capacity and contemplating the knowledge I have.

So the museum, with its ability to display human knowledge for our perusal, provides an example of Aristotle's conception of knowledge. This is not just knowledge which is used as a means to an end and then put away; that would be knowledge as a process not as an activity.

One should, perhaps, be wary of Aristotle's equating of study with contemplation. Study for him is a path to the divine. He says "hence, if understanding is something divine in comparison to the human being, so also will the life in accord with understanding be divine in comparison with the human life" (Aristotle 1999:Book X Ch 7 ss8). For this feature of the Aristotelian museum, I think it is enough to say that it involves contemplating knowledge.

### 3b) Knowledge of the world of which the knower forms an integral part

Nussbaum has written of Aristotle's enquiry being "within appearances" (Nussbaum 1986: Ch 8); that is, we are part of nature and we do not study ourselves as separate from it. Aristotle's ethical method, is described by Nussbaum. It is, firstly to set down the appearances or *phainomena* which, in the case of ethics, is what the many and wise believe. Then, having set out the puzzles with which these appearances confront us, to resolve them, and bring the result back to the *phainomena* to see if it is still in accord with them. Nussbaum agrees with G.E.L.Owen that to set down *phainomena* is not to look for belief-free fact, but to record our usage and the structure of thought and belief which usage displays (Nussbaum 1986:244-247).

The importance of our existence within the world which is studied can also be seen in Aristotle's account of our apprehension of first principles. Kal outlines how Aristotle distinguishes between intuition and discursive reasoning. I noted, in the Introduction, how Kal has argued that we have the potential to acquire first principles *because* our mind has come into contact with reality (Kal 1988 45-47) so that our understanding (*nous*) can make the connection between discursive reasoning and first principles. These points made by Kal and Nussbaum, and the previous example 1.3a, point to conceptions of knowledge rather foreign to modern notions: knowledge acquired primarily by seeing; knowledge of a world in which the knower has an integral part. But such concepts are not unlike the type of knowledge we obtain from visiting museums. The museum makes heavy use of the visual. It also provides that inclusiveness in which we ourselves are part of the space in which knowledge is displayed such that we could, conceivably, create displays of what the many and wise believe but also add to it our own life's narrative, because we are part of nature too. The museum hence emphasizes how we are part of the totality of knowledge, not separate from it.

### 3c) Aristotle's method of *epagōgē*

The third feature of Aristotelian knowledge which the museum instantiates is *epagōgē*. I describe this from a consideration of Amélie Oskenberg-Rorty on how one can contemplate the form of the

species. Rorty addresses charges made against Aristotle that he never fully reconciles the practical and contemplative in his philosophy.<sup>24</sup> She tries to show how the two can interrelate claiming that her approach is Aristotelian, although not given by Aristotle himself (Rorty 1980:387). She notes that, in the contemplation which is *theoria*,

although the primary and paradigmatic objects of contemplation are the stars, and perhaps mathematical objects, the condition for something's being contemplated is that it should be necessary, unchanging, eternal, self-contained and noble (Rorty 1980: 379 citing Aristotle 1139a6-8).

Therefore "it is also possible to contemplate the unchanging form of what does change" (Rorty 1980: 379). For example, one can contemplate the unchanging form of our species: "even when the definition of a species is a pattern of a temporal life, that pattern can be comprehended in one timeless whole...including the attributes whose actualization is the species *ergon*<sup>25</sup>, that is the virtues" (*ibid.*).

Here we should be careful not to be taken in by the associations of modern biology which we would bring to the word *species*. With the ethics of Plato and Aristotle our opinions concerning the good and the best are as much a part of nature as our biology. As MacIntyre says, for Plato,

The nature of each kind of thing is to be specified in terms of the good to which it moves, so that the adequate characterization of human nature and the passions as part of that nature requires reference to that good (WJ:77).

Aristotle, following Plato, also says that our knowledge of the good is based on nature. He says that it is due to a knowledge of the good and the best which we have as part of us, due to a combination of our human nature and our education (WJ:77). Hence, for Plato and Aristotle, notions of the fine and the noble and what is fine and noble for us are included in what is natural for us.

It is arguable that one can have *theoria* concerning narrative museum exhibits which tell of the lives of our fellow human beings. Aristotle's ethical method, mentioned above, of saving the appearances or *phainomena*, was a method of discursive reasoning called, in ancient Greek, *epagōgē*. In the narrative displays of the museum, some displaying the lives of individuals, some displaying a wider historical narrative told by an expert, we see the opinions of the many and the wise displayed

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<sup>24</sup> There are parallels with this in debate over museums; for example, Lavine and Karp say that a museum can be *either* a temple *or* a forum (Karp and Levine 1991:3).

<sup>25</sup> Sorabji says of the word *ergon* that it is "not very happily translated function..the *ergon* of a horse, or of one's eyes or of a pruning hook is that which one could only do by using these things, or that which could be done best by using one of these things." (Sorabji 1964:302)



for our perusal. This has the potential to make *epagōgē* much easier. Thus far, however, we are still concerned with *sophia* or theoretical wisdom. Rorty's attempt was to reconcile fully the contemplative with the practical in Aristotle. This would include not only *sophia* but practical wisdom.

Rorty's attempt continues as follows: Aristotle recommends the life of *theoria* because it is self-sufficient ( Aristotle 1999 Book X Ch7ss4) but has elsewhere noted that an apparently completely self-sufficient life could yet be improved by the addition of friends (Aristotle 1999 Book IX Ch9 ss2). Rorty notes that in the *Nicomachean Ethics* two books discussing friendship lie between the discussion of pleasure in Book VII and that in Book X. Rorty says the books on friendship add the following insight to the debate on contemplation:

This is what virtuous friends, sharing and observing one another's lives, come to have: we come to be aware of our friends' lives as forming a unity, itself one complex activity (Rorty 1980:390).

In such contemplation:

We move from the sorts of pleasures discussed in Book VII - the pleasures in the exercise of basic *energeiai* (activities) - to seeing these activities as part of a single self-contained whole, with pleasure as accompanying perfection (Rorty 1980:390).

Rorty apparently thinks that such contemplation will not increase one's practical rationality. She says (noting first that a *phronimos*<sup>26</sup> need not be contemplative at all):

The contemplative *phronimos* sees his ends as specifications of species-defining potentialities. Of course such contemplative reflection does not generate a more precise decision procedure: contemplating humanity does not increase practical wisdom by a jot (Rorty 1980: 385).

However, in another passage she seems to hint otherwise:

just because...the contemplator is not, as contemplator, interested in the moral consequences of his insight into human nature; nevertheless, the contemplator *qua* person can be (Rorty 1980:379).

Deepening of moral insight gained in contemplation of the lives of others can indeed be used practically on return to the world. This seems perhaps more logical. Rorty's aim is to forge a link between the Aristotelian life of *theoria* and the practical life, such that they can support each other, rather than, as she says happens in corrupt polities, only the contemplative life of study proceeding

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<sup>26</sup> Practically wise individual

uninterrupted (Rorty 1980:392). I explore this question of the enhancement or otherwise of practical wisdom further in Section 3g of this chapter.

Having explored, with Rorty, the relation between contemplation and the deepening of our moral understanding, we should begin to see why Aristotle, perplexingly, uses the word “wisdom” where we would use “knowledge”, and why he gives *theoria* such a central role in his *Nicomachean Ethics*: a central role in the good life, in fact. But between us and Aristotle intervene firstly, Judeo-Christian thought, broadening the moral community from the *polis* to the whole world (WJ:146-151) and secondly, the mediaeval asceticism which, at the birth of the modern university, tended to eschew the world and material things. From this asceticism Descartes` project followed (Taylor1989:143). MacIntyre has attempted to update Aristotelianism for a contemporary stage, taking into account all this added complexity. If we examine how his philosophy works in the contemporary Aristotelian museum, this will illustrate a further feature of Aristotelian enquiry.

### 3d) The museum-goers judge traditions based on their intelligibility

The fourth feature of Aristotelian enquiry and knowledge is reached as follows: MacIntyre`s attempt to update Aristotle, as I noted in the Introduction, is centrally to be found in his famous trilogy (*After Virtue*, *Whose Justice?*, and *Three Rival Versions*) and one further book, *Dependent Rational Animals*. Having described, in *After Virtue*, emotivist rationality which, he says, has permeated many areas of modern life, MacIntyre wrote *Whose Justice?* to vindicate his choice of Aristotle over Nietzsche in response to that rationality (Knight 1998:9). I noted that, in *Whose Justice?*, MacIntyre describes `socially embodied traditions of rational enquiry` (MacIntyre 1991:107) and noted the importance of rational competition and the demonstration of rational superiority of one theory over another. What is important in understanding MacIntyre here is that he rejects an idea of an overarching Encyclopaedic world view. Instead MacIntyre, the writer of the book, stands *within a tradition*, that of Thomistic Aristotelianism, and claims that traditions can defend one another rationally against challenge from other traditions, rather as kung fu fighters fight one another and the best man wins. Except, of course, it isn`t fighting. Again as noted in the Introduction, a key role is played by an individual who is imaginatively immersed in two competing traditions and can represent the failings and strengths of each to the other. This is the *phronimos* or practically wise individual and the fact that he or she is key to rational encounter between traditions shows that the enquiry is Aristotelian.

Now let us place this philosophy into the museum space. I began by describing a Victorian museum in Edinburgh. Its most recent equivalent is an interactive visitor centre in Edinburgh called “Our Dynamic Earth” which takes the visitors through the narrative of the world, starting from the Big Bang and ending with themselves. This approach is close to what Hooper-Greenhill has referred to

(following Sola and Weil) as the “total museum” where “ideas not objects are most important”(Hooper-Greenhill 1992:208). It uses videotaped narrative and the like to tell the story of evolution to visitors, rather than letting them make their own interpretations of objects. However, it still represents the Enlightenment “single view of the developing world” noted by MacIntyre. Hence it contains only one narrative. But what if it didn’t? What if it contained the history of philosophy and the different and diverse traditions that represented? What would such a museum of philosophy be like? In fact, one could imagine oneself making such an interactive experience of the histories of thought in terms of traditions given in *Whose Justice?* Of course it would be vast, and require the kind of intensive effort and labour that would be required to build the M25. The point is that one could imagine doing so. In the museum, the kind of ‘high tech.’ museum we are capable of creating now, the view of traditions clashing on a historical stage can be represented. The point is that the *phronimoi*, those people who can enter imaginatively into an understanding of each tradition, are we ourselves, the museum-goers. Such people have already been described, by MacIntyre, as unique individuals who are imaginatively immersed in both traditions. But in the museum, the exhibit creator does this imaginative work for them. Thus the *phronimoi* do not need to be exceptional persons who, through chance and upbringing, happen to have become immersed in two traditions.

This thought experiment helps us to see the centrality of the wise individual to *Whose Justice?* It also shows us how important, as Onora O’Neill has pointed out, is the concept of intelligibility to MacIntyre’s project:

MacIntyre’s restatement of the Aristotelian tradition in *After Virtue* concentrates on the restoration of intelligibility. He takes to task various modern conceptions of human action and self identity which undermine intelligibility (O. O’Neill 1989:146).

Intelligibility is a concept which entered MacIntyre’s project in his essay “A Mistake About Causality in Social Science” (Turner 2003) and is definitively argued for in “Epistemological Crises”. We can see that, if the different traditions of enquiry are displayed as museum exhibits, the *phronimoi* can walk round and decide between them. It also shows us that the *phronimoi* of *Whose Justice?* are essentially the same people as those of *Three Rival Versions*, making judgments of a teleological nature, although in the latter, some are wiser than others and can direct the enquiries of the less wise. The museum exhibits can thus be seen as the opinions of the many and the wise, presented for judgment by the *phronimoi*.

In the figures of the *phronimoi* we have, of course, gone beyond Aristotle’s view of there being only a few decent wise persons capable of sound judgment to some kind of view, as expressed by George Elder Davie, that

The limited knowledge of the many, when it is pooled and critically restated through mutual discussion, provides a lay consensus capable of revealing certain of the limitations of interest in the experts` point of view (Davie 1986 :262).

Hence virtue ethics has become more democratic than it was for Aristotle, but it has become so by using his idea that we have knowledge of first principles *because we have* experience of the world. And of course, in difficult cases, as in law, a single, acknowledged wise person or judge may be required. The point is that knowledge does not lie entirely with experts and with expert use of statistics. It lies in intelligibility within this public space of knowledge. If you wish to study a community, do not study them anthropologically, but encourage them to produce their own museum, concerning what is important and intelligible about their culture.

Such a characterization would seem to rule out the history of science as having any part in tradition-constituted enquiry. But in “Epistemological Crises”, Galileo`s importance for the intelligibility of the history of science is stressed, in contrast, presumably, to accounts which state that he is a great scientist for having made a great factual discovery. Galileo, MacIntyre says, is accorded greatness as a scientist because of the position his discovery holds in history, where it “recasts the narrative” (EC:460) of scientific tradition such that the work of the conflicting systems of Ptolemaic and Copernican astronomers and their conflicts with Plato and Aristotle fall into place. Against those MacIntyre considers to be the negative adherents of tradition such as Burke (he sees Burke as opposing “reason” to “tradition” and “inherited precedent” to “revolution” (*ibid.* 461)), he wishes to argue that tradition is the bearer of reason, periodically requiring revolutions for its continuance. Doubting all your beliefs at once, as Hume discovered, is an invitation to breakdown (EC: 462), so the practice of putting things to the question requires a tradition<sup>27</sup>. MacIntyre says that Kuhn`s philosophy of science is superimposed upon Polanyi`s conception of tradition as unitary and without latent conflict. Hence, for Kuhn, the movement from one paradigm to another must be a "conversion experience" or "*gestalt* switch" because, MacIntyre notes, for Kuhn "every relevant area of the rational is invaded by the disagreement." Kuhn rejects his colleagues` charges of irrationality for this, saying that if episodes of science are irrational, our notion of rationality must be adjusted.

MacIntyre decides, rather as did Roberts as I noted in Section 1.2, that the additional features of rationality not attended to are those of history and the concept of the superiority of one historical narrative over another. Hence, the *phronimoi* can make judgments even on the history of science, based on its intelligibility. The relationship to the *telos* is important. Theoretical statements are judged by how far they express a contribution to what has been achieved in an area and this criterion for

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<sup>27</sup> It is interesting that here, as in *After Virtue*, MacIntyre associates trying to be rational outside a tradition with mental illness.

theoretical success is a practical one . For example, Aristotle distinguishes *philosophia* from *sophistic* and *dialectic* by calling *philosophia* the project of a different life:- a moral life (FP).

*Pronesis/prudentia* enables the possessor to characterize particulars under the correct universal concepts. It is not rule-governed and, therefore, without virtue, enquiry may not go towards its right *telos* (*ibid*:189). MacIntyre answers the objection of what point there can be to an account of the history of enquiry so at odds with what has actually happened in, for example, history of science, by saying that this method, and the times when it has fallen into disuse, still best explain areas of resourcelessness in the history of enquiry. This method is vindicated by its intelligibility (*ibid*.:192). It should be noted that this fourth feature of the Aristotelian museum subjugates scientific achievement to human judgments on the usefulness of those achievements (bringing in the view of the plain person). This will be a particularly important feature for psychiatry.

### 3e) Previously disregarded knowledge of “the many” is given attention

For this feature, I turn to *Dependent Rational Animals*, which deals with local communities of acknowledged dependence, attempting to ground MacIntyre`s philosophy in contemporary biology. One commentator, Porter, says that, in *Dependent Rational Animals*, the notion of tradition appears to have no role (Porter 2003:43). In fact ,in a chapter entitled “Proxies, friends and truthfulness”, we find ourselves urged to be advocates of the vulnerable, which will involve getting to know them so well that we

can speak as proxy for someone having put their actions to such questions as `What good did you take yourself to be pursuing in doing this?` and `Why did you misconceive your and our good in this or that way?` (DRA:149).

In this way one learns the other`s point of view, and, by implication, the life history which has led to that point of view. One becomes, MacIntyre says, “in one sense of the word - friends” (Booth 2004 “What is Aristotelian Virtue Friendship? Is it the Most Perfect Kind of Friendship?”unpublished essay M.Litt in Philosophy, University of Dundee (henceforth Booth 2004):10). Seen in the context of philosophy of museums one could say that such a friend reaches the position of someone who has seen museum exhibits created by vulnerable people which illustrate the narrative of their lives and what goods they were pursuing or were failing to pursue. This is the fine detail of the process of assessment of knowledge taking place in the museum space; a detail particularly appropriate for vulnerable, disenfranchised groups. Such groups can ask to create museum exhibits of their own, to illustrate their point of view. The museum-goers see this and, thereafter, are provided with, if they choose to use it, the imaginative capacity to act appropriately towards these groups.

It has been pointed out to me<sup>28</sup> that this is the same use of Aristotle made by the Brazilian educator Paulo Friere in his early work. Taylor says of Friere that he rejected Pythagoras` notion of the *theoros* who would “stand back and see things as they actually were” (Taylor, P. 1993), choosing instead Aristotle`s notion of those who know all being within the world and all having the potential to add to knowledge their own reading of the world. Without actualizing this potential, human beings are “the oppressed” of Friere`s title *The Pedagogy of the Oppressed*:

the world is the world of the oppressed where banking education, cultural invasion, domination and silence mark the life of those who are not conscientized...The pedagogy of the oppressed...requires that they should be able to read and write, to enter into an equality of dialogue and so name their world, in order to transform it and thus be makers of their own history (Taylor 1993: 31).

MacIntyre`s *Dependent Rational Animals* can thus be seen to be placing the knowledge of “the many” alongside that of “the wise” and giving the former more attention than it might otherwise have had. His description of friendships of advocacy is important in achieving this.

Hannah Arendt has a similar approach to friendship to the one I have been outlining. In a 1954 essay she teases out the political value of friendship<sup>29</sup>: Arendt notes what Socrates believes is necessary for the city: talking through *doxa*, or opinion of what “*dokei moi*” or “appears to me”(Arendt 1954:80). (“*dialegesthai*, talking something through... brings forth truth not by destroying *doxa* or opinion but on the contrary reveals *doxa* in its own truthfulness” (Arendt 1954:81)).She connects this to

The political element in friendship [which] is that in the truthful dialogue each of the friends can understand the truth inherent in the other`s opinion...one friend understands how and in what specific articulateness the common world appears to the other (Arendt 1954).

I have outlined how this type of friendship is enhanced by the Aristotelian museum. Because this type of friendship is important for this thesis, I discuss it further in the next section, where I describe it as a form of narrative friendship, where the narrative of someone`s life is known by the friend.

### 3f) The type of friendship instantiated in the Aristotelian museum is narrative friendship

I considered the importance of this form of friendship some time ago by comparing Aristotelian and Christian friendship and using MacIntyre`s philosophy from *Dependent Rational Animals* and

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<sup>28</sup> By Caterina Penalosa (Personal communication)

<sup>29</sup> My attention was drawn to this article by a talk by Marike Borren at the Political Studies Association conference “Feminism and the States We`re in”, Edinburgh University 2006.

*After Virtue* (Booth 2004, unpublished essay, referenced in Section 1.3e). By reviewing some of Aristotle's twentieth century commentators, I identified some problems with Aristotelian friendship. One of these was the interchangeability of virtue friends; a problem raised by the following statement of virtue friendship by Whiting:

Both myself and my virtue friend have a certain character of which I approve. Concern for myself and for my friend are therefore of the same nature: that of appreciation of the fine. That I happen to be myself and that I became friends with my friend rather than the other virtuous people in the world whom I might have befriended, are accidents of the narrative history of my life, and, in the second case, of the aesthetic considerations which first attracted me to my friend (Whiting 1991:7-9, summarised by Booth 2004).

Whiting's model raises the problem of the apparent interchangeability of friends in Aristotle's scheme. I addressed this using MacIntyre's model of the self from *After Virtue*: here MacIntyre contends that the unity of a virtue in someone's life is intelligible only if that life can be conceived and evaluated as a whole and this comes with a concomitant concept of selfhood: "a self whose unity resides in the unity of a narrative which links birth to life to death" (AV:205). Clearly, on such an estimation of selfhood, no one's friend is "another self" (Aristotle 1999 Book IX Ch 4 ss5) because we all have different and unique life histories. The emphasis on the narrative self from *After Virtue* allows for virtue friends to be different and unique.

As I said in Section 1.3e, in *Dependent Rational Animals*. MacIntyre says one can only speak by proxy for people on the basis of friendship where people can offer each other at least partial explanation of how, as practical reasoners, they came to judgments with respect to their own good or the common good. One does not have the same life history as the other person, but one understands their life history enough to "speak for" them (MacIntyre 1991:149-150). By this explanation of the self, one becomes a friend's "other self" by expanding one's knowledge of them to include their life history and concerns. One is then able to answer as they would when their activities are put to the question. In a way then, a narrative version of the self makes virtue friends different and unique, but the approach of *Dependent Rational Animals* means one understands the others' narrative and their difference. In the rest of this thesis, I will refer to this type of friendship as narrative friendship.

### 3g) The Aristotelian museum can enhance our practical wisdom towards disadvantaged groups and prioritize practical wisdom over *techne*

I indicated, in Section 1.3e, that an advantage of imagining Aristotelian philosophy in a museum space shows its potential for enhancement of practical wisdom towards disadvantaged groups. Here I will show that this enhancement occurs by two methods. *Phronesis*, or practical wisdom, is "a state grasping the truth, involving reason, concerned with action about things which are good and bad for

the human being” (Aristotle 1999 BkVI Ch5ss4). That is, it is close to what we would call wisdom, because it is concerned with how to act. Reeve says of it:

the picture seems to be this: a geometer is searching for a way to solve a problem involving the construction of a complex figure. He finds the solution by actually performing the construction: “it is evident...that the potentially existing constructions are discovered by actually being drawn” (Met1051a21-30). But performing the construction takes both knowledge of universals and perception of particulars (Reeve 1995:68-9).

In order for right action to occur, two uses of *nous*, or understanding, must definitely occur in practical wisdom; *nous* must have grasped what is good for humans and furthermore must here grasp what would be that good’s instantiation in the particulars of this situation. I am now able to consider how the museum can play a role in practical wisdom.

Karen Stohr turns to literature to explore of the role of the moral imagination in practical wisdom. She asks what the characters in Jane Austen’s *Sense and Sensibility* possess which makes them either practically wise or not so. She contrasts the characters of Mrs. Jennings and Marianne Dashwood, both of whom, she says, have defective moral imaginations, with Marianne’s sister Eleanor, who is fully prudent. Mrs. Jennings “suffers from a lack of moral imagination in those cases where her own emotional responses are underdeveloped” (Stohr 2006b:386). For example, she cannot imagine that a letter from Willoughby, the villain, to Marianne could be a source of grief and so treats its reception as “a very good joke” (Stohr 2006b:386 quoting Austen 1933:181). This lack means that, in these circumstances, the otherwise kind Mrs. Jennings is rendered hurtful. But as the possibility of Marianne’s death looms and she is able to imagine how she would feel on losing her own daughter, Mrs. Jennings is able to be kind and sensitive. Thus, on subjects where she is successfully able to exercise her moral imagination, she is able to aim successfully at the good (Stohr 2006b:387). In terms of Aristotle’s ethics, the imaginative component of her grasp of the particular is what often lets her down.

Marianne also lacks the imaginative capacity to interpret the world properly. Stohr is correct in saying her problem is rather worse than that of Mrs. Jennings (Stohr 2006b:387). We should turn to Sarah Broadie’s account of practical wisdom to see why. Broadie, while she says that the analogy drawn by Aristotle between craft and *phronesis* should be treated with some caution, thinks that the following analogy with the craft of medicine may be of some help. She says “the defining end of medicine, whether well or badly practised, is health, a condition whose presence or absence ordinary people can recognize” (Broadie 1991:194). But the doctor also has a technical picture of health which functions as an end in deliberation about means to health. “In terms of value, the (technical) medical picture is only a means” (Broadie 1991:195). The doctor works *from* his technical picture of health when treating patients, and *towards* the general picture of health when seeking to improve his



technical picture. For Aristotle, this picture differs from prudence as prudence is not a craft and "its end is acting well in itself" (Aristotle 1999 Bk VI Ch5 ss4). However, Marianne clearly thinks she has a more advanced picture of what it is to be practically wise than everyone else. She believes emotional reserve to be of no worth (Stohr 2006b:390). As Stohr says of Marianne, "believing that her feelings are a good indicator of the moral soundness of what she does, she insists" (that what she does is not improper) (Stohr 2006b:389). Indeed the moral transformation of Marianne which occurs in the novel involves her realigning her supposedly better and more advanced view of how to act to that of the rest of the world.

Narrative museum exhibits work by doing some of the imaginative work which people like Mrs. Jennings and Marianne are unable to do for themselves. The following describes how this may be done. I have made much of MacIntyre's insistence, in *Dependent Rational Animals*, that a narrative friend puts the subject of their advocacy to the question concerning what goods they have been pursuing and why. Now MacIntyre's method of putting the subject of one's advocacy to the question can seem a little aggressive. One imagines vulnerable people being pinned in a corner and an account of themselves being demanded. I am sure it is not meant to sound like this; nevertheless, one feels the information from these, often vulnerable, people should be volunteered. So here is where the museum, the imagination and the art can speak. In creating a narrative museum exhibit one voluntarily gives other members of one's community the answers to the types of questions, concerned with what goods one has been pursuing which MacIntyre has in mind. Those people who wish for justice, who feel their story has not been heard, create a museum exhibit or are enabled to do so. Perhaps this will be in the form of a videotaped narrative, perhaps in the form of art or even song. The rest of the people (their more fortunate neighbours) wander through the museum and observe. The deepening of moral insight gained by these visitors can enhance their *phronesis* when they cease intellectual contemplation and return to their life in the world. This occurs because, having seen the story, they then act more appropriately towards the particular group depicted. *Phronesis*, or practical wisdom, presupposes knowledge of the relevant narrative and hence emotional engagement of the imagination with a story. Basically this is as MacIntyre's account in *Dependent Rational Animals*, but moral imagination is more to the fore. It has the advantage that the more people care about an issue, the harder they will work to produce a museum exhibit to explain to others and to get others to understand. Therefore the better their museum exhibit will be and the more likely this understanding is to occur.

This process enhances practical wisdom in two ways. Firstly, people like Mrs. Jennings can be helped, by contemplating these exhibits, to understand the particulars of situations which they may have been unable to grasp and so to behave more sensitively to the people concerned. Secondly, it is to be hoped that debate concerning ends can also occur and that, as with Marianne Dashwood in *Sense and Sensibility*, some persons can come to see that their supposedly more advanced picture of which

ends are to be pursued needs to be aligned to a more common sense view. For example, in the case of mentally ill people, doctors can see what constitutes health and healing *for the patients* and what constitutes recovery. That means the technical picture of health held by the doctor can be compared with more basic, common sense notions: in Aristotelian terms, practical wisdom is prioritized over *techne*.

### Chapter summary

So the contemporary Aristotelian museum can be a “way of seeing” at the heart of the praxis paradigm. As such it becomes a way of imagining how Aristotelian knowledge can and should be used practically, particularly in the field of mental health. The features of the praxis paradigm it illustrates are, as I have outlined, *theoria*, knowledge of the world of which the knower forms a part, *epagōgê* (sifting of the opinions of the many and the wise), knowledge (including scientific knowledge) organized in terms of intelligibility as a moral or dramatic narrative, the knowledge of how the world appears to each person (however disadvantaged) being given due weight by enhancement of narrative friendship, the prioritization of practical wisdom over *techne* and the enhancement of practical wisdom by enhanced emotional engagement with a story.

It is also a site of tradition-constituted enquiry. Hence it may be a place to explore many of the things we *hand on*<sup>30</sup> as communities, including both our histories and our historical guilt. But I take the concept of tradition-constituted enquiry in the museum space further in Chapter 2. Although the use of the museum I am describing might be seen as a thinking tool, in part of this thesis I will outline how exhibitions have been created by mental health service users in order to enhance practical wisdom towards themselves in others. This use of the museum hopefully vindicates its use as a way of seeing. I have also outlined how the type of friendship instantiated in the museum can be thought of as narrative friendship. This is an important concept throughout this thesis.

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<sup>30</sup>In Latin *trado, tradere, tradidi, traditum* is the verb for “to hand on”.

## Chapter 2: How “the many” can be authoritative. “The many” start to contribute to the practice.

Chapter 1 brought in the knowledge of “the many” alongside that of “the wise”. In this chapter, I ask what is authority? and ask how “the many” can be authoritative. Given that I am arguing that they can, I discuss what it means for MacIntyrean enquiry if genuine authority doesn't always lie with post-holders in a practice. I develop a form of tradition-constituted enquiry where “the many” are given some authority, based on “rhetorical spaces” where there is the possibility of “speaking patient”. These spaces use the assembly in a Thomistic Aristotelian way and can be thought of as a way of imagining such knowledge. This use of the assembly is Thomistic in that it encourages the virtues of acknowledged dependence and makes what Aquinas calls the “spiritual almsgiving of fraternal correction” safer. Assemblies and museums are then used to create a Habermasian ideal speech situation. The need for deontological friendship in this type of enquiry is discussed, as are the appropriate manners for both types of friendship involved.

### 1) How can “the many” be authoritative?

In Chapter 1 I introduced the idea that “the many” could have authoritative knowledge to set alongside that of those who are educated in a tradition. What is the nature of authoritative knowledge? In my opinion, the best account of authoritative knowledge is Alexander Broadie's account of how authority was conceived of in mediaeval philosophy. He says:

A person who testifies to something speaks as a witness. An authority on a topic is treated as a witness to the truth...on the basis of his testimony I form an opinion that it (an event) did indeed occur (Broadie 1995:92)

Broadie argues that the whole mediaeval theological enterprise was based on such authority which was “never treated as conclusive evidence” (*ibid.*) and he says this is consistent with Aquinas' discussion, in the *Summa Theologica*, as to “whether the science of sacred doctrine proceeds by way of argument” (Broadie 1995:93).

Consistent with the above account of authority, someone is an authoritative source of knowledge if they are knowledgeable (a point made by Broadie) *and* if they are moral enough not to be deceiving you. The many and the wise must therefore be good to be authoritative. The knowledge of the wise comes from their education. From whence comes the knowledge of the many? Here I need to look at the philosophy of Soran Reader. Reader asserts that the history of Western philosophy has prioritized a view of persons as agents and downgraded our view of them as patients who are acted upon (Reader 2006). For Reader, being acted upon (being a patient) involves experiences as various as being beaten up or sliding down a waterfall (Reader 2006:593). It also gives her reasons for action: actions such as laughing, in the case of sliding down the waterfall. MacIntyre's philosophy contains some emphasis

on patiency in this sense. *Dependent Rational Animals*, for example, allows that harm suffered by others should affect our rationality, by causing a reaction of compassion in us. He also displays some emphasis on patiency in his essay “What is a Human Body?” where bodies, as expressions of mind (MacIntyre’s phrase), can be patient to each other, each allowing the other to cause reactions in them. Kim Redgrave, rightly, links MacIntyre’s rejection of dualism in this essay to *Dependent Rational Animals* (Redgrave 2009)<sup>31</sup>.

MacIntyre’s attitude to patiency is however incomplete. That incompleteness shows in “What is a Human Body?” Here he claims that the body is that of a rational animal: “the expression of a mind” (*ibid.*), even though he has rightly noticed that not all of the body’s movements are voluntarily willed by mind. (Some he describes as occurring “accidentally, a movement that this body just happens to make” (*ibid.*)). The incomplete attitude to patiency shows in his attitude to corpses. He describes them as not being human. He thinks corpses are not human because they have lost this Aristotelian mind. By applying Reader’s philosophy however, although corpses have lost most of<sup>32</sup> their agency, they retain their patiency to large degree: for example when they are acted on by medical students in the dissecting room. Introducing Reader’s view of patiency in MacIntyre’s philosophy is consistent with the common sense view of corpses as still being human and completes MacIntyre’s rejection of dualism in this essay. According to Reader, being acted upon can give one reasons for action. It thus gives us a kind of knowledge. The many can be authoritative in the sense of having been patient to the world which can give them a form of knowledge of the world. This is consistent with the Aristotelian view I mentioned in the Introduction Section 7, that we can have knowledge of first principles because of our contact with the world.

But this is not the only way psychiatric patients can be authoritative. MacIntyre, writing about first principles, says that some are evident to everyone but some are known only to the wise in a given tradition (FP 10). In some ways we all have knowledge of different traditions. If we assume for a moment that psychiatry is at a stage of incomplete development, patients, as I will argue in Chapter 3, may well also be able to criticise it constructively because they have a good grasp of the first principles of other traditions with which medicine needs to come into dialogue, such as liberalism and Christianity and because they have a good grasp of the core principles of the tradition of medicine and what it is to be cared for.

So I have argued that it is entirely possible that “the many” in psychiatry can have knowledge which may be useful to the practice. It might be argued, from my discussion of authority, that they

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<sup>31</sup> She also links it to feminist philosophy (Redgrave 2009).

<sup>32</sup> I would argue they are still engaged in their owner’s final act of being donated to science.

need to be morally good for their knowledge to be trusted. In Chapter 7 Section 3 I will indicate why those patients seeking to contribute to the practice of psychiatry are very likely to be morally good.

## 2) Replacing the authority of post-holders

If we allow that patients can be authoritative in psychiatry, we must be open to the possibility that, especially where there is disagreement between psychiatrists and patients, genuine authority in psychiatry may not always lie with post-holders. We saw, in the Introduction, that MacIntyre's philosophy needs to be adjusted for patency and dissent. This is related to a central problem of MacIntyre's premodern philosophy which is that he is happy with the view that authority within a practice reside with post-holders.

This view is set out in *Three Rival Versions* as follows: at the time of Augustine, MacIntyre says, philosophical sources from the ancient world were increasingly being discovered and academic institutions were developing methods of "*questiones* and *distinctiones*" to debate them. Hence there were "large possibilities for radical intellectual dissent" (MacIntyre 1990:89).

Rationally justified belief has to precede understanding, belief has to be accepted on authority. What authority provides at this point is testimony to the truth on certain matters...belief in testimony is proportional ...to the degree of trust reposed in the person whose testimony it is and often to the person *not as such, but as speaking out of some role or as the holder of some office.* (MacIntyre 1990:91-92 my italics).

Herein lies the problem. Abelard is held up as an example of someone who bowed to accusations of heresy made to him by those whose authority rested on their office held in the church. Jean Porter complains:

Why should authoritative interventions be necessary in order to prevent "the development of dialectical argument from fracturing the unity of enquiry into a multitude of disagreements?" Why are the processes of self-correction and ongoing reflection outlined in *Whose Justice? Which Rationality?* not sufficient for this purpose? (Porter 2003:66, quoting TRV:91).

But should the choice be either enquiry with no authority or conformation to the authority of post-holders? Is there not, for MacIntyre's Protestant readers, an alternative approach to authority in tradition-constituted enquiry? To take a less Catholic view, a distinction needs to be made between genuine and usurped authority.

There is in the world genuine authority: genuine authority to teach and genuine spiritual authority. Some of that genuine authority, as I have indicated here, is acquired through being patient to the world. Genuine authority may coincide with the authority of post-holders but it may not. Where the

post-holders do not have genuine authority they have usurped authority. In an encyclopaedic model of the practice of psychiatry, the authority of the wise comes from science and any question of them being morally good is contracted to whether they are “professional”, which, as A. V. Campbell has discussed, may have connotations of status and power, but may have connotations of genuine authority (Campbell 1985:8-15). Genuine authority in psychiatry and where it lies needs to be rethought. By the end of Chapter 7 I will have provided a model for this type of authority. However, it is still necessary to work with some elements of enquiry laid out by MacIntyre in *Three Rival Versions*. In what follows I outline a version of tradition-constituted enquiry where the patients are granted some authority. In this discussion I use museums and assemblies as ways of thinking about Aristotelian knowledge.

### 3) The assembly as a way of “re-seeing” enquiry as Thomistic

The aspect of tradition-constituted enquiry from *Three Rival Versions* which remains important is noted by Jean Porter, effectively answering her earlier question. It is:

That reason can only move towards being genuinely universal and impersonal insofar as it is neither neutral nor disinterested, that membership in a particular type of moral community, one from which fundamental dissent has been excluded, is a condition for genuinely rational enquiry and more especially, for moral and theological enquiry (Porter 2003:62 quoting TRV: 59-60).

But the work of the Papal Fiat, (which, in *Three Rival Versions*, is the authority backing post-holders) in excluding dissent must be achieved differently. *Three Rival Versions* claims to be a Thomistic version of enquiry. However, I think that the model of Thomistic enquiry it represents is not the only one possible. To consider this further I will discuss again the Christian friendship approach from *Dependent Rational Animals*.

Further to discussion of this friendship from Section 1.3f, another of the problems with Aristotle’s virtue friendship is the diminishing of its perfection which occurs when lower levels of neediness are left out of it. In Book 1 of the *Nicomachean Ethics*, Aristotle notes the opinion that *eudaimonia* includes being self-sufficient. He then asks why a *eudaimon* person should need friends if his life is perfect in itself. To answer this, Bostock notes that Aristotle has a wide notion of self-sufficiency where the *eudaimon* man is surrounded by people<sup>33</sup>. Aristotle also gives the following reasons for the *eudaimon* person needing friends: that they are the greatest of external goods, that it is better to benefit friends than strangers and good to benefit people, and that no one would choose a solitary life.

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<sup>33</sup> Bostock quotes the *Nicomachean Ethics* Book I ch7.ss 6 “we ascribe self-sufficiency not to one who is alone, living a solitary life, but to one who has parents, children, a wife, and in general friends and fellow citizens, since man is by nature a political animal” to illustrate that Aristotle’s concept of self-sufficiency is wider than the use of the term by those raising this dispute.

(Aristotle 1999 Book IX Ch9 ss2). However, although it is good to benefit people, Aristotle's primary example of friendship is between two perfect people where, as Kenny says, the happy man needs friends only in a "higher sense of need"(Kenny 1992: 48). This higher sense of need is the need for the good of enhanced self-perception and self-knowledge (op.cit). (This is Kenny's summary of the arguments in IX 9 ss5-10 among which is the argument that contemplating one's friend's actions is akin to contemplating one's own). I find what Kenny describes as the "severing of the connection between need (of a lower level) and perfect friendship" problematic in Aristotle. For what is intrinsically more perfect about loving someone who has no lower-level need of you<sup>34</sup>, rather than loving someone who does? After all, Aristotle tells us it is beneficial to give: "the excellent person will need people for him to benefit" (Aristotle 1999 Book IX.Ch9 ss2)).

I think, following MacIntyre, that the reason Aristotle backs a concept of friendship involving loving those with no lower level need rather than those with lower level need, lies in an attitude of self-sufficient pride in both giver and recipient. Aristotle's perfect people, as MacIntyre notes are not graceful recipients of giving. The *megalopsychos* is "ashamed to receive benefits; because it is the mark of a superior to confer benefits and an inferior to receive them" (MacIntyre 1999:127, quoting Aristotle 1999 1124b 9-10.) Because they are thus ashamed, a friendship between two of them is unlikely to last if one of them is in great need, for the willingness of the recipient to forget what he has been given would spoil the friendship. Aristotle is thus prevented from wholly endorsing loving between two friends where one is in great need. Always there is the caveat that it is "finer" to have friends in good fortune (Aristotle 1999 Book IX Ch 11 ss1). ).

Aristotle's *eudaimon* person needs friends because he is a "political animal". MacIntyre replaces the phrase "political animal" with *Dependent Rational Animal* in order to emphasize the need for imperfection as the standard in his description of friendship within a community. MacIntyre's book *Dependent Rational Animals* takes the standpoint of a Thomistic Aristotelian, while recognizing that Aquinas perhaps overly used "something like Davidson's principle of charity" when interpreting Aristotle in not emphasizing enough their differences over the attitudes of Aristotle's *megalopsychos*. (DRA : xi).The *megalopsychos* appears ungrateful. For MacIntyre, what he lacks is one of the "virtues of acknowledged dependence" which are the bedrock of successful community. The virtue concerned in this case is the acknowledgement of how dependent on others he might have been. The thought is there that when faced with, for MacIntyre, a disabled person, or for Aristotle, a slave, "I might have been that individual" (DRA:128; summarized also in Booth 2004).

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<sup>34</sup> Lower level need being needs other than those of "enhanced self-perception and self-knowledge": for example, needs for food and shelter.

Therefore, although, in virtue friendship, Aristotle is clearly describing a real phenomenon, a case can be made that it is not the most perfect kind of friendship. Equal virtue friendship between two perfect people is, Aristotle admits, rare and hence, arguably, an extreme. It is, nonetheless, important in his system. If we contrast this with Christian friendship, we see the following: here there is, famously, only one perfect person. Collectively, Christians are referred to as "the body of Christ". That is, their perfection, in so far as it is achievable at all, is only achievable together. There is therefore no problem explaining why self-sufficient, perfect people should have need of each other. These people are not self-sufficient and need each other to achieve perfection, by learning from each other's virtue and caring about each other's lack of virtue (Booth 2004).

I discussed, in Chapter 1, how museum displays can enhance narrative friendship. Display of narratives enhances the emotional engagement with someone's story and allows the virtues of acknowledged dependence to be developed towards them. However, consistent with Porter's quote above, in *Three Rival Versions*, MacIntyre says that rational enquiry takes place in a moral community from which dissent has been excluded. MacIntyre's model is to have that exclusion exercised by the Pope. Instead, I propose that enquiry be within different communities which have suffered different hurts. Traditions of enquiry can then be seen as narratives of communities: psychiatric patient, feminist etc. In the feminist community of enquiry, arguments in favour of, for example, not aborting children with Down's syndrome, are frequently excluded<sup>35</sup>. A condition of feminist enquiry often seems to be that it must take the point of view of the woman over and above the point of view of the Down's syndrome child. Within a given community of enquiry, the individual who has suffered a hurt which that group is likely to suffer, is empathized with. Outside the community of enquiry, this community can take on and debate with another community, with which it disagrees, and which is more likely to suffer different hurts<sup>36</sup>. Within these communities, friendship, involving a narrative view of the self, can be seen to be dominating. The point of excluding dissent from these communities is to *make them* places where the virtues of acknowledged dependence and the idea that "it could have been me" are to the fore. As I have discussed, although these communities can be secular, the pattern of friendship they follow is that of Christian friendship described in the Thomistic Aristotelianism of MacIntyre, which, unlike Aristotelian friendship,

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<sup>35</sup> I use this example, having heard Jean Bethke Elshtain, in her Gifford lectures in Edinburgh 2006, make the point that Down's Syndrome children are quite capable of understanding that they are regarded as optional in our society, and then heard her give the same talk to the Political Studies Association Feminist Conference, Edinburgh, 2006. The reactions of these two audiences were markedly different. Interestingly, in her book *Public Man Private Woman*, Elshtain makes the point that the reactions of pro-life and feminist women to one another are the "mirror image of the ideal speech situation" (Elshtain J. 1981: 313).

<sup>36</sup> There are parallels here with Iris Marion Young's call for a heterogeneous civic public (Young, I. 1990:183-191).



allows neediness into perfect friendship. I now consider why the formation of communities is necessary for rational enquiry, drawing on the work of Lorraine Code, as follows:

#### 4) Speaking patient

Lorraine Code, a feminist epistemologist, writes about what she calls “rhetorical spaces “. She says:

Rhetorical spaces, as I conceive of them, are fictive but not fanciful or fixed locations, whose (tacit but rarely spoken) territorial imperatives structure and limit the kinds of utterances that can be voiced within them with reasonable expectation of uptake and “choral support”(citing Schwiebart); an expectation of being heard, understood and taken seriously (Code 1995:x).

Code gives as an example the impossibility of having “a productive public debate” about abortion in the Vatican (Code 1995:x). Code`s idea is that the audience one has for one`s remarks is an essential part of the process of making those remarks; hence with certain audiences, certain remarks will never get made. Anyone wishing to discuss abortion in certain ways in the Vatican may well simply not try, because they do not want to incur a negative reaction.

This is a concept which occurs in the thinking of Luce Irigaray also. According to her *parler femmes*<sup>37</sup> (speaking as women) does not always occur when women speak together, but can do, and does not currently occur where women and men speak together publicly (Irigaray 1991a:137). There is some indication here that the audience for one`s speech matters and makes a difference to what one says. Code says of rhetorical spaces:

Often in such spaces, discourse becomes a *poiesis*, a way of representing experience, reality, that remakes and alters it in the process. And that making is ordinarily a communal process, dependent for its continuance on receptive conditions, on engaged responses both favourable and critical (Code 1995:x).

Thus the rhetorical space has an effect on the knowledge which emerges.

In this chapter I have used MacIntyre`s idea, expounded in *Three Rival Versions*, that moral enquiry requires a community from which dissent has been excluded and applied it to groups which have suffered different hurts. Such groups provide a rhetorical space for discussion of those hurts. This is possible because those in the community possess the virtues of acknowledged dependence towards other members; they take the attitude towards whatever hurt they are describing of “it could

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<sup>37</sup> I adapt Irigaray`s phrase “speaking woman” to “speaking patient” I discuss the relationship between these two phrases in Chapter 6. The relation of my adaptation to Irigaray`s interaction with people diagnosed with schizophrenia in *To Speak is Never Neutral* is not simple and is also discussed in Chapter 6.

have been me” who experienced that hurt. Knowledge of such hurts emerges which might not emerge in a non-rhetorical space with a mixed audience (knowledge of what it is to be raped, for example, will not emerge in a community including those who would make derogatory remarks about rape victims). Of course such friendships occur in the secular world, and women’s groups are a prime example of that. However, MacIntyre is able to describe them using a Christian model of friendship from *Dependent Rational Animals*. Assemblies sensitive to different hurts provide a method of Thomistic enquiry where the emphasis is different from MacIntyre’s version of it in *Three Rival Versions*, although both models require the exclusion of dissent. Thus, in parallel with my earlier use of the museum, the assembly can be thought of and used as a way of instantiating Thomistic enquiry.

A further aspect of the Thomistic nature of this use of the assemblies is arrived at by considering the vulnerability of these groups. Where such groups speak the truth to those who have power over them they are exercising what Aquinas would call “the spiritual almsgiving of fraternal correction”. The privacy of these groups make this activity safer for them as discussed in the next section.

#### 5) Vulnerability (assemblies should be private where necessary)

Feminist philosophy has already considered the vulnerability engendered by disclosing knowledge of yourself if you belong to a group which is in a vulnerable position: for example, this is a question which is tackled in Rae Langton’s essay “Maria Von Herbert’s Challenge to Kant” (Langton 1994). Here Von Herbert, initially treated with Kantian respect, is eventually pathologised by Kant and used as a means to an end. Langton’s interest in these exchanges is in Von Herbert’s original dilemma, of whether to disclose to a friend that which might injure the friendship.

Is it always wrong to deceive? Apparently, yes from a Kantian perspective. In deceiving we treat our hearers as less than human. We act from the objective standpoint. We force others to perform actions they do not choose to perform. We make of them things (Langton 1994:292).

Langton notes that Von Herbert’s status as a woman in the eighteenth century means that she must protect herself against the switch which is easily made by men at this time to seeing her as a thing. Because of this potential evil, Von Herbert must have friendship as her goal and act strategically for that goal. Indeed, Langton argues, “Kant’s own doctrine of duty to respect humanity in one’s own person may mean that she is not only permitted to lie, but has a duty so to do” (Langton 1994:293-294). Langton’s advice here is to adopt a parallel practice to what the black community calls “passing”; this is when some black persons are born with such fair skin as to be able to pass themselves off as white among white people. In so doing they protect themselves against all the negative effects on their life chances of being black which white society can inflict upon them. The practice is frowned on by the black community.

This would seem to be related to the museum displays described earlier. The status of those who have been mentally ill in society would seem to be akin to that of eighteenth century woman. The argument for ex-patients or current patients displaying their lives` narratives is that *phronesis* in the museum visitors (practical wisdom towards the patients) will be enhanced by emotional engagement with their story. But such practical wisdom will not be ensured by this. There is always the possibility that, even armed with the extra information of the museum exhibits, people will still behave badly towards them. Their vulnerability to hurt will hence only have been increased. Langton`s advice to lie would therefore seem to be well judged. But this is to neglect the relationship of friendship to justice. Langton has associated friendship with the Kingdom of Ends as an eschatological notion, but then tried to imply that true friendship can be achieved without the accompanying eschatological notions of universal justice (Aristotle also associates justice with friendship<sup>38</sup>). Not to lie to one`s friends would seem to be an act of justice, but one which can dangerously increase one`s vulnerability. How is this situation to be resolved?

For Aquinas not lying to more powerful friends is termed “the spiritual almsgiving of fraternal correction”(Stump 2003:331-2). In telling your friend what you really are, because you are their friend, you correct prejudices concerning the category of person to which you belong. The black community recognizes the effects on their own community if those who can “pass”, refrain from such fraternal correction of prejudice. Langton might argue that black people who may have "passed" had a duty to respect humanity in themselves. But the evils in the world are such that such self-protection is not a panacea and will harm us in other ways. If, as in the above *schema*, we connect friendship to eschatological notions of justice, we see that the argument for keeping things private to protect ourselves becomes weaker, for if the truth is not disclosed, just settlements are inhibited, and those who are prejudiced due to ignorance are denied the opportunity to correct those prejudices.

There is a need to balance the demands of justice with the pragmatic need to protect the vulnerable. As I have indicated above, disclosure is most possible in a community where community members have the “virtues of acknowledged dependence” associated with a particular person`s vulnerability. These considerations require that assemblies can also be private when required, such that stories can be anonymized, where this is felt necessary for the individual person`s protection, both from litigation, malevolence or even violence. This is a further aspect of the Thomistic assembly as a way of “re-seeing” knowledge. It can be argued to be Thomistic because it makes possible, safely,

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<sup>38</sup> Aristotle`s definition of general justice is as follows: “This type of justice then is complete virtue, not complete virtue without qualification but complete in relation to another” (Aristotle 1999 Bk V Ch1ss15). The connection between justice and friendship is made in the following way. “Further, if people are friends, they have no need of justice, but if they are just they need friendship in addition; and the justice that is most just seems to belong to friendship”(Aristotle 1999 Bk VIII Ch1 ss4).

the spiritual almsgiving of fraternal correction. These two aspects are central to a Thomistic use of assemblies which make them, like Masterman`s child`s toy for protein molecules, a way of imagining Thomistic knowledge.

#### 6) Museums and assemblies used together

In accord with the view that the Aristotelian museum can be used to imagine Aristotelian knowledge, one can think of every community as having its own museum, displaying its own narratives. Museology, as a discipline, takes the wisdom of visitors seriously (indeed many Ph.Ds in museology are based on studies of what the visitors think). However, among museologists one often finds the belief that they, the museologists, as social scientists, are the arbiters of what is right to take forward from the visitors` wisdom. The use of the assembly/forum I have proposed would have communities themselves deciding what was right to place in their museum. Use of assemblies to make decisions is a concept familiar to Protestants (as also to Ancient Greeks). The General Assembly of the Church of Scotland, for example, uses a similar conception of knowledge to the museum; the Assembly debates an outline of what knowledge consists in on a given issue and, yes it does look at the knowledge of experts on a given subject. But, in addition, a single narrative from a person with individual knowledge of a given subject can sway the Assembly. It is, thus, similarly, a space of Aristotelian *epagōgê* and a similar conception of a narrative form of friendship can apply. According to the argument of this thesis, a General Assembly filled with rape victims might be expected to make different decisions to one which was not so filled. Of course forums do not have to be as formal as the General Assembly. But its structure makes an interesting way of thinking about the forums philosophically.

So I have outlined that, one can replace the removal of dissent from enquiry by Papal fiat with the idea of assemblies of communities which have suffered different hurts. Drawing on Lorraine Code`s work, we have seen how exclusion of dissent from such groups is important for the enquiry which takes place there and how privacy allows for anonymization of some facts. I have discussed how assemblies and museums can be used together. It remains to use them to discuss practices.

#### 7) Women as serialized by practices

I would now like to bring in the feminist philosopher Iris Marion Young, building on these discussions as to how authoritative patient knowledge can be elaborated. Young discusses how such knowledge can be part of a practice. She discusses this in the course of considering the difficulty, in feminist philosophy, of seeing women as a single group. Her use of the term “practices” is a potentially helpful one. She says:

On the one hand, without some sense in which “woman” is the name of a social collective, there is nothing specific about feminist politics. On the other hand, any effort to identify the attributes of that collective appears to undermine feminist politics by leaving out some whom feminists ought to include (Young 1997:13).

So Young details criticisms made by non-Western women, women of colour, lesbians and disabled women, that Western feminism has taken the point of view of Western heterosexual women to be normative. However, she also notes that “denial of the reality of the social collective, “women”, reinforces the privilege of those who benefit from keeping women divided” (Young 1997:18).

Young deals with this problem using Sartre’s concept of serial collectivity in which “the important distinction is between a group and a collective” (Young 1997:23). Groups form to “undertake a common project” and are “united by action”(Young 1997:23). Series, on the other hand, occur where we participate in “amorphous collectives defined by routine *practices* and habits” (Young 1997:23). One example of Sartre’s which Young gives is of waiting in a bus queue. The practice (the term here is broader than MacIntyre’s) of catching a bus in the morning defines the persons in this series without their participating in any kind of “self consciously mutually acknowledging collective with a self-conscious purpose” which would constitute group action (Young 1997:23).

Thus, as a series, woman is the name of a structural relation to material objects as they have been produced and organized by a prior history which carries the material necessities of past practices concealed in their matter (Young 1997:28).

These activities constitute a "vast network" and "women are the individuals positioned as feminine by these activities" and

feminism is a particularly reflexive impulse of women grouping as women in order to change or eliminate the structures that serialize them as women (Young 1997:35).

At the level of practices, for Young, one is a woman because the possession of a particular body means that one is potentially, in terms of the philosophy of Reader, patient to certain practices in society. In the parallel situation of psychiatric patients, assemblies can be seen as being formed to discuss particular practices.

### 8) Debating practices

Having discussed how authoritative knowledge of a practice may be produced among patients, I will now discuss how it can contribute to the practice of psychiatry. MacIntyre defines his concept of practices thus:

any coherent complex form of socially established human activity through which goods internal to that form of activity are realized in the course of trying to achieve those standards of excellence which are appropriate to and partially definitive of, that form of activity with the result that human powers to achieve excellence and human conceptions of ends and goods involved are systematically extended (AV 187).

MacIntyre`s conception of objectivity is taken from Marx and involves reaching towards and recognizing goods beyond one`s own conception of what is good (MacIntyre 1998:225). Hence the practice will involve a certain amount of discussion about these goods. MacIntyre, in 1979, says participants in different practices may have different interpretations of what is going on and “their relationship may embody an argument” about different conceptions of the good of the practice (MacIntyre 1979:57-8). The example MacIntyre gives here is medicine. He says:

in any type of practice or institution of any complexity, the modes of interpretation that constitute the practice will not always be entirely coherent internally nor consistent with one another: the patient`s understanding of the doctor-patient relationship and the doctor`s understanding of that relationship, which together give form to their material transactions, are not necessarily at one (MacIntyre 1979:57).

Here the patients are where the real world meets the practice of medicine. Whether the practice of medicine really heals is, in part at least, for them to say.

The concept of practice relates to that of tradition as follows. Tradition is defined by MacIntyre as “a historically extended socially embodied argument, an argument precisely in part about the goods which constitute a tradition” (AV: 222). Every practice will have a tradition associated with it. The tradition will present the story of the practice, and the argument about the goods which it seeks to realise as a narrative quest.

Initially in MacIntyre`s mature work (for example in *After Virtue*) wise practitioners have genuine authority based on objective knowledge of how to take the practice forward. But basic to the authoritarian change in MacIntyre`s concept of practices during his mature work is the move he makes in *Three Rival Versions* to have his conception of tradition-constituted enquiry require Papal fiat to keep it in line. I draw a parallel here with psychiatry. If psychiatric post-holders do not have complete genuine authority of how to carry out the practice, their decisions on taking practice enquiry forward may be compared to those times in history when Papal Fiat has been erroneous. In the worst cases of a tradition`s authority residing in post-holders, before “the many” can take part in debate over the practice at all, they must have the possibility of dissent from the tradition.

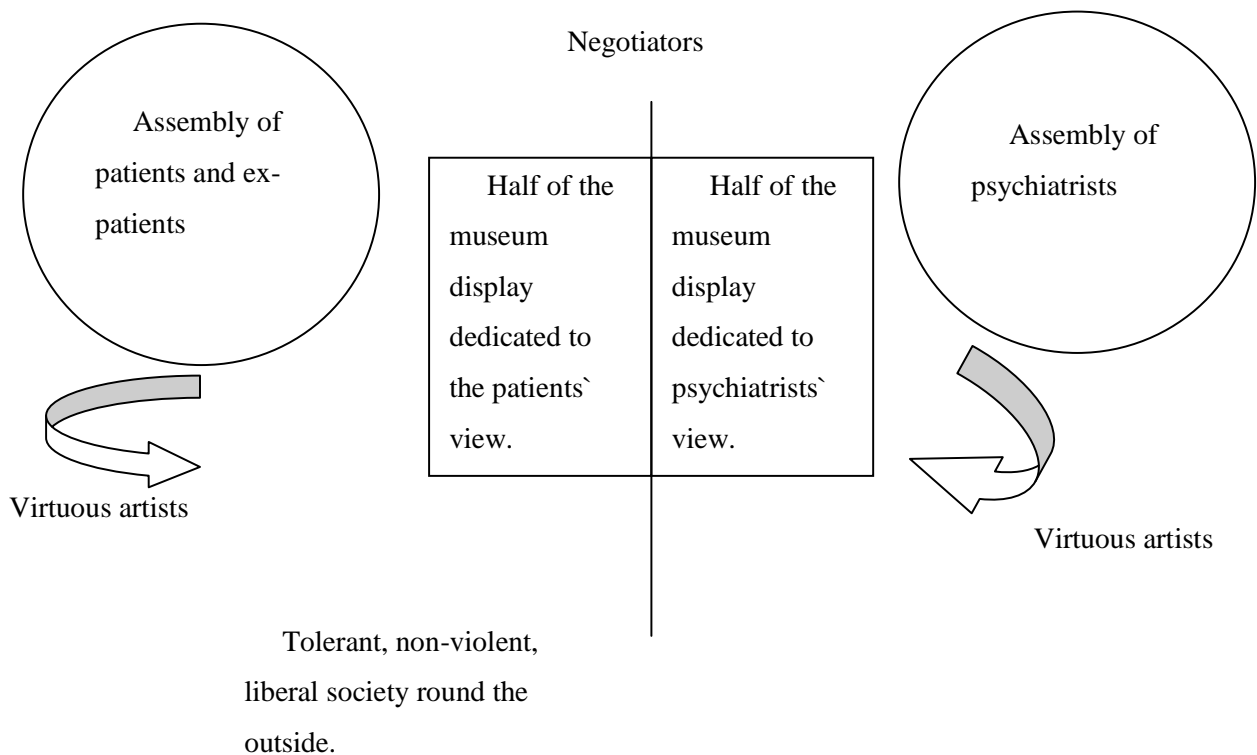
I have discussed how “the many” can be authoritative in a nurturing practice such as psychiatry and how they can form rhetorical spaces to elaborate their knowledge. If the narrative of the progress of psychiatry can be seen as one tradition in this area, the tradition of so-called anti-psychiatry (more correctly seen as the articulation of knowledge from the standpoint of the *cared-for* rather than the *carer* in mental health-care) can be seen as another. If one were to imagine a General Assembly filled with users and ex-users of mental health services, together deciding what goes in their museum, then this would be one example of how to elaborate knowledge for one community group. Within the group there would be empathy with individual patients exercised by other patients:– friendship based on a narrative view of the self. Outside the group it would have to take on the tradition of enquiry of the *carers*. This is where I need to link the concept of tradition-constituted enquiry in the museum and assembly which I have already elaborated with the practice of psychiatry. I would argue that it is this earlier (1979) concept of a practice which is helpful in defining where MacIntyre`s concept of practice fits when placing his philosophy in a museum space.

#### 9) A diagram of debate about practices

Assemblies can be thought of as people coming together to discuss the "structures that serialise them". For example, in a practice, and obviously the example we are dealing with is that of psychiatry, the opinions of the many and the wise (i.e. *cared for* and *carer*) are both important in elaborating what knowledge of that practice consists of. One could imagine one assembly in which patients gather to discuss the practice of psychiatry, and a further assembly where psychiatrists come together to discuss the same practice. It is unlikely there would be complete agreement. Hence it would seem reasonable to allocate strictly half the space in the resulting museum display to be filled by each assembly.

A diagram is helpful here:

Debate about a practice: in this case the practice of psychiatry.



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The diagram shows two assemblies of those involved in a particular practice. My example, which conforms to MacIntyre`s definition of a practice, is psychiatry, but one could easily use other examples such as the practice of suicide bombing or the practice of prostitution. A tolerant, non

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<sup>39</sup> I should say here that other thinkers have considered this type of approach. For example, Joseph Margolis works from the stand-off of opposing sides post 9/11 and talks about elaborating a “second best” morality using the Hegelian concept of *sittlich*, or practice (Margolis 2004). Seyla Benhabib seeks to elaborate a communicative ethics that takes account of difference and particularity (Benhabib 1992), and Iris Marion Young seeks to elaborate on this with her concept of asymmetrical reciprocity (Young 1997).



violent, liberal society is round the outside. As Jean Porter and David Fergusson point out, these are prerequisites of tradition-constituted enquiry taking place at all:

Jean Porter has accordingly argued that, if a tradition survives and prospers by engagement with its rivals, then a condition of tradition-constituted enquiry must be the maintenance of tolerance, pluralism and openness to change within our societies, and these, of course, are among the central values of liberalism (Fergusson 1989:126-7).

Knowledge, agreed by each community, is displayed in the museum. This is done with the help of virtuous artists who are virtuous in the sense that they allow the voices of those they are representing to speak in their art, rather than their own (the artists') voice. (This is a premodern conception of what it is to be an artist; it is a modern conception of art that the artist speaks with their own voice.) This central museum is where tolerance is happening. Tolerance is often painful (like a bruise on the body). It is an unstable situation which can easily degenerate into fighting. Hence, just as in the body, other, more healing individuals can step in: negotiators, acceptable to both sides, who may present themselves, as all this is occurring publicly. Ethical transcendence<sup>40</sup> can be achieved by tolerance (which is unstable), friendship or forgiveness.

#### 10) The Habermasian approach of Sharon Meagher

A key consideration is that no one side can totally colonize the central museum. If there is unresolved disagreement then it must stay represented in the museum. This starts to resemble the political philosophy of Jurgen Habermas (Habermas 1984). Habermas famously put forward the concept of an "ideal speech situation" in which nobody is coerced and everyone has the opportunity to be heard. This leads, according to Habermas, to a "rational consensus" where the reasoned argument wins out. What is being sought here is a consensus even of those who, for whatever reason, have been labelled irrational and not worth listening to. Neither side can be said to have the last word until agreement is reached *on both sides*.

Sharon Meagher has already addressed the problem of combining the philosophical approaches of MacIntyre and Habermas. She says of these approaches that both respond to Nietzsche and Weber's criticisms of modernity. However, while Habermas sees the development of reason autonomous from tradition to be an achievement of modernity, MacIntyre reduces all forms of modern reason to ways of manipulating others (Meagher 1991: 84). That is, whereas MacIntyre sees the Enlightenment as the "tumour" (Meagher 1991 :85), Habermas sees the Enlightenment as diseased but as still containing

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<sup>40</sup> See note to section 1.2

valuable elements (*ibid.*). Meagher seeks a merging of the two approaches, and this merging of a broadly Aristotelian and broadly Kantian approach, is one I seek to follow. To quote Meagher:

Both (Habermas and MacIntyre) develop theories of rationality in their discussions of the philosophy of social science which allow them to criticize approaches to moral theory based on positivistic social science without falling back on a foundationalist first philosophy approach...both (philosophers) turn to an analysis of language as a way of grounding moral theory (Meagher 1991:290)<sup>41</sup>.

Meagher outlines problems with both MacIntyre`s and Habermas` projects. The problem with Habermas` project, she says, is:

He (Habermas) does not worry about problems of translation between members of competing traditions even when they are brought together to participate in a discourse about ethics, because they will only discuss issues of justice about which they have generalizable needs or concerns and each participant will do so in a principled way such that it will be understandable by each rational participant (Meagher 1991: 239).

This leads, in Meagher`s view, to ethnocentrism (Meagher 1991: 240). That is, where the views of a culture are not completely understood by a culture with which it is in dialogue, its views may be dismissed as irrational. She argues that MacIntyre`s translatability between cultures is necessary so that we can communicate with them and not dominate them (Meagher 1991:308-9). She also says: “He (Habermas) is ruling out some conceptions of justice such as the Aristotelian view that justice is embedded in a conception of the good life” (Meagher 1991: 243). MacIntyre, on the other hand, Meagher says, does not explain how his conception of tradition can or will avoid privilege in relation to “socio-cultural means of interpretation and communication”(Meagher 244, quoting Fraser 1986:425). What, for example, of those who are struggling to develop their tradition or to have the voice of their tradition heard? They may actually be being silenced by strategies within more dominant traditions. Meagher suggests that

We follow MacIntyre in an understanding of substantive rationality as grounded in various traditions, but understand that some (though perhaps not all) disagreements can be resolved as long as participants (rival storytellers) follow certain procedural norms (Meagher 1991: 310).

Therefore “the ideal translation situation rests on the ideal speech situation” (Meagher 1991: 311).

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<sup>41</sup> Meagher, writing in 1991, is not seeing MacIntyre as a premodern thinker.

The ideal speech situation fails to recognize the necessity and difficulty of translation between rival traditions and can be a tool for abuse if the rule about who is allowed to participate in the discourse is interpreted in particularistic fashion...Likewise lying and manipulation etc. may be actively preventing a tradition from coming into meaningful dialogue with a dominant tradition, which strategies the ideal speech situation may be said to combat.

Meagher says of the disagreement between MacIntyre and Habermas (on how to arrive at rational consensus):

While MacIntyre argues that the recognition and assertion of one's membership in a tradition is necessary if moral agreement is to be reached, Habermas thinks that it [agreement] is only possible if one engages in argument impersonally (Meagher 1991: 8).

Meagher suggests, *pace* MacIntyre's preferred genre of "enacted drama", "dialogical narrative", thus involving Habermas' rules of discourse and concept of communicative action without losing MacIntyre's narrative rationality (Meagher 1991:227). I don't really see dialogical narrative as an improvement on enacted drama; in fact it seems to lose some of the embodied qualities of drama. I think the difference is one where dissent from tradition is allowable (see Chapter 3) and Habermas' procedural norms are expanded to include more embodied and less overtly rational methods such as forgiveness and friendship, and the diagram I have given allows for this.

Bringing a Kantian philosopher, such as Habermas, into dialogue with MacIntyre, and Protestant structures, such as the General Assembly, into dialogue with MacIntyre's version of Thomism, requires some consideration of MacIntyre's reasons for not doing this. How is his rejection of Protestantism and Kant justified? I consider this, as a problem of different kinds of dissent to tradition, in the next chapter.

#### 11) Having communities of narrative friends demands deontological friends.

A Habermasian ideal speech situation is one way of negotiating between two different research communities and two different communities. However, such negotiation can also be viewed in terms of two different sorts of friendship. Earlier I argued that narrative friendship towards a given group would be enhanced by seeing museum displays of a given group. Many political philosophers have seen a problem with such emotionally involved models of friendship. Bernard Yack draws on Aristotle to insist that politics requires a distance from models of friendship which involve too great a personal attachment. For Yack, a political community is created when individuals share things such that "whatever friendship bonds they do possess, they lack the personal bonds of natural affinity etc. Thus they live in imagined communities built among somewhat abstract ideas of mutual common advantage" (Yack 1993:54). He maintains "only a lie could turn the political community into a

community of shared origin and personal attachment like the family”(*ibid.*). (He adds the note that this might be a noble lie such as Plato’s to promote a just order, or what he calls an ignoble lie of, in his view, nationalism). Hence if museums can potentially provide a powerful illustration of the shared origin of a particular identity group they must be used very carefully. The danger is that people will see a representation of, for example, Palestinian suffering, and act dangerously in response, perhaps by suicide bombing the Israelis. This problem is a problem of the kind of friendship instantiated in the Aristotelian museum. Arguably, therefore, one should balance it with another kind of friendship, one oriented towards the Kingdom of Ends and towards justice. The role of such deontological friends would be to remind members of the kinds of research communities I have described that other people are members of the Kingdom of Ends as well as them.

Michael Sandel discusses such a two-pronged approach to friendship: he usefully summarizes the difference between communitarian and deontological friendships, which he relates to their corresponding ideas of the self. Of the communitarian friend, he says: “the possibility of character in a constitutive sense is also indispensable to a certain kind of friendship, a friendship marked by mutual insight as well as sentiment”(Sandel 1982:180)<sup>42</sup>. But for the Kantian friend:

However much I might hope for the good of the friend and stand ready to advance it, only the friend himself can know what that good is. This restricted access to the good of others follows from the limited scope for self reflection which betrays...the thinness of the deontological self to begin with (*ibid*:180-181).

Christine Korsgaard also elaborates a two-pronged approach to friendship in her essay “Creating the Kingdom of Ends”. Kant’s account of freedom could be seen as seeing ourselves from two “standpoints”, the phenomenal world, in which we are completely determined and the noumenal in which we are free (Korsgaard 1996:201). Korsgaard notes that many moral philosophers have seen this distinction as an “ontological” one (Korsgaard 1996:203) in which we are different kinds of beings in different worlds. But for her: “the distinction is not between two kinds of beings, but between the beings of this world in so far as they are authentically active and the same beings in so far as we are passively receptive to them” (Korsgaard 1996:203). In terms of the philosophy of patiency of Reader which I have outlined, from the phenomenal standpoint, one sees one’s actions as caused: as a reaction to circumstances. From the noumenal, one is held responsible for one’s actions. In the next quote, Korsgaard lets this agent/patient distinction slip a little. She says of the phenomenal/noumenal distinction: “we stand in two very different relations to our actions: we must try to understand them, but we must also decide which ones to do” (Korsgaard 1996:205). The

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<sup>42</sup> This work by Sandel is also taken up by Benhabib in her theory of the “generalized” and “concrete” other (Benhabib 1992:165).

process of understanding can be an active one. Arguably what she should say here is that from the phenomenal standpoint our actions are *understandable* and forgivable by others. From the noumenal standpoint we can be praised or blamed for them.

Korsgaard argues that to hold someone responsible, that is to be a deontological friend to them, is to hold them to the strictures of the third formulation of the Categorical Imperative and hence to respect them. Korsgaard talks about situations in which one must

mix considerations derived from two standpoints and make a moral assessment of someone's action, based on a theoretical explanation of what she did...making judgments about responsibility..whether someone is to be exonerated, excused, forgiven, blamed or not held responsible for a bad action at all (Korsgaard 1996:205).

For Korsgaard, the reason for not firmly holding everyone to the strictures of deontological friendship is that: "we all live in neighbourhoods which are at different distances from the Kingdom of Ends and it seems merciless to give this fact no weight" (Korsgaard 1996:206). Korsgaard here says she is going beyond Kant, who argues that we should legislate for ourselves. Consistent with the approach to knowledge in "First Principles", Korsgaard argues that it can be an act of friendship to legislate for others (Korsgaard 1996:197), holding them to the strictures of the Kingdom of Ends, insisting that they treat others well. Hence Korsgaard's Kantianism is closer to the idea of enquiry as an enterprise in which many souls are engaged together than Kant's.

Korsgaard opposes her deontological friend approach, where one holds someone responsible (thereby acting as if they are a citizen in the Kingdom of Ends and hence to respecting them), with social science. For her one can either hold someone responsible or take the standpoint of social science towards them. However, as the psychiatrist R.D. Laing points out in his consideration of the effect of a social science approach on psychiatric patients, social science does not give the knowledge of someone which a hermeneutic approach might. He famously, as I noted in the Introduction, criticizes the knowledge of someone which may be obtained by social science by setting it against the knowledge obtained by loving someone (Laing 1965: 33). Psychiatric patients are a key group here because, generally speaking, it is agreed that, at the moment of their illness, they cannot be held responsible, so for them, at this point, a deontological approach is redundant. Hence the second standpoint, that of the Kantian phenomenal world, is one which must be taken to them. However, that is not to give up on a praxis paradigm. In "A Mistake about Causality in Social Science", MacIntyre argues that the "agent's honest avowals (of what he was doing in performing an action) have final authority" (MacIntyre 1962:59). Elaborating on this further than MacIntyre did in his essay, we must be able, under the right conditions, to own our own actions, even if we allow that we were largely "patient" and caused to do them. In Chapter 4 I will talk about the importance of psychiatric patients being the authors of their own life's narrative.

To summarise, negotiation between the traditions of research communities may occur by a Habermasian ideal speech situation conceived of as taking place in a museum. It may also be conceived of as being achieved by deontological friendship. Here another use of the museum is coming into play. This museum is orientated towards justice and the Kingdom of Ends, with the views of different research communities afforded equal weight.

## 12) Manners

I have outlined that a good moral attitude is required in museum visitors if the increased knowledge the museum gives them is to increase practical wisdom. I have outlined that, in a Thomistic assembly, the virtues of acknowledged dependence are more likely to be exercised. Here I will argue, from Karen Stohr's discussion of manners, that an appropriate moral attitude can also be cultivated in such groups, to help make them places where such virtues are exercised. Albertine Tshibilondi Ngoyi says of African women:

The African woman is neither the mirror image of man nor a slave. She feels no need to imitate men to express her personality. Her work, her own genius, her pre-occupations, her way of speaking *and her manners* mask an original civilization. She has not allowed herself to be colonized by male culture (my italics) (Ngoyi, A. 2005).

In an essay on the relation of manners to Aristotelian virtue ethics, Karen Stohr defends claims that manners, in the sense she is intending (that is genuinely good manners and not simulations of the same) firstly require moral commitment for their full achievement and, secondly, are an element of virtue. The conventions of etiquette, (which are the local expression of manners) "give us a way of interacting with the world in a way we judge we *ought* to interact with it rather than the way we *feel* like interacting" (Stohr 2006a:198 Stohr's italics). Stohr illustrates the concept of manners by making Jane Austen's distinction between the "truly amiable" person and the "merely charming" person, where the truly amiable person is committed to notions of the good, whereas the merely charming person can simulate the manners of one so committed. She moves on to say, however, that the general moral function of manners is to allow insincerity to "have a moral point" (*ibid.*) because it "reflects the actor's underlying moral commitments (to be respectful to people whether they find them irritating or not) rather than (in the case of the merely charming person) masking their immoral or amoral commitments". The above quote about African women emphasises the cultural import and weight of manners, implying that they are something serious. One could argue that female manners, in the case of women's groups, would express the *ought* of narrative friendship and of the virtues of acknowledged dependence in *Dependent Rational Animals*. In the case of women's groups, it would mean a woman was able to act kindly towards another woman, whose narrative was discussed in a rhetorical space. The manners could then be said to be an expression of the moral attitude of "it could have been me".

Stohr's 2006a essay adds to her previous work on moral imagination and Jane Austen which I discussed in Section 1.3g (Stohr 2006b, delivered in 2004 in Dundee) to say that both manners and moral imagination are needed for practically wise action. (In the second essay, Mrs. Jennings is said to lack the appropriate rules of etiquette (Stohr 2006a:199-200)). Translated to the museum, the move ensures that such displays – the insights of moral imagination - are always accompanied by a charitable attitude (The museum restores the moral imagination which Mrs. Jennings lacks, the manners ensure that her correct moral attitude is adopted by everyone).

MacIntyre's move of saying that rational enquiry requires removal of some dissenters from the community of enquiry has been found to require deontological friends who remind the members of this community that other communities are members of the Kingdom of Ends also. To discuss the practice, I added a museum which reconciles two different communities discussing a practice. This is the just museum where, by extrapolation from Stohr's discussion of manners, one can say that the manners of deontological friendship apply. Such manners would be those of giving equal consideration to two disagreeing communities.

#### Chapter summary

At the beginning of this chapter, I asked how the knowledge of “the many” could be authoritative and argued, using the philosophy of Reader, that this could occur because they were patient to a practice. I also argued that “the many” may, in some cases, have greater knowledge of first principles than those considered wise in an Encyclopaedic worldview. To accommodate this knowledge, I looked at how the assembly can be used to re-see knowledge as Thomistic Aristotelian knowledge. I also looked at the concepts of “speaking patient” and rhetorical spaces. I looked at how one can use museums and assemblies to debate practices. To do this I used Sharon Meagher's combination of Habermas' and MacIntyre's philosophies. I found this negotiation could also be thought about in terms of friendship in that museums and assemblies of narrative friends need to be balanced by the presence of deontological friends. I introduced the need for two different sorts of manners to complement these two different sorts of friendship. We are now dealing with a “Thomistic Kingdom of Ends”. The use made of Kant's philosophy here leaves a problem for the interpretation of MacIntyre's philosophy. This problem will be addressed in the next chapter. After this MacIntyre's philosophy will have been adjusted sufficiently to allow it to be applied to psychiatry.

### Chapter 3 MacIntyre`s original model adjusted to take account of patiency and dissent

#### 1) The experience of the mental health service user movement allows characterization of dissent from the practice of psychiatry

In the approach to knowledge I am putting forward, I have looked at how the many can be authoritative. I have also considered Kant, who is an Enlightenment thinker whose approach is rejected by MacIntyre. I have spelt out various ways by which MacIntyre`s model of premodern knowledge can be adjusted to take account of the knowledge of the many. To spell out further the model of knowledge which can be put forward as an alternative to Braken`s call for a post-modern psychiatry, I need to adjust his model for patiency and dissent. (This model of knowledge will be a modification of MacIntyre`s approach to knowledge which has the features, set out in his essay “First Principles”, of moving towards a final end and being an enterprise in which many souls are engaged together).

To arrive at this modification, I consider the example of psychiatric patients trying to contribute to the practice of psychiatry in Lothian in the 1980s. By characterizing their dissent from psychiatry as types of dissent MacIntyre rejects, I arrive at the need for an account of folly in his philosophy. An account of these patients` quest to contribute to the practice space is found in Consultation Advocacy and Promotion Service 2010. If they wanted their criticisms of psychiatry to be heard (criticisms which in many ways were elaborations of the point of view of the narrative friend) they needed to form their own practice space, or branch of the practice of psychiatry. But, prior to this, they needed to dissent. Reasoning about the practice of psychiatry occurs within the participatory framework of the practice of psychiatry. In psychiatry, as it was structured in the early 1980s, I think it would be fair to say that patients were not included in such reasoning. The rationale for this was that patients were irrational. This was because, under the medical model of illness which I will discuss in Chapter 4, the moment of their illness was extrapolated to their entire lives. Nothing they could have had to say could possibly contribute to the practice of psychiatry.

In MacIntyre`s philosophy, debate about a practice may be seen as a tradition: the history of debate about the practice so far. It is an essential point noted in Knight`s elucidation of MacIntyre`s concept of practices that the concept differs from other social science accounts of practices as rule-following, in being about reasoning about goods (Knight 2008:317). Meyer describes the social form that this kind of reasoning can take:

A social space is an indispensable feature of a practice. In social spaces are “people watching each other”, plumbers watching plumbers, Christians watching Christians, Ancient Greeks watching each other. If there is no mutual watching, where watchers and actors follow the same norms, there



is no social space to display excellence. If there is no social space to display excellence, there is no practice, only private action (Meyer 1995:35).

Meyer comments that the struggle to find a practice space may, for some, be too great (Meyer1991:40). The patients I am discussing were in just such a position. In MacIntyre`s approach to practices, one must submit to the authority of the practice before one can contribute. Piotr Machura says of his approach to practices:

The first step for individuals involved in “moral enquiry” at the level of both academic and everyday reflection is a conversion of the individual`s personality to the position of apprentice of one of the practices (crafts) (Machura 2008:137).

This is related to MacIntyre`s view that one may have no rationality without a setting to make it intelligible (AV 210). This key point in MacIntyre`s view of practices is challenged by the situation of these patients and becomes the starting point for further reviewing MacIntyre`s model of knowledge. I will discuss the patients`s situation in relation to MacIntyre`s rejection of three types of dissent: Protestant, Kantian and Pritchardian. I will consider each one of these types of dissent in turn and this will then allow me to re-evaluate MacIntyre`s original model of knowledge.

If the psychiatric patients were Protestant, they would say psychiatry ought to be different, based on church traditions, the Bible and what God had to say to them at the time. For Meyer, the essence of Protestant dissent is that the dissenter stands before God, even if he or she has not been given a setting to express their rationality. He says:

Evangelical groups generally teach the Reformation doctrine of *calling* which implies a universal obligation to exercise agency, and the *priesthood of all believers* which guarantees an effective space to act before God. The individual has an obligation to work in the world, which means finding a forum for action in a practice. Even if that movement to action is frustrated, the believer`s dignity as an agent is upheld, because he or she still stands before God. A member can meaningfully act before God when otherwise alone or within a bureaucracy <sup>43</sup>(Meyer 1995:38-39).

and

The doctrine (the priesthood of all believers) includes the notion that the believer has direct access to God in Christ and needs no one else to stand between them (Meyer 1995:40).

Mouw, on Protestantism as opposed to MacIntyre`s views, like Meyer, emphasizes Protestants as individuals standing before God (Mouw 1985:252) and we should note that the early (Protestant)

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<sup>43</sup> Meyer cites Max Weber (*The Protestant Ethic and The Spirit of Capitalism*) on calling and William S. Barker “Priesthood of Believers” in *Dictionary of Christianity in America*.

MacIntyre does so too in his book *Marxism an Interpretation*, where he says that “Protestant man, as he prays, puts himself in a relationship of dramatic narrative with God” (MacIntyre 1953:86). Mouw’s defence of those Protestant reformers criticized by MacIntyre is that they were alarmed by the mediaeval church’s emphasis on natural reason. He says that they stressed that successful reasoning will occur in relationship with God (Mouw 1985:252). (Although it may occur without this relationship like lightning illuminating the landscape (Mouw 1985: 250, citing Calvin)). Protestantism, for Mouw, will therefore involve natural theology. (I would argue that it will also usually involve, as Van Leeuwen says of C.S.Lewis, a belief that God’s revelation builds through history, with some revelations having more authority than others (Van Leeuwen 2010 64-74) *but* with a believer allowed to reason for themselves, because they can have unmediated access to God.) The Protestant self, for Mouw, lies between “role-immersed selfhood” of MacIntyre’s philosophy and the “unrolled self” of modern liberalism. He says the Protestant reformers proposed a self which is “inescapably a creature of God” (Mouw 1985:255).

We can say then that, when dissent of a psychiatric patient is Protestant dissent, it involves believers who have their own access to God, but, to the extent to which their dissent calls on their knowledge of previous religious settings of which they have been a part, one can say their dissent can be seen as an encounter between the tradition of medicine and that of Christianity.

Moving on to the Kantian dissenter: Morgan, in his defence of Kant and liberalism against MacIntyre, argues that liberalism can be seen as a tradition with its own distinctive goods which can provide meaning to life. He discusses these goods as:

Understanding oneself as possessor of a certain kind of dignity - along the lines that Kant understood it – and a corresponding entitlement to a certain kind of respect, irrespective of one’s status in society (Morgan 2007:170).

The psychiatric patients, to the extent that they were influenced by this vision of the good in liberalism, would have said that that psychiatry *ought* to be different because they were entitled to this kind of respect<sup>44</sup>. MacIntyre’s rejection of the Kantian dissenter is related to his rejection of epistemological foundationalism and methodological individualism (FP). Kant wishes morality to be something which can be known with certainty by a repeatable rational method. Kant’s philosophy is individualistic because in it we all legislate for ourselves. However, MacIntyre also notes that Kant successfully achieves a picture of morality as conceived of by plain persons:

“for many who have never heard of philosophy, let alone Kant, morality is roughly what Kant said it was” (MacIntyre 1967:190).

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<sup>44</sup> And indeed they did (Consultation Advocacy and Promotion Service 2010)

and he argues that Kant's philosophy takes the morality of good plain persons such as his (Kant's) parents as its standard (MacIntyre 1967:191). Therefore there are in Kant elements of Mouw's account of Protestantism, where successful reasoning will occur in relationship with God.

MacIntyre notes this too in his essay "Can Medicine Dispense with a Theological Perspective on Human Nature?" Here he argues that Kant's philosophy involves a narrative quest approach which can challenge a lack in modern moral philosophy. Modern moral philosophy, he claims, conceives bad actions as, firstly undifferentiated from failing at other life projects, and secondly as failure to be good, rather than places where evil enters into the world (MacIntyre 1977a:29). Kant, instead, he says, sees life as a narrative quest involving the overcoming of radical evil, where heaven is needed to crown the Categorical Imperative with happiness (MacIntyre 1977a:32). God is necessary to "give moral form to the events in the after-life that Kant sees as lacking in the events of ... mortal life (*ibid.*)". (It is arguably, by reversing Kant's approach, that MacIntyre arrives at the secular narrative sociology of *After Virtue* where the moral narratives of communities provide the meaningful framework for a person's morality).

MacIntyre's 1977 argument about Kant then, paints Kant as, in some senses, a fraud for putting forward what is basically a Protestant worldview as rational Enlightenment philosophy. However, just as science is convincing to atheists but can be intelligibly placed within MacIntyre's system, I would argue (as I have indicated in Chapter 2) that Kant's moral philosophy, similarly convincing to atheists, can also be placed within MacIntyre's system. It should be noted that in Chapter 2 I used Christine Korsgaard's philosophy which, she says, goes beyond Kant in requiring deontological friends to legislate *for one another*. I also used Habermas whose method makes Kantian maxims intersubjective. That is Kantian philosophy does can still fit within MacIntyre's "First Principles" view of many souls involved in enquiry together. Kantian dissent can be seen as rational and self-legislating but it can also be seen as akin to Protestant dissent. Like the psychiatric patient whose dissent to psychiatry is based on Protestantism, the dissenter whose dissent is based on Kantian notions can also be seen as bringing two traditions into dialogue: in this case those of medicine and liberalism.

Finally we come to the type of dissent MacIntyre seems to dislike most. The *ought* without a setting of the early twentieth century moral philosopher Pritchard. Psychiatric patients espousing this kind of dissent would say "psychiatry *ought* to be different, it just *ought*". MacIntyre's objections to Pritchard are bound up with his objection to much of the moral philosophy of the early twentieth century. D'Andrea says that MacIntyre, in his MA dissertation *The Significance of Moral Judgments*, criticizes both the intuitionism of Moore and the emotivism of Stevenson as having "the notion that moral terms simply pick out some non-natural fact or express some emotional-attitudinal state" such that moral debates are disagreements over facts rather than negotiations about what to do (D'Andrea

2007:6). MacIntyre then adds Pritchard to this picture. Pritchard says use of *ought* is connected to an account of “self evident duty” which we are just supposed to “intuit” (D’Andrea 2007:45). MacIntyre illustrates the point, that no negotiation is possible with such a point of view, by saying of Pritchard’s philosophy:

What it is the case that I ought to do is both logically and causally independent of what it is the case that I want or of what will make me happy or of what will be good for me or for others or both or of what will be productive of good and so be an exercise of virtue. (MacIntyre 1971b:157)<sup>45</sup>.

A point of view without a setting resembles such a Pritchardian position, and so MacIntyre’s philosophy rejects it. But if instead we see it as lacking its setting, a setting which we may possibly restore to it and then negotiate with it, we can start to see such dissent as rational in MacIntyrean terms.

The dissent of the psychiatric patients, where it appears to be Pritchardian dissent with a solitary *ought* for which there is no particular reason, combines both dissent which draws the tradition back to its earlier core values of what it is to care <sup>46</sup> and dissent which draws the attention of the tradition to its interaction with the real world (experience of which patients have; indeed patients are the real world dealt with by psychiatry). Both these types of dissent are described in MacIntyre’s 1979 essay “Social Science Methodology as the Ideology of Bureaucratic Authority” (MacIntyre 1979:67). At this point in the development of his thought MacIntyre describes how those in authority in a tradition can be criticized firstly by persons appealing to the authority of earlier tradition: (hence in the church “the Pope has never been able to avoid appeals against his own judgments to the doctrines of Christian religion” (*ibid.*)) and secondly may be based on appeal to the real world (his example is physics: “physics itself is always a source of objections to members of the scientific hierarchy” (*ibid.*)).

We can see that the psychiatric patients’ dissent could contain elements of Protestant, liberal and Pritchardian dissent I have mentioned; although the first two types of dissent can also be seen as an

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<sup>45</sup> MacIntyre notes that, in his 1937 essay “Moral Obligation”, Pritchard says this is a distinctive moral use of the word *ought*, as opposed to more prudential uses (ASIA158). MacIntyre says such an *ought* is “naked will” clothed in “semblance” of “reason giving”, which situation, he says, Stevenson’s philosophy unmasks (ASIA 170). Such an *ought*, for MacIntyre, can never represent morally valid reasons. He argues that such an *ought* does not occur in pre-Protestant cultures (ASIA 168). I argue that it does, in the form of folly, and that it can involve good reasons which the restoration of a setting will reveal.

<sup>46</sup> and thus, in the analogy with church knowledge involves prophecy as defined by Meyer (Meyer 1995: 198). Meyer says “the office of prophet requires a Torah (defined by Meyer as the normativity which emerges when a community’s members speak among themselves) to be effective, for prophets do not speak on their own...prophecy is speech which calls people who profess to be subject to a community’s ideals and obligations to be faithful to what they profess” (Meyer 1995:198)

encounter between medicine and another tradition. The third involves MacIntyre's first type of reform of tradition – by appeal to the tradition's own core principles. However, all three types are also seen as dissent because they occur where access to the practice space has been circumscribed. Hence a consideration of the patients' dissent has shown the need for our new model of MacIntyre's knowledge to involve consideration of power relations.

Pritchardian dissent, I argue, resembles mediaeval folly, which I will explain by appeal to Reader's elucidation of the concept of patiency. Under this model of dissent, patients have authority because they have been "patient to" the world. As a result of these considerations, I will propose the concept of authority within practices should be reassessed using the concept of genuine, as opposed to usurped, authority, and that folly may contribute to practical wisdom in psychiatry.

## 2) Folly

In Chapter 2, using Reader's philosophy, I argued that our bodies have been patient to the world and this can give us reasons for action. Then, using Young's interpretation of Sartre's concept of serialization, I argued that we can be serialized by practices. By interpreting MacIntyre's philosophy, it becomes clear that bodies and minds are intimately connected in that bodies express minds and minds express bodies. In the sense that they have knowledge of how the practice impacts on them as bodies, the patients have authoritative knowledge of the practice of psychiatry. If being acted upon can give us reasons for action, being acted on *in extremis* can cause actions which appear mad. If my interpretation of Reader's philosophy is right though, mad people can still have good reasons for their action. Let us contrast this view with MacIntyre's 1957 essay "Determinism".

Here MacIntyre, in response to the problem of the title, defines "free behaviour as rational behaviour" (MacIntyre 1957:36); that is, he says that if you can alter your behaviour in response to reasons to act otherwise, you are rational. He adds the aside that one may be free and foolish; that is, one may be given a good reason and still act foolishly. But here he seems to identify acting foolishly as still possessing the freedom to alter one's actions in response to good reasons, but refusing to do so. In other words, the concept of folly he uses here does not challenge his equation of rationality with responsibility. Against this, the position of the fool in mediaeval literature is slightly different from the fool MacIntyre mentions here in passing. He or she is one who is not responsible but whose words can still have meaning. The mad, in mediaeval thought, although not responsible, can have good reasons for action. In MacIntyre's subsequent essays "A Mistake About Causality in Social Science" and "The Idea of a Social Science" he puts more emphasis on how people can be caused to act without themselves being aware of the causes. I do, however, think that MacIntyre's approach to this situation is clearer in "Determinism" where he differentiates between those whose behaviour is free and rational and those whose behaviour is caused (even though at this point he is not ascribing good reasons to the latter).

I will discuss, in Chapter 5, the possibility of having knowledge forming communities of mentally ill people who exhibit MacIntyre's "virtues of acknowledged dependence" towards each other; they can ascribe reasons to one of their number even though that person may be unable to alter their actions and are thereby not rational in MacIntyre's terms outlined in "Determinism". MacIntyre does not do this, although he comes close to it in his 1977 essay "Patients as Agents". Also in Chapter 5, I will relate this participatory model of knowledge formation to collective advocacy.

Consideration of Pritchardian dissent has led to the conclusion that MacIntyre's philosophy should be adjusted to take account of patiency. Pritchardian dissent, which is like dissent deprived of any setting which would make it intelligible, leads to a model of folly using Soran Reader's account of patiency. I said, in Chapter 2, that "the many" are authoritative because they have been patient to the world. Now Reader's philosophy, along with MacIntyre's essay "Determinism", has given us an account of folly. Finally I need to show that Folly can contribute to practical wisdom:

### 3) *Orexis* can be rational

It is the contention of *Whose Justice?* as a book that different societies run on different accounts of what it is to be practically rational. How does this account relate to our biology? In order to think about the relationship of practical rationality to nature an important concept is *orexis*. Nussbaum and MacIntyre are both interested in animal *orexis*, Nussbaum defines it as reaching or grasping with directedness towards an object, but without too much sense of just passively having a need (Nussbaum 1986: 274). This kind of object-directed reaching-out is thought, by Aristotle, to be a feature of both animals and humans. *Boulesis*, *thumos* and *epithumia* are all forms of it (Nussbaum 1986:275). That *orexis* which is possessed by animals allows for them to pursue goal-directed behaviour. Thus they are "guided by a kind of practical reasoning which takes this as a reason for doing that" and is "characterized by analogy with human reasoning" (DRA:60). Aristotle said *orexis* "listens to reason and obeys it" in a virtuous person (Aristotle 1999 Bk 1 Ch 13s18-19). But MacIntyre, while acknowledging that Aristotle says this about the general educability of *orexis*, says if we did not have this biological goal-directedness (which he notes we share with dolphins and gorillas and which "gives us our initial reasons for action") then this listening to reason and our education into the practical rationality of our society could not begin. So, whereas Aristotle overtly says *orexis* only shares in reason only by *listening* and *obeying*, MacIntyre (and Nussbaum) draw out the implications for our rationality from the continuity Aristotle sees between us and animals. The implication of this is that *orexis* can be rational of itself and the current prevailing practical rationality could be wrong. Thus the different societies depicted in *Whose Justice?* will ask *orexis* to listen to different forms of reason, with varying degrees of success in different people.

### 4) Folly and practical wisdom

The first thing noted about the mediaeval conception of folly in my consideration of it was that it lacked legal responsibility. Foucault notes that Descartes excluded madness from the rational project on this account<sup>47</sup> (Foucault 2005, Descartes 1986) and I have noted that MacIntyre similarly excludes it in “Determinism” by saying that one only has reasons for action if one is responsible. Can one give an Aristotelian account of folly as lacking legal responsibility but still retaining good reasons for action (based on rational *orexis*)? I think that one can if one uses T.H. Irwin’s theory of Aristotelian responsibility.

T.H. Irwin elucidates Aristotle’s theory of responsibility in an essay “Reason and Responsibility in Aristotle”. He draws on three ethical works of Aristotle: the *Nicomachean Ethics*, the *Eudemian Ethics* and the *Magna Moralia*, beginning with the *Nicomachean Ethics*’ account of voluntary action which, he says, can be stated negatively thus of an agent A doing action X:

A does X voluntarily provided his action is neither by force nor due to ignorance (Irwin 1980:122), or positively,

A does X voluntarily provided his action has its origin in him and he knows the facts of the case (*ibid.*).

But he then realizes this must be supplemented to exclude actions such as growing old such that

A does X voluntarily provided beliefs, desires and reasons cause his doing of X (Irwin 1980:123),

And

If X is also g and A does not know this, he does not g (Irwin 1980:124).

In the theory he has now stated, which he calls “Aristotle’s simple theory of responsibility”, he is now left with the problem of *orexis*: of animals, children, who, he says, act on *thumos* (spirit) and *epithumia* (appetite) which I will note in Chapter 5, are, unlike *boulesis*, not subject to reason as Aristotle describes it. The problem is that animals and children are not responsible in the same way that adults are, so how can the theory be modified to exclude them from responsibility? Irwin tries:

A is responsible for X if and only if A is a normal adult and A does X voluntarily (Irwin 1980:125).

But he then concedes that “normal adult” is a rather arbitrary restriction on responsible agents. More precisely, as I will consider further in Chapter 4, it is a restriction which involves a value judgment.

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<sup>47</sup> Foucault notes that Descartes dismisses the idea of going mad because it would make him “demens” – outside the legally responsible community (Foucault 2005).

Irwin then replaces “normal adult” with one who “has effective decision”, explaining that decision is deliberative desire based on rational wish (*boulesis*) for the good:

In Aristotle’s view, this conception of rational desire demands a special object - happiness...the achievement of everything that deserves to be achieved for its own sake... a desire is rational insofar as it has formed by deliberation about the role of this action in the agent’s plans for happiness (Irwin 1980:129).

When Aristotle says that animals and children lack decision, he says that they cannot form deliberative desires reached by deliberation about their final good (*ibid.*). Rational wish (*boulesis*) is *orexis* which has listened to reason. But, as noted above, what if reason was wrong? This, considering the contested nature of the final good, a recurring theme in MacIntyre’s philosophy, is quite likely. Aristotelian “irresponsible” action could therefore be motivated by good reasons. The fool can be described in Aristotelian terms. MacIntyre says, in “Determinism”, rationality and individual responsibility are closely entwined. This criterion, of being able to fit in with the practical reasoning of a given society, may be inappropriate as what is practically wise for societies differs so widely. If we accept that *orexis* has a rationality of its own, this gives us reasons for listening to the voice of folly. We start to see the fool as someone who may bring the *mores* of another community of practical rationality into our own.

Irwin’s essay also has something to say about our conception of individual responsibility. He decides that we hold people responsible (praise or blame them) because they could have deliberated about their actions even if they chose not to. After considering other formulations, Irwin re-states his theory as (what he calls) “Aristotle’s complex theory of responsibility”:

A is responsible for doing X provided A *is capable* of deciding effectively about X and A does X voluntarily (Irwin 1980:132).

“Is capable” means

A is capable of deliberating effectively about X provided there is some deliberative argument which, if it were presented to A, would be effective in his doing X (Irwin 1980:138).

Interestingly, in Irwin’s essay, the clinching deliberative argument may be delivered *by someone else*. In this thesis I have tried to argue that our deliberation should become more communal and the mad should no longer be excluded from our deliberations due to an inability to alter their actions in response to reasons. Responsibility, by Irwin’s account, becomes communal and we all have a responsibility for the communal provision of *theoria*, perhaps in the form of museums, so that deliberative reasons are given to our fellow citizens to inform their actions. Most especially the mad



should not be excluded from our deliberations when they have regained their individual responsibility. To exclude their experience from our deliberations is irrational.

In order to have a model of knowledge to work with in psychiatry, I have adjusted MacIntyre's model of knowledge to take account of the dissent of the psychiatric patients in Lothian. Hence I now have a model of knowledge which has a greater degree of understanding of power-relations. I have also adjusted MacIntyre's model to bring in patiency and have moved, using Irwin's account of responsibility, to a more deliberative account of practical wisdom, and to one which involves folly. But in all this it should be remembered that MacIntyre is in some ways a very radical political dissenter from some of the orthodoxies of liberalism. Considering this will add the final aspect of to this "pre-modern with dissent" model to apply to psychiatry.

##### 5) MacIntyre's dissent against the ideological function of liberalism as an addition to the model

MacIntyre's view of liberalism contrasts with that of Morgan, mentioned earlier, who sees it as having certain ends which give meaning to life. MacIntyre's description of it resembles an empty vessel because, he says, it doesn't give any prescription of how to live one's life, beyond injunctions to leave others free to live theirs: he describes it as "negative and incomplete", as it arises from opposition to "censorship, alien rule, denial of suffrage, arbitrariness in the courts and enforcement of religious practice" in the *ancien regime* (ASIA 282-3). From this come its virtues of toleration (*ibid.*) and vices of lack of specification of ends (*ibid.*). In this empty vessel, the market can sit unchallenged and uncriticized (*ibid.*).

This criticism of liberalism comes out of MacIntyre's sympathy with Marx. He sees Marxism as "a transformation of Christianity" (MacIntyre 2006b 146) and thinks of Marxism and Christianity as rational myths (this term is discussed shortly). He thinks Marxism is "the only secular post-Enlightenment doctrine" to have the scope of a rational myth (*ibid.*). This aspect of MacIntyre's work is present in his first book, which in its preface quotes R.H. Tawney: "the true descendant of the doctrines of Aquinas is the labour theory of value. The last of the schoolmen was Karl Marx" (MacIntyre 1953). Looking back over his work on Marxism in 2006, he thinks it opposes the sin of greed which he thinks is encouraged by the liberal market (MacIntyre 2006b: 149). This aspect of MacIntyre's work, by which he is a dissenter from prevailing orthodoxies, gives us the final aspect of our model.

In his *Against the Self Images* volume, in the essay: "The End of Ideology and the End of the End of Ideology", it is the ideological function of liberalism which MacIntyre is most concerned to criticise. MacIntyre says that a belief was abroad in the 1950s that there was no need to follow, for example, Marxism any more because economic differences were being ironed out: "in advanced industrial societies of the West ideology was at an end because fundamental social conflict was at an

end” (ASIA 3). He claims, however, that this thesis, which he calls “The End of Ideology Thesis” itself has an ideological function which masks a polity in which the poor are excluded from real democratic participation and debate (ASIA 8). It is this criticism of the ideological function of liberalism, linked to its ability to ignore the harms done by the market, which must be incorporated into a model of psychiatry.

### 5 a) Ideology, rational myth and false consciousness.

To do this requires a consideration of MacIntyre’s use of the concepts of ideology, rational myth and false consciousness. Firstly, ideology: MacIntyre describes ideology as having the following features: firstly “it attempts to delineate certain general characteristics of nature or society or both” (ASIA:5). Secondly it gives “an account of the relationship between what is the case and how we *ought* to act” (ASIA:6) Thirdly it is “not merely believed by members of a given social group, but believed in such a way that it at least partially defines for them their social existence” (ASIA:6).

Secondly rational myth. The above elucidation of the idea of ideology is connected to MacIntyre’s idea of “rational myths”. These make certain claims about who we are and why the world is as it is: each is a “moral and metaphysical vision” which is rational because it can guide action (D’Andrea 2007:93, glossing MacIntyre 1953). I think it is important here to distinguish a rational myth from an ideology. Doing this brings in the third concept: false consciousness.

In *Against the Self Images*, MacIntyre examines three ideologies (as he terms them at this stage in his career) Christianity, psychoanalysis and Marxism and links them to use of the word *ought*. Such ideologies involve ascription of a false consciousness to those who don’t adhere to them; that is they purport to give an explanation of a non-adherent’s action which is opaque to themselves:

all three doctrines characterize the present in terms of its relationship to past and future: as a time of redemption from sin, as a point where neurotic entanglements of the past give way before the constructive aspirations of the ego ideal, and as the period of the revolutionary passage from exploitation and unfreedom to socialism and then even to communism (ASIA 91).

and

to say of a man that he is deeply neurotic, a sinner, or either exploited and /or exploiter is not only to say what he is but also to say what he ought to be (ASIA : 91)<sup>48</sup>.

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<sup>48</sup> *Against the Self Images* contains other work on the use of the word *ought*: *Against the Self Images* Chapters 12 “What morality is not”, 13 “Hume on ‘is’ and ‘ought’”, 15 “Ought” and Chapter 16 “Some more about ‘ought’”. Analysis of usage of the word *ought* is pivotal to MacIntyre’s project and his analysis of what is wrong with modern society.

MacIntyre's understanding of false consciousness is consistent with his work in the philosophy of social science, in particular his response to Peter Winch's *Idea of a Social Science* which contends that social science should have no more ambition than to elaborate the understanding of a culture held by members of that culture (Winch 1958). MacIntyre, in response, says that agents can possess reasons which are obscure to them (D'Andrea 2007:184 glossing MacIntyre, "The Idea of a Social Science" MacIntyre 1971c ) and hence one can, contra Winch, introduce the concept of false consciousness. In this reply to Winch the concept of false consciousness becomes closely associated with the criticism of a mistake. In contrast, for MacIntyre, what is true consciousness is as follows, as described by Thomas D'Andrea, drawing on a 1968 essay by MacIntyre. D'Andrea says that true consciousness is, following Marx and Hegel, to have a historical awareness of the historical context of your actions (D'Andrea 2007:112). A rational myth can give one such a historical consciousness.

The term ideology seems to be used by MacIntyre when a possession of a rational myth results in the ascribing of, in your view, false consciousness to others. What interests me in this situation is where ideologies are held by those in power, which situation allows them to impose an *ought* on other people. This has happened in societies where certain rational myths (definitely at this point ideologies) have had a great deal of power: for example, in the case of Christianity under the Spanish Inquisition or Marxism under Stalinism. D'Andrea sees MacIntyre's philosophy as working towards a situation where there is "rational consensus on moral norms by arguments drawn from human nature and its history"(D'Andrea 2007:11). That is, D'Andrea sees MacIntyre's philosophy as working towards a situation where rational myths do not impose *oughts* on people but are openly debated. The situation I described in Chapter 2 Sections 8,9 and 10 approaches this. D'Andrea says that, in MacIntyre's words, a

"post Marxist ideology of liberation"...will combine the scope and ideological commitment proper to an ideology with the truth directedness and openness to criticism and refutation appropriate to any rational undertaking (D'Andrea 2007:119).

If, as I noted earlier MacIntyre contends, liberalism is an ideology, what is its rational myth? It seems to be human rights, equality and the Kingdom of Ends and the idea that, because of these concepts, we are all equal now. As a result of these rational myths, various *oughts* are imposed. I would argue that such *oughts* are a version of the assertion "we are all equal now, so you *ought* to stop complaining" (Also it is possible to see MacIntyre's well documented hostility to Protestantism and Kant as attacks on this ideological function, and hence MacIntyre's apparent conservatism as not as conservative as it at first seems).

5b) MacIntyre's three characters who represent liberal modernity, and their relationship to ideology.

If MacIntyre is right about liberalism having an ideological function, related to the market, we would expect his three characters, which he introduces in *After Virtue* Chapter 3 to characterize liberal modernity, to have a role in the power relations of supporting this ideology and this is what we find. This is important to this project as one of these characters is “the therapist” and his or her political role is key to examining how the philosophy I have just described can help with this project. I will therefore look at these characters and their relation to the ideological function of liberalism. The other two characters are less complex than the therapist and are there for comparison, to illustrate the point that all these characters have this political relation to liberalism.

To examine the characters` roles we should remember MacIntyre says they exist in an environment where lack of proper use of the word *ought* has resulted in failure of meaningful moral debate. Each “treats ends as given, as outside his scope” (AV 30). All embody emotivism because they “illustrate the sole reality of this moral discourse; the attempt of one will to align the attitudes, feelings and preferences and choices of another with its own” (A.V. Ch 3). MacIntyre says of all his three characters that it is not permissible to discuss the ends of their actions with them (AV 31).

#### The Rich Aesthete

The rich aesthete who uses others for pleasure (AV 24-25) “understands the world solely as an arena for their own satisfaction” (AV 25) and appears in “environments in which...large sums of money have created some social distance from the necessity of work”(ibid.). Basically, in our culture, he or she shops while other people work. To do this they use the economic power of wealth; whether from inheritance, a rich spouse or a fortunately well-paid job. The less fortunate just have to accept this: there is no debate about it. The ideological function of liberalism in this case would be to say “You ought to get on with your work while I shop because we live in a meritocracy”.

#### The Bureaucrat

The bureaucrat is concerned with “matching means to ends economically and efficiently”(AV 25). Employees must obey on pain of losing their jobs, and thereby possibly also their houses. In the realm of work, what the bureaucrat says goes, because he or she is thought to be an expert on doing things effectively and efficiently. There is, for this character, no Aristotelian debate concerning ends with workers.

#### The Therapist

Like the other two characters, what is said to characterize the therapist is that he or she “treats ends as given, as outside his scope”; in his or her particular case “concern also is with technique, with effectiveness in transforming neurotic symptoms into directed energy, maladjusted individuals into

well-adjusted ones”(AV 30). As one of these characters, as I have discussed, he or she wields a certain amount of power in defence of the ideology of liberalism.

The rational myth function of the therapist was discussed in MacIntyre`s early work, along with two other examples (Marxism and Christianity) where rational myth can lead to the ascription of false consciousness. For psychotherapy we find that MacIntyre, in considering why psychotherapy is so popular with the middle classes, sees it as replacing, for them, the kind of action-guiding myth which Christianity and Marxism used to provide:

The scepticism of an earlier generation had deprived them (the middle class intelligentsia) of religion, the history of our own time deprived them of Marxism and in so doing of their hold on the world of political ends. The intellectual may be socially valued for his functional utility but otherwise his arena is increasingly that of private life. He needs to make his own experience intelligible...The intolerable character of his condemnation to private life is relieved by an over-personalization of that life (which occurs in psychotherapy) ( ASIA 34-5).

There are differences between this rational-myth-which-becomes-ideology and those of Christianity and Marxism. Firstly, instead of a grand metaphysical vision, psychoanalysis provides a projection of theories about someone`s personal life. In this way psychoanalysis can be seen as something of a pseudo-rational myth. However, while there have been times in our history when both Christianity and Marxism have been in a position to impose *oughts* on people, in our culture now, the therapist, particularly if he or she is employed by the state, is of the three, in more of a position to impose an *ought* on people. Szasz is the philosopher of psychiatry who has drawn most attention to this phenomenon. He analyses how therapeutic encounters will vary with different social and political set-ups by asking the questions:

- 1) Whose agent is the therapist (physician, psychotherapist etc.)? and
- 2) How many persons, or institutions are directly involved in the therapeutic situation? (Szasz 1972:66).

The therapist, if he or she is a biological psychiatrist, wields a certain amount of power (I discuss the therapist as psychotherapist in Chapter 6). In biological psychiatry, the rational myth function of the therapist has been lost (and indeed it never provided the kind of description of external interpersonal realities that Marxism and Christianity did). The ability to impose an *ought* is perhaps why the character of “the therapist” survives unscathed MacIntyre`s conversion to Roman Catholicism and the writing of *After Virtue*. In this book, as I have said, we read that the therapist is one of the characters which “characterize modernity”, that time where lack of proper use of the word *ought* has resulted in failure of meaningful moral debate. Like the other two characters, what is now

said to characterize the therapist is that he or she does not allow for moral debate concerning ends. The therapist is now about use of the power to impose an *ought*. I will discuss the nature of this *ought* which the therapist imposes below and in Chapter 4.

The specific type of false consciousness being ascribed by the therapist is illness. MacIntyre, not being a radical anti-psychiatrist, is careful to point out in *After Virtue* that in the “sphere of psychological medicine” therapy “has its legitimate place”(AV 30). However, he then notes that in liberal society the “concept of the therapeutic” has been applied “far beyond” this (*ibid.*). I discuss the boundaries within which the role of therapist is legitimate in Chapter 4. Outside these boundaries, the ascription of the label of illness becomes false consciousness. I noted earlier that MacIntyre claims the End of Ideology Thesis has the features he attributes to an ideology (MacIntyre 1971:5). Thus, using MacIntyre’s three point summary of ideology, which I noted at the start of Section 5a, to describe how the thesis functions in the case of the therapist, the End of Ideology Thesis would make three claims in the case of illness.

1) That there are no hidden problems with liberal society: society is as it presents itself.

2) This affects how we ought to behave: that is, if we have a problem it must be some problem with us and we ought not to complain about society

3) This partially defines the existence of two groups of people: firstly, those whose task is to deal with mental problems and secondly, their clients. It also defines, without their really knowing it, the existence of everybody else, whom it mainly allows to go about their business without worrying about the relatively high levels of madness occurring in society.

A therapist whose work supported the End of Ideology Thesis would therefore tend to impose the following ought on people stated in Section 5a: “we are all equal now so you ought to stop complaining”. I will look at psychiatry’s tendency to impose such an ought in Chapter 4.

#### Chapter summary

In this chapter, I have found that MacIntyre’s rejection of three types of dissent to practices indicates the need for a modification of his philosophy to include patiency and give an account of folly. Folly, I argue, should involve the idea that one has knowledge acquired by being patient to the world, even if one is not completely responsible. Folly should contribute to practical wisdom in psychiatry. In Chapter 5 I outline how this can happen.

By considering MacIntyre on ideology, rational myth and false consciousness and the role of MacIntyre’s character of the therapist, I have provided a framework to consider the political role of psychiatry within liberalism. This will be developed further in Chapter 4.



#### Chapter 4: Psychiatric medicine: performing tradition-constituted enquiry on the tradition of the psychiatrists.

So I have adjusted MacIntyre`s model of knowledge to make it suitable for application in psychiatry. I have shown how MacIntyre`s version of pre-modern knowledge involves faith and hope, how one can think of Aristotelian knowledge as taking place in a museum and an assembly, how “the many” can be authoritative, either because they have been patient to the world or because they successfully grasp the first principles of medicine or another tradition with which medicine would benefit from coming into dialogue; how the many can contribute to the practice, how MacIntyre`s philosophy can be adjusted to take account of patiency and dissent, and finally how MacIntyre`s work on *ought* provides a way of describing the political side to what psychiatrists do in liberalism, in such cases where they wrongly attribute illness (of which there must be some).

It now remains to apply this model, based on MacIntyre`s philosophy. Ingleby would argue that psychiatric medicine is currently in an epistemological crisis. The growth of a critical patient movement, which I will discuss in Chapter 5, would tend to support this conclusion. Unexpected facts, such as Laing`s account of New Year at Gartnavel noted in the Introduction Section 7, are also poorly explained by positivism. According to my discussion of *Whose Justice?* in the Introduction, one way to approach this crisis is to decide that the tradition of medicine is failing by its own standards and thus to seek within the tradition of medicine for places where conceptual innovation is possible. Another way is to bring the tradition of medicine into a genuine dialogue with another tradition, such that the other tradition gives an account of the difficulties of medicine in a way which resolves those difficulties satisfactorily. I will apply these two methods in psychiatry, and then discuss what this means for psychiatric knowledge.

##### 1) Revising the core concept of mental illness in analytic philosophy

Taking the first method, one place where conceptual innovation seems to be possible in mental health is over the core concept of mental illness. We have seen, in Section 1.1 that when psychiatry began madness was re-seen as illness. I discussed how, where political causes of mental illness might have challenged this paradigm, Ingleby says the more fundamental assumptions of the illness paradigm were dug out and it became positivism. In accord with my view that MacIntyre`s philosophy might provide a workable version of Ingleby`s praxis paradigm, we should follow MacIntyre`s model of reviewing the tradition of medicine`s core concepts and look again at the concept of illness in this area.

Mental illness is a contested concept in analytic philosophy: see Szasz 1960, Kendal 1975, Boorse 1975, Fulford 1989 and 2001 and Megone 1998. Szasz, a philosopher of psychiatry, asks a pertinent question to which analytic philosophers in this century are still responding. He basically says that it is



not obvious to him why medicine should be involved in psychiatry. He asks psychiatrists to explain their involvement. In this thesis, I outline that medicine, properly conceived, can be involved in psychiatry, but only if medicine is properly conceived. Megone says that the problems which Szasz has with psychiatry (abuse of psychiatric power and misuse of drug therapy) should be solved by an adequate concept of mental illness (Megone 1998:187). He says Szasz treats physical illness as an uncontested concept, which he then contrasts with mental illness, and that he assumes that its definition contains no evaluative concepts. Fulford, Megone notes, disputes this. Fulford says that naturalist approaches take illness to be malfunction and seek to define function in biological “value free” terms (Fulford 2001:83). The most quoted example of this is the naturalist Boorse’s attempt to create a value-free model of disease by use of the concept of function. Boorse does this by suggesting that function contributes to the organism’s goals (Boorse 1977).

Boorse’s view can be summarised as follows: health is normal biological functioning. Functions are contributions to goals. Different sub-fields of biology use different goals as a focus for their function statements. Boorse thinks that only the functions described in physiology seem relevant to health. The physiological goals of the organism are reproduction and survival, and the physiological function statements are therefore about a trait’s standard contribution to the survival/reproduction of a reference class<sup>49</sup>. For example, a thyroid gland’s function in a human is to produce thyroxine. A person would therefore have a diseased thyroid gland if its activity deviated from the standard functioning in such a way as to make survival and reproduction of the reference class less likely (Boorse C 1977: 556-557). Boorse would have an organism’s goals be the evolutionary ones of survival and reproduction (*ibid.*). The difficulty with this, Fulford says, is its use of *teleology*, which can be linked to values (Fulford 2001:83). This, Fulford says, works for individual parts of the body (*ibid.*): a heart can malfunction if it fails to contribute to one’s survival. Fulford notes, in opposition to this account of a value free model of mental illness, firstly that the notion of goal is evaluative: “a goal is something which is good to hit and bad to miss” (*ibid.*) and secondly, that the notion of goal becomes problematic when we are dealing with mental illness because we are dealing with a whole person. Although Fulford thinks that whole people can have goals in their societal roles, problems arise when the goal of a whole person is thought to be evolutionary.

The real weaknesses of Boorse’s argument for mental health are illustrated by Kendal, who is the arch defender of the current medical position in psychiatry. He argues that people diagnosed with schizophrenia and with bipolar disorders are malfunctioning in a medical sense because they have fewer babies than everybody else. He says:

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<sup>49</sup> 'sex/age group

there is evidence...that schizophrenia and manic depressive illness, together with some sexual disorders and various kinds of drug dependence, are associated with either a reduction in fertility or in life expectancy or both and for that reason are justifiably regarded as illnesses (Kendal 1975:312).

This is an attempt to apply a Boorsian model of value free illness to mental health. As can be seen, it results in an impoverished and one-dimensional view of what it is to flourish as a human being.<sup>50</sup>

Fulford moves on from the idea that the concept of evolutionary biological function fails to provide a value-free model of disease (Fulford 2001:84) though, not to decide (with Szasz) that “mental disorders are not properly part of medicine”(ibid.) or (with biological psychiatrists), that a “better medical model is required”(ibid.). Instead he concludes against value-free models of disease (ibid.), and decides that the concept of illness is evaluative and is the more fundamental concept than that of disease, which is still evaluative but less contested as it contains more biological description (Fulford 1989). For Fulford, mental illness is the area in which the evaluative concept of illness is most clearly seen and hence Fulford, with a colleague, has described psychiatry as a “bioethical ugly duckling” (Fulford and Hope 1993). For Fulford, mental illness is failure of action (Fulford 2001:84 and 1989 Chs 7 and 10). Megone argues that this leaves physical illness as failure of function and mental illness as failure of action, and thus creates too sharp a distinction between physical and mental illness (Megone 1998:188). Megone thinks mental illness is failure to have an Aristotelian function as a rational animal. I will argue, in the following section, that the failure which occurs in mental illness is the failure of all of us to be dependent rational animals, in MacIntyre`s terms.

## 2) *Dependent Rational Animals* provides a model of human nature which protects against eugenics

Why might this be so? *Dependent Rational Animals* differs from Aristotelian accounts of health in being Thomistic. As such it counters certain eugenic tendencies in the other models of health I have been considering. Given MacIntyre`s essay of 1977 “Can Medicine Dispense with a Theological Perspective on Human Nature” where he considers the situation of the psychiatric patients who were the first group killed by Hitler, this is important. In that essay MacIntyre argues that modern individualistic moral philosophy can`t really account for the scale of the evil involved in the Nazi doctor`s actions, and hence he considers that the theological perspective of the title may be necessary.

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<sup>50</sup> I noted Sorabji on Plato on *ergon* (sometimes translated function) in the footnote to Section 1.3c (Sorabji 1964 : 302). In Sorabji`s reading is the implication that *ergon* is more complete within itself than function: if a pruning hook's function is to prune, one can imagine its being of no beauty in itself; we are only interested in what it can do. If its *ergon* is to prune, one can admire it for its own *arete* or excellence. Such a conception of *ergon* places an onus on society for persons who have been deemed mentally ill to be enabled to find their *ergon*.

In the light of the problem of eugenics, the account of normality implied by the accounts of illness given above come to the fore. Other authors such as Makin have pointed out that an evaluative jump is required from statistical normal to "how things should be" (Makin 1998:24). Makin criticises Boorse as follows: there is a degree of artificiality in the concept of normal itself. The average is a mathematical construct. Makin says use of statistics cannot give a statement about how a species ought to be as there could be a situation where the whole population of rabbits, for example, was blind (*ibid.* 24). Thus in a statement about a trait's standard contribution to the survival of a species, a value judgement is involved: "rabbits ought to see" (*ibid.*). Boorse suggests this problem can be countered by differentiating environmental injuries from his teleological model of diseases, such that where an entire population has an environmentally induced illness such as blindness, he can still take the average as being sight. He says of this that it is "an obvious extension of the principle that normality lies in the nature of the species"(Boorse 1977 : 555). He thus postulates as the norm a member of the species raised in a perfect environment. But for physical illness this excludes infectious diseases, atherosclerosis and smoking-related illnesses, to name but a few, as these are caused in significant part by environmental agents. Hence, a model of physical illness as malfunction from statistical normal either contains values or runs into enormous problems.

Boorse betrays in his "normality lies in the nature of the species" comment that he is in fact dealing with an ideal. His "normality" is an aesthetic concept involving value judgement. The standard in Boorse's model is an ideal, text book standard, for example an ideal frog, in the case of frogs' illnesses, although he acknowledges that probably no frog will be like the ideal frog. Moreover, as I have mentioned above, Boorse's model would also have the ideal frog live in the ideal environment. If there is no ideal frog, is to be abnormal, to experience disease, part of what it is to be normal? Certainly this is true for the mechanics of evolution. In evolutionary theory, abnormality can be looked on as an aspect of health; abnormal traits within a population are necessary for evolution. If evolution is the only criterion for health or disease as Boorse and Kendal have suggested, every process is as valuable as its contribution to evolution makes it. Since, if there were a change in selection pressure an apparently un-advantageous attribute might suddenly become advantageous, it calls into question the evolutionarily based value free model of disease. How can something be a disease if it may at some point be necessary for the survival of the species? Boorse avoids this point by saying that the time-scales of medicine and evolution are different. "On all but evolutionary time-scales, biological designs have a massive consistency, vigorously maintained by normalising selection" (Boorse C. 1977: 557). However, changes in selection pressure can and do occur and can make an apparently un-advantageous trait advantageous. This is contrary to Boorse's idea of the standard as a value free model of health.

Variation must be accepted as part of "the normal", what it is to be human, or we are straying into the area of eugenics. Megone's model, being Aristotelian, does not attempt to use a statistical average

to arrive at a concept of health. He admits that most acorns become manure, so what it is to function as an acorn (becoming an oak) is rare (Megone 1998:192). The method does not include statistical averages because Aristotle's method, as we have seen, involves the sifting of the opinions of the many and the wise. Again, however, one can see eugenic possibilities in what Megone writes. He says of gardeners:

When a horticulturalist goes to a garden centre, for example, to purchase a good rose, he has in mind a rose that will go through a characteristic set of changes which lead to the reproduction of the species...Thus it is also still ordinarily accepted that potentialities characteristically realised by a good member of the species constitute the defining or essential qualities of any member of that species (Megone 1998:193).

The mentally ill person here is clearly a bad rose, not properly a "good" member of the species. The genius of MacIntyre's *Dependent Rational Animals* is that it presents a picture of a society in which we are diseased as we fail to care for others. The underlying premise of the book is that all are equally members of the species and the species itself is judged on whether it cares for each. Megone is right to intuit that Aristotle's philosophy contains resources to address the question of mental illness. But what he proposes does not protect against a eugenic approach to the mentally ill. That it does not is related to the MacIntyre's rejection of the individual self-sufficient approach of the *megalopsychos* which I discussed in Chapter 2 of this thesis. MacIntyre's approach can give us a model for mental health which does protect against eugenics.

I have set out to review the core concept of illness in mental health (as in the first of the two methods of reform of tradition from *Whose Justice?*) and have established not only that an Aristotelian model works well but also have outlined how the Thomistic Aristotelian model of *Dependent Rational Animals* gives a model of human nature in mental health which protects against the possibility of eugenics. Given that this is the case, it seems sensible (when considering the second of the two methods from *Whose Justice?*) to bring the tradition of medicine into dialogue with the tradition of Christianity and I will do this in the next section when I look at a further concept important to health: that of the doctor.

### 3) Bringing the tradition of medicine into dialogue with Christianity

To do this I need a theological consideration of the role of doctor provided by the pastoral theologian Alasdair V. Campbell: at first, Campbell says of our current conception of doctors:

Dazzled by science, we falsely ascribe to the doctor-scientist a power far greater than he or she possesses. We forget that the genuine power of medicine stems from its capacity to identify and

co-operate with healing forces already present in the individual, social group and environment (Campbell 1984:25).

However, Campbell does think the role of the doctor legitimate. The roles of the doctor, he says, are always linked to the body. They are:

Bodily integrity...The doctor as brother (or sister) educates patients about their own bodies, enlisting them as partners in an attempt to restore control of and trust in, their organism and its environment.

Restoring the Stranger...by extending love and understanding to human situations which are frequently misunderstood or neglected.

Science as prophecy...Medical knowledge reveals the inadequacies of societies.

(Campbell 1984: 29-30).

That is, Campbell thinks the role of doctor looks both ways, both at how the patient ought to be, and at how society ought to be; and this becomes more obvious where Campbell looks at the role of another profession involved in health care: social work, which he says should, similarly, have two faces like the god Janus (Campbell 1984:Ch 4).

Where a doctor ascribes a diagnosis to an ill person, physically or mentally, he or she is saying something about how that person ought to be: illness is bad, this person ought to be well<sup>51</sup>. But where there have been tremendous public health advances in physical health, they have been with this second “face” of medicine, turning the *ought* on society: society ought to have clean sanitation etc. For example, McKeown and Lowe have argued that social advantages in improved living conditions have been responsible for most of the reduction of mortality in the West in the twentieth century (McKeown and Lowe 1974). How does this all relate to mental illness? Szasz, his unfortunate book title aside, argues that some meaning should be seen in madness; he says:

The principle *informative* use of a typical hysterical body sign..is to communicate a message... “I am sick” or “I have been hurt”...In everyday usage...when we translate the non-verbal communication ..into the form “I am sick” or “my body is disordered” we equate and *confuse* a non-specific request for help with a request for specific - in this case medical - type of assistance. But in so far as the patient`s statement is promotive, it should be translated as “do *something* for me” (Szasz 1972:122) (Szasz`s italics).

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<sup>51</sup> Burston describes the various senses in which the word ”normal” can be used and suggests, other than the purely descriptive statistical use, that they are all have a prescriptive element (Burston 2000:98-100).

To the language spoken by the person's madness, "physicians" as Szasz says, come up with the answer "yes you are ill" or "No you are not ill" (*ibid.*). That is, they use the *ought* of "the patient ought to be better" alone, rather than also looking at how society ought to be different.

Szasz's book and book title are characterized by his seeming to have no respect at all for the role of doctor in mental health. To quote Champlin, arguing against Pickering's book *The Metaphor of Mental Illness*:

The mentally ill are like the physically ill in that both often need nursing, looking after, and can't get on with their lives on their own without the help and sympathy of others... Mental illness can then begin to be understood, not as a dodgy metaphor, but, at least in part, as a homely, reassuringly caring concept (Champlin 2008:355).

And so it can be; a concept represented by the phrase, "the patient ought to be well". But we have seen from Campbell's theology that medicine contains another face, another direction in which an *ought* can be directed, a face epitomized by the phrase "society ought to be different". We see, in Szasz's philosophy, an indication that he realizes that this phrase/face is not prominent in psychiatric medicine: Szasz insists that doctors cannot be what he calls "attorneys of the poor" (Szasz 1972:84) - that is those who take on an advocacy role with regard to the mentally ill. But rather than conclude, as he does, that the role of doctor is illegitimate in healing the mind, perhaps we should acknowledge that this second face of medicine exists.

#### 4) Bringing the tradition of medicine into dialogue with a further aspect of Christianity emphasized by MacIntyre, which allows consideration of *ought* in mental illness

To further bring the tradition of medicine into dialogue with Christianity, we need MacIntyre's work on Marxism. We have seen that he considers Marxism to be an important complement to some forms of Christianity which have ceased to oppose the sin of greed (MacIntyre 2006b Vol2;146). To look at the political role of psychiatric medicine as currently practised, therefore, we need MacIntyre's discussion of ideology which comes from his work on Marxism.

At the end of Chapter 3 I indicated that, in some cases, psychiatry imposes the false consciousness of illness in defence of the rational myth of liberalism. I associated the attribution of false consciousness with the ascription of an *ought*. Rightly sometimes, but, obviously, sometimes wrongly, illness and the idea that they "ought to be well" is being applied to large numbers of people in liberal society. Obviously, that the mentally ill *ought* to be sane is reasonable. But what concept of sanity are we dealing with here? Daniel Burston writes that R. D. Laing, over the course of his life's work, put forward two separate conceptions of what it is to be sane. The first, based on *The Divided Self*, portrays sanity as ontological security in binary opposition to ontological insecurity (Burston

2000:134). The second is more interesting for our purposes and equates sanity with something rare, occurring against or outside the prevailing order. Burston glosses him:

It should still be apparent that true sanity does not immunise anyone from suffering or internal conflict. On the contrary, a vivid awareness of life's complexities, of the prevalence of evil and injustice, and of the tragedy, futility, sheer waste and absurdity of so much of human existence creates possibilities for anguish unimagined by "well adjusted" individuals (Burston 2000:139).

Lack of the first type of sanity is clearly the reason anyone attributes false consciousness to another in this area: it is the reason that the concept of illness is invoked. We should, however, bear in mind the existence of the second type of sanity in our discussion of why it is important to recognize when false consciousness is wrongly attributed. In the work of the mental health service user movement in Lothian, about which more in Chapter 5, those who are or have been mentally ill are functioning as citizens in a democratic process. Although there are some times when it is legitimate to say to mentally ill people, "you are wrong because you are ill", clearly there are other times when to do this would be to attribute a false consciousness.

So we have seen that while MacIntyre, rightly, says there is no meaningful agreed *ought* in public liberal modern culture, the mentally ill are being given an *ought*: you ought to be "sane". A concept of human nature is in play here: sanity is coping with modern liberal culture. I have indicated that that outlined in MacIntyre's *Dependent Rational Animals* would be more caring, in that it would more properly protect this group of people from the threat of eugenics. . If liberalism ceases to be the standard to which the mental health services seek to adjust people, it then becomes possible to turn an *ought* on liberal society as a result of some mental breakdowns and say "society *ought* to be different". This insight contains the possibility of rehabilitating the public health function of psychiatry. It contains the possibility of opposing the the ideology of liberalism where liberalism would ascribe the ideology MacIntyre attributes to it in *Against the Self Images*.

##### 5) Ideological knowledge in psychiatry: the "value-free" model of mental illness uses a highly scientific rational myth to impose an *ought*

One current result of the "value free" models of mental illness currently in play is that they produce a very powerful form of ideological knowledge in psychiatry. The mentally ill are like many other groups whose fate is in the hands of experts, in that any question of how "society ought to be different" for them is being ignored. Unlike some other groups, the *ought* of "the patient ought to be well" is being closely tied to a scientific view of knowledge: which can be seen by the fact that proponents of biological psychiatry, such as Kendall, link what is happening to the patient to a so-called value-free concept of disease. Thus not only are the mentally ill dealing with the powerful

common sense perception that the mentally ill ought to be sane, but that *ought* is being linked to science, to a view of knowledge that is the post-Cartesian, univocal knowledge of scientific experts.

The *Oxford English Dictionary* definition of knowledge begins: “acknowledgement, confession, recognition of the position or claims (of anyone)” (Little and Coulson 1973). But knowledge of mental illness is not like that. As it is now, psychiatric knowledge exhibits some of the characteristics noted by Charles Taylor to have become part of knowledge following Descartes` project. Taylor notes Descartes` *rejection of a teleological* ordering of the universe for a mechanistic one (Taylor 1989:144). As a result of this, he says, knowledge ceases to be what we find and becomes what we build: not only correct but also *certain*. Thirdly, standards for this correctness and certainty derive from the *thinking activity of a single knower (ibid.)*. In terms of the theory of ideology I have outlined in Chapter 3, where such science forms part of an ideology, the rational myth of that ideology will be related to science and will therefore be very powerful. The approach to knowledge considered in Chapters 1-3 reverses these changes. This is a consequence of MacIntyre`s premodern approach. In this respect current knowledge of mental illness is functioning ideologically, as MacIntyre has defined ideology (Chapter 3 Sections 5, 5a and 5b). It is precluding any debate which patients may wish to have about what caused their illness. Of course, this is something which Foucault already describes: “What we call psychiatric practice is a certain moral tactic contemporary with the end of the eighteenth century, preserved in the rights of asylum life, and overlaid by the myths of positivism” (Foucault 1967:276).

What has been outlined here indicates that the “value-free” view of psychiatric illness is not value-free at all. In Chapter 2, I elaborated a way of overcoming the ascription of false consciousness by negotiation between two sorts of friendship, which used the framework of the virtues of acknowledged dependence and the virtues of independence from *Dependent Rational Animals*. In the next section I will use Goffman`s work to illustrate how psychiatric knowledge is actually from the point of view of the deontological friend.

#### 6) Scientific knowledge of mental illness is organized from a point of view

We have seen that current “value-free” knowledge of mental illness is linked to an attitude taken to someone when they have need of care, and *ought* to be well. In his detailed study of life in a 1950s asylum, Irving Goffman writes of case-notes which reflect knowledge of the person`s illness:

Current psychiatric doctrine defines mental disorder as something that can have its roots in the patient`s earliest years, show its signs throughout the course of his life, and invade every sector of his current activity. No segment of his past or present need be defined then, as beyond the jurisdiction and mandate of psychiatric assessment (Goffman 1961: 143).



He then goes on to describe how case-notes record disreputable incidents which, in his own construction of himself, a patient might wish to be kept private. He indicates how the psychiatric construction of the self and the patient's construction of the self may differ: he says "This dossier (the case-note) is apparently not regularly used...to record occasions when the patient showed capacity to cope honourably and effectively with difficult life situations" (Goffman 1961:143-144). And further:

I think that most of the information gathered in the case-records is quite true, although it might seem also to be true that almost anyone's life could yield up enough denigrating facts to provide grounds for the record's justification of commitment (Goffman 1961:146).

Knowledge of mental illness thus, as Goffman says, tends to expand to draw corroborative evidence from anywhere in the person's whole life, which can have the unfortunate effect that the person can seem to cease to be the author of his own life's narrative in contrast to those who have never been such patients, who do consider themselves the authoritative authors of their own life's narrative. Such medical knowledge is based on incidents when the person has failed to behave normally: to do his duty, so to speak. In terms of the philosophy of friendship from Chapter 2, it will take the view of the deontological friend and say, "You are not doing your duty in respect to yourself or others and this is harming you. We, with the help of drugs, will help you to regain the ability to do your duty". In terms of the theory of ideology from Chapter 3: "The problem here is entirely you, and you ought to be well".

The scientific view taken by the doctor is linked to the moment of madness, where the self has become unintelligible to the person. But where this scientific view is expanded, beyond this incident, to the entire life, as Goffman says it is, disagreement can arise. The patient often sees the reasons for the aberrations, and perhaps sees the aberrations as only one facet of the person they are. The doctor, where he is behaving as deontological friend, notes the pattern of the aberrations themselves. R.D. Laing would say these are mutually incompatible approaches: he says in *The Divided Self* a "gestalt switch" is necessary between the two. This switch, which Laing says is required between seeing the patient as person and patient as biological entity (Laing 1965:21), is in fact a switch between two traditions of enquiry: that of the deontological and the narrative friend. Though scientific medical knowledge may be appropriate at the moment of illness, yet is this illness also madness, and thus a loss in intelligibility in someone's life's narrative, which must be regained as part of healing. This regaining of intelligibility must be as a result of negotiation.

#### 7) Getting beyond ideology by negotiation between two sorts of friendship: different roles with respect to the patient, as defined by Goffman and Campbell

In his book, which I have already mentioned, on the theology of pastoral care, Alasdair V. Campbell makes claims for the role of nurse, caring for someone in their moment of suffering. He

speaks of the nurse as “skilled companion”. Where medical knowledge is knowledge of the patient’s body at this time, it is scientific. Those who take the view of the deontological friend are, (in Campbell’s terms) the “doctor as brother or sister restoring bodily integrity”, the “nurse as skilled companion”, and those whom Goffman refers to as the “next of relation” (who deliver the patient into psychiatric care) (Goffman 1961:127). These last have normally had to take the doctor’s point of view because the madness has been so difficult to cope with. Those who take the view of the narrative friend are often patient advocates and other patients. Also, as we have said, there is another face to medicine: science as prophecy, social worker as advocate. Hence a good doctor will be able to see the narrative friend point of view as well.

#### 8) How the narrative sociology of *After Virtue* relates to the narrative friend of the psychiatric patient

I should say something about the nature of the advocate and advocacy as a form of the narrative friendship I have described in Section 1.3f. I noted that it used a narrative version of the self as outlined by MacIntyre in *After Virtue*: “a concept of a self whose unity resides in the unity of a narrative which links birth to life to death as narrative beginning to middle to end” (AV:205). MacIntyre outlines this version of the self in *After Virtue* in opposition to both Sartre’s view of the self and also to that of Goffman in his *Presentation of the Self in Everyday Life*. He says:

In Goffman’s anecdotal descriptions of the social world, there is still discernible that ghostly “I”, the psychological peg to whom Goffman denies substantial selfhood, flitting evanescently from one solidly role-structured situation to another (AV: 32).

The book MacIntyre mentions was written, by Goffman, in the late 1950s at around the same time as he was doing his year-long research in an American mental hospital from which he later produced his volume *Asylums*. In a chapter of *Asylums* entitled *The Moral Career of the Mental Patient*, Goffman describes the undermining of the psychiatric patient’s ordinary moral commitments on entry to hospital:

The moral career of the mental patient has a unique interest, however; it can illustrate the possibility that in casting off the raiments of the old self – or in having its cover torn away – the person need not seek a new robe and a new audience before which to cower. Instead he can learn, at least for a time, to practise before all groups the amoral arts of shamelessness (Goffman 1961:155).

It is interesting that Goffman’s idea of a self so deprived is so similar to the self which is the basis for MacIntyre’s account of the liberal emotivist self which has “suffered a deprivation”(AV33) compared to selves of predecessor cultures. But it is more interesting that MacIntyre’s solution to the problem can provide a solution to the problems for the self described by Goffman.

I have said that the intelligibility of the person's life is temporarily lost as part of illness, which is also madness. Those caring most closely for the patient - the nurse, the next-of-relation - may interpret all his actions as symptoms of illness, which manifest themselves as a failure of duty. Those taking a step back - the advocate or fellow patient - may see in the patient's condition a reaction to those in society who have harmed him, or his adverse reaction to some overbearingness in his close carers. The doctor's job, as Alasdair Campbell has defined him, is to see both. This may not always occur; as we can see in R.D.Laing's account of a debate, or rather a failure to have a debate, between a famous psychiatrist and a patient:

Surely he is carrying on a dialogue between his own parodied version of Kraepelin and his own defiant rebelling self. "You want to know that too? I tell you who is being measured and shall be measured. I know all that, and I could tell you, but I do not want to". This seems plain enough talk. Presumably he deeply resents this form of interrogation which is being carried out before a lecture room of students. He probably does not see what it has to do with the things most directly distressing to him. He is objecting to being measured and tested, he wants to be heard (Laing 1965: 30-31).

Here Laing, a doctor himself, is able both to observe the Kantian friend approach taken by Kraepelin, and take on the narrative friend approach of seeing reasons in the person's apparent madness.

One of the salient points in *After Virtue*, as noted in The Introduction Section 1.6, is MacIntyre's emphasis on intelligibility, which, he says, takes place in settings (examples of which, he says, are practices and institutions). He says "We cannot...characterize behaviour independently of intentions, we cannot characterize intentions independently of settings which make those intentions intelligible both to agents themselves and others" (AV 206). In Chapter 5, I will consider how mentally ill people can acquire settings which can make their actions intelligible. Restoration of intelligibility is, as I have implied, a project concerned with healing. MacIntyre says that unintelligibility of actions leads to agents "being considered patients...and is understood – rightly - as a form of suffering" (AV:210).

There is no such thing as behaviour to be identified prior to and independently of intentions, beliefs and settings. Hence the project of the science of behaviour takes on a mysterious and somewhat *outré* character. It is not that such a science is impossible; but there is nothing for it to be but a science of uninterpreted physical movement (AV: 208).

It is the strange *outré* character of the science which Laing is trying to bring out in his description of the patient's words to Kraepelin, and he is doing so by trying to make the patient's side of the conversation intelligible.

Where science becomes a scientific expert monologue about the moment of loss of intelligibility, with all life events used, as Goffman says, to back this account up, this is an incomplete account. This is why we need to turn to a more dialogical model of knowledge. The case-notes take a scientific account of the person's madness and often extrapolate from it to the whole of the person's life. Instead, healing is going to be about incorporating an account of this madness adequately into the person's life's narrative, and this will involve negotiation between narrative and deontological friend approach. Only the latter approach is adequately accounted for by current psychiatric knowledge. In tradition-constituted enquiry, science finds its proper place without an ideological role. MacIntyre's philosophy shows us that ultimately, scientific knowledge is subordinate to human judgments on its usefulness in a given, human situation. Ultimately, the person must own their own life's narrative .

This is described by MacIntyre, as noted in Section 2.11, in "A Mistake About Causality in Social Science":

My head nods and I am asked "why did you nod your head?" If I answer by referring to a nervous tick, I point in the direction of a story about necessary and sufficient antecedent conditions, a story about nerves and muscles and possibly about conditioning in early childhood (MacIntyre 1962:57).

(In the case of madness one might add intolerable societal pressures).

If on the other hand I explain the nod by saying that I was answering a question and was answering it with a yes, then I certainly explain the nod as an action (*ibid.*)

MacIntyre says the latter is an action and the former is not, but the distinction he needs to make is between actions which are voluntary those which are not. In both cases we need to own our own narrative and agree on why things occurred. The key concept is authorship of narrative. Even if, temporarily, we are not responsible, we need to agree with our carers on the reasons for our actions and for their actions, and understand, and, if necessary forgive, our carers' interventions. As things stand at present, there is often a sharp disagreement between the life's narrative of many patients and ex-patients and the official account of their narrative held in the case notes. This discrepancy is often both an indication and a cause of great distress and difficulty in the doctor patient relationship.

### Chapter summary

I set out, in this chapter, to perform the version of tradition-constituted enquiry from *Whose Justice?* on the tradition of psychiatric medicine. According to MacIntyre's first method of addressing crisis in a tradition, I reviewed the concept of illness in mental health, showing how a Thomistic model works better than the current model. According to his second method, I have brought the tradition of medicine into dialogue with Christianity, firstly by looking at a Christian conception of the role of doctor, and secondly by considering how negotiation between positions of two sorts of

*oughts* can oppose ideology and the attribution of false consciousness where it is inappropriate. Important in this is a move made in *Dependent Rational Animals* which allows us to “re-see” individual illness as communal.

In the second half of the Chapter I looked at how scientific knowledge in psychiatry is from the point of view of the deontological friend and assigned the point of view of either narrative or deontological friend to those who tend the patient. I noted how the narrative friend is concerned with restoring intelligibility to someone`s life`s narrative and therefore with healing, drawing on MacIntyre`s 1962 essay “A Mistake About Causality in Social Science”.

## Chapter 5: Collective Advocacy: the mentally ill start to contribute to a practice

In this chapter, I will outline how the fact that the mentally ill needed to dissent from the practice of psychiatry before they could contribute to it relates to collective advocacy and how rhetorical spaces allow for the ascription of reasons even to those currently irresponsible, by dint of the virtues of acknowledged dependence.

### 1) The need for dissent from the practice required that a new branch of the practice was formed

The mentally ill are on the receiving end of a number of practices, but, most importantly, the practice of psychiatry. The power wielded by psychiatrists over patients is directly related to their claim that the biological knowledge they have about patient's bodies constitutes the only permissible type of knowledge on which psychiatry is based. Even if the patient's views are to be incorporated into the practice of psychiatry, it is through the medium of social science, by the specialist or expert<sup>52</sup>. I have investigated how psychiatric knowledge would change if it were part of tradition-constituted enquiry and related this to the practice of psychiatry. Knight states about practices that "to engage in a practice is to participate in sharing not only rules but also of goods, and therefore of reasons for action and – potentially at least - of co-operative reasoning about action" (Knight 2008:317). I explored, in Chapter 3, how the mentally ill dissented from the practice of psychiatry in order to contribute to it. I suggested that what the patients had to contribute to psychiatry was based partly on their experience of previous settings, giving them knowledge of the first principles of traditions such as liberalism and medicine, and partly on how their biological self has been patient to the world.

The type of point of view which these patients wished to bring to bear is one which does engage with the practice of psychiatry and which seeks to be involved in reasoning about the good of psychiatry. I noted, in Chapter 4, how Goffman describes the mortifications to the self suffered by the institutionalized patient, and I related a self so deprived to the liberal self described by MacIntyre. In other words, the process of psychiatric hospitalization tends to deprive patients of settings which can make their real experiences of the practice of psychiatry intelligible. In Lothian, patients at first sought to engage with the practice of psychiatry. However, as psychiatry stood in the 1980s, to take the first step in reasoning as becoming an apprentice (after Machura (Machura 2008)) would have been to accept and take on board the point of view of the Kantian friend. To begin a new branch of the practice, one which elaborates the view of the narrative friend, and starts from a position of dissent, was the course taken by a number of actors in this field. They grouped together, and such groups

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<sup>52</sup> We saw, in Section 1.1, that Ingleby notes this as a widening of the paradigm of mental illness to positivism in response to the recognition of environmental factors in mental health (Ingleby 1981).

created the kinds of rhetorical spaces described in Chapter 2. MacIntyre's philosophy can show how such spaces are places where the apparent problem of the "irrationality" of psychiatric patients is solved.

## 2) Speaking patient: considerations which apply to the mentally ill:

### 2a) Irrationality: communities of patients

I have outlined that psychiatric patients in Lothian in the 1980s required a practice setting to express their rationality and they developed this in the form of patient councils and users' forums. Providing a setting for the mentally ill, peopled by those who have had similar problems, may make their actions and language more intelligible. MacIntyre comes closest to this solution (communities of patients) in an essay of 1977, *Patients as Agents*. This essay is also a striking anticipation of the arguments of *Dependent Rational Animals*. In this essay MacIntyre praises the authority of master craftsmen and doctors, but claims that, in liberal society, trust may break down and it may be illegitimate to place trust in doctors because "the modern patient...approaches the physician as stranger to stranger" (MacIntyre 1977:207). When this happens, he says, the problems of the practice of medicine become the problems of patients, and patients are forced into autonomy (MacIntyre 1977:211). To cope with this, he argues, "new forms of medical community" (MacIntyre 1977: 212) are needed in which authority can again find its place. He says that autonomous patients cannot really be patients (*ibid.*) unless they are represented by friends and to combat this situation, he argues for reconstruction of tradition.

In Chapter 2 I outlined the process of elaborating knowledge of a vulnerable community in a "rhetorical space" specifically to deal with the situation of psychiatric patients. By paraphrasing Irigaray, I came to ask what is it to "speak patient". One issue which immediately presents itself here is the issue of the irrationality of psychiatric patients. I will look at what MacIntyre thinks rationality consists of in the next section. The aspect of rationality I will look at is how those who have a relationship of narrative friendship to these patients can ascribe reasons to them.

### 2b) Irrationality: ascriptions of reasons

How does this process of ascription of reasons occur? Smith wants to ask how moral knowledge, expounded by MacIntyre as taking place within traditions, can be connected with experience and knowledge of the external world (Smith 2008:141). To do this Smith explores McDowell's account of *bildung*, which is that: "an account of what it is for a human being to come to maturity is connected to initiation into conceptual capacities" (Smith 2008:141). This involves

an ability to withdraw from the immediate deliverances of experience and be able to make up one's mind...stepping back from what the relevant content might be...bracketing the content in such a way as to effect a critical appraisal of its meaning and implications...

This model of freedom and its conditions (which Smith supports by reference to Gadamer) denies that non-language-using animals possess this ability to think and act responsibly (Smith 2008:145). This is, he notes, counter to MacIntyre's account in *Dependent Rational Animals*. He says it is unnecessary to sustaining MacIntyre's account in that book, which is, as Smith says, that "a subject is rationally competent in the relevant sense, or is a candidate for enjoying knowledge when he is party to a socially constituted practice of giving of and asking for reasons" (Smith 2008:144). He notes that MacIntyre's problem with McDowell's concept is that it "cannot recognize the rational capacities of non-concept using animals" (Smith 2008:142). By extrapolation it also cannot make sense of the position of children. To look at this more carefully, I need to look at a point in *Dependent Rational Animals* where MacIntyre makes much use of one aspect of Aristotle's biology, also explored by Martha Nussbaum: what she deems Aristotle's puzzling tendency to explore human and animal actions as one group.

In Chapter 3 Section 3, I discussed *orexis* and found that this reaching and directedness towards certain goods (present in animals and children as well as adults) is rational in its own right. How does one square these two premises of *Dependent Rational Animals*: namely that non-concept users (animals, children, and one might add here, people who are currently in a raving phase of mental illness) can in fact have reasons for action, with the requirement that one is rational as one takes part in reason-giving in a practice. Smith outlines MacIntyre's solution as being that love, in the sense of being affected by another, can be rational. He says: "a relevantly developed capacity to appreciate "acknowledged dependence" can be a form of non-inferential rational awareness" (Smith 2008:144). Smith's solution is that theory (involving a McDowellian critical distance, as articulated in the tradition of a practice) can be usefully combined with "the apparently non-inferential modes of awareness achieved by those who can immediately see that a person is in need of help" (Smith 2008:149), that the two are "interdependent" (*ibid.*). This means that vulnerable people, sharing the "rhetorical space" of the person whose reasons we are seeking, can look at that person and say of their actions, "it could have been me", and thus achieve the McDowellian critical distance required to give the person's reasons to those assembled and debating the practice. They are able to give the reasons which the person concerned perhaps cannot currently give. They can therefore, by dint of the kind of narrative friendship I outlined in Section 1.3f, answer for them when their actions are put to the question, giving reasons.

As I argued in Chapter 3, it is useful to compare this to the account of rationality given by MacIntyre in his early essay "Determinism". One is rational there if one can alter one's actions in



response to a reason. Rationality is associated with freedom to change one's actions and with being responsible. I am arguing, against this, that one can be rational in the sense of having good reasons for action and yet be unable to change one's action. One can still be displaying *orexis*, which one's narrative friends can interpret as rational. One can be irresponsible (a fool, as mediaeval literature would term one) and yet in possession of good reasons for action. The members of one's "rhetorical space" will be able to identify one's reason because they empathize with one. Because they are more nearly responsible, they are able to apply McDowellian critical distance and then apply that reason to the practice. This is not to imply that those contributing to collective advocacy are routinely undergoing mental breakdown while doing so. The case I have described is a limiting case. Generally, the space of collective advocacy is a space where the actions of the mentally ill are interpreted intelligibly.

### 3) Debating a practice: the collective advocacy model is supported by MacIntyre's philosophy

I have claimed that rhetorical spaces were formed by the mental health service user movement in Lothian. What was taking place in those spaces became known as collective advocacy. In this section, I describe collective advocacy and claim that it has the advantage over social science that those who have been patient to a practice can discuss their knowledge among themselves and become expert. In Section 5.4 I will relate this to MacIntyre's view of university.

Advocacy, in psychiatry, is an approach where a volunteer or staff member supports a patient or patients in dialogue either with individual healthcare professionals or a profession as a whole. It has grown out of patient campaigning and takes several forms. These different approaches to advocacy have appeared since the 1970s when advocacy first started to emerge in Britain<sup>53</sup>. First there is citizen advocacy, which was pioneered by groups involved with those with learning disabilities. In this form of advocacy, the only task of paid workers is to recruit volunteer advocates who are then sent out to take the side of their client exclusively: in extreme cases this has on occasion involved procuring prostitutes, procuring recreational drugs etc. if that is what the client wants. Individual advocacy, on the other hand, is where a member of staff *or* volunteer belongs to an *organization* and works with individuals to stand up for them in their encounters with professionals. This has tended to be the dominant model in England, and in England it has often been mixed with advice to individuals. In Lothian, and in Scotland generally, individual advocacy has been mixed with a model of collective advocacy. This is where groups of patients and ex-patients get together to debate and comment on, make suggestions for and express hopes for the practice of psychiatry. As advances began to be made in the advocacy movement in Scotland, such groups were provided with funding for bureaucratic workers to support their work. More and more management committees making decisions about

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<sup>53</sup> I am indebted to Keith Maloney for explaining to me the different sorts of advocacy.

health service provision began putting their proposals before such groups for comments. Such managers also began to feel the need, due to the rhetoric of inclusivity, to have a mental health service user on their committees. Mental health service users can feel that such a move is tokenism<sup>54</sup>, as evidenced by the fact that the managers often dislike it when a mental health service user group does not send a mental health service user but sends a support worker who has understood the wishes of the user group, to represent them.

As the 2003 Mental Health (care and treatment) (Scotland) Act is reviewed and funding changes occur, fears are being expressed that the benefits of collective advocacy will be lost and subsumed into the English model. I think MacIntyre's philosophy has the power to express what are the benefits of collective advocacy. I think it is helpful to see it as debate about a practice. The *telos* of those who come together to so debate is an improvement in psychiatric services by making them more sensitive to the needs of patients. This will involve not applying false consciousness to patients at moments when they are not ill and allowing for, in Reader's terms, the patient's patency to have voice at times, not concentrating solely on restoring agency. It would be fair to say that, at present, in much of mainstream psychiatry, the *telos* of the practice is the eventual scientific and biochemical triumph over mental illness, where illness is seen scientifically by extrapolating from how the patient is at their moment of madness. This is a legitimate goal for some people. Some patients want to see it like this. But not everybody; or not everybody all the time.

What advantage does collective advocacy have over individual advocacy? In terms of the feminist philosophy I discussed in Chapter 2, it offers a "rhetorical space" in which ideas and hopes can be heard because they will there gain acceptance. People can then build on one another's ideas to make concrete suggestions about the service. As knowledge of what it is to be a psychiatric patient is elaborated, and achievements are made in terms of positive contribution to the service, a tradition (a history of a practice conceived of as a quest) begins to form. The mental health service user movement in Lothian liaised with an academic in Canada, David Reville, to set up the *Oor Mad History Project* to tell the story of the mental health service movement in Lothian. It set up an archive of materials which had become historical documents (posters of meetings etc.) and collected the oral histories of those who were there at the time (O'Donnell 2008)<sup>55</sup>. This tradition can stand against, in terms of MacIntyre's 1979 article title, "Social Science Methodology as the Ideology of Bureaucratic Authority", bureaucratic attempts to manipulate the community. While, in Chapter 4, I indicated that the role of individual advocate or narrative friend is important to medicine. Here I am outline that collective advocacy too has its own, very significant, role to play.

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<sup>54</sup> This is discussed a great deal in the Mental Health Service User Movement

<sup>55</sup> O'Donnell, who is one of the people who set up the project, discusses how it challenges the medical model and how, within it, the history of the marginalised becomes political, and advocacy groups will be strengthened.

Consideration of collective advocacy shows that, in Aristotle's *schema* of *epagōgē* (the sifting of the opinions of the many and the wise) the many can be expert. "The many" are those who are expert due to lived experience of what it is to be on the receiving end of a given practice. Thomas notes that the Dutch word for mental health service users – *Ervakingsdeslunbige* - means roughly "they are professionals by virtue of their own experience" (Thomas 1997:229). If "the many" are allowed to be experts, then they are allowed to have their own tradition, their own expertise, their own repository of knowledge. The positivist social science approach, as described by Ingleby (Ingleby 1981), would see "the many" consulted by the social scientist one by one; their knowledges not allowed to build on each other. Criticisms began to be levelled at collective advocacy that it was too "expert"; that the same mental health activist faces were seen again and again at meetings (never mind that the same health professionals always came to these meetings). Social science surveys, like having a mental health service user in person at the meeting (never mind if the individual user does not have the knowledge back-up not to be manipulated) were thought to be more "in touch" with the people. The parallel there is with visitor studies in museums: do you survey the visitors to find out what they think or do the visitors get together to decide for themselves what goes in their museum? Here we need to return to MacIntyre's concept of the University.

#### 4) Advocacy as a branch of university

MacIntyre says, in *Three Rival Versions*, which is a book about University,

Can we now realise, within the forms imposed by the contemporary university, the kind of and degree of antagonistic dialogue between fundamentally conflicting and incommensurable standpoints which moral and theological enquiry may be held to require? (MacIntyre 1990b: 221)

I have outlined how antagonistic dialogues can take place using assemblies and museums. But how is this to be related to philosophy and to the university? In a 1987 essay "the Idea of an Educated Public" MacIntyre says that the task of the teacher is both to get people to occupy certain roles and to get them to think for themselves (MacIntyre 1987:16). He thinks an educated civic public, in which people debate from within certain roles but which also use the resources of philosophy rationally in that debate, is the goal without which a university education is of little practical use (*ibid.*17). In such a public, individuals are educated into debate, have certain rational standards by which to judge arguments and

There is a shared background of beliefs informed by the widespread reading of a common body of texts which have a canonical status within that *particular community* (*ibid.*:19).

For MacIntyre, such a community existed in post-union Scotland in the eighteenth century. Stanley Hauerwas makes the point that the church is one such moral community (Hauerwas 2007:89). But

arguably, so could be the community of feminists or the community of mental health service users: both examples of moral communities which could form and elaborate their own traditions of enquiry and philosophy. These communities have something in common with the academic public described by MacIntyre, (where they do not necessarily debate from certain roles but from a certain situatedness ); as well as some things in common with the idea of moral enquiry as antagonistic enquiry, required by University, which he describes in *Three Rival Versions* above.

In Chapter 1, I mentioned how bringing “the many” into Aristotelian enquiry could be seen as a parallel Aristotelian move to that made by Paulo Friere. Friere`s move is to bring the poor into Aristotelian enquiry. The move of this thesis is to emphasise the importance of bringing those who are expert due to lived experience into enquiry. Enquiry of this nature could be thought of as occurring in assemblies. If a university were to be Aristotelian then it might be expected to contain this element. I argued, in Chapter 2 Section 6, the Church of Scotland General Assembly can be seen as the many and the wise debating their respective knowledges. The Church of Scotland also has numerous committees which decide what goes in their Blue Book of the deliberations of its committees, debated by the Assembly each year (for example, Church of Scotland 2007). The Assembly, and its committees together can be thought of as containing elements of an Aristotelian university in this sense. A network of the kinds of communities I have described would resemble the view of university as requiring antagonistic dialogue, mentioned above, from TRV. The Church of Scotland also contains elements of the kind of university which Hauerwas calls for in his book *The State of the University, Academic Knowledges and the Knowledge of God*. That is one that serves the Church, serves the poor and is motivated by prayer (But it is only an approximation: many people find the committees irritating, and far removed from the people, hidebound, etc. )

In Lothian, until recently, the mental health service user group Edinburgh User`s forum was supported by the Consultation Advocacy and Promotion Service. CAPS not only supported EUF meetings, it also housed and supported the oral history project which mental health service users set up. Such places should be seen as branches of university, conceived of as antagonistic dialogue between different communities of enquiry. But a note of caution should be struck here. Collective mental health advocacy grew out of a political movement of patients and ex-patients (Consultation Advocacy and Promotion Service 2010), and it is important to recognize that the Aristotelian deliberation of collective advocacy to some extent sits in the space of political association of these people.

In Aristotelian enquiry such as I have described, the position of the philosopher is as Aristotle describes him in the *Nicomachean Ethics*: taking the problems thrown up by a consideration of the opinions of the many and the wise, working with them, and then returning them to the original opinions to see if the solutions hold. Piotr Machura sees the philosopher as a moral ideal in

MacIntyre`s philosophy (Machura 2008:121). He says that everyone needs intellectual activity within practices in their life (*ibid.*). It is possible though that what everyone needs is *theoria* in their life and a community with debate about what goes in their “museum”, by which I mean that their community`s knowledge should be given import. Indeed Machura says that “the spinning of narratives, both individual and communal and their intellectual analysis” (Machura 2008:134) is important in the process of philosophy. The philosopher in this, Machura says, is “a member of a community not an independent expert” (Machura 2008:137). But he or she does not need to be. A philosopher can be a “virtuous artist” listening carefully to the concerns of a given research community and trying, from the resources of his or her own training, to let the community`s concerns speak in his or her philosophy. Machura is right, however, to say that “the philosopher, unlike the manager and the therapist, tries to establish non-manipulative social relationships with the community” (Machura 2008:137). A community, such as that of the mental health service users about whom I have been writing, can be seen as approaching being a branch of Aristotelian university but also as having features of MacIntyre`s 1987 view of an educated civic public . The role of their philosopher is to work with them on the philosophical problems they encounter.

#### 5) A public health function for psychiatry

This is discussed further in Chapter 8. What the communities of patients I have been describing will be discussing is, firstly, the practice of psychiatry and, secondly, how society should change if the lessons learned from their experience of the world, and what injustice they believe led to their madness, are taken on board. The latter relates to the public health function of psychiatry. I said in Chapter 4 that the attitude of “society *ought* to be different” contained the possibility of rehabilitating the public health function of psychiatry.

#### Chapter Summary

In this Chapter, I have added a discussion of collective advocacy to the discussion of advocate or narrative friend from Chapter 4. While the role of individual advocate is important to individual psychiatric consultations, here I brought in the importance of collective advocacy. I outlined how patients had to dissent from the practice of psychiatry before they could contribute to it. Also, how they formed “rhetorical spaces” which were knowledge-forming communities where the mentally ill can debate the practice of psychiatry and interpret one another`s actions intelligibly, ascribing reasons to one another. I described this process using MacIntyre`s *Dependent Rational Animals*. I have related this process to collective mental health advocacy, the benefits of which can be described by seeing it as MacIntyrean debate about a practice. Here patients are entitled to be acknowledged as experts and to have their own tradition of enquiry. I related collective advocacy to MacIntyre`s view of University and to public health in psychiatry.

## Chapter 6: Using Irigaray's philosophy to overcome the technical paradigm in psychotherapy

I have outlined how MacIntyre's philosophy contains both a pre-modern model of knowledge in which we are spiritual beings who engaged in enquiry together, and how his model can be modified to take account of patience and dissent. I have also described how his philosophy contains a method of enquiry which adds truth and narrative rationality to Kuhn's model, but plays down the political import of Kuhn's concept of the paradigm. In Chapters 4 and 5 I described how a modified MacIntyrean pre-modern approach can be applied to psychiatry. It remains to consider the implications of this approach for psychotherapy. Daniel Burston's book on R.D. Laing emphasises that psychiatry and psychotherapy are two sides of the same enterprise which have become radically discrepant (Burston 2000). Foucault writes about how the power structures of psychiatry have ended up in psychotherapy as well (Foucault 1967:278). It can be argued from both these observations that any approach which is taken to psychiatry, ought logically to be capable of being applied to psychotherapy as well.

To see how the "pre-modern with dissent" approach I have been advocating works for psychotherapy, I will use the secondary thinker of this thesis, Luce Irigaray. Irigaray, as we shall see, is a psychotherapist but also a strong critic of psychotherapy. She can also be regarded as a dissenting Catholic (Beattie 1999:34<sup>56</sup>) and therefore in many ways an appropriate philosopher to take the approach of this thesis further. Seagal argues that Irigaray's project has been important in inspiring analysis of the canons of Western philosophy but that, when she seeks a constructive political project to put something else in their place, she must work with the very concepts she was originally criticizing (Seagal 1987:133). I would argue that this move in Irigaray is the point at which she moves from being a representative of genealogy to one of tradition-constituted enquiry. To see Irigaray as a representative of the "premodern with dissent" approach I have been following makes sense of this paradoxical element in her project.

I will discuss how Irigaray's essay on Freud in *The Speculum of the Other Woman* renders his Encyclopaedic lecture a dialogue like the mediaeval enquiry described by MacIntyre in *Three Rival Versions*, and how she seeks a situation where the Encyclopaedic rational myths of psychotherapy are debated. I will also argue that seeing Irigaray's approach as a premodern one answers controversy regarding her work over essentialism as she can be seen to be emphasizing the female politically in the present but *moving towards* a situation where male and female elements in culture and politics are in harmony. This can be seen to be in accord with the approach in "First Principles", which involves

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<sup>56</sup> Beattie says "Irigaray's use of Catholic symbolism is so pervasive that I think it is feasible to see her work as largely concerned with the reinvention of Catholic Christianity" (Beattie 1999:34). Her spiritual but radical approach is evident in works like *La Mystérique* (at the heart of *The Speculum of the Other Woman*) and *Marine Lover of Friedrich Nietzsche*.

the idea that we move towards a truth which we dimly apprehend in the present. As Tina Beattie, concluding her magisterial bringing together of Irigaray's thought and Roman Catholic Marian theology, says, we are only the image of God together but the female may need to be emphasised strategically in the present (Beattie 1999:155-156). Reading Irigaray as a feminist theologian allows a reading of her as working with a version of essentialism (spiritual and corporeal) which is important in rendering psychotherapy political. It also allows that her Ethics of Sexual Difference is a practically wise approach to sexuality which is compatible with MacIntyre's spiritual, premodern view of human beings and which can thus be set against the psychotherapeutic technique of transference in the approach I am taking. In order to apply Irigaray's approach to psychotherapy, I must first of all discuss what psychotherapy is.

### 1) What is Psychotherapy?

This is discussed thoroughly by Laing (interestingly a doctor whose work spans both the discrepant practices of psychiatry and psychotherapy) in his essay "The Psychotherapeutic Experience" contained in his volume *The Politics of Experience*. Here Laing makes the following points concerning psychotherapy. Firstly, that it contains an enormous number of diverse approaches and that: "the very diversities of method have made the essential simplicity more clear" (Laing 1967:39). Elaborating on the common elements he sees in all these approaches, he says: "the irreducible elements of psychotherapy are a therapist, a patient and a regular time and place" (*ibid.*). Laing's explanation of the need for these elements is the "paring away of all that stands between us: props, masks, roles, lies, defences, anxieties" etc. such that there can be "authentic meeting between human beings" (*ibid.*). (Some therapies do not aim at even this, but are entirely about technique). Laing is clearly not taken in by the profusion of theories and approaches. He aims to see past their pretensions to objectivity to try to get at what the essence of psychotherapy might be. I would argue that he has alighted on the successful paradigmatic technique of psychotherapy, in the Masterman's third sense of Kuhn's use of the term to denote a "trick or technique" which I noted in Chapter 1 Section 1. Apart from the special case of group therapy, the idea that to be cured one should expect a doctor, a patient and a regular time and place have caught on and spread like wildfire as being what one needs to have a therapy.

The additional feature I might point out as necessary to this, after a consideration of MacIntyre's philosophy, is a scientific (or, in MacIntyre's parlance *pseudoscientific*) rational myth; that is a rational myth which, in the therapist's mind at least, has the status of Encyclopaedia. Here is the "way of seeing" which Masterman says accompanies the "trick or technique" of the "construct paradigm" characterisation of Kuhn's concept. Madness is not only seen as illness but as something to be understood scientifically. MacIntyre says

The authority of the analyst in his therapeutic role rests on his supposed theoretical equipment and backing as well as his therapeutic skills. Yet the theory which the therapy embodies is a theory in which neither analyst nor patient have a right to be confident (ASIA:34).

MacIntyre seeks to focus our attention on the theory, but he is also aware of how the theory is very mixed up with the technique:

There is perhaps no discipline to compare with psychoanalysis for the way in which the very use of the vocabulary commits the novice – quite unconsciously - to acceptance of a complex theoretical framework (ASIA: 29).

In the secular mind, all these therapies in some ways (some more than others) look back to Freud because Freud made famous this paradigmatic combination of this trick or technique with way of seeing (the secular mind tends to forget centuries of pastoral care, confession and spiritual direction). R.A. Lambourne argues that psychotherapy emerged in a ghetto-like situation as an arena for action which avoided any political or economic engagement which the Jewish Freud was denied (Lambourne 1970:135). Psychoanalytic therapies look back to Freud more consciously, but other psychotherapies, such as cognitive behavioural therapy (criticised by Braken for being Cartesian and over emphasising reason and agency (Braken 2000:38-39)) still have the paradigmatic elements I have described. Laing goes on to criticize the profusion of rational myths in psychotherapy in that, he says, the theories of psychotherapy are techniques which fail to grasp the human:

Why do almost all theories about depersonalization, reification, splitting, denial tend themselves to exhibit the symptoms they attempt to describe? We are left with transactions but where is the individual? The individual but where the other? Patterns of behaviour but where is the experience? Information and communication but where is the pathos and sympathy, the passion and compassion? (Laing 1967:44)

So far then, we have a time, a place, a patient, a doctor and a rational myth which has the status of science and, usually, is not discussed with the analysand before they start. This last factor is added by MacIntyre's character of the therapist, whom we have met before. The essence of the character is, as I outlined in Chapter 3 Section 5b, that he or she allows for no debate about ends with the patient, thus subjugating the ill person before them to the well person they hope they will become. The deep irrationality in psychotherapy, in my view, is shown by the lack of moral debate concerning the nature of the rational myths involved. There is also some conception, in some therapies, that something has been repressed from consciousness. MacIntyre agrees with Freud's idea that the unconscious is a realm where past traumas can affect one causally (D'Andrea 2006: 167 citing MacIntyre 1958:14) (I will discuss this, in regard to the work on false consciousness from Chapter 2, in Section 10 of this chapter). Even when we are considering therapies that are not overtly



psychoanalytic, the above combination of features is extremely powerful and, I would argue, has the status of a paradigmatic trick or technique and way of seeing which has really caught on and, as a way of dealing with mental distress, is regarded by many as unquestionably right.

The combination of features I have described is clearly connected to the positivist paradigm in psychiatry I discussed before, even though psychotherapy can look very different from the psychiatric hospital approach. However, other thinkers have noted similarities, for example, Foucault says the following concerning the connection between the two:

To the doctor, Freud transferred all the structures Pinel and Tuke<sup>57</sup> had set up within confinement. He did deliver the patient from the existence of the asylum in which his “liberators” had alienated him but he did not deliver him from what was essential in his existence; he regrouped its powers...the doctor, as an alienating figure, remains the key to psychoanalysis. It is perhaps because it did not suppress this ultimate structure, and because it *referred all others to it* that psychoanalysis has not been able, will not be able, to hear the voices of unreason, nor to decipher in themselves the signs of madmen. Psychoanalysis can reveal some of the forms of madness; it remains a stranger to the *sovereign enterprise* of unreason. It can neither liberate nor transcribe, nor most certainly explain, what is essential in this enterprise (Foucault 1967:278) (my italics).

Foucault, whose enquiry, in MacIntyre`s terms, is genealogy, sees psychotherapy as essentially Encyclopaedic in MacIntyre`s terms. The phrase “referred all others to it” refers to the Encyclopaedic status of the rational myths involved. In the analyst`s view the knowledge of the therapist is presumed to be right, thus leaving no room for the “sovereign enterprise of unreason” which would ascribe some authority to the knowledge possessed by the mad. Bracken also connects the rational myths of , in his case, cognitive behavioural therapy, to the positivist paradigm in psychiatry: from his work on trauma in war zones, he argues that psychotherapy has a Western emphasis on the individual and a technical approach both of which can be inappropriate in other cultures (Bracken 2000:212-213). He also argues, from Heidigger, that the worldview behind Western psychotherapy would separate the body from the mind. For Ingleby, however, what he calls “depth hermeneutics” (in which he would include psychoanalysis and Marxism) is a part of his praxis paradigm. I will discuss this objection to my argument in Section 10 of this chapter.

So I have outlined that psychotherapy contains, paradigmatically, a time, a place, a doctor and a patient and a rational myth, which rational myth is frequently used on the patient without discussion<sup>58</sup>.

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<sup>57</sup> The “father of psychiatry” and the inspirer of Victorian lunacy reform respectively

<sup>58</sup> There has been much use of the term paradigm in the literature on psychotherapy. For example, a search of a database of articles on psychology and related disciplines shows 91 articles in which the concept paradigm shift is invoked to explain or argue for numerous different changes in the practice of psychotherapy, usually

## 2) Irigaray`s critique of Freud

Irigaray is helpful here in showing how the version of Ingleby`s paradigm developing in this thesis can apply to the field of psychotherapy. Several features of Irigaray`s philosophy make this possible. Her critique of Freud which ushers in a tradition-constituted enquiry approach, an emphasis on the body which allows psychotherapy to be rendered political, and a practically wise account of sexuality to set against the psychotherapeutic technique of transference. Although often interpreted by post-modern, agnostic feminists, Irigaray can be read as a feminist theologian (Beattie 1999, Stockton 1994) and arguably addresses some of her work to the Catholic Church (see, for example, the final chapter of Irigaray 1991b). As outlined above she can be seen as a suitable philosopher to take forward the “pre-modern with dissent approach” I have advocated so far in this thesis.

Irigaray`s critique of Freud is especially important given the centrality I have argued for Freud in maintaining the positivist paradigm in psychotherapy<sup>59</sup>. She criticises Freud, so to speak, from the thick of it. Training in Freudian and Lacanian psychoanalysis her (2<sup>nd</sup>) doctoral thesis, as I shall argue, brings in aspects of a tradition-constituted enquiry approach (Irigaray 1985b). At the start of *Speculum of the Other Woman*, her target is an essay by Freud on female sexuality written as an imaginary lecture. The form is instructive: by using the lecture format, Freud seems to be claiming for his work the Encyclopaedic “knowledge as a single framework” approach outlined in *Three Rival Versions*, and claiming his work is such that its rules are what MacIntyre would describe as the “rules of rationality as such” (TRV :42). Irigaray, a woman<sup>60</sup>, and hence part of “the world” of which Freud is elaborating “our knowledge” (TRV 42), inserts herself as interlocutor into this lecture, rendering Freud`s monologue a dialogue. Always ascerbic and sarcastic, she points out inconsistency after inconsistency in his reasoning. For example, she questions why “it should be necessary to become a woman” and why this should be “more difficult and complicated” (Freud`s words) than “becoming a man” (Irigaray 1985b:22). She mocks his Encyclopaedic stance: “and I, Freud, am here to tell you” (Irigaray *ibid*:15). For her it constitutes men speaking among themselves “about” women (*ibid*. 13).

By all accounts the (Freudian influenced) psychoanalysts threw Irigaray out (Whitford 1991:5) – as if they suspected something bad had occurred for them- but one cannot help thinking that the damage had been done. As I noted above, other (male) critics of psychotherapy have criticised Freud in more measured ways: MacIntyre on the *pseudoscience* (ASIA: 34), Foucault on the power relations (Foucault 1967:278);, Lambourne on the strange disconnection and protection from real life

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without analysis of Kuhn`s concept. Overall the impression is of a field which is eclectic. Irene Philipson (below) provides a good summary of the situation and argues there has been a shift towards a more feminised psychotherapy.

<sup>59</sup> This centrality is also argued for by Philipson, who argues that Freud`s theories are paradigmatic for psychotherapy but does not analyse the concept of paradigm (Phillipson 1993:108).

<sup>60</sup> and not a Victorian woman analysand either but a more assertive person.

(Lambourne 1970:135), Bracken on the individualism (Bracken 2000:212-213). Irigaray however gets inside the rational myth and argues with it using the literary strategies above. She also, in an essay written in response to the suicide of a female psychoanalysis student (who had failed the “*passee*” to be part of Lacan’s school (Whitford 1991c:71)), moves toward that for which D’Andrea calls on reading MacIntyre, which is a situation in which rational myths are debated with one another and do not impose *oughts* on each other. She moves toward this by criticising the lack of historical awareness among therapists:

As a result of this scorn for culture, from which you reap such profit, you criticize certain men and women for questioning the values sanctified by psychoanalysis. According to you any psychoanalyst, man or woman, who questions the history, culture or politics within which psychoanalysis is inscribed is not or is no longer a psychoanalyst. There must be nothing outside psychoanalysis, it must have no limits, no determination other than itself, and its authorization – a matter of existence or essence? Must come of itself alone. To put it in a nutshell: it must be whole, absolute and without any historical foundations. Its theory and practice rest on historical nothingness (Irigaray 1991:80).

Thus Irigaray seeks the kind of dialogical discussion of rational myth she demonstrates with Freud, reminiscent of the dialogical knowledge approach of MacIntyre in *Three Rival Versions*.

However, knowingly or not she goes beyond this. Irigaray’s essay on Freud in *Speculum*, because it does engage with the rational myth, leaves behind the more measured theoretical stances of the male critics I have just cited. Irigaray’s style is personal, sarcastic, and doesn’t pull its punches. Eventually one forgets that the arena for this dialogue was supposed to be a lecture. One senses, because we are discussing the intimate intricacies of the myth that will be used on patients, that we are tantamount to being in the consulting room. Irigaray, by her style, comes close to introducing an advocate into that room and what an advocate! A plain person with confidence and no tolerance of nonsense applied to the vulnerable. The plain person advocate in psychotherapy is devastating for its techniques, as I will discuss in Sections 6 and 7.

Perhaps however, Irigaray doesn’t see how far she has gone here. Despite her criticisms of Freud and, as I will discuss shortly, Lacan, she remains herself a psychoanalyst. That is she remains within the paradigmatic technique of therapist, patient consulting room. Perhaps this is unsurprising considering her background. One aspect of Irigaray’s work which I find difficult, almost painful, is her description of the language of people diagnosed with schizophrenia in *To Speak is Never Neutral*. Here Irigaray, at this stage in her career a linguist, gives such people grammatical tasks to complete, but nothing to speak about; nothing that might matter to them anyway. Thus, despite her repeatedly putting the word “normal” in inverted commas and her seemingly sad reluctance to take up the categories of psychiatric nosology, it is hard not to feel that Irigaray, who later brilliantly satirizes

patriarchal culture's objectification of the other, and whose concept of *parler femme* (discussed in Section 3) becomes so important, seems to collude, at this point, in the objectification of these people<sup>61</sup>. She provides an in-depth philosophical description of them using the philosophy of Ferdinand de Saussure (Irigaray 2002: 184-191). The description is from the point of view of the deontological friend; however, it does contain an articulation of the suspicion that schizophrenia could be "the symptom of a certain type of language functioning, unrecognized by its locators" (Irigaray 2002:191).

R.D. Laing also provides an in-depth philosophical description of people with schizophrenia in the situation in which they find themselves, this time using existential philosophy in *The Divided Self*. But Laing also makes the complaint that he had difficulty eliciting the symptoms of schizophrenia which his colleagues found.

Except in the case of chronic schizophrenics, I have difficulty actually discovering the "signs and symptoms" of psychosis in the persons I am myself interviewing. I used to think that this was some deficiency on my part: that I was somehow not clever enough to get at hallucinations and delusions and so on. If I compared my experience with psychotics to the accounts given of psychotics in standard text books, I found these authors were not giving descriptions of the way these people behaved with me. Maybe they were right and I was wrong. Then I thought that maybe they were wrong (Laing 1965:28).

*To Speak is Never Neutral* is part of Irigaray's early work. Working in psychiatric hospitals, Irigaray seems to have suspected that if mentally ill people had, in her terms and metaphors, a different house of language; a different place, their speech would be intelligible. And, (moving abruptly to Glasgow) it is possible that Laing's attitude to his patients<sup>62</sup>, temporarily at least, provided such a house. Is this why he seemed to find his patients behaved normally? Certainly he seems to have been concerned to make his patient's words intelligible by explaining their goals; for example, in his description of the person diagnosed with schizophrenia who sends up a famous psychiatrist's parading of his symptoms which I quoted in Chapter 4. Whatever else Irigaray is writing in *To Speak is Never Neutral* it most definitely is not "by the patient"<sup>63</sup>; but she seems to be at the same time noticing that this is so.

So Irigaray ushers in a tradition-constituted enquiry approach in her critique of Freud but does not herself take that critique as far as it can go. To take it further we need to consider Irigaray on Lacan.

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<sup>61</sup> In her Introduction, which describes her re-reading of the book, she seems to acknowledge that the scientific neutral approach is too dominant in it (Irigaray 2002:1-7).

<sup>62</sup> I associated this attitude in Chapter 4 with the narrative friend who renders the patient's actions intelligible

<sup>63</sup> As we shall see, *parler femme* is also a pun *par les femmes* "by the women".

### 3) Irigaray on Lacan`s “phallogocentric symbolic order”

Irigaray works with, but is critical of, a Lacanian concept called the “phallogocentric symbolic order”. In doing this she is working with Lacan`s system; that is the idea that there are “three aspects of the *psyche*... referred to as the real, the imaginary and the symbolic” (Beattie 1999:26). While the “real”, which Lacan calls the “Other” (Beattie 1999:27), is hard for us to gain access to and is associated with “the maternal body...God, infinity and death” (*ibid.*), the “imaginary” is associated with the pre-oedipal stage where the child relates to its mother (*ibid.*). The symbolic order, for Lacan, prioritizes masculinity and is the order of language and symbols to which we have direct access. For Elizabeth Grosz, on Lacan, the symbolic is “the domain of law and language, law-as-language...the domain or order of the signifier`s primacy over the subject” (Grosz 1990:66). The growing child must fit in with this order as best they can. The imaginary is a restless presence beneath the symbolic which it threatens and destabilize (Beattie 1999:27). Like MacIntyre then, Irigaray approves of a version of the sub-conscious, as this is what this scheme effectively is.

Lacan`s view of the symbolic order is rather monolithic. There is no sense, as there is in MacIntyre, of different traditions and cultures. Lacan sees the symbolic order as fixed, and it is on this point that Irigaray`s thought challenges him. This is potentially why the interaction between her philosophy and MacIntyre`s is of interest. However, I think the monolithic character of Lacan`s phallogocentric symbolic order does link to something in MacIntyre`s philosophy in that MacIntyre says as we grow up in liberal culture we take on ways of thinking and being rational which must be unlearned. In some ways we *are* in this respect like Lacan`s view of children entering the symbolic order. We can argue that such a symbolic order is, in Lacan`s terms, phallogocentric. A number of feminist philosophers have pointed out that the development of Western culture has been largely carried out by men, and might have been different if women had contributed more (see, for example, Lloyd 1984). Irigaray`s project concerns itself with how women may start to elaborate a new symbolic order. In doing this she introduces her important phrase *parler femme*.

Occupying the subject position is not simply a question of the position of enunciation, it must be rooted in social practices too. Part of the definition of woman-as-subject is that women must be involved in the construction of the world and the making of culture and socio-political reality. One definition of *parler femme* should therefore be that speaking as a woman should be language or discourse which contributes to making it possible for women to occupy the social and symbolic space as woman-subjects, epistemological subjects, producers of truth and culture (Whitford 1991b:51).

Whitford also notes how, in concrete illustration of this, Irigaray`s phrase *parler femme* is also a pun: *par les femmes*: by the women. That is, the women are the authors of their speech which implies an attendant social positioning (Whitford 1991:49).

In my view there are two possible interpretations of *parler femme* in Irigaray. Beattie describes “*parler femme*” as “an elusive term which suggests an immediacy of language more associated with speaking than writing and implying bodily presence” (Beattie 1999:31). She notes that in Irigaray’s french *la langue* refers to the whole corpus of a given language while *le langage* refers to “the use of language in particular contexts by particular groups” (*ibid.*) and that it is at the level of *le langage* that Irigaray intends this work of creating a new symbolic order to happen (*ibid.*). It therefore seems entirely logical to me that one can link the assemblies and rhetorical spaces described in Chapters 2 and 5 to Irigaray’s concept of *parler femme*. On such an interpretation, when Irigaray asks what it would be like “*parler femme*”, this can be seen as asking what it would be like for two people who are not part of the dominant order to talk to one another. (This could be the dominant order as it is expressed in a particular practice.) Those affected by the practice can come together to imagine their shared future, getting beyond the current societal structuring of their imaginations.

My argument is that an “imaginary” might be contained in a museum shaped by such a conversation; a museum filled with the narratives of those who had been the patients of a particular practice. The language spoken by those able “*parler femme*”, would be the conversations and manners<sup>64</sup> of an assembly of those who decided what would go in this museum. One then moves from this towards the achievement of a different symbolic order. Note, as I discuss in the next section, the concept of “the imaginary” has here ceased to be conventionally psychotherapeutic and become political. Lorraine Code, in her book *Ecological Thinking* starts to use the term “imaginary” to describe something which is of “distant resemblance to a Kuhnian paradigm or a Foucauldian episteme”(Code 2006:29) and can be “hegemonic” (*ibid.*) and also undergoes “ruptures and breaks” (Code 2006:84). Thus she is using it without any reference to the phallogocentric symbolic order or any reference to Irigaray or Lacan. She too, however, is using it politically rather than psychotherapeutically proposing “an imaginary of knowledge construction as a social communal process” (Code 2006:214)<sup>65</sup>.

The second use of *parler femme* is a psychotherapeutic technique applied by Irigaray to the canons of Western philosophy. On this topic, Beattie says Irigaray seeks a differently structured language in women’s speech (Beattie 1999:31). She discusses how Irigaray favours metonymy (structuring language involving proliferation of meaning) over metaphor (substitution of one term for another) and so “meaning becomes fluid, suggestive and open rather than logically ordered and closed” (Beattie 1999:32). Irigaray uses this approach in her writing on, for example, Plato (Irigaray 1985a: 244). Here she uses these techniques of language to problematise what Plato is doing in the mind of the

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<sup>64</sup> See Chapter 2 Section 12

<sup>65</sup> Code proposes that it is important that the selves engaged in advocacy are embodied, but expresses reservations about biological essentialism.

reader by his cave metaphor. She uses strings of alternative descriptions of the effect on the reader of imagining themselves in the cave:

The orientation functions by turning everything over, by reversing, and by pivoting around axes of symmetry. From high to low, from low to high, from back to front, from anterior to opposite (*ibid.*)

*Parler femme* here is part of a wider project of the use of psychotherapeutic techniques against the current symbolic order. Once one realises this a major objection to using Irigaray's philosophy along with MacIntyre's "premodern" approach is removed. The objection is that Irigaray problematizes rationality and that it is part of *parler femme* to do so; that hers is a philosophy with no "ideological attachment to rationality and linear progress" (Cimitile 2007:268). Hence, when Irigaray criticises Freud, she criticises not only his use of "mechanism" to explain, but says that he is "a prisoner of a certain economy of *logos*...whose links to classical philosophy he fails to see" (Irigaray 1985:28). She thinks that the rationality of classical philosophy is, similarly to Freud, blind to its exclusion of women and unconsciously Freud is influenced by this. *Parler femme* becomes a way of putting this exclusion, and its resultant rationality, to the question.

If we see this use of *parler femme* as ideological in MacIntyre's sense of ascribing an *ought* to those in power, Irigaray's apparently irrational techniques can hence be explained such that, if the social situation for which her philosophy strives, in which women really are producers of truth and culture, comes about, this ideological function (not in too pejorative a sense but as MacIntyre has defined it) of psychotherapy would no longer be needed. If it is seen as a temporary strategy<sup>66</sup>, we can perhaps see that using *Dependent Rational Animals* and Reader's philosophy to put folly back into the history of ideas might enable us to remove the need for the strategy.

So we have seen how Irigaray works with but subverts Lacan's concept of the phallogocentric symbolic order, leading to her concept of *parler femme*. I have noted two uses of *parler femme*: the latter a temporary strategy, the former looking remarkably similar to collective advocacy. During this I have implied that Lacan's concept of the imaginary might have to change here and become more political. To consider this further I need to look at Irigaray on the body.

#### 4) A local embodied reality from which the current symbolic order can be criticized.

Here I look at how Irigaray uses a consideration of women as real biological and spiritual beings to criticise Lacan's concept of a fixed and unchangeable symbolic order. I then link this to

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<sup>66</sup> It helps to consider it as temporary if one considers the following: in *To Speak is Never Neutral*, Irigaray appears to use the "objectivity" of the symptoms of mentally ill people, whom she describes as "the psychotic", "the neurotic" etc. (Irigaray 2002:19) to bolster the status of her psychotherapy, tending to imply that if her theory explains these people's symptoms it must be right. The "speaking patient" approach I will outline calls this strategy into question, suggesting her techniques should be seen as ideological in the MacIntyrean sense.

MacIntyre`s philosophy and suggest that it moves us beyond an apolitical conception of psychotherapy.

I noted above that Irigaray criticizes Lacan`s views on the symbolic order, but also works with his concepts of the real, the imaginary and the symbolic. She works within psycholinguistics, taking on board Lacan`s idea that children of both sexes “lose unmediated contact with their bodies when they become speaking subjects” (Stockton 1994:29) and enter a linguistic order dominated by the symbolism of the phallus. However, I would argue that the reality for women of the female body and of female spirituality is central to Irigaray`s criticism of Lacan in *Così Fan Tutti*. Here Irigaray first sets out similar criticisms of psychotherapy to those noted above (Irigaray 1985c: 86) and says that “to the objection that this discourse (that of psychotherapy) is not all there is, the response (of Lacan) will be that it is women who are `not-all`” (Irigaray 1985c: 88). Women are a gap in Lacan`s symbolic order. At most they are represented by what Lacan would call “*objet a*”<sup>67</sup>, which causes desire in the subject. Their bodies can be represented by science and topography but as such they are merely what Irigaray calls “the Other of the same” (Irigaray 1985c:99). That is, women are represented within the phallogocentric symbolic order and within its discourses but they are not subjects in their own right. If they do take up a subject position, they are forced to take up one which conforms to this phallogocentric symbolic order. Women, she says, are not regarded within Lacan`s system as being able to speak about their own sexual pleasure or about God: this is illustrated by Irigaray`s criticism of Lacan`s description of the statue of St. Teresa (Irigaray 1985c: 91). Not only is it odd, she implies, that Lacan chooses a statue to talk about women`s pleasure (implying that his system doesn`t have a grasp on this at all) but it is also odd that he ignores the Saint`s writings.

So how are women to become subjects of enunciation? At the end of this same volume is Irigaray`s famous essay “When our Lips Speak Together” (1985c:205-218). Here the women she describes are physical and spiritual beings in relation, suggesting that if there is a real essence of womanhood it will not be as simple as biological realist essentialism (discussed below). I would connect this to Beattie`s assertion that, in Lacan`s thought, the real is associated with, among other things, the body and God, so although the Lacanian real is not straightforwardly the same as the totality of reality, there are some elements of reality there. Grosz says of the Lacanian real:

The real cannot be experienced as such: it is capable of representation or conceptualization only through the reconstructive or inferential work of the imaginary and the symbolic (Grosz 1990:34).

The women in the essay, each of whom would be merely “*objet a*” in Lacan`s system, can, in relationships among themselves, do some of this “inferential work” which allows them to start to

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<sup>67</sup> *a* stands for *autre*, other with a small “o”. It is a substitute for the real, which was where the child had his or her needs met by the mother (Grosz 1990:75) .



speak a different language related to the different reality of their bodies, accessing a reality beyond Lacan's thought. Thus, for women among themselves, there is some kind of access to a reality outside the symbolic order. Beattie cautions that Irigaray "is not suggesting a return to a state of nature which would accord immediate significance to the sexed body nor is she advocating cultural reversion to 'all the caprice and immaturity of desire' inherent in the pre-oedipal relationship" (Beattie 1999:32) although she admits "her early work does suggest such a possibility" (*ibid.*). Irigaray is relating the ability to speak the language of a different symbolic order to the body, but she also relates it to a spiritual reality: in *Così Fan Tutti* she says simply, in response to the near exclusion of women from Lacan's project: "fortunately there are women" (Irigaray 1985c :90). She doesn't here say "women's bodies", although the existence of bodies, as possible "*objet a*" was the starting point for her reflection. If the essence of being a woman is both spiritual and material, and no one knows in what quantities, then this gets beyond some of the problems feminist critics of Irigaray have raised concerning biological realist essentialism.

The problem is set out by Alison Stone as follows: for Stone, essentialist feminist philosophy holds that "there are properties that are essential to women, in that any woman must necessarily have those properties to be a woman at all" (Stone 2004:8) and biological realist essentialism would be that natural differences between the sexes exist prior to our cultural activities and these differences are essential to women (*ibid.*). Biological essentialism would tend to imply that if a woman had some parts of her anatomy surgically removed due to illness she wouldn't be a woman, which would be wrong, and that trans-sexuals can never be considered women, which would be unkind. Stone notes that more recent interpreters of Irigaray have attributed to her a "strategic essentialism", which means that the idea that men and woman are different is not believed as a truth but is taken on as a strategic tactic to counter oppression (Stone 2004:11). Stone prefers over this categorisation, "political essentialism", which, she claims, has more long term implications and by which she means that Irigaray in her writing is changing conceptions of femininity in the Western canon (Stone 2004:12). Stone, however, argues that even political essentialism is unstable because it prioritizes symbolism over the body (Stone 2004:5) which would be against Irigaray's overall project as it leads to "a devaluation of feminised materiality" (Stone 2004:14). She says that in political essentialism: "there is nothing inherent in corporeal matter that could galvanise it to shape or inflect its own acculturation" (Stone 2004:14) and she herself chooses to oppose this view. She argues that Irigaray says that the expression of the body in culture would be "both corporeal and spiritual" (Stone 2004:18 quoting Irigaray, *I love to You* :27).

But many interpreters of Irigaray do not think she has a realist emphasis on the body at all. Elizabeth Grosz says:

Bodies are not conceived of by Irigaray as biologically or anatomically given, inert, brute objects, fixed by nature once and for all. She sees them as bearers of meanings and social values, the products of social inscriptions, always inherently social...Her emphasis on morphology in place of anatomy indicates that she has stepped from the register of nature into that of social signification (Grosz 1989:112).

(Nevertheless Grosz also notes that Toril Moi believes this distinction between morphology and anatomy to be obscure (Grosz 1989:112-113 quoting Moi 1985)). Whitford sees criticisms of Irigaray's emphasis on the body as

Based on the fear that Irigaray is offering an ahistorical and therefore essentialist definition of female specificity and thereby positing a femininity that is not constructed by society and which therefore would fall outside the realm in which one may work for change (Whitford 1991b:16, referring to Seagal).

Atheists, particularly might fear this. Irigaray seems clearly essentialist at some points, for example she says we should not "fail to recognize that here are two great Others – one female one male. Each sex should be considered in relation to its corresponding ideal, its transcendental" (Irigaray 1991a:106) while saying, in *Speculum*, that male and female may occur in the same person (Irigaray 1985b Ch1). I think the premodern idea that we might move towards truth – in this case towards the sense that male and female elements should be in harmony – is helpful<sup>68</sup>. Such an approach would allow us to believe in male and female as concepts.

My answer to the question of realist essentialism in Irigaray is to follow Tina Beattie and Kathryn Bond Stockton and read her as a feminist theologian. Stockton engages with the early Irigaray of *Speculum* and *This Sex which is Not One*. She says of this Irigaray, other post-structuralist feminists and the body:

Post-structuralist feminists are the new Victorians. What "God" was to Victorian thinkers, "the body" is to post-structuralist feminists. An object of doubt and speculation but a necessary fiction and an object of faith. Cultivating a belief in real bodies as material presence, post structuralist feminists seek now to compensate for deconstruction, along with extreme forms of social constructionism, both of which so heavily stress how language constructs human beings and their world. That is to say post-structuralist feminists are becoming believers... (Stockton 1994:4).

In the Introduction I proposed that tradition-constituted enquiry in the museum worked with a kind of hope of the reality of truth. Stockton seems to argue that Irigaray works with the hope of the reality of

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<sup>68</sup> Irigaray herself chides Freud for implying that there is certainty in the present over who is male and who female (Irigaray 1985b:14).

bodies. At the point in his thought where he elaborates tradition-constituted enquiry, MacIntyre's position is fideistic, working with the hope of truth and faith that it can be attained one day. Irigaray moves beyond Lacan's account of the phallogocentric symbolic order by believing that there is a real essence of women, though not specifying what of it is corporal and what is spiritual. "Real bodies that exist apart from cultural markings", Stockton claims, "form an object of post-structuralist belief" (*ibid.*) and "Irigaray has been called an essentialist but she might be more appropriately termed a believer" (Stockton 1994:27). "She believes in bodies whose essence, if anything, is escape" (*ibid.*); that is, in bodies which form places of "lack" (Irigaray 1985c: 89) in the Lacanian symbolic. (Stockton also notes that, shared between women, this lack becomes plenitude (Stockton 1994:50)). So while Stockton here concentrates on Irigaray's belief in bodies, she assigns a theological meaning to the bodies and describes Irigaray as "a feminist theologian of lack". In fact Irigaray believes in the reality of bodies, *and* that there is something in the spiritual and corporeal natures of women which can challenge the Lacanian symbolic. She moves from her "fortunately, there are women" statement to the idea that St. Teresa's writings are connected to the real essence of St. Teresa's (non-statue) body (Irigaray 1985c :90-91).

It is indeed possible then to argue that a fideistic position is taken up by Irigaray in *Così Fan Tutti*. It is much harder to argue it of "When Our Lips Speak Together". It would be hard for anyone to write this essay without experiencing the reality of God and bodies described. Here, one feels, Irigaray is writing about biology – her biology – as real and as she experiences it; but the encounter described in the essay is also a spiritual one. It is arguable that her move here is from the fideism of *Così Fan Tutti* to natural theology and that this parallels MacIntyre's move from *Whose Justice?* to *Dependent Rational Animals*.

"When Our Lips Speak Together" describes a situation where our bodies, which have been patient to the world (represented by one set of lips) and the rational speaking lips of the Aristotelian *logos*, speak together – that is, are in harmony. Here in this essay, is also the idea that I have discussed in previous chapters that the body has been patient and remembers:

Your body is not the same today as yesterday. Your body remembers. There's no need for you to remember...your body expresses yesterday in what it wants today (Irigaray 1985c:214).

Here women are able to make inferences based on their real value, explore the imaginary and, Irigaray hopes, move to create the symbolic:

If we don't invent a language, if we don't find our body's language, it will have too few gestures to accompany our story. We shall tire of the same ones, and leave our desires unexpressed, unrealised (*ibid.*).

In her essay “Women on the Market” (Irigaray 1985c), Irigaray sees women as defined by a “third term” in which their exchange is measured, rather than by their real value and this pollutes the relationship between men and women. The “third term”, Irigaray says, is either money or phalluses (phalluses are the dominant symbol of the current symbolic order, and men have “mortgaged” (Stockton 1994:29, quoting Lacan) their sexuality on entering this order- so men lose out too). Putting phalluses as a “third term” suggests women are valued by the symbolic order as they contribute to the power and status of men within that order and not otherwise. Stepping outside this and speaking together as women allows women to discover their real value. Stockton, again, emphasizes that the ability to do this is about post-structuralist *belief* that there is a reality outside the capitalist system (Stockton 1994:37)

The early Irigaray associates this critique of the system with desire between women. I think it is important here that the imagery – Irigaray’s most famous imagery – to describe speaking together as women is not an image of motherhood (such as Virginia Held’s mother and child paradigm mentioned by MacIntyre in *Dependent Rational Animals* (DRA 3, Redgrave 2009:41)) but imagery which emphasizes women’s otherness to the current symbolic order and does not risk women’s depiction as, as Irigaray would term it, “the Other of the same”. Where one woman’s body mirrors another this can be thought of as parallel with the idea that “it could have been me” present in the idea of friendship in *Dependent Rational Animals*. However, much caution is required here. In moving from “speaking woman” to “speaking patient”, and even within the idea of “speaking woman” we have to bring in the ideas of chastity and restraint. However, Irigaray’s emphasis on the body as a site of potential creation of a new symbolic order is important, especially if combined with Reader’s work on patency. If bodies have been “patient to” the world, grief at the result of that patency may be expressed when one is with others who have had similar experiences, because they are likely to exercise the virtues of acknowledge dependence towards you.

Stockton emphasises that differences in positioning in the symbolic order (differences of class) are also revealed by the kind of “like you” “like me” statements, like those of “it could have been me” from *Dependent Rational Animals*. These are statements, however, which Irigaray, later theorising her famous essay, disparages as potentially competitive:

It is still not another woman who is loved but the space she occupies, that she creates, and that must be taken away from her rather than respected (Irigaray 1993:104)

and this may be related to class differences *within* a particular disadvantaged group. It has very much been my experience of the Mental Health Service User Movement that people within it are united by vivid experience of the practice of psychiatry, which practice they earnestly desire to change. In this way they (we) are very much the same. However, huge class differences of wealth and educational opportunity also exist between us, and, because of the similarity caused by our experience of

psychiatry (which allows us to say of other patients “it could have been me”) those class differences – the action of other people, who have created and perpetrated the class system- are felt as I have never felt them before.

I have outlined that Irigaray takes up a position of faith in the spiritual and corporeal reality of women to get beyond the Lacanian symbolic order. I have connected this to the idea that patients speaking among themselves may articulate ways in which they have been patient to the world. The spiritual aspect to this gets away from the problems of realist biological essentialism.

##### 5) Our conception of the imaginary changes

The imaginary is seen by Lacan in psychotherapeutic terms. Grosz says that, in Lacan’s philosophy, need, demand and desire correspond to the “real”, the “imaginary” and the “symbolic”. Demand (in the imaginary) “converts the need from a quasi-biological status to a linguistic, interpersonal and social phenomenon” (Grosz 1990:61)<sup>69</sup>. “Demand functions on a conscious level, yet it exists in a limbo region where the subject is neither fully animal...nor fully human” (Grosz 1990:63). For the subject to be fully human, her needs should be adequately addressed in the symbolic order. In Lacanian psychotherapy, these needs come from “lack” caused by loss of the early relationship with the mother in which needs were met by her. I would rather suggest that the imaginary is a place where needs arising from the actions of society on our bodies can also be heard among others with similar needs, and expressed and turned into demands and desires or new symbolic order. What I am saying here is not a detailed Lacanian position, but it does take seriously Lacan’s version of the subconscious, as I have said.

Rhetorical spaces are needed where those affected by the practice can come together to imagine their shared future, getting beyond the current societal structuring of their imaginations. Hence “*parler femme*”, dismissed by Toril Moi who suggests it may be “a tale told by an idiot” (Moi 1985:143), can be redefined as occurring in a space where the hurts experienced by the body can be vocalized and gain strength enough to challenge the dominant symbolic order. Here Irigaray’s belief in bodies allows her philosophy to interact with that of feminists such as Iris Marion Young, mentioned in Section 2.7, who puts forward the idea that women are serialized by practices because they have the bodies they do. Here “demand” in the imaginary can be associated with political demand and speaking *le langage*, associated with what the body has to say to us.

This is important because psychotherapy as it is currently practiced is apolitical. Lambourne says that psychotherapy is “the separation of the theory and art of loving from the theory and art of

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<sup>69</sup> I would argue, consistent with the argument of Section 1.4, that Aristotle wouldn’t make this biological versus social distinction.

justice' (Lambourne:1970:135). This, as noted earlier, is by virtue of its having been developed in a ghetto- like situation. By the above quote we can take Lambourne to mean that psychotherapy does not include the attitude of "society *ought* to be different". Elsewhere he argues that psychotherapy *is* judgmental but the judgment is focussed on the patient. He questions that psychotherapy, as many of its proponents claim, contains an unjudging love (Lambourne 1963:149). He says that the act of consulting a therapist contains justice within it: the psychoanalytic role *is* judgmental – the therapist, he argues, cannot opt out of that (*ibid.* 153).

The patient, in so far as he agrees to co-operate, is agreeing to expose himself to someone who makes people better... Whilst the therapist may be at pains never to pass judgment upon the patient, the patient may nevertheless feel that what the therapist, both personally and in his social role, passes judgment upon him. The unjudging love of the therapist may be experienced by the patient as the expectation that he will strive to get better (*ibid.*).

That is, where judgment *is* involved in psychotherapy as it is currently conceived, that judgment is focused on the patient, rather than on society. If the getting better is down to the therapist`s techniques and a rational myth with which the patient may disagree, that judgment on the patient, if the techniques and rational myth fail, is all the more harsh. Reconceiving of Lacan`s imaginary challenges this apolitical conception of psychotherapy, bringing alongside the view that the patient ought to be well, that that society ought to be different.

#### 6) Irigaray provides an account of wisdom in dealing with sexual difference. (Irigaray`s Ethics of Sexual Difference)

It could be argued, (in fact it probably would be argued by object relations theorists who think the child relating to the parent as a person is more important than being driven by Freudian drives<sup>70</sup>), that Irigaray, because her background is in the theories of Freud and Lacan, emphasizes sexuality too greatly. But she transcends this, becoming a thinker who considers sexual difference in respect to almost every thinker in the Western canon<sup>71</sup>. Because of this, in the approach of prioritizing wisdom over technique in psychotherapy, Irigaray is useful in putting to the question that most paradigmatic of the techniques of psychoanalysis, transference.

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<sup>70</sup> Philipson argues that "object relations, self psychology, interpersonal psychology, countertransference and what some have termed a move from a one person to a two person psychogy" have effected a paradigm shift in psychotherapy. She argues this following Mitchell 1988 and says this shift has focussed "theoretical scrutiny from the oedipal to the pre-oedipal". Unlike Mitchell, she argues for attention to the effect of increase in women in the profession in effecting this shift (Philipson 1993:110-111). Interestingly, her view is that one of the effects of this shift has been to render the practice of family therapy more political (*ibid.* 97)

<sup>71</sup> This also means her philosophy is complementary to that of MacIntyre, who also works with the entire Western canon, but, despite claiming to be an Aristotelian biologist, almost never mentions sex.

Psychoanalysis deals with intense personal feelings and has elaborated a number of strategies for when love accidentally happens in therapy, in order that the therapy can continue. The actual attitude is that “we will tinker with your sexual feelings, according to a rational myth with which you may not agree and which we are not going to discuss with you”. My personal belief is that this makes the practice of psychotherapy a dangerous one to use on patients. A power imbalance is created. Although the therapist may see this as transference, the patient may well be seeing it as love. It should be noted that the effect of introducing the concept of transference is to allow the therapy, counselling or pastoral care to continue (work for which the analyst may well be getting paid) when, in the patient’s best interests it should really stop. To see of what it is that the psychotherapeutic technique of transference stands in the place, requires some sense of how sexual relations between men and women should be organised with wisdom. I am going to argue that Irigaray’s *Ethics of Sexual Difference* provides this.

For Ziarek, what is important in Irigaray’s philosophy is her attempt to re-write ethical relations between one and the other in terms of wonder rather than desire and possession (Ziarek 1999:11). Irigaray writes about wonder in her essay on Descartes in *An Ethics of Sexual Difference* (Irigaray 1993:72-82). In this book she engages with a number of philosophers from the Western canon, trying to re-envisage how philosophy should change to take account of sexual difference. Of Aristotle on place she says that woman is a place for man: a container for him during sex, for the baby during gestation, but that she also needs to be a place for herself (Irigaray 1993:41): one can argue from this that woman must have a political role aside from her role in reproduction. She says of wonder (Descartes’s “first passion”):

This first passion is indispensable not only to life but also or still to a creation of an ethics.

Notably of and through sexual difference. This other, male or female, should *surprise* us again and again, appear to us as *new, very different* from what we knew or what we thought he or she should be (Irigaray 1009:74).

But also that wonder is “faithful to becoming, to its virginity, its power of impulsion without letting go of its bodily inscription” (Irigaray 1993:82) - virginity implying some degree of purity.

When she discusses sex between men and women her account is much more ambivalent than was her account of sex between women (depicted in “When our Lips Speak Together”). Although the caress is compared to Levinas’ ethical account of the face, she worries that often, in heterosexual sex, the relationships between men and women which currently exist in society (tellingly: “he buys her a house, even shuts her up in it” (Irigaray 1993:11)) are easily established. *An Ethics of Sexual Difference*, I think, links to Irigaray’s later work *Democracy Begins between Two* and the relationship, involving sexual difference but public, between two persons of equal power, described therein. In this book, celibacy is commended not out of fear of God but because it will make us better human beings

and make a “new stage” in history “between races, generations, traditions” possible (Irigaray 2000:7). I take the relationship of wonder to be how she envisages relationships of sexual difference to work in public spaces such as the *polis* and the philosophy department. In Irigaray’s thought, just as in *Dependent Rational Animals*, the basic facts of biology which are the same as those with which an atheist biologist must deal, are structured and thought about in the light of an ethical relationship which is more primary. I take Irigaray’s emphasis on the female body to mean that its difference from men is important politically; a difference which must be taken into account before Irigaray’s Ethics of Sexual Difference can be possible. Arguably, however, for such an ethics to work, the female body, with its effects, needs to be correctly situated culturally and politically; that is, power relations need to be evened out. It is thus questionable whether an ethics of sexual difference is achievable in a psychotherapeutic encounter.

#### 7) Dealing with sexual difference and how one should approach sin

Psychotherapy has, as I shall argue in this Chapter Section 9, a parallel role to Catholicism with regard to sex as it provides a theory as to how sexuality should be dealt with. Where Catholicism would relegate a large fraction of sex to sin, psychotherapy manages it by technical technique. I think Irigaray’s philosophy provides us with an alternative way of thinking of sexuality and sin which helps us develop a practically wise approach to it and I will outline it here.

What emerges from Irigaray’s thought is a picture of how our sexual relations are supposed to be. Tina Beattie thinks Irigaray’s philosophy lacks embodiment which Roman Catholicism can provide:

In Irigaray’s exploration of the sexual encounter, biological fertility, sex and procreation are displaced to make way for a disembodied ideal to do with language, culture and divinity...but in her near wholesale rejection of social institutions such as marriage, the family and the church she herself risks sacrificing worlds of value, joy and sexual love on the altar of a vision that she acknowledges is precarious and possibly unattainable (Beattie 1997:181-182).

This is Beattie’s reason for trying to think through the imagery of Catholic Marian theology by engagement with Irigaray (Beattie 1999). However, at the same time, Beattie discounts the embodiment which Irigaray herself provides in her early work saying this is only a strategy (Beattie 1999:32 – I am presuming Beattie here refers to “When Our Lips Speak Together”). I have associated this embodiment with MacIntyre’s *Dependent Rational Animals* and MacIntyre’s approach to the body, and hence also with an approach which can be embodied in practice. Thus a form of embodiment in Irigaray’s philosophy which Beattie rejects is associated, in my thesis with real world practices.



However, Beattie does say something important to the argument of this thesis about Irigaray's consideration of sexuality. She links it with John Paul II's view of the "original goodness" of sexuality, before the Fall (Beattie 1999:166). She points out that both John Paul II and Irigaray think we live in a fallen world with regard to sexuality. Irigaray's view on this is illustrated in "The Fecundity of the Caress: A Reading of Levinas" (Irigaray 1993a). Here Irigaray meditates on how, from the beauty of caress, sexual relations between men and women easily deteriorate:

When the lover relegates her to the realms of infancy, animality or maternity, one aspect of this mystery (of sexual difference) is not brought to light. What is left out is participation in construction of a world that does not forget natural generation and the human being's role in safeguarding its efflorescence (Irigaray 1993:a 195).

The relations deteriorate into those of the economic system of which we are part. Thus, when Nussbaum effectively says to MacIntyre that she does not see what is wrong with sex and that to call it Original Sin is a flight from reason<sup>72</sup>, Irigaray perhaps provides an answer. I would argue that, in Irigaray's philosophy, sexual difference might, in a non-fallen world, inform the relations of men and women politically. But we have also seen how Irigaray seems to seek an ethical framework based on wonder (and, I am surmising, restraint) to contain this.

It (wonder) is never found to reside in this locus: between man and woman. Into this place come attraction, greed, possession, consummation, disgust and so on. But not that wonder which beholds what it sees always as if for the first time, never taking hold of the other as its object, but leaves it subjective, still free (Irigaray 1993:13).

Irigaray, strives for a vision of how our sexuality is supposed to be. She describes a precarious balancing point between wonder at the other, tipping over into wanting to desire and possess the other. Civility at this balancing point should be aimed at politically. Unsurprisingly this has not really happened in the West and the easier routes of banishing women from public life or then reinventing that public life as one in which we are all the same have been pursued. It is arguable that the technicalisation of sexuality which occurs in the theories of psychoanalysis is one more example of our not aiming at this civility.

The lack of progress towards the political situation Irigaray seeks would provide Nussbaum with the answer to her question of why she should accept the doctrine of the Fall. I am arguing for an interpretation of Irigaray which says that it is our failure to include sexual difference in our politics, which contributes to our having such a politically disastrous world. Whitford notes that other feminist

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<sup>72</sup> Nussbaum says Aristotle argues that if we don't find sex pleasant we are not human (Nussbaum 1989:40) although interestingly, in the same article she mentions the "destructive power of erotic passion" (Nussbaum 1989:41).

writers, (such as Moi 1985) have criticized Irigaray for defining power only as something women are against, rather than seeking equal power (Whitford 1991b:20). I think the trajectory of Irigaray's career to a point where she is an established person able to have a dialogue of equals with an Italian politician in *Democracy Begins Between Two*, seems to illustrate the necessity of equal power between men and women for the type of politics she espouses. I would argue the equal power comes from the presence of a community of women in places where power is held. This allows for "two qualitative differences to be discovered, to be related – one which takes place in sexual difference and one which can be lived in sympathy between women" (Irigaray 1991a:106).

Arguably then, this vision of a non-fallen world makes her philosophy more compatible with that of MacIntyre than one might have first thought. Irigaray wants a culture in which sexuality is more acknowledged. We can relate this to Beattie's account of sexuality in Irigaray: Beattie says "the creative dimension of sexuality lies not just in reproduction but in the regeneration of culture" (Beattie 1997:173). She relates this to Irigaray's use of the term "sensible transcendental" to designate "the presence of divinity experienced through the body but also excessive to the material world" (*ibid.*). The idea that an aspect of the real is accessible in encounters involving the sensible transcendental seems to be central here, and the body is included in this.

Where Irigaray is critical of sexuality- where sin is involved for her- is where sexuality supports the system. Jaarsma says: "Irigaray indicts the Western tradition as being male-centred while operating as a universal. This universalizing domination then becomes diagnosed by Irigaray as originary sin" (Jaarsma 2003: 55) and she says that Irigaray tells different narratives of the Incarnation to get beyond this type of sin (*ibid.*). However, I would argue that there may be other problems for someone who takes, for example, Nussbaum's Aristotelian view of sex, or the depiction of sex, apparently without responsibility, which we get in some area of Irigaray's writing.

To elucidate these problems I turn to the writer C.S. Lewis because a recurring theme of this thesis is to ask how MacIntyre's philosophy would be changed if seen from a perspective which has an approach to authority which is closer to Protestantism than Catholicism. In evangelical circles at least, Lewis is often the thinker to whom people turn to understand how to integrate sexuality into their lives<sup>73</sup>. Bringing in Lewis in this way would be an anathema to many interpreters of Irigaray. Jaarsma, quoting Martin, says that remedies for sin in Irigaray are "not offered in the form of commandments, nor are they suggested as rules to control or deny the self"; (Jaarsma 2003:55 quoting

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<sup>73</sup> Van Leeuwen argues that Lewis was an essentialist and had hierarchical views of gender (Van Leeuwen 2010:157). Certainly his views on women in his essay on friendship in *The Four Loves* are dismissive. She, however, makes the point that he grew up an Edwardian and his views had modified by the time of writing, for example, *A Grief Observed*. In any case, essentialism and arguments for restraint arguably provide interesting resources for mediation between Irigaray and MacIntyre. The devastating argument he makes here against divorce is to some extent mitigated by the dramatic narrative of his life.

Martin 1998:14). However, I have already considered that celibacy may be appropriate in some areas of Irigaray`s political philosophy and what I am going to suggest may be compatible with what Jaarsma says elsewhere about women`s salvation; namely that women`s sin is her “fragmentation” and her “salvation” is in “a God who inscribes borders within which she might conceive of herself as a coherent self” (Jaarsma 2003:51).

Lewis famously says in his discussion of *The Four Loves* of affection, friendship, *eros* and charity (by *eros* he means “the state of being in love” (Lewis 1985:85)) that love is a vision of God but that to turn it into God and subjugate everything in your life to it is to make of it just the opposite of God. He illustrates this with the image of walkers who see their destination in the distance from a clifftop:

At the cliff`s top we are near the village, but however long we sit there we will be no nearer our bath and our tea (Lewis 1985:11).

Seeing our destination from afar like this is like the vision of God we get in *eros*:

Every human love, at its height, has a tendency to claim divine authority. Its voice tends to sound for us as if it were the will of God himself. It tells us not to count the cost, it demands from us total commitment, it attempts to override all other claims and insinuates that any action that is sincerely done for love`s sake is thereby lawful and meritorious (Lewis 1985:12).

To actually get nearer to God we must accomplish the less ascetically pleasing and more arduous task of walking down the hill, albeit with the hilltop vision to inspire us.

Irigaray notes that Diotima similarly says to Socrates that *Eros* is not a god: “his (*Eros*)` function is to transmit to the gods what comes from men and to men what comes from the gods” (Irigaray 1993a:23). It is a commonplace of the majority of forms of Christianity that God speaks to us through the keeping of promises and through long term relationships. If the sex Nussbaum says it is part of being human to like, or that Irigaray writes about so freely, transgressed the existing commitment of those involved to others there would be a problem. “Something else, at first vaguely described as `decency and common sense` ...must come to the aid of mere feeling if it is to be kept sweet” (Lewis 1985:107). Similar considerations arise where the relationships involved include the power imbalances caused, for example, by illness. Lewis compares “decency and common sense” in dealing with love to the tools of a gardener when dealing with a garden. Without gardening the garden would be a wilderness (Lewis 1985:107). Thus Lewis claims that all three natural loves he describes (affection, friendship and *eros*) require to be helped by charity, which he describes as loving that which cannot naturally be loved (Lewis 1985:122).

Irigaray portrays a culture of sexual difference as something which is difficult to attain and requires wisdom to negotiate. *Democracy Begins Between Two*, as noted above, illustrates the

necessity of equality of power for her Ethics of Sexual Difference. This is in contrast to both the Roman Catholic and psychotherapeutic approaches to sexuality. MacIntyre's view, which one can take to be tending to see sex which is not linked to procreation as sinful (MacIntyre 2009b:9), represents the approach of Catholicism in dealing with the difficulties of sexual difference. Arguably, the psychotherapeutic theories of transference have a similar role as both theories do not encourage the equality which might allow the negotiation which an Ethics of Sexual Difference would require. In psychotherapy sexuality is managed by technique. The speaking patient approach I have been elaborating should never cease to treat people with Lewis' "decency and common sense" and that includes the decency and common sense of the plain person's view of love.

It is clear from Irigaray's essay "The Limits of Transference" (Irigaray 1991a) that Irigaray sees many problems in the nature of transference in psychotherapy as she finds it; that she thinks the whole theory is problematic because imbued with the phallogocentric assumptions of its theories. When she discusses lack of an acceptable theory of transference between women she implies that what would be behind it, if it occurred between women, is

a long story sorted out, to be unfolded from morning to night from night to a new dawn...which requires a new language (*langage*, the word for a local language) (Irigaray 1991a:110)

And that women used to communicate like this during the preparation of food (*ibid.* 107). While it seems, from other comments in her essay, that Irigaray seeks to provide a solution to these problems within the framework of psychoanalysis described by Laing (doctor, patient, consulting room), in my view at repeated moments in her thought she goes beyond this solution.

#### 8) Group therapy

Go beyond this solution how? I have connected collective advocacy to "speaking patient". But "speaking patient" differs from group therapy. Lambourne uses Corsini's definition of group therapy:

Group psychotherapy consists of processes occurring in formally organized, protected groups and calculated to attain rapid amelioration in personality and behavior of individual members through specified and controlled group interaction (Lambourne 1963, quoting Corsini 1957).

Lambourne's claim is that the atmosphere of such groups is

Similar to the atmosphere which is sometimes found between acquaintances when under the influence of firelight and evening quietness they surprise each other by speaking openly and deeply about their own relationships and confess what they really think about themselves and each other (*ibid.*)

I would dispute this. In my view there is a marked difference between the two situations, illustrated by use of the word “calculated”. The former talks of “specified and controlled interaction”. Is there an expert therapist there? What is his rational myth? Is he discussing it with others? How is he “specifying and controlling” interaction? The former has a preponderance of technique and the technique is thought to be allowable because the therapist, as MacIntyre says of his character in *After Virtue*, is subjugating the ill person to the well person they want them to become. The attitude of “the patient *ought* to be well” is dominant. Hence, while in comparison with individual psychotherapy, the group situation has more protection of individuals than a one-to-one session, there are still dangers for people who may be too fragile to endure the technical approaches of therapy.

In addition to this, the very existence of therapy has negative effects for the long term mentally ill. Because adequate therapy is thought to exist out there, a certain responsibility is put upon them to find themselves that right therapist and a technical solution. The people round them tend to use the existence of a belief in therapeutic professionals to excuse why they themselves do not help the person. Therapy, thus, far from being similar to the community described in Lambourne`s second paragraph above, is actually sitting in its space, preventing it from happening.

#### 9) A substitute for prayer?

In Chapter 3 Section 5b, I noted that MacIntyre, in *Against the Self Images*, asked a pertinent question about therapy: why is it so popular? His answer was to see psychotherapy as performing some of the functions of the rational myths of Marxism and Christianity (ASIA 34-5). I would say psychotherapy feeds into the hope we all have that somewhere out there there will be the perfect listener who will listen to our story, say just the right things in just the right places and be healing, and the pride that many psychotherapists seem to have that they *are* that person and that their particular rational myth will be the right one and a healing one for that particular patient. In this way perhaps the concept of psychotherapy is standing in, in the secular imagination, for prayer. As MacIntyre says, comparing psychotherapy to prayer in 2009: “for both there is someone before whom and to whom one talks” (MacIntyre 2009:29). He goes on to say that one`s “self-justifications and concealments” are revealed in both. (We should note here that he is less rational, in his own terms, here than in 1953 where “Protestant man as he prays puts himself in a relationship of dramatic narrative with God” (MacIntyre 1953:86).)

However, perhaps we should take seriously the idea that psychotherapy may be standing in for prayer in the secular mind, and that may be why psychotherapy tends to be treated with holy reverence as a concept. Negative effects of this may be that, instead of a person who is troubled being seen as having a spiritual problem which is of some value because it may lead him or her to a closer relationship to God and thereby benefit us all; rather, the person themselves is seen as a problem who must be fixed. A belief in the existence of therapy and the perfect “fix” thus also sits, as well as in the

place of community, in the place of our collective belief in the universal value of prayer, obscuring that belief.

O. Hallesby says prayer may feel unpleasant, and is in some ways something that some part of us may want to resist (Hallesby 1968). He relates this resistance to “the flesh” (*ibid.*:31), but I think we have seen, from discussions of Irigaray above, that the flesh is not bad in and of itself (something she gets over particularly in her concept of the sensible transcendental, which is where God is experienced particularly through the flesh.) Whether the impulse to sex is bad depends on the situation and whether others will be hurt by one’s assenting to that impulse or not. MacIntyre, on this issue and how the disciplines of psychotherapy and some approaches to Christianity deal with sex respectively, says:

For Freud, belief in God is an illusion that disguises our distorted and inhibited sex drives; for Augustine our distorted sexuality entangles us in illusions about the object of our desires, disguising our belief in and our desire for God (MacIntyre 200:29).

I have argued, instead, drawing on Irigaray, that sexuality is not bad in and of itself, as long as it is handled with Lewis’ “decency and common sense”. We should however, take very seriously MacIntyre’s comment that Freud’s view entails that “in order to resolve the conflicts that issue in our neurotic symptoms, and sometimes in psychosis, we have to undergo a discipline whose effect would be to leave us without belief in God” (MacIntyre 1990:29). This is, from the point of view of this thesis, a very serious criticism of psychotherapy and shows how important it is that the rational myth by which a person’s stories are interpreted fits the person’s spirituality and worldview. It illustrates that psychotherapy potentially contains a very serious anti-religious element.

#### 10) Ingleby’s argument that psychotherapy belongs in the praxis paradigm.

Against the arguments I have been making here, and for a defence of the role of psychotherapy within the praxis paradigm, I return to David Ingleby. Ingleby divides his praxis view into two: firstly “normalising” approaches which “give accounts of what the person is up to in terms of what he or his fellows think he is up to” and secondly what Ingleby calls “depth hermeneutics” which “actively criticise and transcend people’s own understanding of themselves”. For Ingleby, “depth hermeneutics” answers what he sees as the main problem of applying praxis to madness:- namely that, if the behaviour of psychiatric patients is so comprehensible, why are they classed as mad at all? He says that psychoanalysis will one day provide the answers to hard core problems which remain, once the following “good answers to this question” have been eliminated. The good answers are as follows:

The decision (to classify certain behaviour as mad) may not have been made by an open minded, representative sample of lay people; those responsible for it may have wished to invalidate the

behaviour in question...or they may not have had access to all the relevant information; the context may have been overlooked, both because traditional psychiatry lacks any way of doing justice to it and because people who comprise it may not wish to be implicated. The purpose (of the behaviour) may have been ignored because of their very nature especially if they involve an element of protest; and the codes may be overlooked because of one of the groups` ignorance and contempt towards another (Ingleby 1981:59-60)

It is worth noting that this list (of reasons why mental illness might be understandable in common sense terms) is a very long one. At the very most, psychoanalysis is coming out as an auxiliary technology to the praxis view, that is a technical approach which may be drawn on when common sense fails. Ingleby makes the following argument which supports a conception of psychotherapy as an auxiliary technology (rather than as the whole story about people): where people have said psychoanalysis lacks explicit rules for the naming of phenomena, Ingleby argues that this is all right because any science relies on common sense in this area. However, since psychoanalysis sets out to undermine common sense interpretations, the solution is to undermine one part of received wisdom by appeal to another (Ingleby 1981:66-67). "Freud can only speak about illusion and compulsion by taking for granted true perception and free will" (Ingleby 1981:66). That is, psychoanalysis assumes an overarching belief in common sense. Something of the sort needs to be assumed for depth hermeneutics to work at all.

In the category of systems which transcend a person`s own conception of their actions, Ingleby puts Marxism. Here then there is a link with MacIntyre`s use of the term "false consciousness". In Chapter 2 I have outlined a way of negotiation rational myths one with another and of not ascribing false consciousness. Ingleby would see psychoanalysis as left for the remainder of hard core problems of mental illness once common sense interpretations have been removed, and indeed psychotherapy`s image of itself would concur. However, I have argued that psychotherapy`s position in culture is much larger and more oppressive than that of mere auxiliary technology which Ingleby here describes it to be. This may be down to the power of "the unconscious" as a concept, especially as aligned to the "trick", "technique" and "way of seeing" madness I have described.

### Chapter Summary

In this chapter I have asked what psychotherapy is and answered that it is a paradigmatic technique usually involving doctor, patient, regular time and place and, in the therapist`s mind at least, an Encyclopaedic rational myth to be applied, as per MacIntyre`s character of the therapist, without debate with the patient. I have argued that it involves a paradigmatic way of seeing the patient`s distress in technical terms. I noted Irigaray`s critique of Freud`s Encyclopaedic approach and that her critique of Freud tended towards introducing the opinions of the plain person to the consulting room. I noted that she calls for the rational myths of psychotherapy to be debated. Reading Irigaray as a

feminist theologian, I noted that Irigaray takes up a position of faith in the spiritual and corporeal reality of women to get beyond the Lacanian symbolic order. I have connected this to the idea that patients speaking among themselves may articulate ways in which they have been patient to the world. In the course of this, Lacan's concept of the imaginary, and psychotherapy itself, becomes political. I then introduced Irigaray's Ethics of Sexual Difference as a practically wise alternative to the technique of transference. I noted how the technical paradigm of psychotherapy could be sitting in the cultural space of the healing possibilities of communities and prayer and how this could particularly disadvantage the long term mentally ill, who are probably not strong enough to benefit from psychotherapy anyway. Finally I considered Ingleby's argument that psychotherapy belongs in his praxis paradigm. While Ingleby has an alternative name for this paradigm (the name "interpretive") and thinks that psychotherapists can assign to patients interpretations opaque to themselves, I would hope that a MacIntyrean version of the paradigm would differ from Ingleby's in seeking to reduce the ascription of false consciousness to a very minimum using the model of knowledge outlined in Chapter 2.



## Chapter 7: Psychiatry as a Nurturing Practice

### Introduction

In making science within practices subject to human judgments, the question arises as to where objectivity within practices resides. To answer this question I will elucidate MacIntyre's view of objectivity within practices, which I argue is related to fabricating practices (using Hannah Arendt's categories of labour, work and action to arrive at the distinction between nurturing and fabricating practices). I then argue for a parallel kind of objectivity for nurturing practices, an objectivity based on meaningful use of the word *ought*. Next I demonstrate how this kind of objectivity can work in practice, taking an example from a publication of the Scottish Independent Advocacy Alliance and from real controversies in the practice of psychiatry: the controversy of the named person in the 2003 Mental Health (care and treatment) Act (Scotland) and controversy over the composition of mental health tribunals.

Using MacIntyre's concept of the goods of effectiveness which are associated with practices, I examine how the kind of objectivity for which I have argued needs to be disentangled from opinions which reflect allegiance to such goods. It is helpful, in considering this, to look at mental health advocacy as a "clean practice". I suggest that this aspect of mental health advocacy adds to the authoritativeness with which patient judgments should be regarded. Finally, although I have not abandoned the concept of objectivity in psychiatry, and hence John Stuart Mill's argument for authority within spheres within liberalism, nevertheless I think that patients were forced to use a concept of liberalism which would grant genuine authority to the disadvantaged against current structures in psychiatry, because those structures constituted usurped authority.

### 1) Objectivity in nurturing practices

What is MacIntyre's view of objectivity in practices? MacIntyre's early work is partly characterized by much consideration of the use of the word *ought*. For example, in *Ought* (ASIA 136-156) he traces changing uses of the word and finds that, in feudal society, it was linked to that which one owed others by virtue of the role one held in society. Hence your role defined what you *ought* to do (ASIA 143). Used in this way the word *ought* has meaning, a meaning which, MacIntyre argues, is largely lost in modernity. In MacIntyre's mature project, in *After Virtue*, practices become a way of grounding morality, and here MacIntyre harks back to *Ought* saying that a good sea captain should be appraised in his role. But, also in this book, MacIntyre says that only in practices can our actions gain objectivity, because only here can we use the word *ought* in an objective way: we know how a good fisherman *ought* to behave, because he is the one who can catch fish, we know how a good farmer *ought* to behave because his crops do not fail, etc. It is only in these areas of life that "an 'is' premise can...entail an 'ought' conclusion" (AV:57) and hence in such areas, of practices, the pre-

Enlightenment link between `man-as-he-is-now` and `man as-he-should- be`, remains; but only here, and this is a reason for MacIntyre`s pessimistic conclusion in *After Virtue* that we are descending into the Dark Ages.

This notion of objectivity in practices seems to have come from Marx. In his analysis of Marx`s “turning away from” (MacIntyre 1998b:224) philosophical enquiry, MacIntyre describes Hegel`s conception of civil society as based on social relationships of “utility, contract and individual rights” (MacIntyre 1998b: 223). He says that Marx is saying, *contra* Hegel, that philosophers should have as their *telos*

The *telos* of some form of what Marx in the first thesis calls *objective* activity, taking over this expression from Fichte and Hegel. Objective activity is activity in which the end or aim of the activity is such that by making that end their own end individuals are able to achieve something of universal worth embodied in some particular form of practice through co-operation with other such individuals. The relationships required by this type of end are such that each individual`s achievement is both of the end and of what has become her or his own end (MacIntyre 1998b:225).

So he says that Marx here says objectivity is about reaching to something, some communal good, beyond oneself. For MacIntyre, Aristotle`s approach helps us arrive at such objectivity better than that of Marx.

Practices whose activity can thus be characterized stand in sharp contrast to the practical life of civil society. It is a contrast which is best expressed in Aristotelian, rather than Hegelian terms (*ibid.*).

Here seems to be where teaching and authority comes in. If we are to reach beyond ourselves to some communal good, we must be open to the possibility that others may have more idea of what that good is than we do; the good farmer knowing more about farming being a case in point. But here too seems to have crept in the conception that MacIntyre`s practices are concerned with fabricating activity. MacIntyre`s primary example of Marx`s “objective” activity being revolutionary is a community of fabricating craftsmen, hand-loom weavers in Lancashire and Yorkshire. He says that their practice enabled them to: “discover conceptions of the good and of virtues adequate to the moral needs of resistance” (MacIntyre 1998b:232).

A theory which had successfully articulated their (the hand loom weavers) practice and which had been formulated so that its dependence on practice was evident would have supplied just the kind of example of the relationship of theory to practice which the argument expressed in the *Theses on Feuerbach* so badly needs (MacIntyre 1998b: 232).

Arguably, the objectivity is provided by the goods of fabrication. If they are excellent, the practice has been carried out successfully. One can of course argue that MacIntyre`s concept of practices is broader than this: that it encompasses “any coherent complex form of socially established human activity”, as he says in *After Virtue* (AV 187), and Aristotelian examples such as “sea captain” are used (AV 59). But where MacIntyre elaborates objectivity with respect to the word *ought*, even when dealing with a practice such as farming, which might be said to be nurturing, the criteria he uses to ground the practice objectively are related to the excellence of the goods produced in terms of yield and separate from whether the practice of farming is in tune with nature:

“He gets a better yield for his crop per acre than any farmer in the district”, “He has the most effective program of soil renewal yet known” and “His dairy herd wins all the first prizes in the agricultural shows” the evaluative conclusion validly follows that “He is a good farmer” (AV 58).

Although farming is in part a nurturing practice, that which it nurtures cannot speak, so the criterion is not “his cows say they are happy”. To ground the practice objectively, we look at the product and ask “Is it good?” The criterion of a fabricating practice is that its subject matter is to be moulded into a product: its attitude to its subject matter is instrumental<sup>74</sup>.

The concept of objectivity explains David Miller`s criticism of MacIntyre`s concept of practices. Miller criticizes MacIntyre`s *After Virtue* view that practices ground the virtues, which he glosses thus: “to show that a quality is a virtue is to show that its possession is essential to sustain one or more practices and to achieve those goods which the practices serve to foster” (Miller 1994:247). Miller makes sense of this by focusing on “internal goods” to a practice, which can only be achieved by accepting its standards of excellence and getting on with one`s fellow practitioners (*ibid.*). Miller makes the distinction between those practices the point of whose existence is their internal goods (which he calls “self contained”), and those which serve a wider purpose (which he calls “purposive”) (Miller 1994:250), and his example of a purposive practice is, significantly, the nurturing practice of medicine. In the former, criticism of the practice is internal to the practice, whereas the latter can be criticized by standards of desert prevalent in society. Miller extrapolates from the medicine example to claim that MacIntyre`s “practice-defined theory of desert” (Miller 1994:255) can at any time, in any practice, be challenged by wider societal notions of desert (*ibid.*). But this is to reject the

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<sup>74</sup> This calls to mind MacIntyre`s really devastating analysis of the character of the therapist in *After Virtue*: “the therapist also treats ends as given, as outside his scope; his concern also is with technique, with effectiveness in transforming neurotic symptoms into directed energy (AV 30)”. Here the human nature of the patient is being treated instrumentally, with no debate about ends.

objectivity, related to *ought*, with which MacIntyre began. This is a real objectivity and, I would argue, related to fabrication: the practitioner who makes excellent goods deserves reward.

MacIntyre replies to Miller by saying that the goal of what he calls productive practices is never “solely to catch fish, or produce beef or build houses” but to do so ethically, perfecting the craftsperson (MacIntyre 1994:284). However, the objectivity MacIntyre has elsewhere argued for does seem to be centred on fabrication. I would argue it needs to be supplemented by a similar *ought*-based objectivity for nurturing practices. I would argue that the distinction Miller is trying to make is between fabricating and nurturing practices, where fabricating practices take their objectivity from having taken an instrumental approach to nature, giving a product, and nurturing practices from general justice, linked by Aristotle to friendship (Aristotle 1999 VIII 1ss 4). I take this nurturing/fabrication distinction from Hannah Arendt.

Arendt, in *The Human Condition*, says that there are three categories of active life, (without which the contemplative life so valued by Aristotle cannot proceed). These are labour, work and action. She says:

It [contemplation] depends on labour to produce whatever is necessary to keep the human organism alive, it depends on work to create whatever is needed to house the human body and it needs action to organize the living together of human beings in such a way that peace...is assured (Arendt 1958:167).

Labour nurtures the world, work changes and moulds the world, action is communicative and organizes the other two and action keeps the peace. We should note two things about this. First, it becomes clear that Arendt sees work as the source of much which contemporary theorists find to criticize in market economies. She sees it (as does MacIntyre) as a source of objectivity (“without a (fabricated) world between men and nature there would be eternal movement but no objectivity”(Arendt 1958: 174)), of the destruction of nature to fulfil our needs and of the multiplication of goods to sell in the market to achieve financial independence of the fabricator from his fellow men. This is contrasted with labouring where the needs of ourselves and others impinge on us, and action, where we must negotiate with others.

Secondly, we should note that Arendt sees these terms as sexually differentiated. Arendt notes that the word “labour” in several European languages is the same as that used for the struggle leading to childbirth. Labour at first sounds as if it is something men do until one realizes that it is not defined by being heavy labour. A craftsperson, setting out to build a number of houses, may have a number of “labourers” working under him doing what by Arendt’s definition is work. Rather, Arendtian labour is sensitive to nature; whether that nature is our fellow human beings, sheep or plants, its guiding influence is to look after nature. Arendt says:

[*Homo faber*] by elevating man the user into the position of an ultimate end degrades even more forcefully all other ends to mere means. If man the user is the highest end “the measure of all things”, then not only nature, treated by fabrication as the “almost worthless material on which to bestow “value” as Locke said, but the valuable things themselves have become mere means, losing thereby their own intrinsic worth (Arendt 1958: 177).

If we take the nurturing/fabricating distinction seriously, we define labour as being non-instrumental, because it is motivated by love. Hence the nurturing practices, such as those taking place in the household, can be seen as being done from Aristotle’s wide definition of friendship and hence as virtuous. It is interesting to note the effect of the role of the slave in Aristotle’s system. He is there to do the despised work of labour. He is, Aristotle says, in his role as slave, irrational. In introducing this figure Aristotle’s move is to degrade labour, frequently done by women for love, to irrational status<sup>75</sup>. Irigaray makes similar points about fabrication and an instrumental approach to nature, although she does not use Arendt’s terminology, talking about “the fabricated character of the commodity, its transformation by man’s social symbolic ‘labour’” (Irigaray 1985:176) (where Arendt would use “work”). For Irigaray, Western society is based on the exchange of women. Women are containers for their value in this symbolic order, rather than being able to express completely what is valuable about themselves. Women are thus part of the nature which is bartered by the market and by men. This would be why it would be important for women to speak among themselves, as such speech could be outwith this male system of value (Irigaray 1985c:170-181). In this context Irigaray speaks of how this system of exchange “blurs of the seriousness of use” and “‘perverts’ need” (Irigaray 1985c:177). I would relate this to the lack of seriousness with which nurturing practices are often under taken.

So making a practice objective, reaching to some good beyond ourselves which we can make our own, lies partly in submitting to the authority of teachers, but partly with listening to those who are on the receiving end of nurturing practices. In my MLitt dissertation I proposed that for the communities of hand-loom weavers highlighted by MacIntyre to be genuinely Aristotelian would require them to have their own space for debate in which their concerns (often threatening to their masters) could be elaborated and anonymized (such that they could be displayed in a hypothetical museum), to allow debate of goods (Booth 2005b). Whether good weaving had been produced or not would be relatively easy to verify. Whether the community had been adequately nurturing to its apprentices would require further debate. Adam Smith, for example, in the eighteenth century, highlights the dreadful abuses of the apprentice system which could occur, presumably perpetrated by those who were still good at fabricating crafts. Weaving as a craft thus has both fabricating and nurturing aspects. Between these

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<sup>75</sup> I am grateful to my colleague Michael Rosynek for pointing out to me this effect of the role of the slave.

two ways of categorising practices, lies the practice of farming. Farming nurtures the world (if done well) but that which it nurtures cannot speak. Hence, as I have said, MacIntyre`s account of its objectivity treats it like a fabricating practice, by judging it on its product.

In *After Virtue*, instead of the good being debated with the practitioner by those on the receiving end of the practice, the emphasis is on how the practitioners of the craft learn their craft by submitting to the authority of the master craftsman. Later, in *Three Rival Versions*, the craftsmen are theologians. In contrast, I propose that objectivity in nurturing practices will be based on meaningful use of the word *ought*. It will be the result of negotiation between the position of the narrative friend (a good narrative friend *ought* to advise this), and the deontological friend (a good deontological friend *ought* to advise that). The word *ought* will be meaningful in the context of the role of friend. It will be objective, in the sense that MacIntyre outlined above, because it will be about reaching to a good beyond oneself: in striving to be a good friend to the person nurtured, one seeks to go beyond expectations of oneself with which one might ordinarily have been satisfied. In seeking to nurture well, one improves oneself.

This brings in a measure of objectivity to the discussion of nurturing practices. This is important because MacIntyre`s mature philosophical project is in many ways a response to the *Theses on Feuerbach* where Marx turns away from philosophy. MacIntyre suggests that Marx should have proceeded along Aristotelian lines and considered practice-based activity (MacIntyre 1998:232). However, MacIntyre retains Marx`s emphasis on fabrication. He does this in part because of his early work on the word *ought* and his apparent conviction that the word *ought* is only meaningful in liberal modern society in areas of fabricating practices. If we can restore some meaning to the word *ought* (and I think the philosophy of friendship can do this) then we are free to consider how nurturing practices fit into the Aristotelian critique of modern liberal economies, and are free to assign status and worth to nurturing practices.

Many such practices are staffed by women who are underpaid or, in the case of housewives, not paid at all. Aristotle, where he says that the value of a shoe is as a shoe and not what it can be exchanged for (Aristotle 1998: Chapter 9 1257a 8-12), indicates that true value and market value are not equivalent. Aristotelian philosophy can be about assigning worth other than by market values. A move to emphasize nurturing would also mean that we are also free to recognize that practices such as academia, which MacIntyre characterizes by analogy with fabricating practices, are actually mixed: and involve both nurturing of students and the work of writing papers. Attribution of excellence in such practices should give equal weight to excellence in both these areas.

In suggesting that negotiation between different sorts of friendship is associated with objectivity in practices, I have used the thought of Hannah Arendt, who does not seem to have considered herself as a feminist. However, her categories of labour, work and action seem to be seen by her as bringing

sexual difference into the equation. Knight says of Arendt's Aristotelianism that in her view political philosophy should be about "plurality rather than identity; freedom, opinion and persuasion rather than causality truth and logic...In contrast to philosophy's ideal of the solitary contemplative man, the reality of politics is the plural and interactive world of men" (Knight 2008b:8). I have noted that Arendt has a similar approach to friendship to the one I have been outlining. Obviously I have indicated, by my use of Irigaray's philosophy, that the interactive world about which Arendt writes is one of sexual differences. Interestingly Arendt says something similar at the end of her 1954 essay, bringing in sexual difference and indicating that the plurality she envisages is not uniformly male: she says, at the end of this essay, when speaking about this plural world of wonder she is envisaging, "male and female created he them" (Arendt 1954:103). Arendt is writing in the 1950s and there are distinct heterosexual overtones to this approach.

Irigaray's approach is more nuanced. She similarly wishes to base an ethics of sexual difference on wonder, and has, I have argued, negotiation between men and women be dependent on its occurrence in situations of equal power. The power of the women comes from the presence of a community of women who, as Whitford says, have "social and symbolic space as... producers of truth and culture" (Whitford 1991b:51). We have seen how desire between women has been important to Irigaray in the development of this idea. Escape from the phallogocentric symbolic order would involve (following Reader) revaluing of patiency, and a revaluing of nurturing. Irigaray, taking the example of breastfeeding, uses the female body to oppose Freud's association of femininity with passivity. She says it also provides rejection of being classified as taking part in "production" (Irigaray 1985b:17). The female body, for Irigaray, is other to these categories and these distinctions. Hence escape from the symbolic order is about righting the balance between nurturing and fabricating, not the association of women only with nurturing. However, albeit in response to the current symbolic order, Arendt's sexually differentiated categories of labour and work can be argued to correspond to nurturing and fabricating practices.

I have outlined that nurturing practices can be about debate between deontological and narrative friendship and that one can have a MacIntyrean objectivity based on meaningful use of the word *ought* to match the objectivity based on the word *ought* in MacIntyre's fabricating practices. In terms of the philosophy of patiency which I have discussed in Chapter 2, fabricating practices place an emphasis on agency: the agency of the fabricator; nurturing practices place an emphasis on patiency, the patiency of the nurtured. The recognition of this conception of objectivity is important for psychiatry. I will now take two examples from the experience of the Mental Health Service User Movement in Scotland to illustrate the effectiveness of this conception of objectivity..

## 2) Examples of Objectivity in a Nurturing Practice

I will discuss how the views of the narrative and deontological friend and the duty to employers may become entwined using a document produced by the Scottish Independent Advocacy Alliance. I will then discuss two examples of how MacIntyrean objectivity can help in mental health.

- a) the controversy of the named person in the 2003 Mental Health (care and treatment) (Scotland) Act
- b) Mental health tribunal panels

The Scottish Independent Advocacy Alliance is an organization promoting advocacy at national level in Scotland. It has arisen out of the concerns of mental health service users. It is the latest in a series of organizations which have been promoting advocacy at national level in Scotland<sup>76</sup> and is funded by the Scottish government. It set up a working group of “committed individuals from the advocacy movement” ( Scottish Independent Advocacy Alliance 2008:6) to update an earlier document written by Advocacy 2000 (see footnote) and also conducted a consultation process to help with this

One document so produced by this organization is *Principles and Standards* for guidance in mental health advocacy, and includes the following statement:

Sometimes people think that advocacy is about working in the best interests of an individual. In fact, sometimes the advocate is supporting an individual to do something which is not in their best interests. Often, professionals make decisions that are in the best interests of an individual because they have a legal duty to do so. Advocates do not have such a legal duty. An effective advocate needs to challenge, question and hold professionals to account when best interests are given as a reason for decisions made about their advocacy partner (Scottish Independent Advocacy Alliance 2009: 5).

This, on the face of it, extraordinary statement requires further analysis. The legal requirement to act in the patient’s best interest refers to the doctor’s role as Kantian friend. He or she is legally required, indeed is so employed by society, to make the situation safe: to ensure that nobody dies. Thomas Szasz would here ask, as I said at the end of Chapter 3, whose agent is the therapist and what institutions were involved in a given encounter (Szasz 1972:66). He claims that, in situations which are not private practice (in private practice the physician is financially accountable to the patient), considerations of the doctor’s employer (that is in the U.K., the state ) will impinge on his or her

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<sup>76</sup> Scottish Advocacy, a coalition of user-led advocacy groups, and Advocacy 2000, a private charity doing consultation, and the Advocacy Safeguards Agency all predated it (Keith Maloney "The Development of Independent Advocacy in Scotland" handout for a training session of the Consultation Advocacy and Promotion Service, Edinburgh. Autumn 2009). The background to Advocacy in Scotland is also discussed in Donnison 2009.



decisions in the therapeutic situation. Whose best interests therefore, Szasz asks, are calling the tune? Society's or those of the patient themselves?

Two things are being conflated here. There is the conflict of interest which may occur when someone other than the patient is the doctor's employer and there is the sense in which it is legitimate for the doctor to consider society's best interests as well as the patient's, as these overlap. The patient must ultimately be held to his Kantian duty not to harm himself or others: and in the name of this come in all the more frightening powers of psychiatry: to detain under the Mental Health Act, forceably to inject drugs etc. All this comes under the patient's "best interests" because, rightly, it is in everyone's best interests not to kill themselves or others. So why does the Scottish Independent Advocacy Alliance document talk about an advocate supporting the patient to do something "not in their best interests?" Well, firstly, as I noted, the legitimate wider best interest of the community may become mixed up with the financial and professional obligations of a doctor to his or her own employer. Secondly, as I noted in Chapter 4, the *ought* of "the patient *ought* to be well" can easily expand to such an extent that a false consciousness, attributed to the patient as Kantian friend, expands to areas about which the patient is being reasonable. They may therefore find themselves being illegitimately told they are wrong in "their best interests". What is ultimately in the patient's "best interests" is not solely the prerogative of the doctor to dictate (unless he is the ideal doctor of Campbell's work)<sup>77</sup>. I noted, in Chapter 4, that Szasz was of the opinion that "doctors cannot be attorneys of the poor"(Szasz 1972:84). What is in the patient's best interests will be the product of negotiation between someone taking the narrative friend view (real attorney of the poor: advocate or fellow patient) and someone taking the Kantian friend view.

Having discussed how the views of narrative friend, deontological friend and duties to employer may become entwined, I will now describe two examples in mental health of the objectivity in nurturing practices which I have outlined. I will then, in Section 7.3, discuss how what MacIntyre describes as "the goods of effectiveness" in practices need to be disentangled from these points of view involved in ascertaining such objectivity.

a) The controversy over the named person in the 2003 Mental Health (care and treatment) (Scotland) Act<sup>78</sup>

This is an act well regarded as liberal within Europe. The Scottish Minister for Public Health and Sport writes:

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<sup>77</sup> Aside from the wonderful description of an ideal doctor I have already noted from Campbell, he has another book *Paid to Care?* where he considers how being paid impinges upon a caring professional's responsibilities.

<sup>78</sup> I am grateful to Keith Maloney, who guided Edinburgh Users' Forum's discussions of this issue.

The Mental Health (Care and Treatment) (Scotland) Act 2003 is well regarded by service users and their carers in Scotland, and by mental health professionals. It is viewed internationally as being ambitious and innovative in its approach, in particular in its principles based framework. (Robison 2009:2)

Robison states that the innovative nature of the Act had left it with some controversies to be resolved, and one of these is that of the “named person”. Under previous Mental Health Acts, a person’s nearest relative, whoever that might be and whatever the state of their social relationship to the patient, would be the one who was informed of proceedings under the Mental Health Act, leaving, as the consultation document on the review states: “the service user with no real control”(Scottish Gov. 2009:4). Robison describes the new situation in the 2003 Act, which was supposed to remedy this situation, as follows:

2.3 Under the 2003 Act, the named person was introduced as someone who was entitled to be notified separately of decisions proposed or having been taken, and to have the right to take part in proceedings before the tribunal or courts. Individuals nominate a named person, though there is a default provision within the Act to appoint a named person if no person has been appointed at all, with the person’s primary carer as their first default option. (*ibid.*)...

2.4...The person was given similar rights to apply to the Tribunal, to appear and be represented at Tribunal hearings and to appeal; they were also entitled to be given information concerning many compulsory measures which have been taken or are being sought...(*ibid.*)

Problems, however, had arisen with this approach: firstly carers were being distressed because they without warning (because they did not know they had been nominated in person or by default) received detailed papers on the service user causing them either to discover things they had not previously known about the service user or things that they had known but now have to relive (*ibid.*).

Secondly

related to this is the concern from the service user that once their named person has been appointed, that person becomes party to any tribunal hearing and so receives *the full paperwork including medical history (ibid.)* (My italics).

Thirdly<sup>79</sup> there are social difficulties involved in a mental health service user nominating someone with whom they have a good relationship to embark on this process, which may threaten that

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<sup>79</sup> This point was made by the treasurer of Edinburgh Users` Forum.

relationship, for reasons I will detail. This perhaps partly accounts for the statistic quoted by the consultation document that 50-75% of appointments of named persons are “via the default route rather than by the patient.”

What service users, who influenced the 2003 Act (Consultation Advocacy and Promotion Service 2010), were clearly looking for was someone who could take on the role of the narrative friend. But immediately sending that person the medical details which, as I argued in Chapter 4, are an extrapolation of the moment of madness to the whole life history, using other incidents in the patient’s life to back up the diagnosis, risks turning that person from a narrative friend into a Kantian friend. It treats the medical information of the person’s mental illness as fact which is neutral, rather than as one side of a negotiation between two positions, *the end result of which* will be the point of objectivity. In doing so it risks destroying the position of the patient’s advocate. On a practical level the mental health service user risks the destruction of their friendship, which they may value – it is perhaps unsurprising then that so few mental health service users nominate someone. The fact that the friends themselves report distress at this process indicates that they too are losing something.

It seems more practical to look at what is the essence of this friendship which the mental health service users require. It seems to be the kind of independence from the standpoint of Kantian friendship outlined in the The Scottish Independent Advocacy Alliance document I considered earlier in this section (The Scottish Independent Advocacy Alliance 2009:5), combined with the freedom from conflicts of interests which the The Scottish Independent Advocacy Alliance document also outlines (see Section 7.3), and a familiarity with the narrative of a patient’s life (so that they can be a narrative friend) but with the MacIntyrean emphasis that the point of this would be that the friend could answer as the patient would when his actions are put to the question (DRA 149). As MacIntyre says of putting people to the question in this way:

If we are successful in so doing, we become able to speak with the other’s voice and, if the conversation between us is sufficiently extended through time and is wide-ranging enough in its subject matter we will become able to speak with the voice of the other systematically...we will have learned...how to speak for the other. We will...have become -in one sense of that word- friends (DRA 150).

Questions put to the patient at this point “can always be paraphrased by such questions as ‘What good did you take yourself to be pursuing in doing that?’” (DRA 149). Hence the position of the narrative friend is elicited in conversation with the patient rather than by being sent the case notes. So we can see how the approach which I have been outlining can help untangle the controversy over the named person in the 2003 Mental Health (care and treatment) (Scotland) Act.

b) The controversy over the makeup of mental health tribunal panels

The approach also seems to be important in another aspect of mental health tribunals set up by the Mental Health (care and treatment) Scotland Act 2003: their panels, which pass judgment on disagreements about patient treatment. The panels seem to reflect the balance of the approach I am taking by being made up of three members, one medical, one legal and one “general member” (Turner 2005:1). One can argue that the medical opinion will represent the deontological friend view, the general opinion will represent the narrative friend view and the legal opinion will take on the role which I claim in Chapter 4 is that of the good doctor, able to see both sides. Such an analysis would be supported by an argument that has been conducted over whether community psychiatric nurses should be allowed in the community role.

Chris Turner, a lawyer with 12 years experience of representing patients at these panels, claims such nurses make a medical opinion dominant on the panel because their opinions are too close to those of the psychiatrists and that the nurses are too used to deferring to the psychiatrists (Turner 2005:1). Jacqueline Atkinson, employed in public health policy, acknowledges that psychiatric nurses, although a different profession to the psychiatrists, will have been trained in “the same diagnostic and treatment assumptions” (Atkinson 2006:1). However, she says that to say that they will defer to doctors is outdated (Atkinson 2006:2). My approach would seek to ask which type of friendship is likely to dominate within a given profession. Nurses, as I have said following Campbell’s analysis, are likely to be deontological friends to the patient, though, to the extent that they are community nurses, the notion of how close their opinion is to that of social work is also relevant. Turner is right to see the question of *how medical is the training of the nurse?* as important. To argue, as Atkinson does, that nursing is a profession which does not defer to the doctor these days is of no relevance if training as a nurse teaches one how to be a deontological friend. Again we can see how the concept of objectivity in mental health involving two sorts of friendship gives us a basis for tackling controversy.

### 3) Independent advocacy and the concept of a clean practice.

My analysis of sections of the Scottish Independent Advocacy Alliance document, given at the start of Section 7.2, shows that goods of monetary reward and social status should be disentangled from the narrative friend and deontological friend positions. Again we find in MacIntyre’s philosophy helpful tools.

MacIntyre, in *Whose Justice?*, famously makes the distinction between the goods of excellence, which are pursued by the practice, and the goods of effectiveness, which are monetary rewards and status: supposed to be given out to reward excellence in practices<sup>80</sup>. He maintains that practices need

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<sup>80</sup> These are called the “goods external to practices” in *After Virtue* (Knight 2008:320:)

institutions to support their work and institutions run on the goods of effectiveness. Once everybody has noted this, it is usual to move on and forget about it and talk about practices as sites of the development of virtue. But this is to ignore the absolutely crippling effect that the pursuit of the goods of effectiveness can have on a practice.

Throughout the documents produced by the mental health service user movement are points where the importance of removing the influence of the goods of effectiveness from the practice are stressed. Examples of this are seen in work produced by the Scottish Independent Advocacy Alliance. I will describe parts of a document which illustrate the importance with which these points concerning the effects of the goods of effectiveness of practices are regarded by this organization.

The Scottish Independent Advocacy Alliance *Principles and Standards for Independent Advocacy* sets out four principles for independent advocacy: 1) putting the people who use it first, 2) accountability (to both mental health service users and the law), 3) freedom from conflict of interest and 4) accessibility. For each principle, a number of standards are set out.

The first principle is concerned with the possibility of the bureaucracy taking over the running of the group. For example, Standard 1.1 is “independent advocacy is directed by the needs, interests, views and wishes of the people who use it.” ( Scottish Independent Advocacy Alliance 2008:14). For collective advocacy groups, this principle means: “the work of the group is directed by its members” and “ the group dictates what its priorities are” (Scottish Independent Advocacy Alliance 2008:15).

The third principle is concerned directly with whether the goods of effectiveness and career advancement will influence the discussion of the practice: this leads to Standard 3.1: “independent advocacy cannot be controlled by a service provider” ( Scottish Independent Advocacy Alliance 2008:28), which, for a collective advocacy group, is interpreted:

Collective advocacy development workers supporting the group are not employed by the service provider (Scottish Independent Advocacy Alliance 2008 Section i ).

Staff of a service provider cannot be full members of the group as part of their work (Scottish Independent Advocacy Alliance 2008 Section j )

And:

Staff employed by the advocacy organization cannot be full members of the group (Scottish Independent Advocacy Alliance 2008 Section k ) .

Sections i and j are a recognition that the duty as an employee of a service provider may conflict with the duty to represent mental health service users adequately: that the two perspectives are not necessarily at one:

Paid carers may have a duty to defend the actions of the organization they work for...Independent advocacy is as free as possible from conflicts of interest like these (Scottish Independent Advocacy Alliance 2008:4-5)

Section k above says that even those employed under a collective advocacy organization managed by service users, may still experience conflicts of interest; that is they may wish to defend the profession of advocacy workers against the more radical, trouble-making suggestions of service users.<sup>81</sup>

All three sections are a recognition that the goods of effectiveness (being paid at all in fact) can contaminate a practice. This leads us to a troubling conclusion. Independent advocacy frees itself from conflict of interests by relying on the fact that mental health service users (those who make the decisions on this branch of the practice), do not get paid for the work that they do. But the labourer is worthy of his hire. I am not advocating that people should not get paid. However, the honesty of the advocacy movement in recognizing how the goods of effectiveness might skew their work leads often to their call that advocacy services in psychiatry should be completely separately managed from the service provider. This is what the mental health service user movement means by independent advocacy.

I am suggesting that advocacy be recognized for what it is as an integral part of medicine. But the work of the mental health service user movement illustrates the need for a recognition of the importance of the goods of effectiveness in possibly skewing objectivity in psychiatry. Although the thrust of this thesis is to incorporate advocacy into medicine, this can only be done successfully where there is recognition of the influence of the goods of effectiveness.

I think it is important to bring in here the concept of a “clean practice”. The members of the practice-debating community which is the mental health service user movement are generally unpaid. This makes it an interesting example of a what I would call a clean practice. That is, the goals motivating those involved are those of improving the practice for others. They are not contaminated by concerns of career glories and money. This is not a trivial point. Debate about practice is debate about goals. We have to know, in Habermasian terms, that when people enter into a debate about what goods should be followed and pursued they are doing so with honesty, sincerity, rightness etc. Knight notes MacIntyre’s contention that “without justice, courage and truthfulness, practices could not resist the corrupting power of institutions” (Knight 2008a:319 quoting AV:194). But Meagher is right to point out that MacIntyre’s tradition-constituted enquiry “does not allow us to make the necessary

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<sup>81</sup> One possible way round this would be a magazine which was editorially separate from the professional advocacy workers in which service users could express ideas and hopes for the practice.

distinction between instrumental and communicative reason<sup>82</sup> (Meagher 1991:311). That is, if some members of the practice community are only pretending to be honestly pursuing the goals of the practice, and actually pursuing the goals of effectiveness for themselves, how are we to know? It can be argued that all MacIntyre gives us by way of help on this is the rather hopeful invocation of the virtues cited above, although, in response to Miller's criticism that any practice can be criticized on the basis of standards of desert prevalent in society (Miller 1994), he does give his much discussed example of the two fishing crews (MacIntyre 1994), which I discussed earlier in relation to objectivity in practices. The diagram in Chapter 2 and the recognition that unpaid patients who are taking part in the practice solely for the good of others may make their opinions more honest may be of help.

We have seen that, until recently, in the practice of psychiatry, those without a fully-formed tradition of enquiry often have not been heard. Professional reasons (which may be expected to be in some large part the goods of effectiveness<sup>83</sup>), are cited as legitimate reasons to ignore the reasoning of the disadvantaged: for example, it is arguable that the doctor-patient relationship is very important to psychiatry. Whereas patients might argue that it might be vitally important for them to see the same psychiatrist rather than a different psychiatrist every six months, staff training rotas and arguments of the necessity of psychiatric career advancement structures are effectively used to silence complaints. The, fairly abstract, diagram of debate of psychiatric knowledge I presented in Chapter 2 illustrates the necessity of Habermas' approach to complement MacIntyre's in such a situation. In such a situation, psychiatrists are NOT ALLOWED to colonize the central museum completely. Hence if the patients feel that, nevertheless, despite training needs, the doctor patient relationship *is* of central importance to their healing, then that point must remain in their half of the museum and a way must be found to answer it.

A further example of this is as follows. The mental health service movement in Lothian, in the years between the 1980s and 2004 kept one particular disagreement about how care should be delivered displayed in that hypothetical museum and refused to let it be dropped from it. The *Oor Mad History* project book details a campaign for a crisis centre in Lothian. Respondents in that project, who had been part of the movement, describe a campaign for a crisis centre which, according to various different respondents accounts, went on for 10-17 years (Consultation Advocacy and Promotion Service 2010:90-95). A crisis centre was wanted as somewhere people could go when they felt they were in danger of becoming ill (Often, the psychiatric services will not accept you as a patient *unless* you are overtly ill). The campaign began from initial conceptions of such centres, which patients had in mind in the 1980s and 90s. It lasted until an agreement was reached in 2004 for crisis

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<sup>82</sup> Where here "instrumental" can be presumed to mean focussed on the goods of effectiveness rather than those of excellence.

<sup>83</sup> Depending on the definition of professional. See for example Campbell, who defines it in some senses as status and power and in others as more approaching genuine authority (Campbell 1985).

centre to be set up in Lothian (Infusion 2008). Recognition that patients are quite likely to be objectively right and honest about what is needed for their care might have brought about this important change sooner.

So in this section I have shown that, in arguing that advocacy should be a part of medicine and that objectivity in medicine is about negotiation between narrative and deontological friendship, it is vitally important to consider the goods of effectiveness and how they bear on decisions in practices. The diagram from Chapter 2 is important in showing how a clean practice is the goal of psychiatry.

#### 4) Retaining a concept of genuine authority in psychiatry

I have not abandoned the concept of genuine authority in psychiatry. I have argued that objectivity in psychiatry is the result of a negotiation between narrative and deontological friendship. I noted, in Chapter 4, that the good doctor would be able to see both positions: those of narrative and deontological friendship, and I cited R.D. Laing as an example of such a doctor. So one can still have experts on what should be done in psychiatry – though possibly they would look very different from the experts we have today. It is possible that some of the people with most expertise in this would be patients. I also cited in the Introduction Hannah Arendt's view that how the world appears "to me" (*dokei moi*) is different to everyone, so many perspectives on a person's care (some approximating to the view of the narrative friend, some to the deontological) may be needed to gain objectivity.

Hamilton writes about the view, held by John Stewart Mill in the mid period of his career, that one may have experts in a given sphere within liberalism (Hamilton 2008). The problem with the current experts in psychiatry is that they are like the farmers in MacIntyre's *After Virtue* example, judging their nurturing practice as if it were a fabricating one and then puzzling over why their outputs are not good, and trying to reform their techniques to make them so, when what they really need to do is take up a different model of objectivity in psychiatry and listen to the patients. If the psychiatrists had been truly authoritative in their sphere there would have been no need for their patients to bring the tradition of liberalism to bear against them. In taking their cause to the Scottish Parliament and incorporating advocacy into the 2003 Mental Health (care and treatment) (Scotland) Act, the patients used the conception of liberalism emphasized by Morgan which promotes

Understanding oneself as possessor of a certain kind of dignity - along the lines that Kant understood it – and a corresponding entitlement to a certain kind of respect, irrespective of one's status in society (Morgan 2007:170)

The patients were forced to do this because the kind of authority which the doctors should have possessed in the model of liberalism emphasized by Hamilton had been usurped.



## Chapter 8: Conclusions

### 1) Project summary

Drawing on the philosophy of Alasdair MacIntyre and Luce Irigaray, I have offered a philosophical view of the knowledge of the mentally ill. I have shown how MacIntyre's philosophy gives us a model of knowledge which is premodern and a method of enquiry which both goes beyond Kuhn and does not take seriously enough some political aspects in Kuhn's concept of paradigm. I have modified MacIntyre's model of premodern knowledge to involve genuine rather than usurped authority. I have found that his rejection of three types of dissent to practice participation indicates the need for a modification of his model of knowledge to include paterency and to give an account of folly. Folly can contribute to practical wisdom in psychiatry.

In the course of the process of modification, I have proposed that Aristotelian use of museums and Thomistic use of assemblies can allow us to visualize this premodern-with-dissent model of knowledge. These institutions can be used, rather like the use of a child's toy to represent a protein molecule suggested by Masterman, to represent and think about premodern knowledge. Such use of the museum prioritizes Aristotle's concept of *theoria*; it also prioritizes knowledge of the world in which the knower is an integral part. Other features which this use of the museum prioritizes are Aristotle's method of *epagōgē*, virtue ethical judgment of traditions displayed in the museum based on their intelligibility and usefulness, a form of narrative friendship where the knowledge of the many is given attention. It also prioritizes practical wisdom over *techne*. Such use of the assembly prioritizes the virtues of acknowledged dependence and makes what Aquinas would call "the spiritual almsgiving of fraternal correction" safer. Combinations of assemblies and museums can be thought of as facilitating debate about practices. Such debate can also be thought about as negotiation between two sorts of friendship where, within a community of enquiry, narrative friends empathize with what has happened to the individual, but, between communities, deontological friends negotiate.

The above is the modified form of MacIntyre's premodern knowledge for use in psychiatry. It is a model which arises from a consideration of a particular type of premodern knowledge, Christianity. It is based on the faith and hope that truth can be attained one day though we may never be sure we have attained it in this life, and that truth is something we move towards together. It is also based on the rationality of charity in the form of friendship. However, in its protection against eugenics and its use of deontological friendship this model has elements which should be convincing to both atheists and agnostics. It is also open to modification by other groups who work with other forms of premodern knowledge (in the sense of seeing human beings as spiritual).

In the rhetorical spaces (Code 1995) provided by Thomistic use of assemblies, mental health service users can ascribe reasons even to those of their number not completely responsible. In my account of folly (as developed by considering MacIntyre's essay "Determinism" and Reader's account of patiency) persons who have been acted on to such an extent that they have become irresponsible can retain good reasons for action. When such reasons are heard by Thomistic assemblies, this allows folly to contribute to practical wisdom in psychiatry. In MacIntyre's parlance, settings have been restored to selves who had previously been stripped of all settings by hospitalization (Goffman 1961).

In the diagram of debate about practices in Chapter 2, the patients' tradition is like the description of tradition given in *After Virtue*, whereas the psychiatrists' tradition is more philosophically entrenched, like that in *Whose Justice?*. Therefore, in Chapter 4, I used the methods of *Whose Justice?* to perform a version of tradition-constituted enquiry on the tradition of the psychiatrists. Firstly, using the first of MacIntyre's methods from *Whose Justice?* for reform of tradition, I reviewed discussion within analytic philosophy of the core concept of illness. I found that the theologically informed model of mental illness in *Dependent Rational Animals* protects the mentally ill from the threat of eugenics better than other models. Guided by this, I moved on to MacIntyre's second method of reform of traditions: that of encounter with a rival tradition. The rival tradition was Christianity. By considering A.V. Cambell's theological picture of the doctor, I concluded that medicine should not only ascribe an "ought" of "the patient ought to be well" but also that of "society ought to be different". I related this to MacIntyre's work on ideology and to his opposition to the ideological function of liberalism. Such opposition is in accord with MacIntyre's view that Marxism complements Christianity. Revising psychiatry in accord with this view of Christianity would add a second face to psychiatry and mean it would cease to support the ideological function of liberalism.

I then related the two *oughts* to the two types of friendship given above. Using them I was then able to characterize the people who, according to Campbell and Goffman, tend the patient. I proposed, again following MacIntyre, this time in "A Mistake About Causality in Social Sciences" that it is important that a person be the authoritative author of their own life's narrative. However, going further than the argument in this essay, I think that one needs to be able to incorporate episodes of loss of responsibility into the narrative. The patient remains the author in that they are the authoritative source of opinion as to what has caused the loss of responsibility. I propose that regaining of an intelligible life's narrative of which the patient is the author is part of healing. In Chapter 5, I related the philosophy of rhetorical spaces to collective advocacy groups in which the ascription of reasons could occur even to those not completely responsible.

What I have described above can be thought of as replacing the positivist paradigm in psychiatry with what I would call (rather than using Ingleby's term of *praxis* paradigm) the "authoritative narrative paradigm". In this paradigm science does have its place but situated intelligibly in the life's narrative of the patient. In this paradigm, *techne* finds its place subordinate to practical wisdom and folly is included in practical wisdom. In Chapter 6 I sought to repeat this substitution in the other half of the care of mental distress, psychotherapy. Here Irigaray's ethics of sexual difference gives us an account of wisdom with regard to sexuality and this replaces the technique of transference. Irigaray's philosophy shows us how a technical view of psychotherapy can be challenged. This addresses criticisms of psychotherapy that it is apolitical. As in collective advocacy, knowledge elaborated in rhetorical spaces can challenge the current symbolic order. These considerations challenge psychotherapy's cultural role and suggest that its dominance as a paradigmatic approach to mental distress stands in the way of other approaches which may be of more help to the long term mentally ill.

In Chapter 7 I drew together work from Chapter 4 to propose a MacIntyrean objectivity for nurturing practices. I illustrated how this objectivity can untangle controversies in mental health and emphasise how the views involved in it must be disentangled from views influenced by what MacIntyre would call the goods of effectiveness in practices. I proposed that there is no reason why genuine authority should not exist in psychiatry.

## 2) Conclusions for psychiatry

### 2a) Reforming psychiatric judgment

What the mental health service user movement, described in Chapter 5, has achieved in the last 25 years in Scotland is extraordinary. Their work on developing advocacy and their successful campaign to incorporate a right to it into the Mental Health (care and treatment) Act Scotland 2003 (Consultation Advocacy and Promotion Service 2010) has potentially transformed every psychiatric consultation in Scotland. To each consultation it adds to that which this thesis has characterized as the judgment of the deontological friend/psychiatrist, the right to the judgment of the narrative friend/advocate. But this achievement is vulnerable to reverses. For example, the decision made by Edinburgh City Council in 2011 to put its advocacy services out to tender with instructions that their remit should be widened, means that advocacy services (developed and managed *for* people with mental health difficulties *by* people with mental health difficulties) may lose funding. This threatens the aforementioned reform of psychiatric judgment. This thesis makes an argument that the judgment of an advocate is not an optional add-on service to that of medicine which can be cut with changes in political will, but an integral part of the practice of medicine. However, in Chapter 7 Section 3, based again on the pioneering work of the mental health service user movement, I argue that careful thought

is required as to how to achieve judgments of MacIntyrean psychiatric objectivity and prevent judgments being influenced by the pursuit of the goods of effectiveness in practices.

## 2b) Rehabilitation of the Public Health Function of Psychiatry

In Chapter 7, I argued that a MacIntyrean *ought*-based objectivity in the practice of mental health care was as a result of negotiation between the *ought* of deontological friendship and the *ought* of narrative friendship. In Chapter 4, I argued that the good doctor was able to see both perspectives. Foucault, in his book-length consideration of the history of madness, says the following:

As for a common language, there is no such thing; or rather there is no such thing any longer; the constitution of madness as mental illness, at the end of the eighteenth century, affords evidence of a broken dialogue, posits the separation as already effected, and thrusts into oblivion all those stammered, imperfect words without fixed syntax in which the exchange between madness and reason was made. The language of psychiatry, which is a monologue of reason about madness, has been established only on the basis of such a silence (Foucault 1967:x-xi).

But what was this conversation? What was it about? I have noted that the third of Alastair Campbell's three functions of an ideal doctor was "science as prophecy...Medical knowledge reveals the inadequacies of societies" (Campbell 1984: 29-30). Part of Foucault's dialogue between reason and unreason is a dialogue of madness with society. As this is mediated by the ideal doctor, I would argue that this is the public health function of psychiatry.

In Chapter 4, I put forward Mckeown and Lowe's argument that social advantages in improved living conditions have been responsible for most of the reduction in mortality in the twentieth century (Mckeown and Lowe 1974). Public health is arguably the area of medicine most responsible for actively improving the health of the population. The Black report says of health:

In our view, much of the evidence on social inequalities in health can be adequately understood in terms of specific features of the socio-economic environment: features...which are strongly class related in Britain (Black D, et Al.: 1982: 207).

If we consider that the objective answer to what to do in the case of mental illness is a result of negotiation between the positions of the narrative and deontological friend, then clearly, some patients are going to be happy if the position of the deontological friend dominates, if they see their illness as purely biological and are given a fix for it. But not all. Some are going to be in hospital due to the appalling behaviour of other people, of institutions, and of economic injustices which we, as a society could change if we wanted to. Even if their illness is not entirely due to these things, they may recognize that it is due to them enough to want something done about it which might, in Szasz's words, cited in Chapter 4, be that we "demand justice".

Here, however, comes in the importance of the consideration of anonymity and privacy which I discussed in Chapter 2 Section 5. Demanding justice is a difficult thing. It often pits one against the powerful forces and vested interests of society. One thing that mental health service users say they value about collective advocacy is that problems raised by one person can be taken up by the group and any action taken is taken by and attributed to the group so that one person cannot be seen as the source of the action and easily blamed or bullied for it. The process of discussing the sensitive issues surrounding an event can occur within the privacy of the group which can then provide anonymized recommendations. Such groups can provide recommendations which can feed into the public health function of psychiatry which should be to alert society to issues which are regularly driving its citizens mad. Positivist social science does this to some extent - for example Warner in his book *Recovery from Schizophrenia* writes about the fluctuation in levels of schizophrenia among society's citizens with changes in the political economy (Warner 1994, Chapters 2 and 3). But this process tends to rely on the conjunction of a bad situation with a sympathetic and enlightened social scientist and even then can result in books and papers which get ignored by the powers that be.

I would suggest that different institutions need feedback on the reasons why those who leave them for madness feel they have done so. Before there was psychiatry, the mad person might have wandered among those whose actions caused their illness. They would have been raving but that is not to say people might not have found meaning in their words and managed to draw some conclusions. These are the "stuttered and imperfect words" of Foucault's conversation. Psychiatry should not be the silent dustbin into which the evidence of institutional sins is swept never to be seen or heard of again. We need advice: words from the world of madness. Opinions as to what really happened and what really caused this. This may require anonymization but this should not be considered to be outwith the bounds of psychiatry.

An objection might be made to this that such conclusions would not be scientific. In fact, I have described a system of assemblies of the vulnerable who would hear such knowledge. Through the assembly of the vulnerable, the opinion of the patient that something was wrong in society would be heard, judged by peers, anonymized if this was felt appropriate and then allowed to make its way into the public arena of debate. Folly, the words of those irresponsible but still retaining good reasons for their action, can thus contribute to practical wisdom in psychiatry. Positivist social science, though claiming credibility through scientific method, also, eventually has to be judged in the arena of public debate, where it may be criticized for the bias in the funding of its authors etc. This suggested Aristotelian method openly comes from a community, the community of psychiatric patients and their narrative friends. But it cannot be written off because of this for bias because liberal theory (akin to deontological friendship) demands that this community's voice and concerns be heard too.

## 2c) Widening the practice space

A major conclusion of this thesis must be a revision of what counts as a practice space in psychiatry. I noted that Meyer states that, for some, the struggle to contribute to a practice space may be too difficult. I compared this situation to the situation of patients in Lothian in the 1980s, attempting to contribute to the practice of psychiatry and, in Chapter 2, compared its remedy to a Habermasian ideal speech situation. I pointed out, in Chapter 7, that, in order to combat the effect of the goods of effectiveness on the practice, if there is disagreement between psychiatrists and patients, then that disagreement must stay displayed in the museum (an imaginary museum perhaps, although, as mentioned in The Introduction Section 5, the fact that it could be done if necessary is important).

In the example of the Lothian mental health service user movement campaign for a crisis centre (Section 7.3), one of the problems the patients were facing was that many psychiatrists did not see their local area and the patients in it as their legitimate practice space in which advances in their subject area would be debated. Related to this is the point, made in Chapter 1, that psychiatry has advance in science as its *telos*. Thus psychiatrists may well see conferences across the Atlantic or elsewhere in Britain as the places where excellence in their practice will be displayed and advances in psychiatry achieved. As a result the patients experienced difficulties getting psychiatrists to take seriously the points they were making as to how the practice of psychiatry could be improved. Also the patients were not regarded as having authority –whereas, actually, this thesis argues that they had an authority based on their having been patient to a practice (an authority related, as I noted in Chapter 5, to the Dutch word *Ervakingsdeslunbige*), and on their, rightly, having grasped that the tradition of medicine was in need of reform. Their grasp of the need for reform comes from their having grasped the first principles of the tradition of medicine and of other traditions with which it might interact<sup>84</sup>. I also argue, in Section 7.3, that because the patients were unpaid, their judgments were less likely to be contaminated by the pursuit of the goods of effectiveness.

The view of the patient being authoritative is beginning to make inroads into academia. I have mentioned David Reville's Mad People's History course in Ryerson University, Canada, and user involvement in staff training is becoming more common, but more needs to be done to place the wisdom of "the many" beside that of those conventionally thought of as "the wise" in academia. Campaigning magazines, in which patients can contribute their own view of psychiatry, are one way forward which may allow patient contributions to the debate to be properly attributed and not lost. A major stumbling block is the way the readership of many journals which are regarded as *the* places to debate psychiatry is restricted to academics. This is thus a major restriction on access to the practice

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<sup>84</sup> Interestingly the "fathers" of psychiatry, both Pinel and Tuke, *did* believe in an authority coming from having been patient, as both believed that people who had recovered from madness were the best people to tend the mad. However, as the scientific paradigm really took hold in psychiatry and began to inspire a new generation of researchers (in accordance with Kuhn's theory (Booth 2000:48)), this conception lost ground.

space. Ideally, patients and psychiatrists need to contribute to the same publications and cease to talk past each other.

## 2d) Objectivity in psychiatry requires categorisation of psychiatrists

Scull describes how medicine has not always been in the ascendant in the care of the mad (Scull 1989). He describes the struggle between medicine and law for dominance in this area. As I noted in Section 7.2, the law is still involved in one of the most fundamental areas of decision-making in the care of the mad: compulsory treatment orders. In Section 7.2 I described how mental health tribunals in Scotland, which resolve disputes over these orders, have three members:- one medical, one legal and one general. I argued that the good doctor, described in Chapter 4 as someone who can see both the point of view of the narrative and of the deontological friend, is akin to the legal opinion on the mental health tribunal. The mental health tribunals can be seen as approaching the right balance for a psychiatric judgment.

However, we should note here that the psychiatrist's education has been, as outlined in Chapter 1 Section 1, in the paradigmatic technique of recognition of patterns of symptoms. This is in accord with the currently dominant paradigm in psychiatry as identified by Bracken and Ingleby. As someone who was a medical student in the 1980s (I did not become a doctor) I had the lecture and seminar part of this education and symptom recognition was all it was. We were taught to see narrative only as it exhibited patterns of symptoms, which we were then to recognize and pigeon-hole as different psychopathologies. Of course, good psychiatrists will develop their own wisdom and patient manner to sit alongside this education but it is important to note that there is no requirement for them to do this. Where such development does not occur, I would suggest that such psychiatrists are not the ideal doctor who is equivalent to the legal opinion on the mental health tribunal because what they have learnt is only an auxiliary technology to medicine.

## 2e) Patients become the authoritative authors of their life's narrative: the authoritative narrative paradigm

I noted that Ingleby thinks that the praxis view contains "normalizing" and "depth hermeneutic" approaches. I would call a MacIntyrean version of Ingleby's paradigm the "authoritative narrative paradigm" because its essence is to reduce the ascription of false consciousness to a minimum (see the diagram in Chapter 2 Section 9). Thus, Ingleby would include the therapist in his paradigm, which he also calls the interpretive paradigm, because the therapist provides interpretations of "what situations mean to the patient" (Ingleby 1981:62) where "the patient is not necessarily in touch with his own perceptions and intentions" (Ingleby 1981:63). The authoritative narrative paradigm, by contrast, is able to provide space to question the authority of the therapist to do this and therefore to raise questions about psychotherapy.

In this paradigm, the restoration of the patient to being authoritative author of their life's narrative is a project concerned with healing. MacIntyre, in "A Mistake about Causality in Social Science" says that an agent's "honest avowals" about an action have "final authority" (MacIntyre 1962:59). In fact, it is not just in actions but both when we are caused to do something and when we are not that we need to own our own narrative and agree on why things occurred. Even if, temporarily, we are not responsible, we need to agree with our carers on what caused our behaviour. We also need to agree on the reasons for *their* actions, and understand, and, if necessary forgive, our carers' interventions. As things stand at present, there is often a sharp disagreement between the life's narrative of many patients and ex-patients and the official account of their narrative held in the case notes. This discrepancy is often both an indication of, and a cause of, great distress and difficulty in the doctor patient relationship.

### 3) Conclusions for psychotherapy

In Chapter 6 I drew connections between Luce Irigaray's philosophy and collective advocacy. In my section on narrative in the Introduction I looked at how the telling of an individual narrative can allow one to understand the way one is upset due to the ways one has been patient (in Reader's sense) both to the practice of psychiatry and to other bad things which may have happened to one. One is able to think, "well no wonder I am upset if I have put up with all this". In such a scenario, narrative has a justificatory function. Such narratives, in the rhetorical space of collective advocacy, are told in response to the reason-giving Aristotelian friendships MacIntyre describes in *Dependent Rational Animals*. However, MacIntyre, also includes the following in his description of how reasons are given in response to questions of what good someone was pursuing:

The only adequate answer to such questions will be either an account of the good aimed at which makes the relevant actions not only intelligible but also justifiable or an account which reveals the agent's mistakes and so provides her or him with reasons for acting differently in the future (DRA 150).

Here we see a mixed picture of both narrative and deontological friendship. The narrative friend understands the actions and makes them intelligible. The deontological friend is holding the person responsible for mistakes: failures of duty. The first affirms the friend's reasons and responses. The second is more closely aligned to therapy. It is aligned to the view that the patient *ought* to have acted differently. But if such a view is imposed, because it is not accepted by the patient, it may be the imposition of a false consciousness.

Eliciting the view that the patient may have acted wrongly, is not the aim of the structure of assemblies and museums I have proposed. The point of having assemblies of the vulnerable is to surround the vulnerable with persons who have the virtues of acknowledged dependence with respect



to them and who can understand their reasons with the attitude that “it could have been me”. These persons are analogous to those who can “speak woman” in the Irigarayan sense (though with caution concerning the emphasis on sexuality in some of the examples she uses) or in this case “speak patient”. But in those kinds of assemblies, occasionally, people do come to see their mistakes. However, this process is a lot more gentle than any way in which transformation of the patient’s story is actively induced by technique. In Chapter 6, I outlined how combining Reader’s approach to patience with Irigaray’s approach to the body allows us to conceive of Lacan’s imaginary as political. Rhetorical spaces are spaces where one can imagine a better society, in response to the ways in which one has been acted on. In such an imaginary, ideas can be developed to a point where they can challenge the current symbolic order. This approach could be set beside Lambourne’s critique of psychotherapy, as it stands now (see Section 6.5), as apolitical and render it political. Also in Chapter 6, I pointed out that our current conception of psychotherapy may be sitting in the cultural space occupied by community and prayer and, for the most vulnerable mentally ill people, may thus be a barrier to health and wellbeing.

We should note that, in advocacy, where the goal of the group is political action such as improving healthcare or society for others, the attitude of the deontological friend is likely to be less dominant than where the goal is healing in the sense of “the patient *ought* to be well”. This is because, whereas “therapy” professionals may become impatient and try to force healing, in collective advocacy there is no therapist. Those “advocacy professionals” as are present are there to enable the patient’s views to be heard. Thus the advocacy professionals are to establish non-manipulative relations with the group and are analogous to the “virtuous artists” of the diagram in Chapter 2 Section 9, in that they let the voices of others speak, by exercising the virtues of acknowledged dependence and the idea that “it could have been me”. In contrast, a therapist’s relations with the group might be manipulative in accordance with the characteristics of MacIntyre’s character of the therapist, outlined in Chapter 3 Section 5b. For a group of people who are characterized as having been overly patient to the point of view of the deontological friend, overt imposition of the therapists’ view by technique may be too much.

So the reaction of the collective advocacy professional to the group is characteristically non-manipulative. Another type of professional who might help bring about a group where deontological friendship does not dominate is the storyteller. The storyteller may tell a narrative in which the narrative of individuals may find their place (It is arguable that Jesus was such a storyteller). Or the storyteller may help members of the group to tell their own story. Michael Williams argues that storytelling may be transformational and has run workshops on transforming narratives in Israel/Palestine (unpublished talk to Christ Church Morningside, Edinburgh. Williams 2011). In such a role the storyteller is like the negotiator between communities in the diagram in Chapter 2 Section 9. I would argue that there are two types of storytelling: such transformational storytelling where the

narratives of those in the group may be transformed by wider truth<sup>85</sup>, and small group/rhetorical space storytelling, where the narratives of those in the group are affirmed in the justificatory sense mentioned above, where the group members come to understand their own upset better because they realize the sense in which they have been patient.

It may also be helpful if the raw materials of storytelling are culturally specific. As a Christian I may find it healing to place my narrative within the wider narratives of Christianity. Muslims may be the same etc. This was something which may have been understood by William Tuke, one of the Quaker inspirers of lunacy reform, who thought it would be healing to Quakers to be looked after by other Quakers (Tuke 1996:23). However, universalizing narratives, such as that of liberalism, may also be healing. Here the political side of collective advocacy is important, as one understands one's own narrative of dealing with psychiatry in the light of a wider movement seeking equal respect and justice for a disadvantaged group. Such a narrative is told in the *Oor Mad History* project book (Consultation Advocacy and Promotion Service 2010).

So rhetorical spaces may provide gentle healing and be non-manipulative if their goal is political. Story telling may have these characteristics too, and this type of rhetorical space storytelling should be distinguished from transformational storytelling which may be more upsetting. The raw materials in transformational storytelling are important and should be sensitive to the patients' culture.

Such storytelling may lead to some cultural output from patients. We saw, from Irigaray's philosophy, that for a disadvantaged group to discover themselves as producers of truth and culture can be empowering and can be the beginnings of change in the current symbolic order. Such an output could be included in the same magazine as was mentioned earlier which concerned itself with improving care. Patients talking about their experience of working on the *Beyond Diagnosis* magazine, an arts magazine which was discussed in the *Oor Mad History Project*, said they found it helpful because it gave them "space to be open about having had mental health problems" (Anne O'Donnell quoted in Consultation Advocacy and Promotion Service 2010). A storytelling group would be a way of opening discussion up to those who did not consider themselves writers. One can keep going to a storytelling group and simply listen and perhaps, eventually, add a story of one's own. Obviously the considerations of privacy which I mentioned in Chapter 2 Section 5 would be very important. Sometimes the telling of a patient's story at a storytelling group might be enough and there should be no pressure whatsoever to make this public. There is also the spectre of Bedlam, a London Madhouse in which, in the eighteenth century, patients were presented to the public as entertainment without their consent. This should never be allowed to happen again. Sometimes the stories of patients can be very humorous and, provided the patients are regarded as the witty authors rather than as

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<sup>85</sup> I discussed this kind of transformation of narrative in the Introduction Section 6.

figures of fun, can show patients as resilient people, in Goffman's words quoted in Chapter 4, "coping admirably with difficult life situations".

The idea of a cultural output from patients brings us back to the museum again and the idea of museums of the recovered. The essence of these narrative friendships, which affirm the point of view of the vulnerable person, is healing in an empowering sense. The display within hospital of videos and stories of the recovered, for example, can give patients the sense that one can recover, and that to be a mentally ill person is to be a person of moral worth and stature: because such people, telling such stories, are always impressive and moving. The Scottish Recovery Network takes this approach to some extent by holding conferences at which people who have been seriously mentally ill take the podium and tell their individual stories of recovery. Hence what it is to "speak patient" is to find some sense of yourself as not defined and pigeon-holed by "therapeutic practice" as it currently is. Therapeutic practice, as I have said, emphasizes a kind of knowledge based on how the patient is wrong, and uses numerous incidents from their life to back this up. The knowledge of the narrative friend based on "speaking patient" emphasizes those areas where the patient is right. Narratives of the recovered emphasize how the person has come to terms with and understood their illness and placed it in the intelligible context of their life. Goffman, as I noted, points out that such incidents are not highlighted in the case-notes: the document which currently records psychiatric knowledge of the patient.

Moreover, if displays of the recovered are also accompanied by stories of how mental health service users have contributed to practices, then to "speak patient" is also partially to understand oneself as able to contribute to the practice itself and help others. Such changes in mental health service users' conception of themselves, as no longer pigeonholed but as capable, are among O'Donnell's hopes expressed for the *Oor Mad History* Project (O'Donnell 2008). The Thomistic use of the assembly made in Chapter 2 Section 5, however, shows how sometimes it may be appropriate to anonymize narratives and take forward only the salient points.

I noted the radicalness of Irigaray's approach to Freud which is tantamount to introducing an advocate into the psychoanalyst's consulting room. Why does such an introduction cause such profound trouble for psychotherapy? Partly it introduces the plain person's view of sexuality and love into the transference situation. In the plain person's eyes, the theory of transference looks ridiculous and dangerous. The plain person is not wrong I think. If love were to occur in any of the group situations I have mentioned (groups which campaign for justice, storytelling groups, or groups which come together to write and edit magazines), then such love must be dealt with wisely. We saw, in Chapter 6, that Irigaray's philosophy indicates that wisdom in dealing with sexuality will not occur where there are large power imbalances, such as that which pertains in psychotherapy. I noted that the function of transference was to allow the therapist to continue to be paid and the patient not to be

abandoned by the ceasing of “therapy”. But the existence of advocates and friends who can deal wisely with the situation allows that there are no harmful power abuses by the therapist, and for the patient not to feel abandoned by loss of care.

Finally, related to the idea that the long term mentally ill require a technical fix, is the idea that what they don't need is prayer. In Chapter 6 I argued that the technical paradigm in psychotherapy sits in the space, in the modern secular mind, occupied by both community and prayer. Hence, the secular mind thinks, if someone is sick it can never be the case that, to quote Shakespeare “more needs she the divine than the physician”. People frequently think that society has paid professionals able to fix the mentally ill, hence people (as for example the lay community of the church) have no responsibility to provide opportunities for prayer for them<sup>86</sup>. It also means that ordinary people are deprived of insight into the need for the divine in life because deep problems are seen as needing therapy and not God. The mentally ill are not seen as those whose problems may be giving them unique access to spiritual issues but purely as defective. Again this is not to belittle suffering or to lionize madness as some sort of spiritual “trip”, but suffering, of any sort, may give us access to a closer relationship with God. Obviously, however, not everyone wants a spiritual part to their lives and people's atheism should be respected.

#### 4) Further Projects

The subtitle of this thesis claims that I am “re-imagining psychiatry”. Though there are many things which can be concluded from the work I have done here: how folly can contribute to practical wisdom in psychiatry, how an ethics of sexual difference can provide wisdom in sexuality, how Irigaray's philosophy is interestingly compatible with MacIntyre's, my main claim has been that it is possible to imagine a different psychiatry using this work. How?

Returning to Edinburgh Users' Forum, this group of people should not have been put in the position where they had to take it upon themselves to campaign for better psychiatric services in the first place. They should have both had their concerns respected and been cared for. Their suggestions for better services should have been taken on board immediately. There is a sense in which a campaigning organization cannot always meet their needs. Hence, on its own, the incorporation of collective advocacy fully into the practice of medicine, although a good start, wouldn't be enough. However, I would argue that the changes in the conception of objectivity for which I have argued do provide the skeletal philosophical basis for a different psychiatry. There is a need for the following further project, which is an implementation of a model of medicine based on friendship and on pre-

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<sup>86</sup> Although many healthboard guidelines can provide a mention of spirituality, hospital chaplaincy, as warned about by Lambourne in the 1970s (see next footnote), can often start to model itself on experts fixing individuals, a model taken from healthcare (Lambourne 1971).

modern knowledge. This is also an implication of my assertion, in Chapter 6, that psychotherapy as a concept may be sitting in the cultural space of something more healing.

What are the implications of a model of psychiatry based on friendship? In his book, which I mentioned in the Introduction Section 7, *Resurrecting the Person, Friendship and Care of People with Mental Health Problems*, the theologian and former nurse John Swinton makes the point that friendship with the mentally ill is entirely consistent with the injunctions of Christianity; and yet again and again I have heard religious people justifying the exclusion of a mentally ill person from their meeting, their retreat or their community to protect those in the community and not disrupt the group and I am always struck that a log seems to have been created in the minds of ordinary believers that there exists a group of people who are too sick for Christianity and whom it is legitimate to turn away in Jesus' name. Medicine's emphasis on technique seems to have created this log.

Jesus' model for how to behave towards people was one of friendship and hence the main aim of this thesis has been to put forward a model of medicine based on friendship as healing. One of the things about MacIntyre's philosophy which is helpful for this task is that he criticizes liberal society in which liberal selves make choices based on preference. In a society lacking the ties of kinship of premodern society, we all choose our own friends. What this means, for people with mental health problems, is that if they are open about their problems, they risk not being chosen by others as friends. The net effect of this is that what society seems to require most of them is that they be quiet about their mental health problems and do not bother other people with them, on pain of risking losing friends and employment opportunities. I would suggest that there is a need for further work on how community groups can begin to try to overcome the absence of friendship with the mentally ill.

So far I have used a model of medicine derived from considering Christianity which model may, nevertheless, in its uses of two models of friendship, be acceptable to atheists and agnostics. However, in deriving this model I have worked from a pre-modern view of knowledge of man as a spiritual being who moves towards a final end which eludes him in this life, but which he nevertheless hopes to finally attain. Such a model would suggest that a recognition of people as spiritual beings might be important in mental health care. At the beginning of the thesis, I outlined parallels between what I have been trying to do and the hospice movement. Just as my argument, in using the approach of the museum and the assembly as "re-seeing", has been to unify the discrepant practices of psychiatry and psychotherapy, so also I would argue that using a similar approach in the hospice movement and mental health would provide unity between different branches of medicine. However, the hospice movement became popularized in the 1970s and multiculturalism has become much more established and accepted since then. I will look briefly at how spirituality and medicine interact in the view of the hospice movement's founder, Cicely Saunders, and then ask how this might work in mental health and in a multicultural society.

Saunders` view was needs-led; her initial statement began with what she considered to be the needs of patients (DuBoulay 1985:86). She then went on to outline how she thought those needs should be met. DuBoulay says that Saunders` vision was “inextricably medical and religious” (*ibid.* 89)... “two poles saying quite different things...with sparks flying between them”. Saunders did not believe in forcing religion on anyone (*ibid.* 89) but did think there should be a place of worship in hospices and that workers in hospices should be people who are “spiritually equipped” (*ibid.* 96).

If we were to look at the needs of psychiatric patients I would say they were: to be loved, to be among people who are at peace, tidy and making and sharing food, to have somewhere to sleep which is nice and safe and from which there is no threat of eviction, with prayer should they wish it and to be among people whose belief-systems will allow their stories to be told in a healing way. As they improve, in accordance with emphasis in this thesis on models of health rather than pathology, they need to be part of some “corporate ethical act” (Lambourne 1971:27)<sup>87</sup>: doing something, such as participating in developing the practice, participating in contributing to the public health function of psychiatry, the arts, joining in what Campbell refers to as the main activities of the church: *kerygma* (preaching, but I would include helping to provide worship in this), *koinonia* (fellowship) and *diakonia* (service) (Campbell 1985:60) or sheltered employment.

The place to sleep has arguably been where care has failed in the past. The Quakers who inspired Victorian lunacy reform wanted to give their fellow Quakers peace in terms of a house run by other Quakers. But their desire led to people getting stuck away from their homes unable to get back. When this was magnified on a grand scale, due to lunacy reform, the Victorian asylum system resulted (Foucault 1967, Scull 1989). As I noted in Chapter 1, Section 1, both Scull and Kovel think the asylum movement and `60s anti-psychiatry respectively, failed due to their proponents` failure to recognize endemic political problems in society. MacIntyre`s Marxist-influenced philosophy, as I noted in the Introduction Section 7, would tend to see such problems in terms of the sin of greed, but other sins can be seen to play a part. I think it is important for us to note that, unlike in the hospice movement, the need for somewhere to sleep which fulfils the above description cannot be adequately

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<sup>87</sup> Lambourne, insightfully, warns against the medicalisation of hospital chaplaincy and sees pastoral care as being the task of the whole church and new members of the group will find healing in joining the activity of the whole, in collective act of being the church and being for others:

The responsible, corporate ethical act vicariously undertaken and not the moment of insight into individual pathology becomes the ground of the psychological work on which such pastoral living flowers (Lambourne 1971: 27).

It is interesting that Lyall sees the movement to combine pastoral care and counselling in Britain as arising out of the intellectual climate which is recognizably the same one which produced *Against the Self Images* (Lyall 2010).

met in our current society. The aspiration to meet this need must be a hope. Once again we can see that the mental health service user movement is right in specifying what they need. Their preference seems to be for small-scale provision and they seek to get away from large institutional care. In Lothian their work has led to the Crisis Centre, which provides somewhere to go for people who fear they may be becoming ill (Infusion 2008), the Pilton Stress Centre which was set up to provide somewhere to go locally for people who had been discharged from hospital (Consultation Advocacy and Promotion Service 2010) and they have investigated the possibility of short breaks for mental health service users (Edinburgh User`s Forum 2010).

But to say that an aspiration cannot yet be met is NOT to say that we should abandon the hope. In society are many people who would like to offer help to others in the form of houses – guest houses or retreat houses (for example the Diggers and Dreamers website is a site for such people to contact each other ([www.diggersanddreamers.org.uk](http://www.diggersanddreamers.org.uk))). However, time and again the profound mental effects of the modernist knowledge paradigm get in the way of this kind of help being offered to those who need it most. It is often presumed that such provision cannot be for the long term mentally ill. As I saw in Chapter 6, the existence of the paradigm in psychotherapy means that, if you are long-term mentally ill, people think you must be found (or worse, find yourself) a therapist and a cure. However, also in Chapter 6, I noted the profound power imbalances of the scenario of patient – doctor – consulting room, which may be too much for the truly fragile. I noted how the rational myths of individual therapies are frequently not discussed with patients before the therapy begins. I noted the profound dangerousness of the use of the theory of transference.

The experience in Lothian has shown that, when mental health service users are given their head to develop the services they want even just a little bit, they tend to come up with ideas for small scale communities. In fact the *Oor Mad History Project* even details some criticisms even of the small-scale provision that the movement did create:

But something like that`s just going to get hijacked. The ideal way of doing it would be some sort of `70s hippy commune type nonsense and that`s not going to happen any more.

“Jonathan” a respondent of the *Oor Mad History Project* (Consultation Advocacy and Promotion Service 2010: 93).

I have noted that such small-scale communities may, to take an example from Christian communities, be beset by an unfortunate reluctance, and indeed fear, of taking in such people and that this reluctance and fear are contrary to the Gospel. Communities must be based on friendship, prioritization of practical wisdom over technique, but should not be without genuine authority and expertise as to what to do.

Swinton, rightly, I think, sees the expression of the Gospel attitude towards the mentally ill in the form of radical friendship (Swinton 2000). He describes in excellent detail the power of friendship to restore humanity which has been battered out by the system (*ibid.*). Campbell, whose theological models of health care workers I have used to restructure medicine, discusses the feeling ordinary community members may have that any caring they might provide may be unprofessional and inexperienced (Campbell 1985). The feeling that only those who have technical expertise to offer can help the mentally ill is propagated by the technical paradigms of biological psychiatry and psychotherapy, paradigms this thesis would seek to downgrade to auxiliary technologies and subjugate to ordinary human judgments on their usefulness.

Throughout this thesis I have not argued against the existence of genuine authority in psychiatry. In the version of psychiatry which I am imagining there will be objectivity, as I have described in Chapter 7. The challenge is to create a psychiatry which listens to the views of both narrative and deontological friendship. It is also to create a psychiatry which will be able to make good decisions as to the safety of patients but which will also welcome pastoral communities coming in, and welcome work with houses on the outside. Pastoral involvement is easier as a lay community than singly. As Saunders says of care of the dying:

we cannot come helpfully if we are filled with self-consciousness concerning our own reactions and responsibilities. We can come if we can say “this is the whole community that is helping the patient, I just happen to be the one who is here at the moment” (Saunders quoted in DuBoulay 1984).

Saunders struggled with what sort of community hers would be, and with the question of whether it should have a rule (DuBoulay 1984:98). She ended up with the idea that community members would be united by “common aims and Christian beliefs” (*ibid.* 99)- a shared vocation. However, there appears to have been some kind of selection based on employment vetting. This can't really work in mental health, beyond compliance with disclosure legislation. We need to take forward the idea, expressed in *Dependent Rational Animals*, that we are only the body of Christ together, and Pinel and Tuke's conviction that those who have recovered from illness are among the best people to care for the mad. So a traditional religious community is not what we are looking at here. Such communities have monks and nuns who have gone through tempering and presumably those who cannot accept this leave. Therefore this model of community already divides people into the sick and the well. Those people who would like to offer meals and hospitality to the mentally ill but fear to because of the over-technicalization of their situation are more than second-class Roman Catholic monks and nuns (as MacIntyre's *After Virtue* model might paint them). Their insight is different. Both Campbell and Lambourne write of the need for a mature laity capable of taking on pastoral care and of taking part in Lambourne's “corporate ethical act”, made up of individual acts of reciprocity (Campbell 1985).



There are ways of ensuring that such communities, in dialogue with hospitals, do not have the features of cults, do comply with disclosure legislation, receive advice from those genuinely authoritative in the practice and are educated in a loving way of responding to the mentally ill.

Kirkwood says that the goal of psychotherapy is to restore the patient to the community (Kirkwood 2011). However, in accordance with my argument, the aim here is not solely to adjust people to liberal society; in order for this restoration to community to happen, communities have to be involved and demonstrate a willingness to receive the ill person. This willingness may be demonstrated by something as simple as providing a shared meal once a week where community members and mentally ill people can eat together, perhaps with optional prayers beforehand.

Reading about how the hospice movement has responded to multiculturalism, it seems as if uptake by that movement is still mostly by the white community and there is a need for genuine dialogue (and not mere consultation) with other faith communities as to how these communities think care of the dying should be undertaken (Firth 2001); such that debate should be between communities not just between the dominant community who provide services and individual service user, who then “becomes an other” (Firth 2001:90). Similarly, in mental health, debate about care for the mentally ill should be between these diverse communities and the hospital, empowering these communities to begin to welcome the mentally ill back among themselves. Key in enabling this to happen are properly objective psychiatric professionals who can guide this process.

Work on this needs to move hand in hand with work on developing the public health function of psychiatry as outlined in Section 8. 2b and on widening the practice space as outlined in 8.2c. I’m afraid that some work needs to be done on separating those psychiatrists who are able to be ideal doctors from those who are only deontological friends.

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