Psychiatric Ethics[1]

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Introduction

The interactive fields of philosophy of psychiatry, philosophy of mind and psychiatric ethics have proved excellent frameworks in which to examine conceptual changes in our understanding of the human being during the last two centuries. Comparatively little has been written in the field of moral philosophy about these insights into the nature of moral agency, subjectivity and other fundamental concepts that enrich our understanding of mental health. The aim of this chapter is to develop Murdoch's work on moral perception in this novel direction. In doing so, it speaks to recent philosophical and empirical work on therapeutic understanding through literary expressions and illness biographies, which I use to explain why narrative self-creation is central to the recovery process.

The theoretical rationale for looking at Murdoch and mental health together derives from the recent focus on the notion of *perpetual moralism,* in Murdoch studies and philosophy alike, i.e. the idea that the domain of moral judgement is not confined to explicitly moral words (see Diamond 1988 and 1996; Crary 2007). As Murdoch puts it: 'The area of morals, and ergo of moral philosophy, can … be seen … as covering *the whole of our mode of living* and the *quality of our relations with the world*' (SGC 380). While this aspect of Murdoch's position, that

[1] Forthcoming in *The Murdochian Mind*, ed. Silvia Panizza and Mark Harpwood. London: Routledge. In Press. Major volume for the Routledge Philosophical Minds Series.

adequate moral 'vision' may itself constitute a form of moral knowledge, has been much discussed in the literature, I want to explore a different aspect of the notion of perception in the application of concepts that is not limited (and restricted) to explicitly moral terms. My new argument about the significance of Iris Murdoch for the literature on moral agency in psychiatric ethics examines the wider implications for psychiatric ethics of this emphasis on relational moral agency. This deliberate move away from an overly individualistic conception of the moral self to an intersubjective one creates opportunities for self-cultivation in concept application and the normative grounding of concepts. The central claim in the ethics of recognition in mental health is that attention is *difficult* because, and insofar as, we are partially *complicit* in our own conceptions of what the world is like.

I start the next section by tracing the question of language in Murdoch's account of moral vision as a model for mental health. I argue that Murdoch's emphasis on relational moral personality and attunement in self-development in her urge for 'more concepts' paints a rich and textured picture of our different ways with words in ordinary moral life which is helpfully understood by comparison with therapy.

In the following section I will draw on illness narrative to unpack Murdoch's alternative vision of language as situated representation by comparison with the idea of virtuous uptake to the stance of the other in the therapeutic encounter in clinical practice. To anticipate, the relational nature of therapeutic understanding as a vision for the ethics of recognition across the standard patient/doctor dichotomies in mental health derives from fundamental structural questions prompted by Murdoch's metaphor of 'moral vision' (SGC) and what I think of as the *struggle to see* in giving uptake to the other in speaking together (Austin 1975).[i]

This discussion raises the explanatory desiderata for the third main section of the chapter: what, if anything, does the idea giving uptake to the other *rightly* mean in understanding the normative dimension of the open-ended communicative process of the therapeutic encounter? I identify the challenge of giving uptake to the other with Murdoch's perceived difficulty of loving attention in concept application more generally as a form of moral responsibility. Because so many different narratives are often possible, some philosophers naturally worry that the use of narrative—whether in moral philosophy or therapy—is never *revealing* of moral or psychological truth but only *constructing* them (see Katsafanas 2017; Antonaccio 2012). I argue that that is an overstatement; the idea of 'getting your descriptions right' in mental health contexts is better framed as having a critical openness to alternative ways of understanding the normative import of others in the application of clinical concepts, how the applicability of salient concepts can affect how one ought to *view* others in discovering their real being in seeing the world aright. Herein lies also the ethical significance of the relational concept of *attunement* as a moral virtue, which enables the appreciation of the self and the other as a discursive clinical tool for shared decision making and co-production in mental health research.

Murdoch on G.E. Moore and 'linguistic philosophy'

Murdoch argues that perceptual experience itself can be world-involving and evaluatively significant, and that the best way of making sense of this claim, framed in terms of what she sometimes refers to as 'just and loving perception' or 'moral vision', is to say that experience is shaped by the *concepts* that subjects possess and deploy as situated historical agents with a stance upon the world. While the general idea of being attuned to one's environment thanks to the salient 'thick' evaluative concepts used has been much discussed in the literature, my discussion of the question of language in psychiatric ethics will instead focus on Murdoch's

distinctive claim that one's *conceptions* of these concepts decisively influence what one sees.

In contrast to universal prescriptivists such as R. M. Hare (1965) and others who present morality as primarily a matter of choice, and treat moral disagreement as a matter of difference in the ways in which people 'choose' among alternatives, Murdoch advocates a shift in focus from the concept of 'choice' to that of 'vision': a person's conception of salient concepts may restrict, or enlarge (and may focus in one way or another) the range of options that she is in a position to recognise *as available for her* to choose from. Thus, Murdoch wants to deny that the person 'chooses his reasons in terms of, and after surveying, the ordinary facts which lie open to everyone' (IP 327). Disagreement, then, is not just a difference in application of shared concepts, but in the repertoire of concepts that different people understand and employ. The central claim is that moral disagreement can stem from a difference in *worldview*, questioning the very conceptual foundations of a given moral outlook, a vision of the actual world that shapes precisely what one takes to be salient and not in moral disagreement. Crucially, worldviews are *comprehensive* outlooks on reality, an unruly mix of evaluative and non-evaluative claims in complex interaction as a whole (see Bergqvist 2018).

One interesting upshot of extending Murdoch's work on moral vision into psychiatric ethics and mental health is that something stronger than conceptual competence is required for the identification of moral distinctions as such. That also seems to be Murdoch's position on the question of the unity of moral thought as such, since she argues that we understand ordinary moral language relationally in terms of loving attention. As Murdoch puts her point in a discussion of moral attention in the work of Simone Weil,

> We need more concepts in terms of which to picture the substance of our being; it is through an enriching and deepening of concepts that moral progress takes place … We need a new vocabulary of attention. (AD 293)

I will return to Murdoch's implied relational concepts of attunement and loving attention as applied to the use of language in psychiatric contexts below. As we shall see, the emphasis on the idea of textured *attention* in understanding moral concepts presents a different starting point in understanding value experience compared to the familiar discussions of the normativity of meaning in the wake of Wittgenstein's (1963) rule-following considerations in the subjective realist tradition (see McDowell 1996). First, however, we need to get clearer about Murdoch's vision of *language* in relation to irrealist authors like Mackie (1977) and Hare (1965).

In the essay entitled 'Ethics and Metaphysics' in her *Existentialists and Mystics*, Murdoch discusses the analytic empiricist tendencies in moral methodology, a trend that she traces back to Moore's linguistic approach to ethics. In separating the question of what things are good from what the word 'good' means (a term Moore himself held was indefinable), Murdoch argues that Moore paved the way for the modern philosophical tradition of her times as one of transforming the question of goodness into a question of analysing the human activity of *valuing* (or 'commanding'). The modern philosopher, Murdoch laments in her essay 'Metaphysics and Ethics', 'is no longer able to speak of the Good as something real and transcendent, but to analyse the familiar human activity of endowing things with value' (M&E 60). She writes:

> The simplest moral words ('good' and 'right') are selected for analysis, their meaning divided into a descriptive and an evaluative part, their descriptive part representing the factual criteria, the evaluative part representing a recommendation. And once the largely empirical disagreement about the application of principles and classifications

> of cases have been cleared up, ultimate differences will show up as differences of choice and recommendation in a common world of facts. What the modern moral philosopher has always done is what metaphysicians of the past have always done. He has produced a model. Only that it is not a model of any morality whatsoever. It is a model of its own morality. (M&E 67)

Murdoch was before her time in tracing what became known as the 'disentanglement manoeuvre' (McDowell 1996) in the debate over thick evaluative concepts in the 1980s and 90s, back to the linguistic philosophy of G.E. Moore.[ii] I have argued elsewhere (Bergqvist 2019) that the objection to the linguistic approach in modern moral philosophy as 'a model of its own morality' is two-fold. First, the empirical approach of the linguistic method obscures how real interpersonal moral discourse among people, thus understood as our ordinary ways with words from historically contingent and potentially conflicting lifeworlds, gets a footing in the world. Second, Murdoch argues that the very definition of the topic of understanding what it *is* for judgements to deploy evaluative concepts as an 'empirical' project in linguistic philosophy excludes from the start the possibility of such judgements being world-involving and truth evaluable.

What I want to stress now is just how much of Murdoch's alternative stance on moral experience as world-involving depends on the question of language. While Murdoch passionately dismisses the 'linguistic method', the distinctive character of her positive narrative approach to morality mirrors the analytic origin of a descriptive rather than prescriptive methodology of ordinary language philosophy. We see this also in Hilary Putnam's image of the 'face' of meaning, in what he calls our 'natural cognitive relations with the world' (Putnam 1999: 69). In inviting us to reflect on the human world in the reductive empiricist manner that she identifies not only in specific positions (she discusses

logical positivism, verificationism, emotivism, and prescriptivism at length) but as an impoverished predicament of us moderns in general, Murdoch wants to lay plain a certain form of conceptual loss that obscures the richly textured and subtly coloured character of language (Diamond 1988: 262–263).

Speaking in the first-person plural about the predicaments of us moderns as inheritors of an overly atomistic picture of moral agency, Murdoch laments a general 'loss of concepts' that such arguments leave behind. She writes:

> What have we lost here? And what have we perhaps never had? We have suffered a general loss of concepts, the loss of a moral and political vocabulary. We no longer use a spread-out substantial picture of the manifold virtues of man and society. We no longer see man against a background of values, of realities, which transcend him. We picture man as a brave naked will surrounded by an easily comprehended empirical world. What we have never had, of course, is a satisfactory Liberal theory of personality, a theory of man as free and separate and *related* to a rich and complicated world from which, as a moral being, he has much to learn. We have bought the Liberal theory as it stands, because we have wished to encourage people to think for themselves as free, at the cost of surrendering the background. (AD 290, emphasis added).

While Murdoch's target is a certain type of philosophical blindness that she identifies in Hare's (1965) position, she also seeks to make plain a general predicament that besets philosophers who fail to see her *alternative* vision of world-involving and others-implying concepts. She writes:

> These [empiricist] arguments only prove that we cannot picture morality as issuing from a *philosophically established* transcendent background, or from a factual

> background. But this is not yet to say that the notion of *belief* in the transcendent can have no place in a philosophical account of morality'. (M&E 65)

Such is the threat that Murdoch envisages in the reductive analytic project of separating the question of the meaning of 'good' from larger world-implying transcendent structures of moral speech and speakers: 'you cannot attach morality to the substance of the world' (M&E 65). As Niklas Forsberg (2018) puts it, '*if*, Murdoch contends, we imagine language as something that exists apart from, and can be understood fully without, values and evaluations, *then* we will misunderstand not only language, but also, and importantly, ethics and the human condition quite generally' (2018: 112). Murdoch stays neutral on the further issue of what such a larger transcendent structure of reality might be (she mentions as options 'a religious structure, or a social or historical one' (M&E 65)). Her view of the concept of goodness is firmly realist in as much as the moral experience of goodness in historically situated moral agents is a matter of seeing things aright. As she puts it in her later essay 'The Idea of Perfection', goodness is 'a refined and honest perception of what is really the case, a patient and just discernment and exploration of what confronts one, which is the result not simply of opening one's eyes but of a certain perfectly familiar kind of moral discipline' (IP 330). This is open to complementing the account of value in ways compatible with Murdoch's moral realism, but that project is not my concern here. Instead, in developing Murdoch's work on moral perception and language in the direction of mental health, I will focus on an alternative strategy based on the notion of situated representation (of a certain sort).

Let me turn now to other sources of difficulty in situating Murdoch's position on language in understanding morality. One is the view of moral experience as detached and overly individualistic that Murdoch argues underlies the confusion in modern moral philosophy. She

sees it as providing a distorted and superficial view of the moral self that leads to a separation between the *style* of argumentation and the significance of the historical moral self in agency that the modern philosophy of perception has rendered invisible. Thus, as Diamond (1988) puts it, 'acceptance or rejection of such a philosophy of mind must profoundly affect the way in which one evaluates shifts in vocabulary and mode of thought' (Diamond 1988: 271). Murdoch writes:

> We are not isolated free choosers, monarchs of all we survey, but benighted creatures sunk in a reality whose nature we are constantly and overwhelmingly tempted to deform by fantasy. Our current picture of freedom encourages a dream-like facility; whereas what we require is a renewed sense of the difficulty and complexity of moral life and the opacity of persons. We need more concepts in terms of which to picture the substance of our being; it is through an enriching and deepening of concepts that moral progress takes place. Simone Weil said that morality was a matter of attention, not of will. We need a new vocabulary of attention. (AD 293)

Murdoch argues for this conclusion at length by her well-known example of a mother who comes to see her daughter-in-law in a new light as 'refreshingly spontaneous' (rather than juvenile and vulgar) through an active and conscientious effort to *attend* to the girl and see her 'as she really is'. What we have here is not just the reminder of the importance of keeping one's mind open so that one does not overlook some interesting *alternative* ways of representing the circumstances. The claim is rather that you are morally required to adopt a critical stance, because otherwise you could miss those morally salient aspects that could make a difference to the appropriateness of your practical response in the discursive encounter with the other person. Such is also the starting point for a Murdochian approach to psychiatric ethics, which is the claim I turn to next.

Moral perception, language and value blindness in psychiatric ethics

Iris Murdoch's notion of moral vision is standardly represented among philosophers as a criticism of modern moral philosophy's lack of attention to the role of 'inner' moral activity in life. While this story is well known within academic moral philosophy, there is another dimension to her emphasis on the *struggle to see* the other in mental health contexts (as well as ordinary life) that is more directly relevant to understanding one's experience of blindness to background values in relating to another person's life world (see Bergqvist, 2018a, 2019, 2020; Fulford, King, and Bergqvist, 2020). It is the reminder that unless one acknowledges, precisely, the *relational* social dimension of the 'inner life' in self-examination, there is limited scope for recognising one's own values and hence for meeting with the other in a genuine way. Thus, in her essay 'The Sublime and the Good', Murdoch writes,

> The enemies of art and of morals, the enemies that is of love, are the same: social convention and neurosis. One may fail to see the individual ... because *we are ourselves sunk in a social whole which we allow uncritically to determine our reactions*, or because we see each other exclusively as so determined. Or we may fail to see the individual because we are completely enclosed in a fantasy world of our own into which we try to draw things from the outside, not grasping their reality and independence, making them into dream objects of our own. (S&G 216, emphasis added).

There are a number of characteristically Murdochian uses of Freudian terms here—'neurosis', 'fantasy', 'dream object'—that we may or may not find helpful. But the relevance of her core point about uncritical immersion in one's 'social whole' to identify the subtle role of values in clinical contexts is clear: we fail to see the other individual because we are embedded ('sunk') in a 'social whole'. Murdoch's concept of a 'social whole' amounts to a 'lifeworld'

encompassing a *comprehensive* outlook on reality, a mix of evaluative and non-evaluative concepts in complex holistic interaction (see Bergqvist 2018a). The evaluative content of the concept 'social whole', or *lifeworld*, is even clearer in Murdoch's earlier essay 'Vision and Choice in Morality', where she identifies her all-encompassing notion of moral vision as a person's 'total vision of life, as shown in their mode of speech or silence, their choice of words, their assessments of others, their conception of their own lives, what they think attractive or praise-worthy, what they think funny.' (VCM 80-81).

To see how Murdoch's model might work in mental health contexts, I find it helpful to explore the use of autobiographical narrative in therapeutic contexts to encourage self-transformation and positive change. Consider the issue of *defiance* in psychiatric engagement dealing with 'difficult clients'.[iii] The psychotherapist Lauren Slater tells the story of Marie, a clinically depressed person in remission described as *numb* and *paralysed* by her condition. Commenting on Slater (1997), Nancy Nyquist Potter (2016: 67–70) draws our attention to the ethical significance of Marie, who occasionally self-medicates with recreational drugs, convinced that no one and nothing can help her. She accidentally takes an over-dose of heroin and, once hospitalised again, actively and passionately refuses to attend social group activities in line with staff expectations; although this violates the prescribed norms of her ongoing systemic therapeutic treatment plan, Marie is adamant on staying in her room (except for spending hours in the toilet weeping in *despair*). Slater, Marie's therapist, later reflects on her own reaction to the complex situation with the person in her care:

> I was actually pleased to hear about Marie's refusal to go to groups. It spoke of some spark of anger, some spot still scarlet within her. When I heard that, I got yet another glimpse of Marie, this time not joyful, not flattened by grief, but lit red in her rage. (Slater 1997: 127)

In Slater's memoir, one can detect empathy for Marie's stance of being isolated from others, and one also gets the sense that the author regards herself as being called to break the isolation in reflecting on the *reasonableness* of Marie's refusal to act according to staff expectations and the social norms of the hospital ward. In using concepts such as 'spark of anger' and 'lit red in her rage' to understand Marie's first-personal point of view, Nyquist Potter suggests that Slater blurs the distinction between the clinical sense of *refusing treatment* and the expression of *appropriately defiant* acts. In characterising Marie's new position in expressing anger in this way, Nyquist Potter interprets the therapist as also exploring possible trajectories of their working alliance in moving forward because this shift in conceptual framing of the expressed anger as *virtuous defiance* can itself be a move towards patient empowerment and flourishing in giving uptake to the patient in treatment, and in widening the acceptable social norms for use of 'patient compliance' more generally (2016: 68).

At a second order of evaluation, the vignette of Marie is also a reminder that one might actually *want* to see the other as she really is. Such a stance of wanting to see the reality of the person is helpfully brought into view by Murdoch's difficult notion of moral perception as a just and *loving* perception, as alluded to earlier. What characterises such a loving stance?

In the therapist Slater's situation, the result of being in this way 'sunk' in her individual lifeworld was due to the profession's blindness to personal values (Fulford, King and Bergqvist, 2020). Understanding Marie's behaviour as a *refusal of treatment* rather than an expression of *appropriate defiance* demonstrates the challenge psychiatry faces to really 'see' (with emotional as well as intellectual insight) the patient herself as a person. In the context of psychiatric practice, it is easy to see how similar processes of values blindness could lead to mistrust and lack of respect. Thus, paraphrasing Murdoch, if in the context of psychiatric

practice '…we allow [our professional values blindness] uncritically to determine our reactions…', the result will be that the values by which the judgements of rationality, implicit in psychiatric diagnostic concepts, are (in part but essentially) made, will be determined by the 'social whole' of the clinical encounter. This, as such, may not amount to a lack of respect or mistrust. But it makes psychiatric practice vulnerable to such failures of recognition, because it renders mental health professionals unaware of the values implicit in their 'social whole' professional lifeworld and of the extent to which these determine the diagnostic judgements on which their interventions (including, for instance, involuntary psychiatric hospitalization and treatment) directly depend.[iv]

So how do we overcome blindness to personal values? This is where the notion of the *relational* nature of evaluative perception in psychiatric ethics (Bergqvist 2020) comes in. To anticipate, the relational nature of evaluative perception is derived from fundamental questions raised by Murdoch's later work about relationality and perspective-taking. These lead to the idea that we can come to 'see' our own values (as Slater came to understand the treatment implications of *defiance* in her patient) through open ended dialogue with someone whose lifeworld gives them a different perspective from our own. Metaphorically, we see our own values in the 'mirror' provided by the other person's perspective. This is why, extending Murdoch's metaphor of moral vision, the process of mutual illumination of the values embedded in our respective lifeworlds plays a central role in the ethics of recognition or *uptake* (Austin 1975).

Thus, in her essay 'The Darkness of Practical Reason', Murdoch argues, along similar lines, that we are partly obscured in vision 'because the world we see already contains our values …' (DPR 200). But she then, in *Metaphysics as a Guide to Morals,* develops a further argument to the effect that recognising how our vision is obscured by our values (recognizing, as we might

put it, our values blindness) carries an obligation for continuous self-cultivation by exercising what she describes as an 'effortful ability to see what lies before one more clearly, more justly, to consider new possibilities' (MGM 322).

There are two claims implicit in this further argument of Murdoch's. It will be worth looking at these briefly as both are relevant to best practice in mental health. The first claim is an epistemic 'no priority' claim about knowledge in intersubjective relating, such that neither perspective of the parties involved is prioritised over the other. This is clearly relevant to shared decision-making and co-production in psychiatric ethics as essential elements of best practice in contemporary integrative and person-centred mental health care that is geared towards recovery and restoration of significant vocational and family roles (Maj et al. 2020; Bergqvist 2020). The second claim is a claim about the meaning of individual concepts as a function of the wider interpersonal systems in which they operate. It is this second claim that, combined with Murdoch's earlier arguments about 'social convention and neurosis', illuminates our concept of values blindness—and its relevance to the ethics of recognition. For on this view, communicating across differences in the entrenched 'social whole' lifeworlds found in interpersonal encounters in an open-ended way, can serve as a crucial corrective to being overly committed to '*the* voice' of the prevailing norms and ways of seeing the world—in clinical contexts and beyond. This raises a new question of what makes it *right* to say that the use of a given concept in public discourse is the appropriate one on a given occasion.

The problem of romanticism and relational moral agency

Murdoch's interest in social convention in relation to the academic tradition generally is the recognition that moral philosophers who, when presenting themselves as studying specific

issues in moral philosophy, are in fact always relying on background beliefs about the world that are, themselves, *contestable* (see Bergqvist 2015, 2018). What still needs explaining is a way in which agents could, as Murdoch puts it, '*see different worlds*' (VCM 82, my emphasis). On the picture of the moral situation of the person that Murdoch is opposing, moral choice is conceived as a detached weighing procedure that stems from an overly atomistic conception of human freedom and individuality. As we have seen, Murdoch faults this 'shopping model' conception of the individual because it omits from its portrayal of the moral life the continuous task of critically attending to the way conventional beliefs and background assumptions influence perception in seeing the complex reality of the person, as well as the *moral difficulty* of attaining this knowledge. Murdoch's scepticism about self-examination, itself a process that requires one to *want* to engage in the struggle to see things aright, arises from a less than rosy picture of our own moral psychology:

> [H]uman beings are naturally selfish … About the quality of this selfishness modern psychology has had something to tell us. The psyche is a historically determined individual relentlessly looking after itself … It is reluctant to face unpleasant realities. Its consciousness is not normally a transparent glass through which it views the world, but a cloud of more or less fantastic reverie designed to protect the psyche from pain. (SGC: 364)

Holland (2012) frames Murdoch's focus on the 'inner life' as a criticism of the radical existentialist conception of the individual as utterly solitary and closed off, a model of the self caught up in an ongoing cycle of self-determining choices that lacks sufficient substance for authenticity; a paradoxical situation of the individual 'needing to make choices but lacking a foundation on which to base decisions' Holland (2012: 258). While this is helpful as an elucidation of the general direction and content of Murdoch's thinking in relation to the theme of self-cultivation, I also think Richard Moran (2012: 185) is right to say that it is misleading

to view Murdoch's qualms about 'totally responsible freedom' (IP 305) (and other critical remarks about existentialism contained in *The Sovereignty of Good* and elsewhere) as limited to a particular theory in existential ontology. Rather, in my development of a new relational approach to psychiatric ethics and mental health, what is central to the characteristically Murdochian focus on themes such as the sheer pervasiveness of the moral life, the reorientation from a picture of morals framed as an atomistic 'choice' to that of loving attention, the metaphor of vision itself, and the idea of moral difficulty in seeing clearly, is a generalised critique of a *romanticised caricature* image of ourselves as autonomous and self-determining. Moran writes:

> [I]n *Sovereignty* and elsewhere the caricature has a positive philosophical point, and a complex one. For she wants to examine living ideas in their actual social setting, and to look at how such ideas function in the life and culture of actual human beings. (Moran 2012: 182)

According to Murdoch, the overly individualistic caricature of moral agency has influenced an entire climate of philosophical ideas and conceptions of the very subject matter of ethics in particular. As I read her, there are two main strands to Murdoch's criticism of the conception of the individual inherent to the three themes that she identifies as behaviourist, existentialist, and utilitarian. The first is the analytic origin of the linguistic empiricism of her time, something that I referred to above as the universal prescriptivist 'choice' model of deliberation. The second theme is that of romanticism in connection to realistic self-appraisal. As noted by Edward Harcourt (2016: 86), while ideals can support self-appraisal that is both realistic and ongoing, one concern with idealisation is that 'the romantic use' of fictional models mitigates against the continuous task of seeing things aright; another danger with romantic self-appraisal is that it obfuscates opportunities for self-cultivation in appraising *the ideals* in a healthy way.

This concern, it seems to me, is also part and parcel of Murdoch's pessimism about the power of self-examination to transform us in 'a condition of totally responsible freedom' (IP 305).[v]

A structurally similar worry about an overly atomistic conception of the self to that of Murdoch's is found in contemporary discussions of perspectival realism in the psychological literature. Addressing the issues of reality and truth in empathetic inquiry, Donna Orange (2002) discusses a range of divisive and misleading dichotomies in differing schools of psychoanalytic thought. Orange argues that each side of the perceived bifurcation is typically seen as more fundamentally real in each school of thought: where Freudians and Kleinians are described as prioritising the internal and the conflictual, self-psychologists emphasise developmental deficits and reject drive theory-generated conflict; interpersonalists, in turn, supposedly have a bias for the external here and now in the therapeutic process, treating other factors as secondary and defensive. Taking her cue from Hans-Georg Gadamer's (1991) hermeneutic ontology in her work on emotional understanding and, in particular, the empathetic process of *attunement* in psychoanalytic understanding, Orange argues that the target concepts of the relevant dichotomies are themselves part of wider intersubjective systems of meaning, systems outside which the very metaphor of the target concepts lack clear sense. I here take no stand on whether the analysis of specific schools of psychoanalytic theory is adequate *per se*. What matters for my present purposes in relation to the theme of relational self-cultivation in psychiatric ethics is the deeper claim about adopting the so-called 'perspectivist attitude' (Orange, 2003). Orange writes:

> The question is not here-and-now versus then-and-then, nor is it conflict versus deficit. Rather, it is recognising with Gadamer that everything is past-loaded, that we converse and inquire within a conversation that is in part created by us, but within which we find ourselves. We are inside the conversation, which is itself always further embedded in

> larger cultural (political, racial, sexual, and so on) contexts. There is no outside. (Orange 2002: 698–699)

The central idea here is one of recognizing the metaphorical quality of concepts in their contexts in understanding other points of view and, in particular, responsiveness and openness to the differences and vulnerabilities of others in securing understanding in a therapeutic conversation. Thus, to continue with our initial example of Marie, as I read Slater's reflections on the significance of adopting a second-personal perspective in working across the professional lifeworlds, what we find in a distinctly relational model of co-production is an open-ended and explorative process in navigating and accounting for differences. Such pluralism in communication in meeting with other points of view in open-ended dialogue is one of humility and curiosity, rather than polarised conflict. By championing a philosophical approach to the co-production of research that is also reflexive and explorative, one key methodological strength is thereby a solution to psychiatry's 'othering' problem of how to integrate 'the lived experience' or 'service user voice' in shared decision-making and research design. For on this view, communicating across differences in the entrenched 'veiled' social world operative in pathologized interpersonal encounters in an explorative dialogue, can serve as a crucial corrective to being overly committed to the prevailing norms and ways of seeing the world (see King, Fulford, Bergqvist 2020: 32).

I have elsewhere argued (Bergqvist 2018b) that this idea is helpfully understood in relation to Austin's (1975) notion of *giving uptake* as a form of ethical achievement, a professional virtue if you like. Nyquist Potter (2009) elucidates the applicability of Austin's idea of uptake in mental health research as the claim that there is a distinctive ethical dimension to communication in clinical practice that involves having the *right sort of* attentiveness to particulars, which explicitly moral concepts such as 'respect' and 'dignity' fail to capture.[vi]

She writes:

> All of us perceive, reason, and evaluate through conceptual schemes that are embedded in socially situated norms. So, for clinicians to fully embody the values and commitments of medical practice [such as values of respect, autonomy, dignity, benevolence, non-exploitation], they will need to extend their ethical framework. Learning to give uptake is an instance of ways that clinicians need to stretch themselves morally and, because uptake is a virtue, it is part of what is involved in living well. (2009: 144)

A central feature of giving uptake *rightly*, then, is the ability to communicate across differences in salient entrenched conceptual schemes that are operative in the therapeutic encounter, an open-ended communicative process which is described as 'ethical' because it also serves as 'a crucial corrective' to the default tendency of being overly committed to prevailing norms and ways of seeing the world (2009: 144) *from the communicator's position*—in ways that may require that we 'set aside preconceived ideas about value and meaning' in taking seriously the reasons that a person gives for her actions and beliefs (2009: 141).

To illustrate, consider a case where a client who has suffered accumulative trauma such as childhood emotional neglect (CEN) is encouraged to become increasingly vulnerable in the clinical therapeutic relationship, in order to bring to awareness compartmentalised or disavowed patterns of thinking and feeling. Suppose further that practising awareness of the original injunctions can serve to practise the conditions for positive change in dealing with current experiences in a more flexible and spontaneous way. Imagine further that the therapist finds the exposed material so traumatic, painful, dangerous or otherwise inappropriate that they (knowingly or not) withdraw from the empathetic exploration. Indeed, as Erskine, Moursund, and Trautmann (1999) note, one of the challenges in the process of integrative corrective

therapeutic intervention with persons who have experienced trauma or neglect is that the therapist may move too quickly to problem-solving or do too much in simulating the hurt, the fear, and defences of the original injunction: '[s]ometimes we become impatient, we press ahead too quickly, or we insist on behavioural changes without sufficient inquiry into the important protective function of the old patterns' (1999: 14). Given such circumstances, it is not unreasonable to suppose that the client may be re-traumatised from the therapeutic interaction ('If even my therapist can't tolerate my feelings…'), in which case the encouragement to vulnerability in exploring integrated, typically not endorsed, patterns of thinking and feeling would be counterproductive in psychological terms from the patient's perspective.

The challenge that arises from the plurality of perspectives highlights an aspect of Murdoch's emphasis on the 'difficulty' of seeing the reality of others, something that I maintain is also key in re-appraising relationality as a tool in clinical contexts and, where necessary, empowerment for positive change. Acknowledging suffering as part of the wider practical context of a person's life *as* the person they are is, I maintain, an important aspect of the first-personal sense of being understood—of being visible and present to the other *as* me.[vii] I end with some concluding remarks about what this tells us about the question of language in Murdoch with which we started.

Concluding remarks

Moral responsibility is a key issue that any account of self-cultivation and therapeutic understanding in relational terms must take seriously. It parallels the wider issue of character development in discussions of agency and recovery in mental health: how, if at all, can one be

responsible for one's choices, if a person's character is shaped by social relational factors of one's environment that go beyond an individual's control? In this chapter, I have argued that Murdoch's concern with both linguistic empiricism and the romantic conception of the person lies with the very predicament of being immersed in a structure as something that prevents self-cultivation and transformation. Her worry is that certain conventional assumptions and background beliefs subtly organise our conceptions of the world and of others in a way that is ethically fraught, but which often escape moral attention. As we have seen, this opens up a new challenge regarding seeing concept application as a matter of social practice and framing: if we follow through on Murdoch's proposal, we may reasonably be concerned that the metaphor of moral vision yields a narrow and dogmatic form of therapeutic understanding. And yet, returning to the issue of responsibility, we must at the same time recognise that individual thought and judgement is not thereby *confined* to commonly articulated concepts and familiar ideas in line with the default conventions of one's moral situation.

Murdoch distances herself from what she calls 'linguistic philosophy' and from other writers in the so-called ordinary language tradition due to her general suspicion of the dry 'behaviourist', 'logical', and 'anti-naturalist' empiricist tendencies of the linguistic philosophy of her times. While I believe Murdoch would agree with the relational spirit of intersubjective psychology discussed earlier, her distinctive emphasis on the operation of a *multiplicity* of perspectives in ordinary language raises a concern about the implicit 'we' against this background. In fact, if I am right, her central critique of Hare (1965) can be seen as a general philosophical plea for 'more concepts' against this framing; it is one of *reminding* readers of the diversity and complexity of 'ordinary' lived experience in the many relationships that, for Murdoch, ground moral distinctions. The reason for this is simple: there is no *single* 'voice' of the ordinary lived 'service user' experience. Therefore, assuming that not every such 'ordinary

voice' (including one's own) is reliable, if we want a philosophical tool for capturing the significance of ordinary experience in understanding the concept of uptake in psychiatric ethics and mental health, what is needed is precisely a critical stance to the many background structures that subtly influence what we see in social conventions.

This is why the discursive relational model of therapeutic understanding plays a role in dissolving unhelpful polarised conflicts through open ended dialogue with someone whose lifeworld gives them a different perspective to our own—and this *despite* the fact that differences in vision and background may remain.

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[i] I borrow the term 'uptake' from J.L Austin's (1975) speech act theory. My use of the term in accounting for the significance of narrative understanding and perspective-taking in our capacity to talk together owes much to the analytic origin of a descriptive rather than prescriptive methodology of ordinary language philosophy, but I am not able to defend this claim here. The 'descriptive' aspect of my own account is found in its methodology because, and in as much as, it incorporates anthropological elements from social epistemology and empirical aspects of clinical psychology and psychotherapy research in its endorsement of case studies and patient narratives.

[ii] For instance, Murdoch anticipates Elstein and Hurka's (2009) point that while non-cognitivism about thick concepts requires a two-component factoring out approach to such concepts, it is also open to what they refer to as 'Moorean cognitivism'.

[iii] This linguistic example draws on my discussion of *defiance* as an evaluative clinical concept in Bergqvist 2018b.

[iv] For further discussion of psychiatry's liability to abuse due to values blindness, see Fulford, King and Bergqvist, 2020.

[v] For further discussion of this in relation to Nietzsche, see Harcourt 2011.

[vi] As I read her, Potter Nyquist's argument about framing uptake in terms of virtue is neutral on the metaethical question as to whether the conventional norms of Austin's speech act theory could also be said to ground or constitute genuine moral facts. According to Terence Cuneo (2014), moral facts are among the prerequisites of our ability to perform illocutionary speech acts, such as asserting, promising, and commanding. Consequently, if there are no moral facts we do not *speak*, in the sense that we do not perform ordinary illocutionary speech acts.

[vii] Determining how sensitive a client is to any hint of threat, and the level of negative orientation in expectations and accompanying performance standards, for example, often offer important cues as to what may have happened or have been imagined in the past. This, in turn, can help elucidate the patient's agentic orientation as a historical person.