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Speaker Handout

Symposium: Narrative-based ethics  
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1. People experience their lives as an unfolding story, with themselves as both narrator of the story and a character within it.
2. The story of one's own life is shaped by other stories that lend character types, plot lines, and possible connections of consequence and causality.
3. People's stories are informed by, and subsequently reshape, their sense of rightness about actions.
4. In any interaction scene, people forget that others are interpreting that scene as part of a different story.
5. 'Ethics' troubles are narrative: divergences between actors' stories are at the core of most disputes over what the 'right thing' is.

Thus, framework of narrative mediation of ethics troubles:

- 1 - consider all the actors involved;
- 2 - awareness condition: each actor needs to become self-consciously aware of the stories that shape his/her sense of rightness, at least specific to the situation at hand;
- 3 - mutual plausibility condition: has each heard the others' stories; is everyone willing to acknowledge the plausibility of each of the others' stories?
- 4 - shared trajectories or values: what common ground can be found between stories? can different stories converge sufficiently for ad hoc agreement?
- 5 - does any of the actor's operate with an *overriding sense of narrative imperative*? does their story make non-negotiable demands-for-action?  
thus, the trajectories of other stories are evaluated as impossible.  
If so, then narrative ethics mediation may not be possible, with regret.
- 6 - alternatively, can people come to understand their stories, and their sense of rightness, as having been shaped contingently and as open to revision?

Thus a practice rule: keep generalized narratives out of the room; keep to personal stories about here-and-now, embodied self and others.

### Further Reading:

Narrative ethics overlaps with both *narrative medicine* (Rita Charon, *Narrative Medicine*, Oxford, 2005) and *conflict resolution* (Sara Cobb, *Speaking of Violence*, Oxford, 2013). Cobb presents practices of narrative-based conflict resolution and focuses on the question of what are the narrative markers of a “good story.” For a complementary discussion of ‘good’ stories, see A.W. Frank, *Letting Stories Breathe* (Chicago, 2010).

For a theory of dialogical ethics, see A.W. Frank, *The Renewal of Generosity: Illness, Medicine, and How to Live* (Chicago, 2010). This book provides an introduction to Mikhail Bakhtin and Emmanuel Levinas.

A collection of articles displaying state-of-the-art in narrative ethics is: Martha Montello, ed., *Narrative Ethics: The Role of Stories in Bioethics. The Hastings Center Report*, 44, no. 1 (2014), S2-S44.

Tod Chambers, *The Fiction of Bioethics* (Routledge, 1999) uses narratological theory to analyze how bioethics case are told in the professional literature, and the rhetorical effects of different tellings in precipitating different ethical conclusions. The book remains one of the best introductions to narratology applied to the texts of clinical ethics cases.

The classic philosophical work in this area is Alasdair MacIntyre’s *After Virtue* (Notre Dame University Press, 1984). Few of those doing narrative ethics agree completely with MacIntyre, but even those who have not read him are influenced by him.

Hilde Lindemann’s *Holding and Letting Go* (Oxford, 2014), like her earlier *Damaged Identities, Narrative Repair* (Cornell UP, 2001), exemplifies narrative moral inquiry in philosophy. *Damaged Identities* emphasizes the effects of dominant narratives on collective identities. *Holding and Letting Go* uses stories to pose philosophic problems of everyday relationships: when and how to we hold people in some desired (or perhaps undesired) identity, and when should we let go of identities?