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NARRATIVE ETHICS IN MEDICINE

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ABSTRACT

NARRATIVE ETHICS IN MEDICINE

By

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This paper describes the various approaches characterized as "narrative ethics" in medicine and evaluates their relationship to traditional principle-based methodologies. A brief account of the antifoundational movement in philosophy and the subsequent development of narrative ethics as an alternative to principlism is provided. The basic claims for narrative, and its points of similarity and difference with principled approaches, are presented and evaluated. Five basic types of narrative method are identifed: (1) story-classifying (casuistic) approaches; (2) story-reading (literary and empathic) approaches; (3) story-telling (lifeplan and subjectively based) approaches; (4) interpretive or hermeneutic approaches; and (5) stories as moral exemplars. Two abortion narratives, Gwendolyn Brooks' "The Mother" and John Irving's *The Cider House Rules*, are used to illustrate the features of narrative-based moral reflection. Finally, the paper describes the necessary interplay between principles and narrative, which results in more finely detailed and responsive moral deliberation.

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TABLE OF CONTENTS

INTRODUCTION

The lines have been drawn: theorists on one side, anti-theorists on the other. The conflict between these two camps of philosophers is over which kind of normative ethical theory or methodology is best—or, failing that, which is least inadequate to give a complete and balanced account of how people should live. One of the alternative, nonprincipled (so called) methodologies that has been much discussed in recent years is narrative bioethics.

Since its inception in the 1980s, the meaning of the term "narrative bioethics" has become increasingly vague as more and more philosophers and literary theorists consider the role of narrative in ethics, and specifically in medical settings. Problematic are (1) the various definitions of just what counts as narrative[1], (2) how narrative, as a methodology, "works,"[2] and (3) examples of what a narrative approach to a given issue (let alone a particular case) might look like. I will address each of these problems by (1) proposing a definition of narrative that I believe will be most useful for the purposes of bioethics, (2) explicating *how* narrative does (or fails to do) what its proponents claim it does, and (3) applying a narrative methodology to the question of abortion as a sort of "trial balloon," using both philosophy and literature to evaluate the practical value of this approach. If it is true that narrative can play a productive role in making ethical judgments, the implications for both medical education and clinical bioethics will be worth considering.

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[1]Kathryn Montgomery Hunter is one theorist who emphasizes time over other elements of narrative; she considers virtually any event or process that happens through time a narrative. She would, for example, consider the natural history of a disease process a narrative. Other theorists (including Martha Nussbaum and Cora Diamond) use narrower (and more useful) criteria for defining narrative.

[2]Most discussions of narrative ethics are heavy on stories and poems and light on analysis of how these are supposed to assist in forming or clarifying ethical judgments. Many presentations of narrative bioethics consist of a simple introduction (e.g., "Stories are good and tell us about ourselves") and one or more narratives that (one supposes) are meant to speak for themselves.

Narrative ethics represents a different approach from conventional deductivist approach. The differences include a move toward the concrete and away from unnecessary abstraction; a renewed emphasis on context and relationship; an important role for emotion and experience in moral deliberation; and a view of ethics as a process rather than a body of academic knowledge. As will be explained in the chapters that follow, these attributes fill the gaps in principle-based theories, yielding a hybrid ethics that is finely tuned and responsive to particulars. The narrative method frames our understanding of the conflict at hand as part of a continuing story bounded by particular relationships, circumstances, and history; and philosophical rules and principles serve as a necessary reality check to help us maintain fairness and consistency from case to case.

Chapter 1

PRINCIPLISM AND ITS DISCONTENTS

In the broadest sense, normative ethical theories tell us how we should act as moral beings. Some philosophers see the theoretical enterprise as one of systematizing, organizing, and making consistent our moral judgments. Others adopt a more narrow and practical focus, saying that ethical theories are meant to resolve moral dilemmas and help the members of a given community to reach agreement about what is right. In this chapter, I will provide an overview of the current state of theory in medical ethics, framing the discussion as a comparison of principlism and proposed alternatives.

Principlism

I mean here by "theory" a subset of normative ethical theories that has come to be labeled "principlism": rule- and principle-based theories that take abstract, universal, and atemporal principles or rules as the top level of justification and that rely upon a linear, deductive process to move from principles to rules to judgments about specific cases.[3] Beauchamp and Childress characterize these methodologies as "deductivism" or the "covering-precept model." The model "is inspired by justification in disciplines such as mathematics, in which a claim is shown to follow logically (deductively) from a credible set of premises . . . . [J]ustification follows if and only if general principles and rules, together with the relevant facts of a situation, support an inference to the correct or justified judgment(s)." (14) The chain of justification inherent in

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[3]My working definition excludes other (no less "theoretical," in the broader sense) approaches to ethics, including wide reflective equilibrium, coherentist theories, and casuistry.

prinicpled theories is represented below:[4]

Ethical theory ⊃ Principles ⊃ Rules ⊃ Particular judgments

Ethical theories issue principles, which are the basis of practical rules. These rules can then be applied to individual cases to arrive at moral judgments.

The dominant paradigm for medical ethics has been the "four-principles approach," which takes the principles of respect for autonomy, nonmaleficence, beneficence, and justice as the basis for moral philosophy in the medical environment. These principles provide a reasonably comprehensive account of the norms that should guide the professional behavior of health care providers and institutions. The decisions competent adults make in their own behalf ought to be respected (respect for autonomy); health care providers must not intentionally harm their patients (nonmaleficence) and should endeavor to do good for them (beneficence); and we should be fair in our distribution of health care resources (justice).

In the interest of fairness and impartiality, principlism favors abstraction. Cases are described primarily in terms of the issues and values at stake. This approach is intended to lessen the opportunity for moral judgments to be unfairly biased. There is ample historical reason for ethicists to be concerned about this matter. One of the original crises that helped give birth to the field of medical ethics concerned the rationing of then-rare dialysis machines in the 1960s. In Seattle, Washington, a committee was established to choose which patients would receive treatment and which would have to go without. Committee members had to decide what criteria should apply in a choice between, say, a middle-class wife and mother and a homeless prostitute, or between a police officer and a drug dealer. George Annas writes,

> When the biases and selection criteria of the committee were made public, there was a general negative reaction against this type of arbitrary device. Two experts reacted to the "numbing

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[4]Adapted from Beauchamp and Childress, 14.

> accounts of how close to the surface lie the prejudices and mindless cliches that pollute the committee's deliberations," by concluding that the committee was "measuring persons in accordance with its own middle-class values." The committee process, they noted, ruled out "creative nonconformists" and made the Pacific Northwest "no place for a Henry David Thoreau with bad kidneys." (187)

To avoid such prejudices, principled approaches have since tried to downplay information that can open the door to unfair discrimination. For this reason, certain information about particular patients and cases—such as background about a patient's criminal history, race, age, ability to pay, religious affiliation, professional status, or gender—is deliberately excised from discussion of the ethical issue at stake.

Challenges to Principlism

In recent years, some philosophers have asserted that principles aim at the wrong target. Margaret Urban Walker highlights the fact that, under the standards set by the dominant traditions within moral philosophy,

> a moral theory is *not* merely any comprehensive, reasoned, and reflective account of morality, of ways and means, point and value, of a moral form of life. . . . a proper moral theory is instead a highly specific kind of account of where moral judgments come from: a *compact code* of very general (lawlike) principles or procedures which, when applied to cases appropriately described, yield impersonally justified judgments about what any moral agent in such a case should do. (33)

This statement illuminates some of the points I will discuss in this chapter. First, there is the emphasis on broad and relatively empty rules and principles, which are then to be applied to highly specific, content-laden cases. This is what Arthur Caplan has dubbed the "engineering model," in which ethicists "see the theoretical aspects of ethics as confined to the pure or basic side of ethics. . . .[and] take theoretical insights from the basic researchers and apply them to the resolution of concrete moral dilemmas." (26)

Second, Walker's definition speaks of "cases appropriately described." Whereas

principlist systems tend to favor simplification on the rationale that it highlights the morally relevant features of the conflict at hand and reduces bias, many antitheorists see "thick description"[5] as integral to a full and morally satisfactory description of the case. Third, the traditional insistence on "impersonally justified judgments" has also been rejected by antitheorists as unreasonably equating special relationships (such as those that exist between friends) with unfair bias. Finally, the proponents of a nonprinciplist approach would argue, there may be no single "right answer" to a given moral conflict. At the very least, antitheorists would take issue with the idea that the right thing to do would be the same thing for "*any* moral agent in such a case." Although some number of relatively straightforward cases may admit of a single right answer (for example, we might agree that any moral agent who sees a small child drowning should try to help), the antitheorist wants to apply a more context- and agent-specific measure of appropriateness than do principlists; so that the right thing for X to do in a particular case may be different from what someone else should do. This determination would be based partly on who X is in the context of this case: Is she a physician? A daughter? An innocent bystander?

Some antitheorists criticize principled methodologies based on their efficacy (that is, they claim that principles do not work), while others take issue with the mechanics of the theory (arguing that principles do not work the way their champions say they do). Many of the anti-theorists' claims are quite strong, and some of their arguments are less critical than they are polemical. Nonetheless, they do raise serious questions about both the usefulness and the warrant of such theories. Criticisms fall into four general categories:

1. Moral principles do not, in themselves, contain sufficient information to direct behavior.
2. Theories appear, ultimately, to be justified by an appeal to intuition.

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[5]The phrase is from anthropologist Clifford Geertz.

3. Moral theories are inadequate for dealing with the depth and variety of human relations.

4. "Doing ethics" consists not in accumulating and applying knowledge of rules and principles (i.e., Caplan's engineering model), but in the application of certain skills of perception, interpretation, and negotiation.

In the second half of this chapter, I will explain the reasoning behind each of these points.

One criticism of principled approaches is that moral principles do not contain sufficient information to direct behavior. That is, to get from moral principles to prescriptions for action or judgment in individual cases, interpretation (not deduction) is needed. In most cases, this means that extratheoretical premises—not the moral principles or rules that are the basis of the theory—are the engine that powers "deduction."

One difficulty with abstract moral principles is that, as Stanley Clarke and Annette Baier point out, they are not directive in any practical sense. Baier uses the example of "Thou shalt not kill," which

> presupposes a complex set of culturally specific rights, powers, and prerogatives . . . [a]ny popular version of a short set of moral don't's. . . brings with it a very rich cultural baggage, if it is to have any content at all. Either it is a purely formal moral code, not yet prohibiting or enjoining anything, or else the form gets its determinate filling, in which case we are committed not merely to these "negative" rules but to the rules of background institutions and ways of life that supply the determinate content to these prohibitions. (Clarke, 238)

Consider the rule, "Physicians should respect patients." This sounds like a good rule for doctors to follow. It also seems straightforward and unproblematic. After all, someone might say, we all know what it means to treat another person with respect, and surely we would hope that physicians would be respectful of their patients. At the abstract level, the rule makes perfect sense; but in actual practice, the meaning of this rule is anything but obvious. Health care providers in the real

world must often deal with messy cases—cases in which what it would mean to respect the patient before them is unclear. Imagine, for example, the case of an elderly man, Mr. N, who is admitted to the hospital following a bathtub fall. He is uncooperative with the medical staff, who cannot determine what caused the fall. The attending physician suspects that the fall was precipitated by a stroke; but the patient refuses permission for any of the indicated diagnostic work. What would be the respectful thing for the physician to do in this case? Should she argue with Mr. N? Should she try to reach his daughter in Boise, though Mr. N has said that he has not spoken to her in 20 years and does not wish to see her now? Ought she seek a court order? Gambling that the patient's judgment is clouded by stroke, should she go ahead with the diagnostic workup in the belief that this course of action is most respectful of the "real" Mr. N? Or should she allow Mr. N to leave the hospital against medical advice, in an effort to respect his autonomy?

The physician in this case is faced with two levels of conflict. First she must determine which principle is paramount. Is autonomy (that is, respect for the patient's decisions about his treatment) more important than beneficence (her obligation as a physician to do what is best for the patient)? Once she has answered this question, she must figure out what course of action will best actuate the principle she has chosen. If her intent is to respect Mr. N's autonomy, should she call his daughter? Should she try to talk him into the diagnostic tests he has so far refused to consent to? Should she not call his daughter and not order the workup either?

Our notions of respect are bounded by such elements as culture, ethnic background, generational mores, institutional concerns and training, and basic moral and religious commitments. Thus the very emptiness that is required of moral principles for them to apply across cases (in the way that "Physicians should treat patients with respect" would be meant as a rule to be applied to all physician-patient interactions) also makes them too general to apply usefully to individual cases (as in the example of Mr. N). Such general moral principles are, in

short, doomed to inadequacy, if not on one count then on the other: either they are too general to apply to individual cases, or they are too specific to serve as general rules and thus fail to provide the kind of comparability and consistency needed to establish a coherent system of moral rules and principles. Walker sees this as an important difference between narrative and principlism:

> The need to "apply" principles at the level of abstraction typical of codelike moral theories creates pressure to shear off complicating, possibly "irrelevant" details to magnify "repeatable," even "universalizable" features general enough to map cases onto available theoretical categories. Emphasis on narrative construction pulls in the opposite direction—from premature or coercive streamlining of cases toward enrichment of context and detail. (35)

Because rules and principles are relatively devoid of content, they cannot account for some of the everyday phenomena of moral life: the virtues, for instance. Clarke notes that virtues such as humility and kindness, which "do not cry out for principles," cannot be accounted for under a rationalistic, deductivist theory because no rule can be formulated that says anything about what it means, in concrete terms, to be humble or kind. (240)

The last criticism in this vein is that if rule- and principle-based theories were truly deductive and not interpretive, then dilemmas would cease to exist. They have not. As Clarke puts it,

> [M]oral conflicts arise in circumstances in which the relevant norms imply mutually incompatible obligations. If such conflicts are irremovable, then the requirement of rationalist theory that there be one and only one morally correct answer, justified by norms, cannot be met. (239)

There are two ways of looking at the problem of clashes between principles. The first one, that of the committed principlist, is that we simply have not yet hit upon the right system of rules and principles. A really good theory, the argument goes, would be so constructed as to eliminate these conflicts. That is, in principle, there is no reason principled theories cannot work. The more

critical view is that no set of principles can exist that would resolve equally well every conflict, and that conflict among principles is unavoidable.

Another critique of principled theories is that they appear, ultimately, to be justified by an appeal to intuition. The practical test of whether a theory works and should be accepted seems to be whether it allows us to hold inviolate (at least) our most highly valued moral intuitions. To date, no persuasive alternate justification for starting principles has been advanced. If theory is in fact based on intuition, then there would appear to be little need for theory. Bernard Williams writes that the worth of an ethical theory can be judged only "by reference to the everyday distinctions it is supposed to replace or justify, and by a sense of the life it is supposed to help us to lead[.]" (115) Edmund Pincoffs likewise asserts that "moral truisms," such as "Murder is wrong," are "bedrock;" further justification is neither necessary nor possible. He writes,

> [W]hat if the skeptic rejects all moral truisms; what if he demands a proof for all of them together, for a whole network of truisms? Then what is there to say? If we cannot go back to a truism, where is there to go? We have no purchase on the subject. . . If [the skeptic rejects all moral truisms], we must flag the skeptic as a person who may be unamenable to moral reasons or even as a person whom we must be wary of and must warn others of. (56)

We cannot safely say that the fact that intuitions precede theory means that theory is nothing more than a reiteration (albeit in a more philosophically respectable form) of intuitions. What we can say, however, is that some theory may be a mere back-formation of moral judgments, using theory to justify preexisting intuitions and commitments.

Noble claims that "the principles used to 'justify' the social practices are only highly abstract descriptions of norms already embodied in those practices." Her concern is that principles themselves masquerade as "culturally and socially neutral truths and this impression is not threatened by any concrete social analysis." (9) Noble is especially critical of claims to objectivity and expertise in a process of moral reasoning.

But is it true that theorists justify their theories by appeals to intuition? Let us turn to an example. In the following passage, H. Tristram Engelhardt, Jr. writes about prohibiting the killing of certain kinds of nonpersons.

> What one must seek are the grounds that may justify the practices through which infants, the profoundly mentally retarded, and the very senile are customarily assigned a portion of the rights possessed by entities who are persons strictly, including being protected from being killed at whim. . . . To find grounds for protecting such entities, one will need to look at the justification for certain social practices in terms of their importance for persons so as to justify a social role one might term "being a person for social considerations." (*Foundations*, 116)

The giveaway in this passage is the "must" in the first line. Why "must" he seek grounds for preventing the whimsical killing of infants, the profoundly mentally retarded, and the very senile— given that under his own definitions of personhood, such beings simply are not entitled to the sort of treatment accorded to persons? In the absence of an answer to this question, we can conclude only that Engelhardt must harbor some pretheoretical conviction that such killing is wrong and ought not be allowed. The theory does not *lead* him to this conclusion; rather, the theory seems to be formulated in such a way that it justifies and reinforces his moral commitment on this issue.

A similar example is provided by Peter Singer's argument about abortion. Singer sets out to prove that self-consciousness is the primary criterion in determining whether a being has a right to life. He tries to do this by means of a thought experiment in which he assumes the subjectivity of a horse and then switches to the subjectivity of a person. He then imagines an objective "third position" in which he can recall both what it was like to be a horse and what it was like to be a person. His conclusion is that

> In general it does seem that the more highly developed the conscious life of the being, the greater the degree of self-awareness and rationality, the more one would prefer that kind of life, if one

> were choosing between it and being at a lower level of awareness. Perhaps that is the best we can hope to say about this issue. (90)

Singer's thought experiment thus leads us right back to where we started: with humans at the top of the scale. "In general . . . it seems": this is not the sound of deduction.

It has also been asserted that moral theories are inadequate for dealing with the depth and variety of human relations. Theory cannot capture just what goes on between real people in actual situations. To apply abstract moral principles and rules, the philosopher (or the health care provider) must sift through the facts of the case and determine just which ones "count." Rather than being driven by the undifferentiated facts of the case, the deductive process is driven by what the theory takes to be salient. As both Caplan and Noble point out, the philosopher is inclined to frame the problem in a way that makes it susceptible to resolution using the tools he has at hand. In fairness, it must be admitted that we all do this to some extent, philosophers or not; but Noble's criticism is that in asserting objectivity, philosophers lay claim to an expertise they cannot possibly possess.

For example, say that we subscribe to a principle of respect for persons. When we consider an actual case involving a conflict of values among living, breathing people, the questions we most urgently want answered concern the particulars of the case. Who are these persons we are to respect? What are their interests and preferences? What events and preconditions have brought the players to this pass?

Consider Engelhardt's discussion of Dax's case. Dax, formerly known as Donald Cowart, was 26 years old when an accident killed his father and left Dax with second- and third-degree burns over 68 percent of his body. Throughout the course of his treatment, he asked repeatedly to be allowed to die. His mother and his physicians overruled his demands, and Dax was treated against his will. After treatment, Dax said publicly that although he was glad to be alive, he felt that his mother and the treatment team were wrong to have continued treatment that

he did not want. On Engelhardt's view, Dax's case is best seen as a simple conflict between autonomy (Dax's demand to die) and paternalism (the desire of his family and physicians to do what they felt was best for him, even over his protests). Engelhardt's article never once mentions Dax's name, let alone any of the contextual factors one might reasonably take into account, such as Dax's life plans and ambitions, his mother's aggressively held religious beliefs, his physicians' attitudes and motivations, or even the fact that Dax is a Texan with the sort of rugged individualist outlook often associated with that state. This is how Engelhardt writes about Dax's case:

> . . . what are the alternatives which are morally open: (1) to compel treatment, (2) at once to cease treatment, (3) to try to convince the patient to persist, but if the patient does not agree, then to stop therapy. Simply to compel treatment is not to acknowledge the patient as a free agent (i.e., to vitiate the concept of consent itself), and simply to stop therapy at once may abandon the patient to the exigencies of unjustified despair. The third alternative recognizes the two values to be preserved in this situation: the freedom of the patient and the physician's commitment to preserve the life of persons. (52)

This description of things is curiously unpopulated. Dax is not mentioned, and neither are the other players in this drama. Engelhardt talks about "alternatives," not choices, perhaps because the latter word more clearly implies a chooser. Still more odd is the fact that, in Engelhardt's vision, the manifestation of respect for persons is the complete erasure of the personal identity of the patient and of the specific circumstances in which he and the other people involved in making this decision find themselves. Engelhardt is not inconsistent in this; on the contrary, according to his theory, respect is necessarily impersonal.

Finally, some antitheorists take issue with the fundamental conception of ethics as a body of knowledge about moral truths, instead conceiving of ethics as an essentially practical enterprise whose existence lies in the *doing* of it. They see ethics as praxis, not knowledge. On this view, ethics is *knowing how*, not *knowing that*. Walker asks,

> Could full moral competence really consist entirely in intellectual

> mastery of codelike theories and lawlike principles? What of skills of attention and appreciation, of the practiced perceptions and responses that issue from the morally valuable character traits, of the wisdom of rich and broad life experiences, of the role of feelings in guiding or tempering one's views? (34)

If we accept the engineering model—in which ethics is fundamentally a set of rules and principles that are to be used to resolve moral conflict—then it is reasonable to say that adepts of the applicable rules and principles are in fact moral experts. But to say that moral expertise rests in such knowledge flies in the face of our everyday experience, where we see attributes other than philosophical education as primary.

Imagine, for example, a situation in which we are trying to decide which of our friends, A or B, we should ask for advice on a moral problem we face. It is in this sort of situation that we look for the virtues. Which person, A or B, do we think is wiser, more compassionate, more fair? The question is not which one has read philosophy, but which has the practical wisdom we require. Which knows, by virtue of his way of looking at and responding to the world, how to judge rightly? Henry James meant just this sort of everyday moral deliberation when he said that "the philosophy which is so important in each of us is not a technical matter; it is our more or less dumb sense of what life honestly and deeply means. It is only partly got from books; it is our individual way of just seeing and feeling the total push and pressure of the cosmos." (1) As we will see in the next chapter, narrative ethics is first and foremost a pragmatic enterprise.

Chapter 2

WHAT IS NARRATIVE ETHICS?

It is into the conflicted state of affairs I have just described that narrative ethics was born.[6] Narrative was one of a few new approaches to ethical decision making that began to be discussed in the early 1980s as an alternative to foundationalist, principled approaches. My first goal in this chapter will be to try to explain just what is meant by narrative ethics. This is a tall order, for as we will see, there is little agreement to be found on this point. Next, I will survey the claims advanced on behalf of narrative to see how it differs from principlism. Finally, I will evaluate and critique these claims.

Narrative ethics has been spoken of as a new field, a "new discipline,"[7] but in a larger sense, its proponents point out, stories have always been an important—perhaps even the most important—way of knowing who we are and how we ought to behave.[8] Biblical parables, Aesop's fables, Native American legends, fairy tales, "horror stories" told by attending physicians to their residents and medical students,[9] the Greek tragedies: all have used stories to teach moral values, to convey what is required of members of the society, and to propose a vision of the good. Narrative ethics has been advanced as a corrective to the abstraction and reliance on principle of the leading philosophical approaches.

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[6]Or resurrected, depending on your point of view. If narrative is nothing more than a resurrection of casuistry, then it can hardly be called innovative.

[7]The first volume of *Literature and Medicine*, in fact, was entitled "Toward a New Discipline."

[8]As has been described by Jerome Bruner, among others.

[9]I am thinking of Charles Bosk's *Forgive and Remember*.

On an intuitive level at least, it seems that narrative may indeed supply the missing piece. Many people (and surely those who consider themselves readers) have some sense, however vague, of literature as ethically relevant. More importantly, we have all heard and used stories to illustrate moral points or to shore up moral arguments. The question is whether narrative has any noninstrumental value to moral philosophy: Can it be a mode of ethical reflection in and of itself, or is it merely a different way of packaging principles? Before we can answer this question, we must first get clear on what narrative is.

What Is Narrative?

The units of analysis in narrative ethical analysis are familiar to many of us from high-school English classes. Stories, or narratives, are made up of a particular configuration of character(s); a conflict or event; a setting; a plot with a beginning, middle, and end; and a narrator or narrative point of view that can belong to a character in the story or to an implied narrator. Each of these elements contributes to the way in which narrative represents and comments on morality, and each supplies its own reasons for why things turn out the way they do in the world of the story.

On the standard definition, all narrative is built around some central conflict, quest, or event. In some cases, the conflict is obvious (as in the case of the average murder mystery). In others, the conflict may be more subtle. In *Hamlet*, for example, the central conflict centers around the murder of Prince Hamlet's father and his mother's marriage to the murderer, who happens also to be the king's brother. Hamlet grapples with several other conflicts as well: difficulties with his mother, with the ghost of his dead father, and with Ophelia, for starters. He must also face the inner turmoil of feeling bound to revenge his father, although he knows vengeance is a sin against God. In presenting conflicts, and in presenting certain characters in certain situations, literary narratives make the reader privy to characters' deliberations, their

process of moral reasoning. How this information is presented depends in part on the narrative point of view, which we will get to in a moment.

The setting circumscribes the options available to the characters in the story. The time, place, culture, social strata, and economic class characters come from and operate within inform and sometimes constrain the options that are available to them—just as these factors shape real lives. The setting is important partly because it helps the reader understand characters' motivations and actions, but also because the same story in a different setting might well be a different story. Imagine, for example, a modern director trying to update *King Lear* by bringing the play into the 1990s. If he could find a contemporary metaphor that would do for Lear's journey from throne to moor, he might succeed in telling the same story: but if not, not.

Plot concerns the action of the story. Events take place in time, and there is a beginning and an end to every story. But note that it is not only suspense thrillers that keep us wondering what happens next. Characters in stories, no less than the rest of us, find their lives shaped by forces beyond their control. What we call the story is the combination of *what happens*; *how* the characters respond to these events, either through external action (e.g., Hamlet's argument with his mother) or internal resolution (e.g., Hamlet's decision to stall for time by acting mad); and *why* they respond as they do.

And what of the narrator's role? The narrator is perhaps the most important of all, for he tells the story. His view of the world colors our view of the world, or may even *be* our view of the world. This is not to say that we as readers must take everything he says at face value. On the contrary, we can make judgments about what kind of person he seems to be and evaluate his judgments and descriptions with a grain of salt when that seems appropriate. If we trust the narrator and share his view of things, we put credence in his account of the facts. But if we find instead a moralistic, sarcastic, or dishonest narrator, we are likely to view his story with a more

critical eye. Sometimes, as in William Carlos Williams's or Richard Selzer's short stories, the narrator unwittingly gives us reason to mistrust or dislike him. This, too, colors our perceptions, for such a narrator can—if we readers are not on our guard—lead us places we would rather not go and make us unwitting, and perhaps unwilling, conspirators.

What Makes Narrative Ethical?

Through the orchestration of narrative elements, the author presents a certain view of the good and asks that we go along for the ride. It is this dynamic Wayne Booth alludes to when he comments that the central questions of ethical criticism are, "What kind of company are we keeping as we read or listen? What kind of company have we kept?" (10)

The feature of narrative that has received the most attention in philosophical discussions (at least so far) is its coherence, its internal connectedness. Motivations cannot be separated from the fact that we come to the story *in medias res*. The story has a beginning, a middle, and an end, and for us as readers to understand where we are now, we must know something of what has gone before. Howard Brody explains how the shift from a fragmented view of a person's life to a vision of the life as an integrated, ongoing story entails important changes for ethics:

> The concept of "story" suggests appreciation of a narrative mode—that certain sorts of events can be fully understood only as portions of an ongoing narrative and not as disconnected events occurring in isolation. In contrast, much of modern medical ethics is "rule"- and "decision"-oriented, suggesting that precisely such an ahistorical, nonnarrative form of ethical analysis is optimal. (*Stories*, xiii)

One of the cardinal rules of narrative is that context counts.

The change to a narrative view of the patient's life story also implies a heightened regard for the patient's point of view. If we focus on the patient's story not merely as the story of her life, but as the story she tells about her life, we cannot help but recognize the primacy of subjectivity, the particularity of this patient, and how this health event fits into the larger story she

is constructing. On a narrative view, the meaning of illness should be understood first and foremost as it is lived by those it touches.

This emphasis on the patient's subjectivity implies another change, as well. Most of the rule- and principle-based theories are devoid of subjective references, partly in the interest of fairness. What is important to note is that, almost by default, the implied decisionmaker in such discussions is not the physician. By giving pride of place to the patient's subjectivity, narrative challenges the physician-centered model of medical ethics that values physician distance and seeks to codify appropriate professional behaviors, sometimes at the expense of responsiveness and sensitivity to the individual patient.

Some critics, thinking to downplay the need for a renewed emphasis on subjectivity, have charged that there is already too much emphasis on patient autonomy in medical ethics; but this charge only clarifies the distinction. Autonomy, in its barest form, refers to the right to make one's own decisions about one's life, provided that those decisions do not harm others. Subjectivity is concerned not so much with the right to decide as with the right decision, considering the patient's values, emotions, relationships, and so on. Imagine an elderly man whose wife is dead. He is living with his daughter's family, which includes her husband, four small children, two dogs, a cat, and a parakeet. It is a busy, noisy, but happy home. The man might well have the right to stop eating and to refuse artificial feeding; but it might also be true that the reason he wants to die is that he feels he is a burden to his daughter's family. Respect for a stripped-down version of autonomy will not lead us to the right decision in this case. Respect for subjective experience, on the other hand, would prompt us to ask him (in a nonconfrontational, caring way) why he thinks death is the best choice.

But a richer definition of autonomy is possible. Bruce Miller identifies four different senses of autonomy.[10] Autonomy as *free action* he defines as an action that is "voluntary and intentional." Autonomy as *authenticity*

> means that an action is consistent with the person's attitudes, values, dispositions, and life plans. Roughly, the person is acting in character. Our inchoate notion of authenticity is revealed in comments like, "He's not himself today" or "She's not the Jane Smith I know." For an action to be labeled "inauthentic" it has to be unusual or unexpected, relatively important in itself or its consequences, and have no apparent or proffered explanation. (24)

The third sense Miller identifies is autonomy as *effective deliberation*, which means that the person sees himself as being in a situation in which he must make a choice, knows the alternatives and their consequences, weighs them, and uses that information to make his decision. Autonomy, in this sense, is protected in medical contexts by the requirement for informed consent. Autonomy as *moral reflection*, Miller's fourth sense,

> means acceptance of the moral values one acts on. The values can be those one was dealt in the socialization process, or they can differ in small or large measure. In any case, one has reflected on these values and now accepts them as one's own. This sense of autonomy is deepest and most demanding when it is conceived as reflection on one's complete set of values, attitudes, and life plans. (25)

Two of Miller's senses of autonomy—as authenticity and as moral reflection—are impossible to conceive, much less protect, without a narrative understanding of the patient's life story. Without knowing that story, the health care professional has no way of knowing whether a patient's decision to refuse treatment is in character. Without knowing that story, the nurse or doctor cannot tell whether the patient's decision "fits" into the narrative flow of that life. As Margaret Mohrmann puts it, the "[narrative] perception of the true owner and protagonist of the story evokes a much richer sense of patient autonomy" than does a principle-bound approach. (72)

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[10]I am indebted to Howard Brody for this reference.

Another facet of narrative analysis that can be used to enhance physician-patient communication is consideration of the audience to whom the narrator addresses the story and his or her purpose in doing so. This point may be illustrated by an example from Robert Coles's *The Call of Stories*. Coles, a physician, recounts an exchange with a young man admitted to the emergency room following a suicide attempt. The patient spoke with Coles awhile, and then

> . . . he asked me—I'd been with him only an hour or so—whether there were any "woman psychiatrists" in the hospital. I was surprised at the question. I said yes, there was one woman psychiatrist on our house staff. He was quick to request that she be his doctor.
>
> I was ready to assent on the spot, but I said no more than that I'd tell the staff of his request. "All right," he said, "what will be will be." But as I was half out the door of the emergency room cubicle where he lay on a movable stretcher, his head propped on two pillows, his right arm by his side, with an intravenous dextrose-and-water solution flowing into a prominent vein on the back of his hand, he gave me something to think about: "I don't know if I could tell the whole story to a man; I'd tell him a different story, I'm sure. (15)

Not all patients, one might think, are so selective of their audience. Maybe not; or maybe this young man was possessed of greater self-awareness than most of us.

There are a few more general claims that are advanced on behalf of narrative ethics. The first is that narrative, unlike principled philosophical approaches, avoids unnecessary abstraction. Instead of searching for universal principles, narrative focuses on the particular features of the instant case. In this respect, and in its emphasis on responsiveness rather than judgment, narrative has some features in common with the strain of feminist philosophy that issues from the findings described by Carol Gilligan in *In a Different Voice*. Narrativists (and perhaps feminists too, although that question is beyond the scope of this paper) subscribe to a broader definition of what is relevant than do principlists.

The next general claim is related to the valuing of particulars: narrativists want to move away from the idea that justice must necessarily be blind (read impersonal). As Hilde Lindemann

Nelson puts it, narrative ethics was revived by philosophers who "gave moral theory a 'personal turn' by challenging the orthodox assumption that ethics has primarily to do with right conduct among strangers—an ethics that favors no one and has dictates that are universalizable." (1) As Cora Diamond points out, there is no reason to suppose that

> . . . if we follow the temptation to regard a rational hierarchy *wholly independent* of the heart's affections as a paranoid fantasy, we must be landed with a hierarchy *entirely* dependent on unmodified personal affections[.] That we are thus stuck is a reasonable conclusion to draw only if one makes an unreasonable assumption, namely that the *only* way to lead someone from his initial personal affections to a "recognition of moral status going beyond the things he initially cared for" is by appeal to purely rational considerations [i.e., using the tools and forms of traditional philosophical argumentation]. (28)

Rather than require the setting aside of particular moral commitments and personal ties in favor of principles, these philosophers argued for an approach that would take these special relationships into account in a fair and systematic way. There is at least an intuition underlying this idea that seems to make sense. We commonly feel that the bonds of love and loyalty between parent and child, or between friends, do create moral obligations that do not apply to other relationships.

Another way in which narrative differs from principled methods is that it values emotion, whereas traditional philosophy tends to see emotion as at best suspect and at worst dangerous. The emotional appeal inherent in ethical fiction, its proponents argue, is an integral part of its efficacy as a mode of ethical reflection. For example, Diamond claims that Wordsworth's "The Old Cumberland Beggar" "does morality" without using the conventions of moral philosophy. On her view, the poem itself, together with Wordsworth's preface,

> make clear that the moral force of the poem is created by the way objects are described and feelings given in connections with each other: *that* is how Wordsworth thinks to enlighten the understanding and ameliorate the affections of those readers who can respond to such poems. (30)

Narrative makes us *care* about what happens to the characters in a story in a way that principled

approaches cannot. It is easier for most of us to care about someone we know than for someone we have never met, or for the person who stands ahead of us in line at the grocery checkout. Consider again Engelhardt's description of Dax's case. This account is unlikely to bring tears to the reader's eyes, even though many of us might think tears a suitable reaction to Dax's predicament once we have heard Dax's side of the story. Engelhardt's case description may makes us care about the resolution of the conflict, but it does not leave room for us to care about Dax *qua* Dax. We know Dax only *qua* burn-patient-who-doesn't-want-treatment. If we want to care about Dax *qua* Dax, we need to ask for more information. Narratives introduce us to former strangers and causes us to identify with them, to see things from their point of view. The creation of empathy (what Diamond calls fellow-feeling) is an important part of how narrative works.

Narrative ethics is unlike principlism in that it is anti-reductionist. The foundationalist assumption that abstraction and simplification are necessary preconditions for impartialityis inaccurate. On the narrative view, such simplification does not serve to *clarify* the conflict; rather it *changes* the very definition of what is the case, highlighting some details and burying others that may be equally—or even more—important to understanding. Narrative does not seek to eliminate complexity, but rather to explore and make sense of the intertwined strands of the story. Because it does not shy away from the messy details of real life, narrative may more realistically represent life as it is lived, including the sometimes dispositive force of contingent events beyond individuals' control. Connected with this claim is an implicit rejection of the idea that morality, like medical science, can be reduced to relatively straightforward rules that can be objectively described and applied.

There is a strong pragmatic, almost populist flavor to much of the narrativist rhetoric. Narrative is a considerably more accessible approach to moral philosophy than are the conventional paths of philosophy. Stories, unlike texts on moral philosophy, surround all of us

and make up the world of our daily experiences. As Wayne Booth puts it,

> The ethical effects of engaging with narratives are felt by everyone in all times and climes, not just some special group of victims or beneficiaries. No human being, literate or not, escapes the effects of stories, because everyone tells them and listens to them. You and I may care a great deal about the ethics of medicine and the ethics of law, but these subjects would surprise an ancient hisorian like Herodotus, or many a citizen in many a land today. If I am among those billions who never go to doctors or lawyers, their ethical code need not concern me greatly. Even the ethics of nuclear warfare, of mortal concern to everyone in our time, cannot rival the daily, hourly impact of the stories human beings have told to one another, and to their own private selves, awake and sleeping. Indeed, even our ideas about the nuclear threat are shaped primarily by the stories we hear about it: the "thing itself" is unknown to all but some survivors in Japan and Chernobyl. The questions we ask about such stories, and the innumerable kinds that fill each day—Should I believe this narrator, and thus join him? Am I willing to be the kind of person that this story-teller is asking me to be? Will I accept this author among the small circle of my true friends?—these might well have been asked about any story from the beginning of time. (39)

Narrative is everywhere, coloring our judgments whether we are aware of it or not. The trick is to be a critical reader and hearer.

What Does Narrative Ethics Look Like in Practice?

The answer is: It depends. There is no single accepted definition of what is meant by "narrative ethics." There appear to be five general possibilities: (1) story-classifying (casuistic) approaches; (2) story-reading (literary and empathic) approaches; (3) story-telling (psychological and lifeplan) approaches;[11] (4) interpretive or hermeneutical approaches; and (5) stories as moral exemplars.

Casuistic Approaches

In a casuistic (story-classifying) method, the moral universe is organized into a set of paradigm cases. These are cases on which it is agreed that the moral maxim (what to do in the

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[11]Hilde Lindeman Nelson identifies the first three in her article, "What's Casuistry?"

case) is clear. For example, we can imagine the following as a paradigm case for refusal of medical treatment. Mrs. A is a 70-year-old woman who has been diagnosed with pancreatic cancer. Her husband died three years ago, and she has no children. She lives alone. Since her husband's death, she has had little social involvement and spends most of her time reading and gardening. When Mrs. A receives her diagnosis, she decides that she will accept only treatment to provide symptomatic relief. Mrs. A is comptent to refuse consent for other kinds of interventions and chooses to do so. In this case, most of us would agree that both Mrs. A's right to make this decision and our obligation not to interfere are clear.

According to Jonsen's account, the casuistic method consists of three separate steps: (1) morphology, which determines the facts of the instant case; (2) taxonomy, the placement of the case within the appropriate category of like paradigm cases; and (3) kinetics, the process by which a judgment is made through the use of discernment and practical wisdom. This process is not unlike legal argumentation, with its reliance on relevant precedent and establishing which prior cases are "on point." Like law, casuistry relies on reasoning by analogy, locating relevant similarities and differences between the case in question and a body of cases that have already been decided.

Now imagine the case of Ms. B. She is 18 years old and lives with her parents and two younger brothers. She has just graduated from high school and has been diagnosed with insulin-dependent diabetes. Ms. B doesn't like needles and refuses to use insulin. Without it, ketoacidosis (diabetic coma) will result. How much like Mrs. A's case is Ms. B's case? What are the morally relevant features of each case? The casuist would need to determine whether Ms. B's youth makes a difference; whether the fact that her diagnosis, unlike Mrs. B's, is not terminal; whether

the fact that she has a family (who presumably have some interest in her welfare) should carry any weight in her decision; and so forth.

Story-reading Approaches

The second type of narrative ethics, the story-reading class, has been most thoroughly described by Martha Nussbaum, who argues that one can develop himself into "a person on whom nothing is lost" by reading (in a certain way) certain kinds of fiction. Reading carefully and paying close attention to the business of "seeing what is there to be seen," she claims, refines our understanding of the good. Nussbaum traces the roots of narrative ethics back to Aristotle. Aristotle's sense of "ethos" and ethics was that one's actions flowed from one's general character and temperament. We act, on the Aristotelian view, out of who we are; and who we are is best understood narratively.

Nussbaum's claim is not merely that stories are an alternative to philosophical discussion, another mode of conveying moral truths, but that novels—in their very form—depict moral truths that are otherwise ineffable. She writes that there is "a distinctive ethical conception . . . that requires, for its adequate and complete investigation and statement, forms and structures such as those that we find in [certain] novels." (6) Following the Aristotelian question (How should we live?) and method, Nussbaum describes narrative ethical inquiry as

> both empirical and practical: empirical in that it is concerned with, takes its "evidence" from, the experience of life; practical, in that its aim is to find a conception by which human beings can live, and live together.
>
> The inquiry proceeds by working through the major alternative positions (including Aristotle's own, but others as well), holding them up against one another and also against the participants' beliefs and feelings, their active sense of life. Nothing is held unrevisable in this process, except the very basic logical idea that statement implies negation, that to assert something is to rule out something else. The participants look not for a view that is true by correspondence to some extra-human reality [such as the principle of autonomy] but for the best overall fit between a view and what is deepest in human lives. They are

> asked to imagine, at each stage, what they can least live well without, what lies deepest in their lives, and, again, what seems more superficial, more dispensable. They seek for coherence and fit in the web of judgment, feeling, perception, and principle taken as a whole. (25-26)

There are several key points deserving of comment here. Nussbaum's emphasis on imagination is important for a couple of reasons. The first is that reading requires imagination and so do empathy and compassion, modes of "feeling with" another person. If reading causes the reader to imagine deeply what it would be like to be that character in that situation, and thereby to also develop a greater awareness of how her own life story shapes her ability to relate to others, it may have the potential to increase our capacity for empathy and compassion. Second, if the inquiry requires trying on different moral worlds, there can hardly be a less risky way of doing so than literature.

Another distinguishing feature of Nussbaum's approach is the fact that the inquiry has as its end not one sovereign right answer, but rather coherence. Whereas the traditional philosophical approach consists in a series of principle-versus-principle prizefights (e.g., in Engelhardt's conception of Dax's case as Autonomy vs. Beneficence), this method employs a balancing, all-things-considered test: Given this particular complex of personalities, values, and relationships, what is most appropriate?[12]

Nussbaum points to four elements that the novel shares with Aristotelian ethics. The first is what she terms the noncommensurability of valuable things, which is also her explanation for why hierarchical systems of principles cannot work alone. The reason is that principles

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[12]It is worth noting that, although a comparison is beyond the scope of this paper, this conception of ethical deliberation has much in common with coherentist theories like those advanced by Norman Daniels, Henry Richardson, and Stanley Clarke. In such systems, deliberation takes place in the context of endlessly revisable principles, considered judgments, and background theories. The drive in such theories is not toward deduction but toward coherence, or "making the best fit" among principles, judgments, and theories.

encapsulate values that are qualitatively different, whereas hierarchies are made for things that are measurably, quantifiably different. One explanation for the ambivalence we feel when we face a true moral quandary, Nussbaum explains, is that the thing chosen (whichever thing it is) is different in type from the thing sacrificed. It is not a simple difference of quantity, but a choice between two equally important but fundamentally different values. In Nussbaum's view, novels are built around just such conflicts. They are the form best suited for the exploration of moral dilemmas because there is time and space enough to show "patterns of choice and commitment," which speaks to Miller's understanding of autonomy as authenticity and autonomy as moral reflection. (37) In a refusal of treatment case, for example, the patient's choice may be more complicated than a simple probabilistic weighting of the possible outcomes of each option. The goods themselves are different. It may, for him, be the difference between being heroic and being cowardly, or between trusting in God and abandoning a long-held religious faith.

Nussbaum also insists on the priority of perceptions, claiming that the ability to see things rightly—"to discern, acutely and responsively, the salient features of one's particular situation"—is the heart of practical wisdom (37). To see what is there to be seen, one must focus on the concrete. Citing both Aristotle and Henry James, she writes, "One point of the emphasis on perception is to show the ethical crudeness of moralities based exclusively on general rules, and to demand for ethics a much finer responsiveness to the concrete—including features that have not been seen before and could not therefore have been housed in any antecedently built system of rules." (37) Even if, say, every breast cancer is the same as every other breast cancer (which seems unlikely), no two women with breast cancer are the same. Differences in their values, their community of family and friends, their religious convictions, their cultural beliefs and traditions, their personal history and psychology, and so forth, mean that the right decision for a 70-year-old

Filipino breast cancer patient may look very different from the right choice for a 40-year-old Italian-American woman with the same type of cancer.

Narrative also contains an important role for the emotions, not as mere decoration or byproduct but as an integral part of moral deliberation. Nussbaum rejects the assumption that emotion is an irrational force and points out that, on the contrary, emotions are quite closely tied to cognition:

> if one *really* accepts or takes in a certain belief, one will experience the emotion: belief is sufficient for emotion, emotion necessary for full belief. For example, if a person believes that X is the most important person in her life and that X has just died, she will feel grief. If she does not, this is because in some sense she doesn't fully comprehend or has not taken in or is repressing these facts. Again, if Y *says* that racial justice is very important to her and also that a racially motivated attack has just taken place before her eyes, and yet she is in no way angry—this, again, will lead us to question the sincerity, either of Y's belief-claims, or of her denial of emotion. (41)

Nussbaum also claims that narrative challenges the Socratic dictum that the good person cannot be harmed by depicting worlds in which uncontrollable events define what kind of life is possible for the dramatis personae. Novels, by their very structure, emphasize "the significance, for human life, of what simply happens, of surprise, of reversal." (43) This criterion is especially important in medicine: patients suddenly faced with terminal illness, chronic illness, or disability often see the event as a turning point in their lives. The point (so to speak) of a turning point is that things could go either way. The patient's story from there on is necessarily a response to what has happened. Given the event, and the chances it brings about, what will he do next?

Cora Diamond is another advocate of the story-reading approach. She too sees emotion and perception as central and rejects the assumption that logical argumentation is the trump card of reason-giving. On her view, a change from

> . . .particularistic affections to a more objective hierarchy of values . . . depends on our coming to attend to the world and what

> is in it, in a way that will involve the exercise of all our faculties; and . . . religion, poetry, and science, if uncontaminated by self-indulgent fantasy, are the most important modes of thought leading to that kind of attentive imaginative response to the world. (29)

Diamond's notion of paying attention is essentially the same as Nussbaum's emphasis on developing fine-tuned perception.

Diamond explains that philosophical argument relies on a set of assumptions that does not apply in all cases. Arguments possess logical force which, it is assumed, is stronger and more reliable than any other sort of convincing. The arguer also assumes that any reasonable person responds to argumentation. Even granting these assumptions, however, we can see that there are still those who remain unconvinced, to wit the person who does not understand the argument and the person who is simply not open to argument. The tendency of philosophy is to say that these people are unreasonable, insofar as they simply cannot be convinced when they ought to be convinced, and that their objections therefore need not be taken seriously. But, Diamond comments, given the fact that not all people are convinced by argument, it seems unfair (or at least inconsistent) to say that narrative does not work because not everyone finds it convincing. She believes that the argument for argument is based on the idea that *true* convincing must be done by way of argument, in which "the capacities of [the] head and not of [the] heart will be involved." (28) Using *David Copperfield* as an example, she notes that Dickens's goal seems quite clearly to be to change the settled inclinations of those who disagree with him—not by argument, but by engaging the reader's sympathies with young David's plight. Diamond sees the novel as an effort on Dickens's part to "enlarge the moral imagination" of the reader. Another example is Wordsworth's *Lyrical Ballads*, of which she writes:

> One expression of [Wordsworth's] moral view may be found in "The Old Cumberland Beggar," when the response of the villagers to the beggar is explained; we have all of us one human heart. But what is it to be convinced of that? What *sort* of conviction is it that such poems aim at? It cannot be separated from an

> understanding of oneself, from an acknowledgment of certain capacities of response in oneself as appropriate both to their object and to one's own nature. Rather a lot to expect! Wordsworth believes that we have a capacity to respond with deep sympathy to the feelings of other people—that is, when they are moved by the "great and simple affections of our nature," "the essential passions of the heart." The poet's representation of a person under the influence of such a feeling can excite in us a feeling appropriate both to what is described and to our own nature, the appropriateness being something we can come to recognize in part through the kind of pleasure such a poem gives. (31)

Storytelling Approaches

The third type of narrative ethics, which emphasizes storytelling, is that described by Howard Brody in his book, *Stories of Sickness*. Brody argues that the life stories we construct for ourselves are how we make sense of our lives. In a commentary at the 1994 meeting of the Society for Health and Human Values, Brody explained this idea:

> The meaning of my life becomes the story that I would tell about my life, and to the extent that my life has some sort of final or ultimate meaning, in this realm, it is encompassed by the obituary that I would ideally write for myself in advance of my own death. Assuming that I am a person with some degree of integrity and character, there ought to be some commitments to moral values which form consistent threads or patterns running through my life narrative. My actions and attitudes seem, in retrospect, to be most worthy when they are consistent with these value commitments (which I take to be, basically, what it means to be virtuous).
>
> No doubt I have also done things which, once placed within the context of my unfolding life narrative, diminish or negate my commitment to one or more of my core moral values. Sometimes this will be because of ignorance, inexperience, uncontrolled passions or caprice, or short-term selfishness. Other times, this will be because conflicts have appeared among my core value commitments, and in adhering to one value I was forced to weaken my commitment to another. Presumably I can be generally satisfied with my life to the extent that, when I scan my "obituary," I see a reasonable preponderance of the actions and behaviors that embodied a commitment to my core vaues, given the talents, strength of character, intelligence, and other natural advantages or disadvantages I started out with.

The conception of life as an ongoing story connects with virtue ethics in the following

way. When we contemplate what to do in a given situation, we consider not only which course would be consistent with what has gone before, but also which course would be consistent with where we want to go and with what kind of people we want to be.

Margaret Urban Walker also proposes a storytelling view: "A story, or better, a history is the basic form of representation for moral problems; we need to know who the parties are, how they understand themselves and each other, what terms of relationship have brought them to this morally problematic point, and perhaps what social or institutional frames shape or circumscribe their options." (35) These contextual factors help explain not only how the patient ended up where he is, but also where he might want to go from there.

Margaret Mohrmann sees the change from principles to narrative as a change from problem-solving to "writing the next chapter" of the story. She lays out three goals in this regard. The next chapter must belong to the patient, by which she means that it must attend to the fact that he is the hero and protagonist of his life story. The next chapter must also cohere with what has gone before. Echoing Miller's comments on autonomy as authenticity and moral reflection, Mohrmann writes, "There is no sense in trying to tack the last chapter of *Anna Karenina* onto the first half of *Gone With the Wind.* Scarlett would never have thrown herself in front of a train, even if there had been any railroad tracks left in Georgia, and there is no point in considering such an incongruous outcome." (79) The new chapter must also "continue the themes that have defined the hero's life . . . and should be able to lead the story on to the other chapters that are to follow. It must be not only continuous with what has gone before but also generative of what is to come: the re-formed, reintegrated life of a whole person." (80)

Interpretive/Hermeneutic Approaches

Rita Charon is a leader in this school of thought. She has written that narrative contributes to the "trustworthiness" of medical ethics by first offering ways to describe a situation

and then by assessing the most appropriate interpretations of those descriptions. Charon summarizes the contributions of narrative ethics:

> To begin with, the ethics deliberation seeks to recognize the narrative coherence, however obscured, of the patient's life. In addition, the medical ethicist faces narrative tasks in identifying the multiple tellers of the patient's story, the several audiences to whom the story is told, and the interpretive community responsible for understanding it. The medical ethicist relies on [interpretive] methods to examine contradictions among the story's multiple representations, conflicts among tellers and listeners, and ambiguities in the events themselves. (261)

Just as students of literature learn to construct a reading of a text by considering and weighing its interwoven elements, so ethicists and health care providers can learn to interpret better the "real" stories of the patients they serve. Ultimately, the argument goes, more careful and sensitive interpretations will help to produce better and more humane treatment of patients.

This postmodernist view also emphasizes "the ubiquity of interpretation," (Leder, 241) and tends to see almost everything as a text whose meaning is created through intrepretation. Drew Leder and Kathryn Montgomery Hunter both see bioethics as a complex of intersecting and disparate texts (including the patient's body, laboratory reports, health law, interpersonal communications, and institutional procedures and biases), each of which is subject to a variety of interpretations. Conflicts in medical ethics arise when these interpretations conflict. The interpretive approach acknowledges that there is no objective point of view but stresses that

> Though one must enter the [hermeneutic] circle through one's prejudgments and expectations, these always remain provisional and the text itself can extend, modify, or challenge them. A sensitive reader permits the interpretive object its otherness; such a reader does not merely subsume the text within preformed categories, but engages it as a partner in respectful dialogue. (Leder, 242)

This view is like the storytelling view in that it aims at making sense of the patient's experience in the context of his or her own life. But in the work of some theorists, the focus on interpretation

can slip into seeing the patient to be seen as the text itself, rather than the narrator and protagonist of the text.[13] The hermeneutic approach can thus inadverdently objectify patients.

Nancy M.P. King and Ann Folwell Stanford sounded the alarm in a 1992 article in which they cautioned against a tendency to see the patient as the story and the physician as the reader and interpreter. They liken such a conception to the ploy of a certain physician who makes house calls. Once in the patient's home, he pretends to get lost looking for the bathroom while he cases the joint for information about the patient's "household composition, income level, personal habits, and over- (and under-) the-counter drug use—all in order to know and understand his patients better." (186) Despite what are likely good intentions, this physician betrays his patients' trust and autonomy by denying them the opportunity to decide what parts of their lives he will be granted access to. Ironically, good providers with good intentions may be most vulnerable to this misstep:

> In their desire to ascertain the true or deeper story of a patient's life and illness, conscientious physicians may over-read or may impose private interpretations without having a corresponding interpretation from the patient. This monologic method of gathering and interpreting information about patients relies primarily on one-sided reading. It may include patient input in the way of story, but it does not seek patient corroboration and collaboration in interpreting that story. (189)

Anne Hudson Jones shares these concerns, noting that as productive as the interpretive point of view can be, it risks objectifying patients.

> I have become uneasy . . . about the ready acceptance of the idea of the patient as text, and I fear that in popular usage the analogy has become reductive. Its corollary, the idea of the physician as reader and interpreter, privileges the physician to give meaning to the patient's story. This *is* what physicians do. But to the extent that thinking of the patient as a text to be read and interpreted distracts physicians from remembering that patients are persons,

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[13]As Anne Hudson Jones notes, the fact that Hunter's book is called *Doctors' Stories* and not *Patients' Stories* is illustrative of this point.

> not texts, the analogy contributes to the very reification and dehumanization of the patient that we in literature wanted to help counteract. (192)

Stories as Moral Exemplars

This category treats narratives as purely instrumental. On this view, stories are simply a more palatable way of packaging principles. They are best used to illustrate the application or practical truth of principles, as most recently in the case of William Bennett's two anthologies, *The Moral Compass* and *The Book of Virtues*. These collections are intended to "aid in the task of the moral education of the young," not by providing a space in which they can wrestle with life's difficult questions, but by "[serving] as reference points on a moral compass, giving our children a sense of direction in matters of right and wrong, helping to guide their actions in day-to-day living, as well in those occasional, momentous decisions required of every individual." (*Compass*, 11)

This use of narrrative is analogous to Lakoff and Johnson's "container metaphor," which sees linguistic expressions as "containers for meaning." (11) As the authors point out, this way of understanding language works well only in situations in which "context differences don't matter and where participants in the conversation understand sentences [or, in our case, stories] in the same way." (12) As we have seen, however, many bioethics conflicts arise out of differences in point of view and values; so if narrative is to be of help, it must be in some noninstrumental way. Instead of productively complicating moral issues, the instrumental use of narrative tends to oversimplify the discussion and ignore the existence of multiple interpretations.

Challenges to Narrative

Having sketched some of the claims and uses of narrative in moral reflection, it is time to turn to potential problems with narrative. One question concerns moral relativism. If multiple interpretations are possible, how is validity to be judged? If we accept the postmodernist dictum

that every interpretation is the product of the interpreter's particular perspective, then how are we to settle conflicts between intrepretations? Recall that one of the criticisms of principle-based theories is that they are not dispositive, insofar as irresolvable conflicts between principles exist. In narrative ethics, presumably we have done away with the conflicts among principles, but we are still not out of the woods: Conflicting interpretations of the same story seeem to present an analogous difficulty.

The short answer is that not all interpretations are equally valid. First of all, the facts of the case admit of only some interpretations. As Wayne Booth has noted,

> The blooming [the process by which a text gains meaning through its interpretation by a conscientious reader] will not occur, of course, until the right "valuer" comes along: that much truth is self-evident in the view that all interpretations depend on the conventions of a community. But to deny any kind of reality to the potential of "the play itself" is finally to cripple our thought about it. As Marshall Alcorn neatly dramatizes the point, even if "an infinity of different readers can (I would say "could") produce an infinity of different readings of *Othello* . . . such an infinite set of interpretations would exclude the infinite number of interpretations produced by readings of *Moby Dick*." (88)

So the facts of the case (or the details of the story) rule out some interpretations. One might argue, however, that the sideboards Alcorn mentions (one set of interpretations for *Othello* and a separate, nonintersecting set for *Moby Dick*) certainly leave plenty of room for an exceedingly broad range of interpretations. What to do with those conflicts?

Here we fetch up against a criticism that has been lodged against casuistry. The casuists' answer to conflicting interpretation is, at bottom, an appeal to authority.[14] He with the most

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[14]As Howard Brody points out, casuistry may be seen instead as an "ongoing moral conversation." Given the rushed and often confused environment in which clinical ethical dilemmas most often occur, however, my focus is on methods of moral reflection that can be dispositive (so far as possible) with particular real-life cases. An ongoing conversation may be productive in a general sense, but I suspect that the appeal to authority is more commonly seen in practice, not least because it leads more unambiguously to a decision.

practical wisdom (however conceived and assessed) should be the one to decide. This sounds suspiciously like the principlist's claim to moral expertise that Noble took to task. The difference here is that the claim to authority is based not on immutable, impartial principles but rather on the decision maker's character and experience in constructing interpretations (or "readings") of moral conflicts. This distinction embeds yet another problematic claim: that (professionally trained?) readers possess more practical moral wisdom than do nonreaders. One of narrative's earliest champions, the physician-writer William Carlos Williams, acknowledged this difficulty in a conversation with Robert Coles:

> Sure, if you could get medical students to read certain novels or short stories it might make a difference. But, I'll tell you, don't bet too much of your money on it, because you know what can happen with any book, even George Eliot's *Middlemarch*, or Chekov's stories. Have you noticed what goes on when literature professors get together in a room? Are they saved by George Eliot or Chekov, by Shakespeare or Dickens or Hardy, or even by Dostoevsky and Tolstoy, who tried like hell to save us all, poor bastards that we are? Tolstoy had one hell of a time trying to live up to his own ideals—and boy, did his wife and kids have to pay for the moral struggle he waged. There must have been plenty of times when he was worse than the most arrogant doc you and I can conjure up in our imagination! So it isn't "the humanities," or something called "fiction" (or "poetry") that will save you medical students or us docs. Books shouldn't be given that job, to save people, to improve their psychology, or their manners, or the way they talk with their patients. (110-111)

The appeal to authority seems not to hold water. Most of us can think of people we know who, though avid readers, are something less than paragons of virtue in their everyday lives.

Jonathan Franzen, himself a novelist, advances another possibility—not that readers are better people, but that through reading they seek an escape from a world in which discussion of the hard questions is unpopular or impossible. Readers, he believes, want to share in public life[15] and are dissatisfied with modern "virtual communities whose most striking feature is that

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[15]I mean this in Hannah Arendt's sense.

interaction within them is entirely optional—terminable the instant the experience ceases to gratify the user." (43) Franzen cites the work of Shirley Brice Heath, a linguistic anthropologist who has spent a decade researching the reading habits of what she called "serious readers." Heath's conclusions overlap with many of the claims made on behalf of narrative ethics. Heath found that readers read because books were, for them,

> the only places where there was some civic, public hope of coming to grips with the ethical, philosophical, and sociopolitical dimensions of life that were elsewhere treated so simplistically. From Agamemnon forward, for example, we've been having to deal with the conflict between loyalty to one's family and loyalty to the state. And strong works of fiction are what refuse to give easy answers to the conflict, to paint things as black and white, good guys versus bad guys. . . . [To readers,] reading good fiction is like reading a particularly rich section of a religious text. What religion and good fiction have in common is that the answers aren't there, there isn't closure. The language of literary works gives forth something different with each reading. But unpredictability doesn't mean total relativism. Instead it highlights the persistence with which writers keep coming back to fundamental problems. (49)

And, Nussbaum might add, the role of uncontrolled happenings in the quest to live a good life.

We have already discussed the critique of narrative as an anti-intellectual method whose primary appeal is emotional, as opposed to rational. The "as opposed to" here is important. The assumption of those who raise this criticism is that one can be either emotional or rational, but not both—or at least not at the same time. There is no reason, however, why this should necessarily be so; and there does seem to be some value to empathy and fellow-feeling in moral reflection.

Tom Tomlinson raises an important question when he remarks that even if narrative is one way of walking in another person's shoes, it is surely not the only way or (more importantly) the best way. He asks, "Isn't it by talking to the actual patient, seeing his real suffering, feeling sympathy for his genuine plight, that we cross the bridge between the patient on the one side and the doctor, nurse or ethicist on the other? A vicarious literary experience would be a poor

substitute." (4) The most a story can do, he goes on to say, is provide some insight about how a certain person might feel in a certain situation. But if all narrative does is provide a window on some "general truths about human nature," then despite all its good words about the particular and concrete, narrative is not so different from principles after all. (4)

Martha Nussbaum addresses this point in true philosophical style, by making a distinction:

> If we consider, for example, the scene between Maggie and her father [in the *Golden Bowl*], we might have an inference of the form, "If a person were like Magie and had a father exactly like Adam, and a relationship and circumstances exactly like theirs, the same actions would again be warranted." But we might also have a judgment of the form: "One should consider the particular history of one's very own relationship to one's particular parents, their characteristics and one's own, and choose, as Maggie does, with fine responsiveness to the concrete." The first universal, though not of much help in life [as Tomlinson points out], is significant: for one has not seen what is right about Maggie's choices unless one sees how they respond to the described features of her context. But the second judgment is an equally important part of the interaction between novel and reader—as the readers become, in Proust's words, the readers of their own selves. And this judgment tells the reader, apparently, to go beyond the described features and to consider the particulars of one's own case. (39)

This still appears to be a case of drawing a general principle, except that the principle is something more like "Pay attention to particulars" than "A person like Maggie may feel/think/act this way in this sort of siutation."

One final critique concerns the ability of an accomplished storyteller (whether novelist, poet, patient, health care provider, or ethicist) to construct a story that is deceptive. Because narratives "aim for the heart," in Diamond's phrase, they may bypass the critical faculties we generally reserve for intellectual argument. We may find ourselves being led to judgments we find morally reprehensible, or being made to identify with characters we find abhorrent. What is needed, it seems, is a place to stand so that we may be critical readers and hearers of stories. As I will explain in the chapters that follow, this is where principles and narrative intersect.

Chapter 3

NARRATIVE ETHICS AT WORK

In this chapter, I will turn to specific applications of the narrative method. I have selected the abortion issue because it is arguably the most intractable medical ethics issue in the United States today. Rule- and principle-based theories have thus far left us at an uncomfortable, even hostile, impasse. My goal in this chapter is to determine whether narrative can succeed where principles have failed.

The standard principled arguments regarding abortion are probably familiar to most readers. The most common pro-choice argument centers on the personhood of the fetus, and it depends on a distinction between biological species membership (being a human being) and having status as "one of us" (being a person). Nonpersons may have a right not to be mistreated, but they do not have a right to be treated as persons. Antiabortionists deny this distinction and call it dangerous, asserting ensoulment at the time of conception or gesturing toward a slippery slope of maltreatment or extermination of anyone who is not perceived as a worthwhile (intelligent, productive, etc.) member of society. Another argument holds that the rights of existing persons (pregnant women, for example) count for more than the rights of potential persons. Antiabortionists oppose this argument on the grounds that there is a special fiduciary relationship between the woman and the fetus (provided that the pregnancy was unforced) and that the potential person has a right to be protected from harm until it can defend itself.[16]

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[16]Additional references for and these and other arguments may be found in the list at the end of this paper.

Although these arguments have not resolved the abortion debate in this country, it should be noted that the underlying principles remain essentially uncontested. Few would disagree that it is wrong to intentionally kill an innocent person, for example. Not even the strongest proponent of abortion sees himself as advocating the killing of innocent persons. Another underlying principle is respect for autonomy, in the form of women's reproductive freedom. Few would argue that women ought not have control over their bodies. At the same time, there is a rule that accords protection to defenseless people, including children. These higher-level principles serve to remind us of the values we as a community generally think are worth protecting. We should not kill persons. We should not deprive people of their right to self-determination. We have an obligation to protect children. The complicating factors in the case of abortion are the unique relation of the pregnant woman and the fetus and the indeterminate status of the fetus. To date, principles have been unable to progress beyond this point.

Narrative ethics involves, first of all, taking a fine-grained look at the facts of the case as a whole, and at the context in which it takes place. Instead of winnowing out the morally relevant factors and weighing each one, narrative attempts to make a judgment about the particular case in its entirety, considering as important its idiosyncratic complexities. Because there is such wide variation among women who seek abortion and their reasons for doing so, narrative may be a useful way to consider htis problem. There are two goals here: to make good moral judgments in individual cases, and to at the very least open a space for productive discussion between the pro-choice and pro-life camps.

It may be that the reason the rhetoric around abortion in this country has reached its current vitriolic, deafening levels is that neither side can hear (much less imagine) the other's story. Instead of telling stories, each side promotes its message through bumper-sticker language

and logic. "It's a child, not a choice." "If you can't trust me with a choice, how can you trust me with a child?" "Abortion stops a beating heart." "Pro-child, pro-choice." Such slogans make handy weapons (after all, who wants to be called anti-children?) but they reveal little about the reasons one might hold either position. Each side in this debate has adopted a radical, unequivocal position and rhetoric, and it now appears that neither group feels it can move to more moderate ground without conceding total failure.

One author has referred to abortion as the "clash of absolutes,"[17] and so it seems. So long as the question is framed as a zero-sum conflict between women and fetuses (or between women and a repressive patriarchal social order) we cannot really see the stories we are talking about. One result of the way the debate is currently structured is that each side is able to attribute reprehensible motives to the other. The invective is sharp on both sides: pro-life lobbyists call pro-choice lobbyists baby-killers. Pro-choice lobbyists declare that their adversaries simply do not care how many women die as a result of unsafe abortions and assert that pro-lifers want to impose their own narrowminded morality on others who may or may not agree with them. Just what is at stake in this debate? Women's bodily integrity? The lives of unborn children? The social and political rights of women? Eternal damnation?

Another possible advantage of narratives is that they may help us to get clear about just what the word "choice" signifies in the context of elective abortion. To paraphrase Judith Jarvis Thompson, there are choices and then there are choices. Through narrative, we may be able to distinguish some choices that look a lot like necessities, while other choices more closely resemble preferences—even if all of these women have an equal right to abortion. The choice of a woman who seeks abortion because pregnancy does not fit with her career plans looks different to most

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[17]Lawrence Tribe's book examining the social and legal history of abortion in the United States bears this subtitle.

people from the choice of a woman who seeks abortion because prenatal testing has told her that the fetus she is carrying has Tay-Sachs. The choice of a woman who cannot provide for yet another child may be still another sort of choice.

Principlists will say that if we look to stories, we will be looking at causes and not reasons. By this they mean that a change of principle based on experience or emotion does not count as much as does a change of principle based on philosophically sound reasoning. Experience-driven or intuition-driven changes are taken to be unreflective, uncritical, and irrational. But these criticisms rest on the mistaken assumption that philosophical reasoning is the only practice of reason-giving that can be trusted.

Paul Ramsey's "The Morality of Abortion" suggests another mode of reflection, one that makes much of context. In this paper, Ramsey gives an account of how the sacredness of human life is a concept that is an important part of longstanding religious tradition. He presents a vision of human lives as sacred "*in* human biological processes no less than . . . in the human social or political order." (66) Although he relies heavily on biblical sources, Ramsey notes that the Judeo-Christian tradition is not the only one that supports such an understanding. Any belief system that sees humans first and foremost as *creatures*, whose lives are bestowed by and accountable to some higher force, shares this concept. On the view that life is intrinsically valuable, Ramsey explains that a human life hardly begun is no less human for that. On the contrary, he argues, it is as helpless, wholly dependent beings that we are most human, for then our intrinsic value is our only value. (69) It is only within the rich context of our spiritual and social tradition that this claim can make sense. To estrange the question of the value of human life from this context would be to deny any possible justification for Ramsey's belief.

In the next section, I will present two examples of abortion narratives and examine how they may help frame our understanding of what is at stake in the abortion debate.The first is a

poem, Gwendolyn Brooks's "The Mother," and the second is John Irving's novel, *The Cider House Rules*. Looking at two different forms will help us to understand not only what narrative can do that principles cannot (and vice versa), but also what different literary forms can contribute to moral reflection.

Gwendolyn Brooks, "The Mother"

The title of Brooks' poem is ironic: the narrator grieves for her lost motherhood as well as her fetuses' lost childhoods. Her "dim dears" seem to haunt her; they "will not let [her] forget." One does not have the sense that the decision to have these abortions was easily made, or that her mind was fully made up even as she decided to do so: "Believe that even in my deliberateness I was not deliberate." Or perhaps this evaluation is made in hindsight, and what seemed deliberate then no longer seems well thought out. At any rate, the voluntariness of the choice she made seems questionable.

The use of the second-person "you" in the first line ("Abortions will not let you forget") does two things at once. First, it stands as an impersonal "one": *anyone* who has had an abortion cannot forget it. The narrator's subjective experience is thus broadened into a general account of what it is like to have had an abortion. Second, the "you" serves to distance the narrator from her experience by classifying it as the common experience, not as idiosyncratic or "just" personal.

The poem is an apology that the narrator is almost afraid to make, perhaps because she feels she has little right to grieve or regret the necessary and forseeable results of her decision. ("Though why should I whine,/Whine that the crime was other than mine?") She wishes that she could say that these children "were never made," but finds that claim "faulty."[18] The whole

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[18]I cannot speak to Brooks's intentions, but the diction she uses here is interesting. Accusing one's opponent of making a "faulty claim" is a tactic of argumentation. To my mind, this line underscores the inability of logical argument to settle the Mother's case (or, more importantly, her mind).

problem is that they *were* made, they "just . . . never giggled or planned or cried." Nor does the narrator seem to doubt that the aborted fetuses were anything less than people. She regrets depriving these "children [she] got that she did not get"—children begotten but not born—not only of their existence but of all that life brings with it. The Mother also speaks of having stolen their deaths: having never owned their lives, they could not own their deaths.

The poem ends on a plaintive note, with the narrator asking not quite for forgiveness (which she does not feel she deserves) but rather for some kind of understanding. "Believe me, I loved you all./Believe me, I knew you, though faintly, and I loved, I loved you/All." The repetition in these closing lines conveys a sense of hopelessness and desperation. The Mother does not seem to expect that her "dim dears" will believe her, as perhaps she finds it difficult to believe herself. The end of the poem suggests the "voices" the narrator hears in the wind, asking the question that seems to haunt the narrator: if you loved us, why did you do this? How could you kill us? No reasons are given in the poem. This silence leaves the question of reasons open for the reader to ponder. What would count as a good reason for this woman? What would count as a good reason for the reader?

This poem highlights the narrator's experience in a way that principles and placards cannot. After reading this poem, it seems strange to talk about whether the Mother had the right to make the choice she did. Perhaps this is an appropriate legal question, but it seems not to be the right moral question. Whether the Mother had the right to abortion is, in her own opinion, beside the point. Assuring her that she had the right to choose abortion would not resolve her moral misgivings, would not acknowledge her regrets. To speak to this woman about her rights would be to talk past her concerns.

Now, a few words about form. "The Mother" leaves out much of the story. Why did she choose abortion? Why does she regret having done so? Is her regret genuine? What prompts this

confession? What would help the Mother get over her past? These questions cannot be answered by the poem. The only thing that is clear is the "moment of insight" itself.[19] To the Mother, it is clear, there is no question of whether the aborted fetuses were persons. They were children, *her* children, and she loved them, "though faintly."

John Irving, *The Cider House Rules*

John Irving's novel, *The Cider House Rules*,[20] has often been described in the popular press as a pro-choice book about abortion, and so it is—but not in anything like a propagandist way. The main character of the first part of the novel is Dr. Wilbur Larch, who opens a small orphanage-cum-abortion clinic in the mostly abandoned mill town of St. Cloud's, Maine, in the 1920s. Throughout this section of the story, we are supplied with background not only on Dr. Larch's work, but also with his reasons for, as he puts it, delivering babies and, sometimes, delivering mothers too. (67)

When Wilbur Larch was 18 and headed off to medical school at Harvard, his father expressed his approbation by buying the graduate a night with a prostitute, a Mrs. Eames. What most sticks in Larch's mind about the encounter is the fact that, afterward, he awoke to find Mrs. Eames's teenage daughter in the room:

> Later, when he would have occasion to doubt [his decision to perform abortions at St Cloud's], he would force himself to remember: he had slept with someone's mother and dressed himself in the light of her daughter's cigar. He could quite comfortably abstain from having sex for the rest of his life, but how could he ever condemn another person for having sex? (67)

So profound a lesson is this that the thought frequently occurs to Dr. Larch, in the same words, throughout the book.

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[19]Thanks to Howard Brody for this phrase.

[20]Excerpts from *The Cider House Rules* used by permission of the publisher.

A few years later, when Wilbur Larch is Dr. Larch, a resident at the Boston Lying-In, he sees Mrs. Eames and her daughter again. Mrs. Eames is admitted to the hospital with a ruptured uterus and a stillborn child. The cause of the mysterious and near-total disintegration of her internal organs is unclear until the day after her death, when her daughter arrives bearing a bottle of Mrs. Eames's "French Lunar Solution." The aborticide had so inhibited the ability of Mrs. Eames's body to absorb vitamin C that she died of scurvy. Larch has now seen, first hand and up close, the effects of one method of abortion turned to by women who have no other way of ending an unwanted pregnancy.

Mrs. Eames's daughter has another reason for visiting. She is pregnant but not yet quick; and she wants a surgical abortion, not the potion that killed her mother, or the butchery she knows is performed "Off Harrison," where the illegal abortion clinics are. Having never faced this question before, Larch does not know how to respond.

> "You want an abortion," Wilbur Larch said softly. It was the first time he had spoken the word.
>
> Mrs. Eames's daughter took the sea-gull feather out of her pigtail and jabbed Larch in the chest with the quill end. "Shit or get off the pot," she said. It was with the words "shit" and "pot" that the sour stench of cigar reached him. (49)

Larch pauses to consider how he would do it, if he did: anesthesia, shaving, sterilizing the field, which implements to use . . . As he thinks, she concludes that she will get no help from him and leaves. The next time Larch sees her, she has been brought back to the hospital in bad shape. She "seems to have been flung against the door," has a high fever, and appears to have been severely beaten. Larch examines her and finds that she is the victim of a botched abortion, which could have taken any of several forms:

> There was the water-cure school, which advocated the use of an intrauterine tube and syringe, but neither the tube nor the water was sterile—and the syringe had many other uses. There was a primitive suction system, simply an airtight cup from which all the air could be sucked by a foot-operated pump; it had the

> power to abort, but it also had the power to draw blood through the pores of the skin. It could do a lot of damage to soft tissue. And—as the little sign said on the door "Off Harrison," WE TREAT MENSTRUAL SUPPRESSION ELECTRICALLY!—there was the McIntosh galvanic battery. The long leads were hooked up to the battery; the leads had intravaginal and intrauterine attachments on insulated, rubber-covered handles; that way the abortionist wouldn't feel the shock in his hands.
>
> When Mrs. Eames's daughter died—before Dr. Larch could operate on her and without having further words with him (beyond the "Shit or get off the pot!" note that was pinned to her shoulder), her temperature was nearly 107. The house officer felt compelled to ask Larch if he knew the woman. The note certainly implied an intimate message.
>
> "She was angry with me for not giving her an abortion," Wilbur Larch replied.
>
> "Good for you!" said the house officer.
>
> But Wilbur Larch failed to see how this was good for anyone. There was a widespread inflammation of the membranes and viscera of the abdominal cavity, the uterus had been perforated twice, and the fetus, which was dead, was true to Mrs. Eames's daughter's prediction: it had not been quick. (51)

In Larch's mind, a fetus that is not quick is not yet a person; it is a developing organism that can be kept from becoming a person. He now has seen (and, he feels, been responsible for) the deaths of two women and their fetuses: four deaths, all the result of improper abortion attempts.

The next day, Dr. Larch decides to visit Off Harrison.

> He needed to see for himself what happened there; he wanted to know where women went when doctors turned them down. On his mind was Mrs. Eames's daughter's last puff of cigar breath in his face as he bent over her before she died—reminding him, of course, of the night he needed her puffing cigar to find his clothes. If pride was a sin, thought Dr. Larch, the greatest sin was moral pride. He had slept with someone's mother and dressed himself in the light of her daughter's cigar. He could quite comfortably abstain from having sex for the rest of his life, but how could he ever condemn another person for having sex? (51-52)

Larch "needs" to see Off Harrison because he needs to know what he is responsible for. When he says no to a woman who asks for an abortion, to what fate does he consign them? He wants to believe that he can safely wash his hands of it, believe that abortion is the province of the morally

inferior; but the memory of his own double transgression against Mrs. Eames and her daughter (having slept with someone's mother and dressed himself in the light of her daughter's cigar) is a goad to him.

Off Harrison is, as he had feared, a nightmarish scene. In place of anesthesia, Off Harrison has The German Choir, whose singing reminds Larch of Mahler's *Kindertotenlieder.*[21] The front room, in which the choir sings with nearly violent energy, is smoky and smells of cheap beer. The next room is where the women wait. Larch approaches the man who seems to be in charge of things and says he wants to meet the doctor. "No doctor here," the man said. "Just you." This utterance can be taken at face value, or with the resonance Larch seems to hear. There *is* no doctor at Off Harrison, no one who can provide a safe, sterile abortion to these women. If Larch refuses to dirty his hands, dangerous abortions will continue to be performed by unqualified people. The point of Larch's visit is that he has begun to feel that perhaps his own moral pride has led to a sin of omission.

Larch tells the man that he has some free medical advice for the person in charge and is told to wait his turn. During that time, he hears a woman's screams from the next room, blended with the efforts of The German Choir; he also talks to a mother who waits with her pregnant thirteen year old daughter and tries to convince them to leave. Angrily, she tells him that they have no choice.

Larch's turn to see the abortionist, who is known locally as Mrs. Santa Claus, finally comes. He is somewhat surprised to see that she is an elderly woman, who to his mind "would have looked at home in a pleasant kitchen, baking cookies, inviting the neighborhood children to come and go as they pleased." Both her age and her gender seem to be different from what Larch

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[21]Kinder=children; toten=to die; lieder=songs: Mahler's "Songs on the Death of Children."

had expected, as is her attitude. (55) He introduces himself. Her response is, "Oh, yes, Doctor Larch. Come to shit or get off the pot?" (56) Larch is uncomfortable; he had expected to be in control or at the very least to be treated with the respect commonly afforded physicians. In an attempt to establish himself in the operating room by showing his ease in the environment, he picks up the suction cup. Mrs. Santa Claus promptly begins the vacuum. Larch removes the cup, realizing that she will continue until she draws blood.

> "Well?" Mrs. Claus asked, aggressively. "What's your advice, Doctor?" As if in reply, the patient under the sheet drew Larch to her; the woman's forehead was clammy with sweat.
>
> "You don't know what you're doing," Dr. Larch said to Mrs. Santa Claus.
>
> "At least I'm doing something," the old woman said with hostile calm. "If you know how to do it, why don't you do it? If you know how, why don't you teach me?" (56)

She leads him back out to the woman he had tried to get to leave. She makes the woman tell Larch who the father is. Larch protests that it is none of his business; but Mrs. Santa Claus insists on making it his business. It was the girl's father. Mrs. Santa Claus tells Larch, angrily, that about a third of her patients are incest victims. "And what are you going to do about it?" is the question that hangs in the air.

The cumulative effect of these events is to cause Dr. Larch to change his mind about whether he should perform abortions. Larch does not change his mind on the basis of rational argumentation but in response to the force of lived experience, both his own and those of the women he has seen suffer. If asked the reasons for his position, Larch would describe the events I have just recounted. The point of narrative is that these *are* reasons and not mere causes. Not only that: they are strong enough reasons to cause Larch to change his settled opinion on the issue of abortion.

It is not only Larch who believes that experience counts as reasons. The narrator, too,

sees experience as a kind of reason.[22] This impersonal, omniscient narrator tells the story in such a way that these events are causally linked. Larch changes his mind *because* he has reasons (in the form of Mrs. Eames, Mrs. Eames's daughter, and Off Harrison) to do so.

Another form of deliberation goes into Larch's changing his mind about abortion. This is based on his unwillingness to be a certain kind of person, that is, the kind of person who would protect his own moral scruples at the expense of the welfare of others. When Larch looks at himself and gauges his decisions against the kind of life he wants to live and the kind of person he wants to be, he finds that refusing to perform abortions does not fit with his life goals or with his conception of personal virtue. He does not want to be a hypocrite, which is why he constantly reminds himself that he once slept with someone's mother and dressed himself in the light of her daughter's cigar. What right has he—a privileged member of society who indulged himself with a prostitute without regard for the possible consequences—to condemn the choices of pregnant women who cannot or do not want to carry to term?

This is important, for here we see an example of where principles and narrative intersect. Wilbur Larch is determined to be a certain kind of person, to live according to a certain set of *principled* moral commitments. When he faces a conflict between these commitments ("Abortion is wrong" and "Hypocrisy and willful ignorance are wrong"), he turns to narrative for reasons to judge between them. What kind of actions would keep a person from being a hypocrite? What reasons do his own experience and what he knows of the world around him offer in support of one principle or the other? Weighing these reasons, Larch decides that the principle to which more extenuating circumstances pertain is the first one. His decision, finally, is practical. Given his

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[22]It is probably safe to say, as well, that John Irving believes in experience as a practice of reason-giving. Such an assertion would be a red flag to some literary critics and theorists, however, so I will merely make mention of it here. My goal is not to get bogged down in distinctions between authors, implied authors, and authorial intent. The general point should be clear.

experience of the world, performing abortions seems to be the lesser of two evils.

Once he has arrived at this decision, Dr. Larch takes over the state-run orphanage and, unbeknownst to the state, quietly begins to perform abortions as well. At St. Cloud's, Larch and his two nurses create an oasis of caring, where all comers—women seeking abortions, women seeking to deliver and leave their children there, and orphans—find support and love. St. Cloud's embraces the people no one else wants. The small staff is extremely protective of its charges, although they are careful to avoid the word "love" and outward displays of affection. Ironically, this is also meant to protect the children and the women of St. Cloud's. Larch firmly believes that he has a responsibility not to raise the orphans' or the women's expectations to a level that is unlikely to be met in what he calls "other parts of the world." His intention is to spare them disappointment. If they expect nothing, they are less likely to be hurt if they receive nothing; and they will be happy for what little they do get.

The second major character in *Cider House* is Homer Wells, an orphan who grows up at St. Cloud's and never quite manages to leave. Larch and Homer have almost a father-son relationship; and when it becomes clear after a string of star-crossed adoptions that Homer is not leaving the orphanage, Larch decides to make Homer his apprentice. Before Homer is 20 years old, he is an experienced midwife and surgical assistant. The one thing he has not done is perform an abortion.

> It was understood by both Larch and Homer that Homer was completely able to perform one, but Larch believed that Homer should complete medical school—a *real* medical school—and serve an internship in another hospital before he undertook the operation. It was not that the operation was complicated; it was Larch's opinion that Homer's *choice* should be involved. What Larch meant was that Homer should know something of society before he made the decision, by himself, whether to perform abortions or not. (115-116)

Larch wants Homer to get out into the world before he decides whether to become an abortionist

because he expects Homer's life and the world around him to provide him with *reasons* for deciding one way instead of the other.

Larch, in the meantime, begins searching for a way to get Homer into medical school, thinking to put the issue off until then. The question comes to Homer, however, in the form of a fetus Larch has asked him to prepare for autopsy. A local woman had been stabbed to death, and her nearly full-term fetus had been killed as well. Larch's efforts to save the fetus had failed, and he wanted to know why. On opening the fetus's chest, Homer sees that the ductus arteriosus[23] was severed. Suddenly it occurs to Homer that human life is nothing but a process of development:

> Homer Wells had seen the products of conception in many stages of development: in rather whole form, on occasion, and in such partial form as to be barely recognizable, too. Why the old black-and-white drawings [of embryos and fetuses in *Gray's Anatomy*] should have affected him so strongly, he could not say. In *Gray's* there was the profile view of the head of a human embryo, estimated at twenty-seven days old. Not quick, as Dr. Larch would be quick to point out, and not recognizably human, either. What would be the spine was cocked, like a wrist, and where the knuckles of the fist (above the wrist) would be, there was the ill-formed face of a fish (the kind that lives below light, is never caught, could give you nightmares). The undersurface of the head of the embryo gaped like an eel—the eyes were at the sides of the head, as if they could protect the creature from an attack from any direction. In eight weeks, though still not quick, the fetus has a nose and a mouth; it has an expression, thought Homer Wells. And with this discovery—that a fetus, as early as eight weeks, has an expression—Homer Wells felt in the presence of what others call a soul. (168)

Homer decides, on the spot, that he will not perform abortions. He does not find fault with Larch's decision,

> [b]ut that quick and not-quick stuff: it didn't work for Homer Wells. You can call it a fetus, or an embryo, or the products of conception, thought Homer Wells, but whatever you call it, it's

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[23]According to *Dorland's*, the ductus arteriosus is a blood vessel that connects the left pulmonary artery directly to the descending aorta, thereby bypassing the fetus's lungs. The vessel normally closes shortly after birth.

> alive. And whatever you do to it, Homer thought—and whatever you call what you do—you're killing it. He looked at the severed pulmonary artery, which was so perfectly displayed in the oopen chest of the baby from Three Mile Falls. Let Larch call it whatever he wants, thought Homer Wells. It's his choice—if it's a fetus, to him, that's fine. It's a baby to me, thought Homer Wells. If Larch has a choice, I have a choice, too. (169)

Homer feels something like love for the baby in the autopsy tray. In a moment of insight similar to that we see in "The Mother," Homer "just sees" that the fetus is a person. From there it is no distance at all to the judgment that killing fetuses is wrong.

Homer tells Larch of his decision not to perform abortions, and Larch reacts angrily. Larch was in favor of Homer's having a choice until it became clear that his choice would not be Larch's. Larch does not force Homer to perform an abortion, but over Homer's protests, he requires that Homer observe and learn how to do the procedure. Larch says, "You are involved in a process. . . . Birth, on occasion, and interrupting it—on other occasions. Your disapproval is noted. It is legitimate. You are welcome to disapprove. But you are not welcome to be ignorant, to look the other way, to be *un*able to perform [if you change your mind or are faced with a situation in which you must perform]." (188) Larch appeals to Homer's sense of responsibility in hopes that what changed his own mind will also sway Homer, but with no luck.

The next point on the continuum of Homer Wells's thought about abortion occurs when Candy Kendall and Wally Worthington, wealthy college kids from Heart's Haven, show up at St. Cloud's needing an abortion. Homer is dumbstruck by Candy, who is blond, tanned, and pretty and utterly unlike any woman he has ever seen. The couple arrives in the midst of a crazy day at the orphanage. Amid the frenzy it is Homer who first figures out why these people with the Cadillac are at the orphanage: Candy is there for an abortion. It is "shattering to Homer to recognize in the expression of the beautiful stranger he had fallen in love with something as familiar and pitiable as another unwanted pregnancy." (195) Homer leads the couple inside but

tells Larch he will not assist with the operation. Larch chalks the refusal up to Homer's obvious feelings for the girl.

While Larch has Candy in surgery, Homer goes outside and talks with Wally and tries to set him at ease. Wally's family owns a large apple orchard in Heart's Haven, and he tells Homer that he would like to donate some trees to the orphanage. He invites Homer to return with him and Candy to Heart's Haven to discuss the matter and to pick up the trees. Homer, who has never had real friends before, is eager to go; and Larch, recognizing that it is time for Homer to begin to make his way in the world, reluctantly encourages him to go.

Homer does go to Heart's Haven, where he moves into the Worthingtons' home and spends the summer with Candy and Wally. He works in the orchard and the apple mart, and stays on even after his friends return to school. This goes on for years, and all the while Homer is in love with Candy; and all the while Larch is plotting for Homer to return to St. Cloud's and take his place when he retires. Then Wally is drafted into the second World War. His plane gets shot down and he is presumed dead. In the meantime, Homer and Candy have an affair and a son. They conceal the fact that the child is theirs by going to stay at St. Cloud's "to visit." They return to Ocean View Orchards after the child is born, with the story that Homer's adopting the boy is his way of giving something back.

During this time, Larch becomes increasingly short-tempered with Homer, partly because he misses Homer and does not know how to express it, and partly because he is beginning to worry about the fate of his abortion clinic. If he is replaced with an outsider who obeys the law and refuses to do abortions, what will happen to all those women who so badly need his services? He writes Homer,

> If abortions were legal, you could refuse—in fact, given your beliefs, you *should* refuse. But as long as they're against the law, how can you refuse? How can you allow yourself a choice in the matter when there are so many women who haven't the freedom to

> make the choice themselves? The women have no choice. I know you know that's not right, but how can you—you of all people, knowing what you know—HOW CAN YOU FEEL FREE TO CHOOSE NOT TO HELP PEOPLE WHO ARE NOT FREE TO GET OTHER HELP? You have to help them because you know how. Think about who's going to help them if you refuse. (518)

Larch is clearly recalling his own experience with the Eames women and Off Harrison as he writes this; but rather than telling Homer how he himself arrived at his position, he tries to change Homer's mind by argument. He continues,

> Here's the trap you are in. . . . And it's not my trap—I haven't trapped you. Because abortions are illegal, women who need and want them have no choice in the matter, and you—because you know how to perform them—have no choice, either. What has been violated here is your freedom of choice, and every woman's freedom of choice, too. If abortion was legal, a woman would have a choice—and so would you. You could feel free not to do it because someone else would. But the way it is, you're trapped. Women are victims, and so are you. (518)

This argument goes on for years, with the two men trading reasons for their positions. One of Homer's replies to Larch reads, simply:

> 1. I AM NOT A DOCTOR.
>
> 2. I BELIEVE THE FETUS HAS A SOUL.
>
> 3. I'M SORRY. (545)

Larch replies,

> 1. YOU KNOW EVERYTHING I KNOW, PLUS WHAT YOU'VE TAUGHT YOURSELF. YOU'RE A BETTER DOCTOR THAN I AM—AND YOU KNOW IT.
>
> 2. YOU THINK THAT WHAT I DO IS PLAYING GOD BUT YOU PRESUME YOU KNOW WHAT GOD WANTS. DO YOU THINK THAT'S NOT PLAYING GOD?
>
> 3. I AM NOT SORRY—NOT FOR ANYTHING I'VE DONE (ONE ABORTION I DID NOT PERFORM IS THE ONLY ONE I'M SORRY FOR). I'M NOT EVEN SORRY THAT I LOVE YOU. (546)

The same day he mails this message to Homer, Larch dies. Homer does not learn of Larch's death until he calls the orphanage looking for Larch's help. One of Larch's last acts was to try to explain to Homer the reasons for his stance on abortion. But it will take something other than reasons and argument to change Homer's mind, just as it did in Larch's case. Homer's view of abortion is still based on the flash of recognition he experienced looking at the autopsied fetus back at St. Cloud's. In Homer's mind, other things being equal, the fetus is a baby, and it is wrong to kill it.

By this point in the story, Homer and Candy's son, Angel, is a teenager. He has a crush on the daughter of the orchard's crew boss. The girl, Rose Rose, is pregnant, for the second time, by her father. (No one but Rose and her father knows this.) Angel wants to help her and she finally tells him that what she really needs is an abortion. Angel, of course, has no idea that his father could perform the operation, and tries to figure out how he can get together enough money for the abortion without Homer knowing about it. He cannot come up with a plan, and he finally tells Homer and Candy what is happening.

Homer's first reaction is that it is not important who the father is. He says that "the main thing is to get her an abortion." (558) They ask around and find out that the local abortionist is a retired biology teacher whom Homer had for a class at the local high school years ago. "Homer Wells knew exactly which Mr. Hood it was. Homer also remembered that Mr. Hood had once confused a rabbit's uteri with a sheep's. He wondered how many uteri Mr. Hood imagined women had? And would he be more careful if he knew a woman had only one?" (559) He is resolved not to allow Rose Rose near Mr. Hood and says they will need to go to St. Cloud's. That night, Homer calls to tell Larch he is coming and learns that his surrogate father is dead.

They go to St. Cloud's anyway, and Homer reluctantly concludes that he must perform the abortion himself. He does not want to, but he reminds himself that Larch would have said that

"[H]is happiness was not the point, or that it wasn't as important as his usefulness." (561) Other things being equal, Homer had believed, the fetus is a baby and it is wrong to kill it. For the first time, Homer is confronted with a case in which it appears painfully clear that other things are simply *not* equal. As attached as he may feel to Rose Rose's unborn baby, he realizes that he does not, cannot, love it more than he loves Rose Rose. As he performs the abortion, he thinks about what this decision means.

> After the first one, thought Homer Wells, this might get easier. Because he knew he couldn't play God in the worst sense; if he could operate on Rose Rose, how could he refuse to help a stranger? How could he refuse anyone? Only a god makes that kind of decision. I'll just give them what they want, he thought. An orphan or an abortion. (568)

Homer gives Rose Rose an abortion because he loves her; and he will provide abortions to other women because it would be unfair for him to withhold his skill from other women who are equally in need. Homer steps into Larch's shoes and takes charge of St. Cloud's, using the false identity Larch had so painstakingly set up for just that purpose. And so Homer Wells becomes an abortionist.

In a few places in the novel, there are comparisons between fiction writers (or storytellers) and physicians. Helping to create a story that turns out well for the people (and patients) one cares about seems to be the primary parallel. Larch is running an abortion clinic in the orphanage and managing to hide it from the authorities. To protect Homer from being drafted into the war, Larch falsifies his medical records to create a record of a heart defect Homer does not actually have. He develops an elaborate scheme to establish a false identity for Homer as Dr. F. Stone (using poor dead Fuzzy's name) so that Homer can eventually take over St. Cloud's. Incongruously for a man who spends so much energy trying to make things turn out well, Larch professes not to believe in happy endings. (236)

Homer has his moments, too. One day young Homer notices that one of the littler boys is

gone, his bed empty. This boy, Fuzzy Stone, had been born prematurely and had serious lung problems. He had been hooked up to a "breathing machine" that Larch built. Homer knows what must have happened, and when he asks about Fuzzy Stone, Larch confirms his suspicions. Larch asks Homer what the other orphans should be told, and Homer replies that they should just say that Fuzzy was adopted. (110) On page 409, the narrator says, "If Homer Wells had been an amateur historian, he would have been as much of a revisionist as Wilbur Larch—he would have tried to make everything come out all right in the end. Homer Wells, who always said to Wilbur Larch that *he* (Larch) was the doctor, was more of a doctor than he knew." And at the very end of the book, following the revelation that Candy and Homer's son becomes a novelist, the narrator tells us, "To Candy, a novelist was also what Homer Wells had become—for a novelist, in Candy's opinion, was also a kind of imposter doctor, but a good doctor nonetheless." (584)

The difference in effect between "The Mother" and *Cider House* can be attributed at least in part to form. Poetry and novels move in opposite directions. Whereas the poem seeks to distill and contain an experience, the novel is expansive and context-rich, implying a world beyond itself. This is most clearly seen if we compare the moment of insight in each narrative. "The Mother" painstakingly describes the narrator's moment of insight. *Cider House* sets Homer's epiphany (seeing the baby in the autopsy tray and recognizing it as a person) and the subsequent evolution of his thinking on abortion in a larger context. In *Cider House*, we know the characters are; we have some idea about how we might evaluate the authenticity of their moral judgments, because we have observed their actions and thoughts over time. We also know, more or less, how and why they arrive at those judgments and what they think of themselves afterward. It is for these kinds of reasons that Nussbaum sees novels as the most appropriate narrative medium for moral reflection.

In either case, we should ask how the moment of insight can be made available for critical

moral evaluation. One possibility is that longer narratives can critique shorter narratives. For example, if we knew the larger story that "The Mother" is a part of, we would have the opportunity to think about whether her insight makes moral sense. Without that context, however, we are hard pressed to provide reasons to say either that she is right or wrong for judging as she does. Without that context, our only recourse is to principles, which provide at least some general guidance about making moral judgments.

In *Cider House*, there is room and time for the characters (and the narrator) to show or explain why they choose as they do. Principles are at work on two levels in the novel. First, the principles that operate in the story-world can be seen and critiqued (e.g., Larch's principle that it is wrong to protect one's scruples by refusing to help people). Second, the principles that operate in the reader's world can be brought to bear on the story-world (e.g., principled judgments can be made about Larch's principles).

Chapter 4

CONCLUSION

We have looked at the theoretical basis for narrative and a few literary examples. But what about where the rubber meets the road, so to speak? How does narrative function in real life, in the medical context? And what is its relation to principles? Narrative implies at least an admonition to listen closely, to pay attention, and to hear what is really being said. It also provides some information about how to do that, and how to *learn* (or how to *teach*) how to do that. What is needed is a synthesis of narrative and principles. Walker describes some of the ways in which principles and narrative can be complementary:

> A narrative picture of moral understanding doesn't spurn general rules or broad ideals, but it doesn't treat them as major premises in moral deductions. It treats them as markers of the moral relevance of certain features of stories ("But isn't that lying?"); as guidelines to the typical moral weight of certain acts or outcomes ("But surely we ought to avoid lying"); as necessary shared points of departure ("We've got a problem here with undermining the patient's trust in the physician's candor"); and (with any luck) as continuing shareable points of reference ("Might the patient not still see that as misleading?") and reinterpretation ("Withholding isn't necessarily deception, though") that lead to a morally intelligible resolution. (35)

This passage illustrates some of the ways in which principles serve as shorthand for the moral ground we have already negotiated and agreed upon.

Principles can take us only so far on their own. Think back to Engelhardt's description of Dax's case. Engelhardt sees this case as a conflict between blind paternalism (treating Dax without regard to his pleas) and blind respect for autonomy (stopping treatment without forming a judgment about whether this is the best decision for the patient). Engelhardt proposes a compromise that in his opinion would recognize the importance of both beneficence and

autonomy: the physician should try to talk the patient into accepting treatment, but if the patient refuses, then the physician should respect his wishes. This scenario assumes that treatment would be in the patient's interest. If the physician were to switch to a more narrative way of looking at the case, however, he might see that trying to talk the patient into treatment is not necessarily the right thing to do. Imagine that the physician gets to know the patient and tries to understand the reasons behind the patient's refusal, instead of simply rehearsing the reasons he thinks the patient should choose treatment. The physician may find that this patient has thought very carefully about his options and has concluded that dying without treatment is, under the circumstances, the most fitting end to his life story. Or the physician could find that the patient's decision is based on inaccurate information or fear of the future. Without a grasp of what the choice means to the patient, the physician cannot judge whether it would be in the patient's interest to accept treatment.

Perhaps the most important role for principles is as a safeguard against relativism. The great strength of the story—that it draws us in and makes us care—may also be its greatest weakness, if it keeps us from being able to think critically about the moral goods being represented. Once we are inside the story, so to speak, it can be difficult to maintain an impartial stance. It is in this situation that principles can help us to be fair. The "emptiness" of principles that some narrativists have criticized is precisely what makes them a necessary complement to narrative. Because principles exist independent of the particular story and are broad enough to apply to many different stories, they can bring us as close as we can get to an objective perspective. At the very least, principles can serve as our "trail of breadcrumbs" out of the story by helping us remember the general values our community holds.

The generality of principles is important also because it encourages consistency and fairness. While we want to be responsive to particulars, we do not want to be capricious or unjust.

Two cases that are exactly the same should be judged similarly; and differences in judgment should stem from differences in the cases. Without some set of overarching principles, it would be exceedingly difficult to determine whether a judgment about a particular case is fair in the larger moral universe.

On the other hand, narrative provides a check against the oversimplification that principles can sometimes produce. If we use a deductive method to get out of a moral quandary, and if the method and our application of it are sound, then we cannot doubt the judgment that results. Unlike principled approaches, narrative leaves room for ambiguity, guilt, regret, and other moral loose ends. This may not seem like much of an advantage at first blush. After all, someone might say, isn't our goal the clear resolution of moral conflicts? If it is, I would submit, we need to reevaluate our goal-setting practices, because there seems to be little chance of our completely resolving true quandaries. Any so-called quandary that can be resolved without reservations is not a true quandary. The best we can do with a true quandary is to try to mediate between the most possible good and the least possible bad. A system of moral reasoning that is based solely on principled, deductivist processes has no way of striking such a balance. Narrative supplies the factors that tip the scales in each individual case, as when Homer changes his mind about abortion because Rose Rose needs one. He does not feel glad about the change, and he is not entirely comfortable with his decision, but he sees it as a practical necessity, a *modus vivendi*.

We have seen, watching the changes in Homer Wells's thinking on abortion, how narrative can be used in individual decisions. Consider the general issue of abortion. Is it possible—is it even desirable—to eliminate the moral reservations we feel about abortion? Even those who are on the side of choice do not claim that abortion, *per se*, is a good. In a perfect world, there would be no need for abortion. In the world we live in, abortion may be the lesser evil. Moral reservations are the product of what Nussbaum called the noncommensurability of

goods. What do we do when we two incompatible but equally important values are at stake? We do not want to kill fetuses, but neither do we want to force women to continue pregnancies against their will.

Here we see another place where narrative and principles are complementary. Narrative is very helpful in making moral judgments about individual cases; but it is difficult to see how narrative could help us with policy decisions. To develop a public policy on abortion, we would need to refer to principles. Say that we developed a policy that permitted abortion in the third trimester only in cases in which grave danger to the mother is likely. In *applying* the policy we might return to narrative to answer questions about what counts as "grave danger" in the individual case.

Margaret Mohrmann provides another example of a narrative approach in action when she describes making an organ-donation decision about her deceased aunt who, during her life, repeatedly expressed her personal opposition to organ donation. Mohrmann writes that respect for her aunt's life story prohibited her from giving permission for donation:

> To give permission for organ donation from my aunt's body would be to violate the story of her life. Donation under those circumstances could not be considered good use of her body, the body that is an inseparable part of the story that defines her. I might wish it were otherwise; I might wish she had lived the sort of life that would be appropriately capped with the gift of a body part after death. However, my primary obligation is to honor her in her death, not to rewrite her life. (102)

Narrative thus permits and encourages a richer understanding of autonomy—and not only the patient's autonomy, but the physician's as well (viz. Wilbur Larch and Homer Wells).

The combination of narrative and principles promises to achieve the best of both worlds: fine-grained responsiveness to particulars, together with safeguards against unfair bias and relativism. The timehas come for the name-calling and territorial skirmishes between theory and antitheory to stop. Medical ethicists need to regroup, consider once again the practical needs that

gave rise to the field in the first place, and look to interdisciplinary approaches to improving medical care. Taking narrative as seriously (no more and no less) as principles is an important step in that direction.

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