

Experience, Narrative, and Ethical Deliberation*

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I. THE PROBLEM

David Velleman, in “A Right of Self-Termination?” opens with a story. While undergoing treatment for cancer, he gave a talk at a philosophy department and found himself reacting severely to a conversation at dinner. One of his hosts had lit a cigarette and waxed lyrical about his right to choose whether to live and die smoking or to quit and merely survive. Velleman felt that “a few months with cancer taught me that a tumor rarely invades a region smaller than an extended family. . . . Listening to my host laugh at his future cancer, I wondered if he realized how many others would share it.”¹ He resented his host’s taking his right to be a right to make his own life shorter in order to make it better, for this accounting failed to consider harms and benefits to others.

He also resented his host’s assumption that only accounting for harms and benefits was relevant. He thought that his host had failed to see that what is of value in a human life cannot be entirely captured by cost-benefit talk. If a life is to be more than a mere instrument, there must be something that makes a claim on us—something that we try to live up to. Velleman questions whether “one may end one’s life simply because one isn’t getting enough *out of it*” and urges the consideration of whether one is doing justice to one’s life.²

In “ICU Psychosis and Patient Autonomy,” I also recount personal experience—my month-long encounter with multiple organ failure, full

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1. David Velleman, “A Right of Self-Termination?” *Ethics* 109 (1999): 606–28.
2. *Ibid.*, 612.

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life support, and ICU (intensive care unit) delirium—in order to mount some arguments.³ Some of those arguments have to do with a very practical kind of ethics. I suggest, for instance, that once critical care medicine starts to listen to how patients experience the interventions and procedures to which they are subjected, it should see that it needs to improve the transition from the ICU to the ward.

But my central argument in “ICU Psychosis” is bound up with the more theoretical issue of autonomy and with questions about what the appropriate standards are for when a patient is taken to be an autonomous agent. The principle of patient autonomy has it that if physicians are to respect the intrinsic value of running one’s life for oneself, they should always treat the competent patient as a full participant on the decision-making ‘team’, even if there is reason to think that the patient is making a mistake. The principle carries with it the assumption of competency, unless there is evidence to the contrary. I draw on my experience of meeting the competency tests and taking part in decisions while in fact being far less than competent, in order to argue that the presumption of competence reflects a shallow view which fails to take seriously the complex predicaments in which most gravely ill patients find themselves. The harrowing psychotic episodes experienced by the bulk of critically ill patients and the subsequent roving bouts of conspiracy theory and paranoia get in the way of decision making, even when patients seem to be functioning well. My suggestion is that it is better to follow the policy of doing what is in the patient’s best interests, despite the fact that this will be viewed as highly paternalistic by the patient herself and perhaps by much of the community of health care professionals and ethicists.

Of course, neither “A Right of Self-Termination?” nor “ICU Psychosis” rests with the story. Both are thick with other kinds of argument—Velleman’s largely Kantian and mine appealing to the medical literature on ICU delirium and the obstacles in the way of competency testing for intubated patients. Perhaps each of us could have made what we would have considered a weaker case for our respective conclusions without appealing to our distinctive firsthand experiences. But the underlying suggestion in these articles is that there are some insights which can be fully accessed only from the inside—only by those with the requisite experience—and that those insights can be communicated to others. If we learned something from these experiences, then our readers might also learn something from our accounts of the experiences and from the insights and arguments prompted by them.

The idea that autobiographical narrative might contribute to our

3. Cheryl Misak, “ICU Psychosis and Patient Autonomy: Some Thoughts from the Inside,” *Journal of Medicine and Philosophy* 30 (2005): 411–30.

knowledge, however, raises pressing general worries which play out sharply in the two particular narratives used here.⁴ Both of these examples are drawn from medical ethics, where an appeal to narrative goes against the grain of contemporary medicine's self-image. Medicine and health policy now resolutely take themselves to be "evidence based." They have turned their backs on the use of intuition and unsystematic clinical experience and have turned to a narrow conception of evidence epitomized by randomized controlled trials.⁵ The dominant feeling is that the bad old days of subjectivity are gone and the new day of objectivity, enabled by EBM (evidence-based medicine), has dawned.⁶

Although in what follows I will continue to use EBM's response to such examples, my real concern is with the general worry which underpins the idea in medicine that 'scientific' evidence is the only kind of untainted evidence. Narratives are not simply chronological accounts of events. They are accounts that give coherence or shape to events and are thus freighted with interpretation, motivation, and other dents to what we think of as objectivity. We all know that in recounting our own experience we can mislead, embellish, and even self-deceive. If we needed social scientific confirmation of that, Barbara Tversky provides it.⁷ She has shown that, by their own admission, those recounting stories about what happened to them omit, exaggerate, or minimize information. If their aim is to entertain their audience or to elicit sympathy,

4. I'm concerned with autobiographical as opposed to fictional narrative. It may well be that we can get insights from the latter, such as narratives found in novels or plays, but that falls outside the scope of this article. I will also not be engaging the ideas that the self is constituted by autobiographical narrative, that the telling of autobiographical stories might be cathartic or otherwise important for the teller, and that morality might require me to listen respectfully to the stories of others.

5. Systematic reviews of trials and "all or none" data (where everyone died before the treatment was available and some survive after the treatment is available) also count as proper evidence. See Kenneth Goodman, *Ethics and Evidence-Based Medicine* (New York: Cambridge University Press, 2003), chap. 2.

6. There is, however, an emerging minority view. See, e.g., Mark Dobrow, Vivek Goel, and Ross Upshur, "Evidence Based Health Policy: Context and Utilization," *Social Science and Medicine* 58 (2004): 207–17, the essays collected in Brian Hurwitz, Trisha Greenhalgh, and Vieda Skultans, eds., *Narrative Research in Health and Illness* (Oxford: Blackwell, 2004), and <http://DIPEX.org>—a database of patient narratives run by the University of Oxford Department of Primary Health Care. For philosophical discussion of the role of narrative in bioethics, see Howard Brody, *Stories of Sickness* (Oxford: Oxford University Press, 2003); Rita Charon, *Stories Matter: The Role of Narrative in Medical Ethics* (London: Routledge, 2002); Hilde Nelson, *Stories and Their Limits: Narrative Approaches to Bioethics* (New York: Routledge, 1997); and Rosemarie Tong, "Teaching Bioethics in the New Millennium: Holding Theories Accountable to Actual Practices and Real People," *Journal of Medicine and Philosophy* 27 (2002): 417–32.

7. Barbara Tversky, "Narratives of Space, Time, and Life," *Mind and Language* 19 (2004): 380–91.

narrators tend to exaggerate; if their aim is to inform, they tend to omit and minimize. These alterations and distortions are sometimes then incorporated into the teller's own memories of the events. Tversky offers a compelling explanation of this last phenomenon, an explanation which doesn't turn on the idea that the narrator has questionable motives:

How do people unintentionally, indeed, innocently, deceive themselves into remembering things that did not happen? When people retell events, they do so from a particular perspective, for a certain purpose. Their stories are connected by a theme or schema or narrative if you will—here are all the ridiculous things that happened to me today or here is how Michael is a perfect fit for your fraternity or an intolerable roommate. When recalling the events again, the schema imposed on the retelling serves as an organizer and retrieval cue. That schema-related information is better recalled and likely to be incorrectly intruded is a robust phenomenon. What is new here is that story-tellers impose the schema themselves, thereby altering their own memories.⁸

We know also that narratives often conflict. Some of Michael's acquaintances may tell stories that show that he will be a wonderful roommate; others may tell stories that show the opposite. And of course the sadistic abuser's report of his experiences of an event and the 'morals' he draws from them will conflict dramatically with the victim's report of the same event.

It is tempting to conclude that narrative is rather useless as a source of knowledge or as a kind of evidence or data. For the general questions press in. Will appeals to autobiographical narrative toss us into a sea of individual experiences and perspectives, full of irresolvable conflict, contestability, and variability? What could be the grounds for someone being critical of accounts of what I experienced? This kind of question is partly responsible for the feeling among some moral theorists that inquiry into what is right or wrong must be a rational or pure inquiry in which subjective experience takes a backseat.⁹ And it is even more responsible for an opposing and much more prevalent view—moral experience is so contestable that it makes no sense to think of ethical deliberation as being a rational enterprise or to think that there is truth and objectivity in ethics.

8. *Ibid.*, 389. See also Elizabeth Marsh, Barbara Tversky, and Michael Hudson, "How Eyewitnesses Talk about Events: Implications for Memory," *Applied Cognitive Psychology* 19 (2005): 531–44; and Nicole Dudukovic, Elizabeth Marsh, and Barbara Tversky, "Telling a Story or Telling It Straight: The Effects of Entertaining versus Accurate Retellings on Memory," *Applied Cognitive Psychology* 18 (2004): 125–43.

9. Perhaps these moral theorists exist only in caricature.

That is, if the answers to the above questions are that appeals to experience recounted in narrative would indeed toss us into a sea of competing perspectives, with no way of adjudicating between them or being critical of them, two opposing positions loom large. One concludes that such appeals must therefore be banned from moral discourse. The other concludes that since such appeals seem to be the stuff of moral discourse, moral discourse cannot be seen as objective or as aimed at rational belief.

Against both of these positions, I shall argue that we have no choice but to take subjective experience into account in our ethical deliberations, and if we do so in the right kind of (critical) way, those deliberations can indeed aim at rational belief. Narratives, I shall argue, are reason structured or open to rational criticism, and this allows them to play a legitimate and essential role in ethics.

Given that most moral theorists (and even most people who don't go in for such theorizing) think that reports of experience are relevant to ethical deliberation, the obstacles articulated above need to be cleared from the road. My aim is to first show how the contestability of narrative and the fact that narrative is laden with the narrator's beliefs, values, and strategic aims doesn't damn it as useless in moral inquiry. Then I try to articulate the roles that narrative might play in improving our beliefs about what is right and wrong. I try, that is, to give the beginnings of a detailed and sustained view of how narrative really and rightly functions in ethical deliberation.

My first task will be to put forward the thought that experience is central to rational deliberation (Sec. II); my second task will be to show that moral deliberation, like other kinds of inquiry, has experience at its core (Sec. II); my third task will be to show how the experience recounted in narrative functions in moral inquiry (Sec. III); and finally, I will indicate how narratives are reason structured so that conflicts between some narratives can be resolved in principle (Sec. IV). Something like the argument articulated in this article must linger in the background for those who make use of narrative. Part of my job here is to bring it forward and make it explicit.

Along the way, it should become clear that another view to which I am opposed is the view that narratives are not criticizable but that they are nonetheless somehow legitimate and important in our deliberations. On this view, the insights that I might draw from my experiences are valid for me, and yours are valid for you—my narratives are “true to my reality,” and your narratives are “true to your reality.” One upshot of my argument is that this view is incoherent—the idea that experience is central to moral deliberation can stand only if narratives are criticizable or subject to rational scrutiny.

II. EXPERIENCE AND ETHICS

Here is a relatively uncontentious thought about experience. Beliefs, in order to aim at being justified, must be answerable to or responsive to experience. When I believe that p or when I take p to be justified, I commit myself to keeping that belief sensitive to things that might speak for or against it. This is a constitutive norm of belief.¹⁰

If we are not to straightaway beg the question against ethics being an experience-driven inquiry aimed at right answers, we will want to be careful to characterize experience in a way which doesn't make reference to our sensory apparatus. Quine's early characterization might do. Observation sentences "can be roughly distinguished from others by a behavioural criterion, involving no probing of sensations. For this is characteristic of them: witnesses will agree on the spot in applying an observation term, or in assenting to an observation sentence."¹¹ This leaves room for the possibility that some ethical statements will be observational—"that's odious," upon seeing a sexual assault of a child, for instance.¹²

C. S. Peirce's characterization is, I think, even better: "Anything is . . . to be classified under the species of perception wherein a positive qualitative content is forced upon one's acknowledgement without any reason or pretension to reason. There will be a wider genus of things *partaking* of the character of perception, if there be any matter of cognition which exerts a force upon us" (*CP* 7.623).¹³ Experience, Peirce argued, is that which impinges upon us—it is that which is brute, forceful, or compelling.

There is no claim here that reports of experience are accounts of the experiencer's own states—a kind of introspection about which he or she cannot be mistaken. Nothing is implied, that is, about being given something pure or unadulterated. As Dorothy Emmet so nicely put it, there is a difference between being brute and stubborn and being bare and naked.¹⁴ Experience is the tribunal against which beliefs are tested, but it does not give us access to a truth unclothed by human cognitive capacities and interests. We have no clean access to that which

10. This is a very condensed version of an argument made in Cheryl Misak, *Truth, Politics, Morality: Pragmatism and Deliberation* (London: Routledge, 2000), chap. 2.

11. Willard Van Orman Quine, "On Empirically Equivalent Systems of the World," *Erkenntnis* 9 (1975): 315.

12. Quine himself wasn't very keen on the idea that ethical statements are observational or legitimately aspire to truth.

13. *The Collected Papers of Charles Sanders Peirce*, vols. 1–6 ed. Charles Hartshorne and Paul Weiss, vols. 7 and 8 ed. Arthur W. Burks (Cambridge, MA: Belknap, 1931–58). References to this work are in standard form: *CP* $x.y$, where x is the volume number and y is the paragraph number.

14. Dorothy Emmet, *The Role of the Unrealizable* (London: Macmillan, 1994), 186.

reacts brutally against us. Peirce saw this point clearly. He describes what he sees in his study:

But hold: what I have written down is only an imperfect description of the percept that is forced upon me. I have endeavored to state it in words. In this there has been an endeavor, purpose—something not forced upon me but rather the product of reflection. . . . I recognize that there is a percept or flow of percepts very different from anything I can describe or think. What precisely that is, I cannot even tell myself. . . . I am forced to content myself not with the fleeting percepts, but with the crude and possibly erroneous thoughts or self-informations, of what the percepts were. (*CP* 2.141)

Everything we experience is interpreted—the experiential data that we possess are not raw experiences but rather beliefs about what we experienced. The best we can say of our perceptual judgments is that they are indexes of the actual clash between us and the world. These indexes “provide positive assurance of reality and of the nearness of their objects” without giving “any insight into the nature of those objects” (*CP* 4.530). An interpreter connects the index and its object by belief in a causal law. Although the perceptual judgment is “unlike” the reality, “it must be accepted as true to that reality” (*CP* 5.568).

What, on this view, can we say about the authority of experience? We clearly have no recourse to the idea that the authority of experience comes via its incorrigibility. This is a good thing, as the lesson learned by the logical empiricists was that ‘blue, here, now’ was certainly or infallibly true only if it was taken as a judgment about what seems to me to be the case. But of course, they were interested in what is the case—they were interested in truth about the world, not in truth about their own mental states. Even they eventually saw that the authority of experience is a fallible authority.

On the view under consideration here, our perceptual judgments are authoritative in that they force themselves upon us—we have no choice but to pay attention to them. They arrive uncritically, and then we subject them to reason and scrutiny. Of course, the fact that our perceptual judgments tend not to lead us astray or, when they do lead us astray, we can find explanations for why this is the case gives us another reason to take them to be authoritative. But we are indeed pulling ourselves up by our own bootstraps. We proceed epistemically with what comes to us, applying our human reasoning structures and standards to it once it arrives. This is simply the epistemic situation in which we find ourselves.

With this quick account of experience in hand, let us return to ethics. It is clear that Velleman and I, and anyone attempting to make a contribution to ethical deliberation, assume that at least some of our

ethical beliefs can be justified. Indeed, anyone who argues, deliberates, or holds a view for reasons assumes that one belief can be better than another, that we can improve our beliefs, that we can realize that we were mistaken in believing something, and so on. These are marks of objectivity—they are indicators that we take ethics to be aimed at getting matters right. As Elizabeth Anderson puts it, when I judge something as valuable I judge that it is properly valued, not that I happen to value it on some occasion or another.¹⁵ In ethics, too, we are interested in what is right or wrong, valuable or worthless, not what seems to me or even what seems to most people to be right or wrong, valuable or worthless.

If we are to take these marks of objectivity seriously—if we are to explore our assumption that at least some of our ethical judgments legitimately aspire to getting matters right—then we must take our ethical judgments to be responsive to experience. The idea to be explored in this article is that autobiographical narrative, or the recounting of one's own experience, can provide us with a forum in which to do that.

An immediate question arises about the nature of the experience available to ethics. For in ethics we cannot appeal to a causal theory to suggest that our experience puts us indexically in touch with the external world. The short answer to this question is that such causal theories are our theories—even with respect to sensory perception we are engaged in bootstrapping.¹⁶ It is only to be expected that, if we can make sense of experience providing us with data and with evidence for beliefs in ethics, our bootstrapping will be more prominent. There may be something to get right and wrong in ethical matters, but those matters of fact will be mightily dependent on human practices and natures.

We now have the beginnings of an account of how autobiographical narrative might play a role in our ethical deliberations, of how we might learn something from experience recounted in narrative. It is a regulative assumption of ethical deliberation that our beliefs are answerable to or responsive to experience. On an account of experience that rejects the notion that we have access to something incorrigible, space is opened up for the idea that ethics is an experience-driven inquiry. Space is opened up for the idea that, for instance, experience recounted in narratives might lead us to see or realize something we had not previously seen or realized. The idea is that recounting experience of phenomena revealed only to the experiencer by virtue of the special circumstances in which she finds herself will be illuminating. Although

15. Elizabeth Anderson, *Value in Ethics and Economics* (Cambridge, MA: Harvard University Press, 1993), 2.

16. For the longer answer and for a sustained account of this view of experience and its role in critical inquiry, see Misak, *Truth, Politics, Morality*.

someone who hasn't been in those particular circumstances cannot fully imagine her way into viewing the phenomena (she cannot get into your mind and feel what you feel from the inside, as it were), she can go some distance to understanding your distinctive experience by paying close attention to what you say and what you write. In this way, narratives can be valuable windows into foreign territory. It follows from this thought that experience cannot be taken to be ineffable. If experience is to be relevant to our beliefs and deliberations, it either has to be reproducible by others or it has to be at least in some way communicable to others. But much more needs to be said about how this learning from or responding to experience might proceed.

III. THE FUNCTION OF NARRATIVE IN DELIBERATION

In what follows, I will be considering two types of narratives: (i) relatively straightforward empirical reports of what *x* was like or what it was like to undergo *x*, which will sometimes be reports of resenting *x*, liking *x*, and so on, and (ii) more complex reports that *x* is odious, praiseworthy, valuable, worthless, or just, which will always involve judgments with evaluative content. There will be a certain amount of fuzziness in the boundary here, as even the more straightforward kind of data about how something feels is going to be laden with one's values and background belief.

The first type of report of experience will remain of some interest in what follows, despite the fact that it is widely accepted that this kind of report is relevant to our deliberations. EBM, for instance, is perfectly happy with empirical data that show that most patients find an intervention painful, that they want to have a say in their treatment, and so on. That is, EBM can consider how things feel to patients by looking to social scientific surveys which collate that experience.

What to do with this kind of empirical data is a further question. It may be straightforward to assume that there will be an attempt to make painful interventions less painful, but in the other cases, the data are simply raw material for an ensuing ethical discussion. For instance, if it turns out that surveys that query quality of life tell us that most patients who have undergone some life-saving procedure wish that they hadn't undergone it (wish, i.e., that they had been allowed to die), this by no means is the end of our deliberations. Indeed, it is the burden of Velleman's article to contrast that kind of desire with some of his own experience so that space is opened up for the argument that a person's wishes here are not trump cards.

That is, having an experience of resentment or approval might be evidence of the thing in question being worthy of our resentment or approval, but that evidence is defeasible. The ethical discussion begins with experience, but that is just the starting point of a long, sophisticated

conversation. A tallying up of responses is not the end of the matter in our deliberations about what is right or wrong. In ethics, we are looking to draw not merely empirical conclusions about how people react to certain things but evaluative judgments about whether those reactions are appropriate.

It is the second kind of report of experience that will be more interesting. These reports embody a moral response to a situation. The narrator must make the response seem compelling by taking the listener along the path she herself took toward the response. It is this kind of report that EBM will be suspicious of. While it will be happy to collate reports of people's normative responses to their treatments, it will want to take this kind of data as mere empirical input. It leaves no room in its deliberations for the kind of intervention that Velleman and I make—the one-off narrative full of evaluation and conclusion. For that kind of experience is not an appropriate subject for a controlled and reproducible trial or for a social scientific survey. It is a kind of discovery—a eureka moment, if you like—of something not previously seen or realized.

I want to argue that we can also learn something from this second kind of experience. When we reflect upon and describe those experiences which embody moral responses, we can gain epistemic access to values or norms. This is not a privileged access, although the having of highly distinctive experiences can mean that the experience is not easily reproducible by others and hence the experiencer has a 'privilege' which others might not—the privilege of having had those experiences.¹⁷ And of course the interpretation or description that is involved will be thicker when what we are describing is the experience of having had a moral insight.

Here is another way at getting at the distinction I am trying to draw between the two kinds of experience. Peter Goldie argues that there are two perspectives that might be taken when we engage with a nar-

17. Derek Matravers, in "Fictional Assent and the (So-Called) 'Puzzle of Imaginative Resistance,'" in *Imagination, Philosophy, and the Arts*, ed. Matthew Kieran and Dominic McIver Lopes (London: Routledge, 2003), 91–106, argues that there is an asymmetry with respect to the authority of narrators in fictional narratives. They are epistemically privileged as far as factual matters in the fictional world go but not as far as moral matters go. "They are in no better position than their reader with respect to the latter" (*ibid.*, 100). Something similar holds, I think, for autobiographical narrators. They have access to distinctive experiences because of their circumstances (having had cancer, having been critically ill) and are epistemically privileged (not, of course, infallible) with respect to their description of what that was like and with respect to their straightforward reactions to it. But others can engage in debate about whether the evaluations grounded in that straightforward experience are compelling.

rative.¹⁸ We can take the internal perspective in which we imaginatively identify with or put ourselves in the shoes of a participant in the story. Or we can take the external perspective of the narrator, who (intentionally or not) interprets and evaluates the events recounted, inviting the audience to respond to the events in a certain way.

In autobiographical (as opposed to fictional) narrative the narrator will also be a participant. Nonetheless, the narrator and participant perspectives can come apart. In Velleman's case, they do not—there is no critical distance between the perspectives. But in my article on patient autonomy, I argue as narrator that I shouldn't have been taken to be fit to make decisions when I was critically ill, even though as a participant in the narrative, I desperately wanted to make them. That is, I suggest that if we really want to respect the critically ill patient's "subjective position," we'd better listen to stories about how things are for those patients. And then I argue that we ought to conclude from these stories that when things are like that for patients, we ought to treat them paternalistically. As external narrator, I argue, as it were, against my own internal participant point of view. I argue that the more complex evaluative experience I had pulls against the more straightforward reactive experience. And I report both in the narrative.

My suggestion is that one can learn something from autobiographical narrative through taking either perspective. The internal perspective is aligned with the first kind of reporting of experience. It is a way of gaining insight into the straightforward reactive experiences of others—of coming to understand how an event was experienced by a participant.¹⁹ Iris Young gets the role of this kind of experience in inquiry exactly right. She notes that "frequently in situations of political disagreement, one faction assumes that they know what it is like for others, or that they can put themselves in the place of the others, or that they are really just like the others."²⁰ But listening to those others can pull one up short—it can make us revise our beliefs about what it is like for them. This kind of empirical information can play the role of defeating supposed moral principles. It has been instrumental, as Young says, in reforming rape and sexual harassment laws. The practical points that I make for critical care medicine—the suggestions about how to improve the transition from the ICU to the ward—are also points that arise

18. Peter Goldie, "Narrative, Emotion, and Perspective," in Kieran and Lopes, *Imagination, Philosophy, and the Arts*, 54–68.

19. Historians too can learn from narratives how an event seemed from the perspective of a particular individual. That's not the same thing as learning how that event unfolded from an economic perspective, or from a political perspective, but on the view offered here, it is clear that it is genuine information nonetheless.

20. Iris Young, *Inclusion and Democracy* (Oxford: Oxford University Press, 2000), 77.

directly from taking seriously what it is like, in this instance, to be critically ill.

The use of this first kind of narrative in moral deliberation is relatively unproblematic. Most moral theorists will say that we need to understand others because others are the stuff of morality. If part of morality (not necessarily the whole of it and not necessarily the foundation of it) is about respecting the personal ends of others or if it is about weighing the consequences for others, then we need to find a way of understanding those ends, and we need a way of assessing those consequences. The consequentialist, for instance, will want to listen to others in order to collect empirical data about what makes a life go well.

Aligned to the external perspective, where one is taken along by the interpretation and evaluation of the narrator, is the second kind of experience—the having of a moral insight. Velleman wants the readers to understand his experiences, not so much that they know what they were like, but so that they end up sharing his moral insight. He wants the readers to follow the events, as he tells them, to a certain conclusion about the right to self-termination. He rejects the smoker's view of his life as a matter of trading off pleasures and pains because his resentment reveals to him that a contrary view might be possible, and he sets out to support the moral insight that arose from the experience of resentment.

Similarly, in "ICU Psychosis," the experience I want to highlight is not that at the time I wanted my wishes respected, nor is it that I felt that I was not competent when I was being taken for competent. I want the reader to share my evaluative judgment about rethinking our standards for competency and responsibility in critical care medicine, a judgment which was prompted by or grounded in those distinctive straightforward experiences. The experience that I want to highlight is an experience of the moral landscape in the ICU—the landscape that I was able to see after my experiences of it.

These evaluative experiences or moral insights, that is, aren't presented merely as bits of empirical data. Velleman and I offer, if you like, moral as opposed to empirical data that our practices and theories will have to accommodate or explain, unless we are to explain away the moral data as mistaken (not, after all, genuine insights) or as misinterpretations of what we underwent. These moral data or moral insights are defeasible and warrant scrutiny, but they are data nonetheless.

It will be clear that this kind of experience is a full-fledged judgment. There is a larger gap between what was actually felt and what is judged than is the case with the more straightforward kind of experience (although it would be a mistake to think that there was no gap at all in the more simple case). It is possible to communicate the nature of

these experiences to others, but as the insight moves further and further away from the report of a straightforward experience, the way in which it is communicated will become more complex.

EBM might be interested in collating these experiences too. But while it would be damaging to the case I tried to make about paternalism in the ICU if no other patient ever reported evaluative experiences like mine—if no one had experiences that inclined him or her to favor paternalism in certain treatment situations—it would not serve as a refutation. For our aim in moral deliberation isn't to vote on what is right or wrong. It is to take moral insight, judgment, and argument on their own merits.

So my claim is that we have two ways in which the recounting of experience in autobiographical narrative provides us with something to which our ethical beliefs can be answerable. First, we can test our beliefs about the experiences of others against how those who have actually had the experiences report them. Second, we can test our moral principles against the moral insights of those who have had relevant and distinctive experiences.

Goldie takes our responses to narratives to be emotional responses, as does Velleman.²¹ In the spirit of broadening the notion of experience as outlined in Section II, I want to rest with the idea of a response: emotional, moral, or rational, insofar as these might be disentangled. The experiences which may be relevant to ethical deliberation can be emotional reactions to a situation: my horror upon reflecting on how my physicians let me participate in decision making when I was in no condition to think clearly or Velleman's unease at having to listen to his host's cavalier talk about the dangers of smoking. But the experiences might also be, for want of a better word, rational: my 'seeing' (fallibly of course) that it is dangerous to allow gravely ill patients to participate in decision making about their care. Or the experiences might be moral: my 'seeing' (fallibly of course) that the issues of paternalism and autonomy need to be rethought by critical care medicine.

It is important to note that nothing I say here suggests that we mustn't engage in armchair inquiry. In some instances, such inquiry might not lead us astray. When it comes to imagining how things are for others, perhaps we sometimes correctly think that we understand how it is for them. But, given the enlightenment that can come from listening to accounts from the actual subjective perspectives of those others, we should always try to do so.

Indeed, another kind of armchair inquiry is untouched by my argument—it retains whatever value it ever had. Our intuitions about hypothetical cases, in which we imagine our response to an imaginary

21. David Velleman, "Narrative Explanation," *Philosophical Review* 112 (2003): 1–23.

situation, can be a source of data just as narrative can be a source of data. Much of the framework that I have provided here about the nature of experience, the constitutive norm of belief, and the assumptions underlying the objectivity of ethics is such that other kinds of responses fit into it nicely.

IV. CREDENCE AND CRITICISM

But if narrative is rife with exaggeration, omission, and self-deception, it may be that any use of it drags ethics down from its ambitious aim of being an inquiry aimed at justified or rational belief. The idea would be that ethics is indeed experience driven, but the kind of experience available to it is so variable and so contestable that it cannot aim at getting things right.

It is interesting that Tversky thinks that narrative is not in such a state of disrepute. She notes that it has also been shown that those who listen to narratives often take them, if you like, with a grain of salt. Children as young as four display skeptical trust in testimony, despite the fact that the child's (indeed, the adult's) growing stock of belief is largely built on it. That is, listeners are well aware of tendencies to exaggerate and omit, and they are far from being indiscriminate. This is the point that I want to build on. We evaluate narratives. They are reason structured.

It is important to keep in mind that the fact that we need to scrutinize the evidence we gather from narratives does not straightaway distinguish narrative from other kinds of evidence. To stick to the case of medicine, the newspapers are full of examples of how pressure to come up with striking results can lead to the falsification or the withholding of data, and the fact that trials are often paid for by pharmaceutical companies can amplify this pressure. Indeed, it turns out that leading medical journals are rife with citation errors, which suggests that many authors are systematically failing to check or even read what they rely and build upon—that is, what's in their footnotes.²²

It is also important to keep in mind that we use our powers of discrimination not only with respect to the reports of experiences of others. We also keep our own reports open to scrutiny. It makes perfectly good sense, for instance, to say, "My report of seeing Harry in the bar was mistaken—it was someone else" or "I was offended at his view that I am not a complex person, but I now see that it always was a compliment" or "I thought that my experiences pointed to a revisiting of the notion of patient autonomy, but after much counterargument, I see that I was wrong."

That is, we do not take our narratives to be incorrigible. It would

22. See Goodman, *Ethics and Evidence-Based Medicine*, 25ff.

be very odd for Velleman to take himself to have shown that there is no right to self-termination and very odd for me to think that I have proved that critically ill patients should not make decisions about their treatment. We have articulated the insights we have gleaned from our distinctive experiences and have made our respective arguments. Those insights are now open to criticism and may well be refined and revised in light of it.

This is not a strictly descriptive point. It is a normative point as well. As David Wiggins says, I tend to be disturbed if what impinged upon me does not impinge upon anyone else, and I am disturbed for an important reason:

Suppose I am convinced that something is so. Then it is disturbing to me if nobody else can be brought to agree with me. Why? Well, if something is so *either* it must be capable of impinging on others in the way it impinged on me or I shall have in principle to account for its inaccessibility to others. . . . If however there were no prospect at all that arguments founded in what made me think it true should have non-random efficacy in securing agreement about whether *p*, I should be without protection from the idea that (unless I was simply wrong) there was just nothing at issue.²³

If there is something at issue—some matter to get right or wrong—then we must do some hard cognitive labor when our experiences and evaluations are out of line with those of others. We need a compelling explanation of the sort that others are not well placed to see what we saw, or we require an account of how others have made a mistake, or we need to think critically about our own judgments. This is part and parcel of aiming at getting matters right.

The point I made in Section II was that if ethics is a subject on which we can legitimately deliberate—if there is, for want of a better word, objectivity to be had in ethics—then our beliefs must be responsive to further experience, further argument, the contrary reports of others, and so on. The related point here is that if there is objectivity to be had in ethics, then when our responses conflict, we need to bring to bear on the conflict the full range of our rational scrutiny.

An analogy with testimony in a courtroom may be helpful to frame the normative question. As Joseph Heath argues, we assume in a courtroom that there is a truth of the matter with respect to factual questions—we assume that there is a single correct account of what caused the traffic accident, even if we are faced with contradictory testimony.²⁴

23. David Wiggins, "Truth, and Truth as Predicated of Moral Judgments," in *Needs, Values, Truth*, 2nd ed. (Oxford: Blackwell, 1991), 149.

24. Joseph Heath, "A Pragmatist Theory of Convergence," in "Pragmatism," supplementary volume, *Canadian Journal of Philosophy* 24 (1998): 149–76.

When a witness gives evidence in a courtroom, that account of his experience is subject to scrutiny and challenge. His report of what he saw might be inaccurate, it might be a misinterpretation of what was seen or heard, he might be lying, what he says might be inconsistent with other evidence, and so on. Contradictory testimony thus needs to be explained away, as the result of error, hidden motives, or something else. This assumption is reinforced by various forms of social control. We wonder about the rationality or sanity of someone who thinks that contradictory accounts of the accident are both correct.

We also, albeit less severely, wonder about the rationality of someone who says that no one is to blame for the oil spill because each is blameless “from his perspective” or of someone who says that her belief that it is right to torture suspected terrorists and my belief that it is wrong to do so are both true. That is, with respect to questions involving evaluations we also search for explanations for our disagreements. Otherwise we are indeed without protection from the idea that there is nothing at issue.

Sometimes we will want to say that there is indeed nothing at issue—in the debate, for instance, about whether chocolate or vanilla ice cream is most tasty or whether it is better to give money to Oxfam or to a more locally based charity. But when we think that there is something worth debating—when we think that there is something at stake—then we need to have a critical attitude to conflicting reasons and experiences.

Thus when narratives conflict, we might explain away the conflict as being due to exaggeration, omission, self-deception, or some such defect. But we can also appeal to the fact that one of the narrators has got things wrong—has made an erroneous evaluative judgment. We might argue that the abusive sadist who reports great good and pleasure coming from his abuse has failed to respect a fundamental or inviolable human right, that he causes disproportionate harm compared to the perceived good, that he treats his victim as a means to an end, and so on. I do not want to take a stand on the worthiness of this or that argument here.²⁵ The arguments will unfold in our deliberations and will stand or fall on their own merits.

Notice that although the validity of testimony has often been called into question by social science,²⁶ its fallibility has not resulted in its being banned from the courtroom. For in trying to find out what happened, we have no choice but to rely on what we can get. The same holds for trying to find out who is to blame, whether it is right to torture suspected

25. See Misak, *Truth, Politics, Morality*, for my own account of how this kind of argument and deliberation might be grounded.

26. But see C. A. J. Coady, *Testimony* (Oxford: Oxford University Press, 1992), 262–77, for the argument that these studies are far from convincing.

terrorists, whether there is a right to self-termination, or whether ICU patients should be part of the decision-making team. What we must keep in mind is that no experiential judgment is infallible, and so we are always and everywhere engaged in the evaluation of evidence. Narrative is part of what we have to work with in our quest to answer the ethical questions that press upon us, and the fact that we need to scrutinize it does not distinguish it from other kinds of evidence.

Some ways of assessing autobiographical narrative will be the measures that govern all theory choice—internal coherence, consistency with other evidence, simplicity, explanatory power, and so on. Others can be drawn from the recent small spate of helpful work on allied topics. Paul Faulkner, for instance, has argued that our response to testimony (which I have suggested can be seen as a form of narrative) is rationally sophisticated.²⁷ When we accept testimony, we usually have reasons for doing so. We use our long histories with different kinds of testimony to assign rough credibility measures to the testimonial evidence delivered by the *Guardian* versus the *National Enquirer*, strangers about unloaded topics such as directions to the train station versus loaded topics such as politics, speakers reporting the football scores versus the greatness of their own exploits, and so on.²⁸

Similarly, our background beliefs about the reliability of sources and topics will drive many of our evaluations of autobiographical narratives. I may distrust the narratives of one friend, as I know her to be a terrible exaggerator, especially when she is talking about the talents of her children, yet trust the narratives of another friend, whom I've never known to exaggerate. These background beliefs, in turn, will be evaluated in terms of whether they generally lead us astray.

Other ways of assessing narratives will be tied to the very role that narrative plays in our deliberations. Recall that one of the things narrative can do is to knock off its pedestal our received and often armchair view about what things must be like for others. That is a role the more straightforward type of report of experience will often have. But even the more complex evaluative reports can have this function. The fact that both Velleman and I present heretical arguments is no accident. There is not much value in recounting your experience if it merely confirms what everyone thought all along. The near orthodox view in medicine that (even) the critically ill patient should participate in decision making is called into question by an appeal to my experiential judgment, and the near orthodox view in philosophy that there is a right to self-termination is called into question by Velleman's argument,

27. Paul Faulkner, "On the Rationality of Our Response to Testimony," *Synthese* 131 (2002): 353–70.

28. See also Tversky, "Narratives of Space, Time, and Life."

which is grounded in an appeal to his experience. We need also to be sensitive to the flip side of this coin: in evaluating narratives, we must be aware of the possibility that the narrator simply wants to make a splash. It is relevant here that both Velleman and I were surprised by our reactions—he was surprised by his resentment of his host’s disquisition on his right to choose to smoke and die of it;²⁹ I was surprised by my feeling it would have been better for my physicians to not abide by my wishes. That is the nature of experience on the view that I am putting forward here—it impinges upon us or surprises us. And its taking the narrator aback might reflect favorably on the narrator’s motivations, especially if he or she ends up changing his or her mind about something strongly felt.

What this discussion points to is that, as Goldie puts it, we judge a narrator’s account—we ask whether it is an appropriate evaluation of and response to the events related.³⁰ Goldie doesn’t say much about how to unpack ‘appropriate’. In addition to the considerations articulated thus far, we will likely want to include what follows. Does the narrator seem boastful, vain, or self-indulgent, or does he seem honest, plausible, and lacking in self-regard? Does the narrator seem focused on wanting to tell a good (perhaps lively, entertaining, or scary) story as opposed to wanting to tell an accurate story? Is there evidence of wishful thinking, bitterness, or external motivations such as ideology, nostalgia, patriotism, or self-hatred? Do the events recounted fit with the known facts? Are the lessons drawn from the experiences such that they resonate with others who have had similar experiences? Are the purported moral insights such that they clash or cohere with other moral insights? Are those lessons and insights well supported by other arguments, or are there powerful arguments which run counter to them?

We will also want to consider whether the narrator’s argumentative aims are appropriate. If someone were to argue that her experience of childbirth or chronic fatigue syndrome provides a knockdown argument of Cartesian mind-body dualism, then we may well think that the narrator overreaches any sensible target. For we will doubt that any experience could play that kind of role. If someone were to invoke such experiences, however, as suggesting that the conceptual presuppositions that inform Cartesianism cannot carry conviction in the face of the phenomenology of certain kinds of experience, then we will give the argument consideration. If the invocation brings with it assumptions about privileged access (only those who experience *x* can see why Car-

29. Velleman, “A Right of Self-Termination?” 606.

30. Peter Goldie, “Narrative, Emotion, and Understanding,” in Hurwitz, Greenhalgh, and Skultans, *Narrative Research in Health and Illness*, 156–57.

tesianism is wrong), then, for good reason, we will not be very keen on it.

The hearer of a narrative also needs to consider whether she might be the one with a distorted perspective.³¹ Do I find a narrative unconvincing because I am jealous of the narrator? Does my own ideology get in the way of my evaluation? That is, I have to evaluate my own evaluations of narratives. Evaluation and scrutiny go all the way down. If we are to have any hope of objectivity in ethics, it hangs on our critical practices.

The burden of this article has been to show how we might understand objectivity in ethics and how we might understand the role that narrative discourse plays in our ethical deliberations. Experience—both straightforward and evaluative—is at the core of ethical deliberation. Real life cases or real life experiences are what moral thinking turns on—it cannot do without them. In Rawlsian reflective equilibrium terms, what we think about cases informs our general moral principles and theory, which in turn informs what we think about new cases. There is no pulling apart principle from experience and example. My suggestion here is that moral deliberation ought rely not solely on armchair intuitions about cases but also on real value-laden experiences, as long as our reports of those experiences are criticizable and reason structured.

We have no option in ethics but to look to accounts of experience and acknowledge their fallible authority. If we are careful and critical in evaluating these reports, they can be the source of new and important moral insights. We stand to learn something important about how things are for some people and about the status of ethical principles we may hold dear. There seems indeed to be a legitimate and crucial role for narrative in our debates about what is right or wrong, valuable or worthless, and just or oppressive.

31. See *ibid.*, 21.