

Exemplars, ethics, and illness narratives

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Abstract Many people report that reading first-person narratives of the experience of illness can be morally instructive or educative. But although they are ubiquitous and typically sincere, the precise nature of such educative experiences is puzzling, for those narratives typically lack the features that modern philosophers regard as constitutive of moral reason. I argue that such puzzlement should disappear, and the morally educative power of illness narratives explained, if one distinguishes two different styles of moral reasoning: an inferentialist style that generates the puzzlement and an alternative exemplarist style that offers a compelling explanation of the morally educative power of pathographic literature.

Keywords Argumentation · Havi Carel · Illness · Exemplarism · Moral reason · Narrative

Moral pathography

The philosophy of illness is a neglected topic within philosophical ethics, despite the obvious significance of experiences of somatic and psychological illness to a range of ethical topics. These include the nature of care, cultivation of virtue, or the nature of the good, flourishing life. An unfortunate consequence is that philosophers have been slow to recognize and to reflect on certain interesting ethical phenomena. By *ethics*, I refer to the reflective pursuit of a good life—a flourishing, *eudaimone* life. By *pathography*, I refer to the diverse forms of creative practices through which people document and describe the lived experience of illness—most obviously the

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rich and varied literatures that fall within the capacious category of ‘illness narratives’.

An interesting claim that connects these two is that reading first-person narratives of the experience of illness can be morally instructive or educative. I call this *moral pathography*. The relevant narratives are very diverse: they may be real, fictional, or fictionalized, be from different times and climes, or concern a variety of somatic and psychiatric conditions, although my focus is exclusively on non-fictional literary narratives of the lived experience of somatic illness in late modern societies. My interest in this article is moral pathography as it relates to these narratives, so I will not engage with interesting questions about, say, the status of fictionalized narratives or the educative power of different literary genres.

Although philosophers have neglected moral pathography, one finds it described by various literary, healthcare, and social sciences researchers who study illness narratives. Arthur Kleinman makes the claim that reflection on illness can teach a ‘moral lesson’ in his influential book, *The Illness Narratives*, or, better, that it offers several closely related lessons. One is the truth that life is filled with ‘undesired and undeserved pains’ that must be lived through, which, ultimately, no amount of power, status, or effort of the will can protect one from. Another is that many people with good health live their life behind ‘a *façade* of bland optimism’, a determination to resist acknowledgement of the inevitability of suffering and mortality—an act of bad faith driven by the anticipation of bad health. Another still is ‘deeper apprehension’ of the truth, taught by the Buddha and echoed by Schopenhauer, that our lives as fragile beings has among its conditions of possibility our subjection to a ‘stream of negative events and troubles’ [1, pp. 54–55f]. Such truths and lessons are *moral* because the question of how we accept and respond to them both reflects and shapes the quality of our character and our life—will my life be one of obtuse refusal to admit my mortality at the cost of doomed self-deception of a sort that, worse still, risks distorting my capacity to respond to others with the empathy and compassion that an honest recognition of their mortality requires?

Many other instances of moral pathography offer more optimistic accounts of the lessons and truths that reflection on experiences of illness can afford. A good example is Arthur Frank’s book, *At the Will of the Body*, whose first chapter describes critical illness as a ‘dangerous opportunity’ because during and after it, one is ‘forced and allowed to think in new ways about the value of ... life’. Frank explains that his purpose is not that of ‘answering questions’, but rather that of ‘witnessing attempts to live in certain ways’ [2, pp. 1, 14]. A constant theme of the book is the various lessons offered by experiences of critical illness and of other people’s reactions to it, of truths taught—that we have very little control over the condition of our bodies, that the ill may be freer than the healthy, that to grieve well is to value what you have lost, that the changes that begin during illness do not end when treatment stops, and so on [2, pp. 20, 41, 57]. Some of these are negative, to be sure, but when grasped within a single narrative, they offer a further, deeper truth—that experiences of illness not only contain both good and bad, but are too complex to be so easily classified. In his classic study, *The Wounded Storyteller*, Frank identifies three main types of illness narrative—‘chaos’, ‘quest’, and ‘restitution’—

that captures the range of ways of conceiving and interpreting experiences of illness through narrative practice [3].

The claim that the truths of illness are best understood in terms of a complex array of both positive and negative aspects is reflected in Havi Carel's pathographic reflections. Her 2007 book, *Illness: The Cry of the Flesh* [4], is a philosophically informed first-person account of her diagnosis with, and responses to, a life-limiting lung disease. Carel writes as a philosopher and as an ill person, showing that each of these identities can illuminate and enrich the other, but without obscuring the difficulties and frustrations of the lived experience of illness. Central to the book is the idea that illness should be understood—morally and phenomenologically—as a complex 'life-transforming process'. It contains much that is bad, of course, ranging from disappointments in the failure of friends to the realities of suffering and diminished capacity and loss of trust in the body and the world. But there is also some *good*, even if some of it becomes apparent only on reflection, including what Carel calls the capacities for 'positive responses' to illness. Such responses are broadly moral in character, involving, as they do, the cultivation of two virtues, 'adaptability' and 'creativity', which places her book squarely in the category of moral pathography [5].

It is because experiences of illness can and often do contain much that is good that the 'truths' and 'lessons' that pathographic narratives can offer should not be taken to be either grimly pessimistic or relentlessly optimistic. Several critics object that a dominant tendency in recent years has been the predominance of triumphally upbeat narratives of illness that tend to occlude the darker aspects of illness. In her book, *Smile or Die*, Barbara Ehrenreich [6] rightly criticises this style of narrative for denying or downplaying the negative aspects of illness and the culturally entrenched 'ideology of positive thinking' that it reflects and reinforces. To resist the truth that to be seriously ill involves an 'agonising encounter' with one's own mortality by dogmatically 'bright-siding' it is, ultimately, to erode the possibility of preparing for—of being able to 'positively respond' to—that encounter.

Clearly there are many truths and lessons that an honest moral pathography could aim to convey, depending on the particularities, preferences, and purposes of the author. There is no need to stipulate which lessons or truths ought to be taught, not least because many authors of pathography actually deny any didactic intention on their part. Frank uses the verb 'teach' to describe the effect of illness on him, but also denies that it is his aim or right to teach his readers (recall that he describes himself as offering 'witness' to a life of critical illness). Indeed, early in the book, Frank explains that it is *illness* that can 'teach us how to live a saner, healthier life', thereby disavowing any first-person didactic role or responsibility [3, p. 15]. Some other pathographers go further—denying not only the idea that they have moral truths to teach, but insisting that their own experiences of illness have robbed them of any morally didactic authority. The psychotherapist Kathlyn Conway reports that her experience of cancer not only failed to afford her any morally elevating insights, but that it was, quite to the contrary, 'only making me a worse person' [7, p. 193]. Such explicit denials of didactic intention and testimonies to the morally corrupting effects of certain experiences of illness are important problems for moral pathography. In a later book, Frank remarks that 'teaching is more or less self-

conscious' in much pathographic literature, but it remains unclear, at this point, what form this teaching does or could take [8, p. 214].

My aim in this article is to offer an explanation of the phenomenon of moral pathography, of the fact that reading first person narratives of experiences of illness can be morally edifying. I do this by starting with a fundamental objection to the *very idea* of moral pathography that has been recently raised by some critics of Carel's book, *Illness*. Those critics protest that it is very difficult, if not impossible, to make sense of the claim that reading illness narratives—even very sophisticated ones—can really be as morally instructive as people claim. For how could reading about others' experiences of coping with illness give other people any good reasons to change their own moral conduct? Such experiences could perhaps serve to illustrate some moral principle or underscore some moral duty or value, but only if the reader has already been given some reason or argument in support of those principles, duties, or values. Yet, pathographic narratives hardly ever provide such reasoned arguments, and so their alleged morally educative power stands in need of explanation. One might say that the question the critic poses to the moral pathographer is not *what* did you learn, but *how* did you learn it?

To answer that question, I distinguish two broad styles of moral reason. An *inferentialist* style is currently favoured among moral philosophers and is presupposed by critics of moral pathography. An *exemplarist* style is more evident in ancient moral writings and can explain the morally educative power of reading illness narratives in a way its rival cannot. Although there is a role for both, it is exemplarism that, at this point in time, needs reaffirming; what is ultimately needed is an embrace of a pluralism of styles of moral reasoning, including, at least, inferentialism and exemplarism. A further advance of the restoration of exemplarism is that it closely aligns contemporary pathographic writings with an ancient, neglected tradition that conceives of ethics as a guide to life.

Inferentialism

A *style of moral reasoning* is a conception of the process of moral persuasion—of the activities relevant to persuading people to change their conduct and character for the morally better. Central to *inferentialist* styles of moral reasoning is the conviction that moral persuasion involves—essentially and necessarily—a process of argumentation. It reflects a now-familiar image of the moral philosopher as someone who *argues*: assuming or establishing some set of moral facts or principles, then inferring from them through some specified rational procedure a set of prescriptions for conduct. Immanuel Kant, for instance, takes the 'categorical imperative' as the fundamental principle of morality and the role of a moral philosopher—or perhaps just a reflective moral agent—is then to identify which maxims could be universalised. Utilitarians, by contrast, take as their starting point a principle of utility and, depending on their approach, aim to identify which 'acts' or 'rules' would, if performed or adopted, reliably maximise utility.

As these two examples indicate, inferentialism is very much the entrenched mode of moral philosophy in late modernity. Indeed, many moral philosophers today

likely regard it as the obvious or default conception of the nature and practice of their discipline, if not the only one. Certainly, commentators on contemporary moral philosophy confirm the centrality of argumentation to the discipline in a way that affirms the entrenchment of inferentialism—the conviction, for instance, that the main tasks for its practitioners are ‘determining the right answer to some concrete moral problem’ posed either in life or in the pages of ethics journals or, relatedly, ‘arguing for or against some moral theory’ [9, §4]. Both tasks are thoroughly inferentialist in character; one determines the right answer to a problem or the right theory to adopt by engaging in argumentation, preferably against some opponent.

There are two consequences of the entrenchment of inferentialist conceptions of moral philosophy that are worth noting in the context of moral pathography. The first, described but not endorsed by Edward Harcourt, is that the ‘canonical form of moral rationality’ should be the ‘relationship between the premises and the conclusion of an argument’ [10, p. 211]. But this sets up moral rationality as an essentially abstract cognitive activity, rather than a practical effort to conduct oneself in the world. It therefore occludes other potential conceptions of moral rationality, such as coherence among an agent’s convictions and their conduct. Although no one denies the importance of the former sort of moral rationality, there is equally much of value in the idea that moral reasoning ought to manifest itself in the quality of one’s *life* and not (just) the quality of one’s *arguments*.

The second consequence is a general hostility to or marginalisation of various factors that are judged to disturb or disrupt the exercise of our rational capacities. The usual suspects here are familiar: emotion, ‘sentiment’, anecdotal and autobiographical examples, and the contingencies of subjectivity and social location. An ability to identify the acts, rules, duties, and principles that ought to guide our thought and conduct is liable to be upset by the intrusion of such factors. This is why many of the great moral philosophers of modernity developed strategies for minimising their role in moral deliberation—Kant’s ‘formula of universal law’, say, or Rawls’s ‘veil of ignorance’. It is true that the hostility to such ‘extra-rational’ factors can be exaggerated; for instance, Kant is not the cold fish his popular image suggests, and he did allow a limited role for real world examples in moral reasoning and education [11]. But the very fact that such exaggerated images have become popular is itself a testament to the entrenchment of inferentialism.

I suggest that it is an inferentialist style of moral reasoning that is responsible for the scepticism among some contemporary philosophers about moral pathography. To develop both this suggestion and the scepticism, I consider as a case study some criticisms of Carel’s *Illness*.

Julian Baggini, writing for *The Guardian*, complained that the ‘main conclusions’ that Carel arrived at in her book ‘seem to be almost identical to those that other people in her position come to without philosophy to help them through’. The claim that human beings are embodied beings and not just a mind contingently connected to a body is, he says, obvious enough without any need for appeal to phenomenology. Baggini goes on to suggest that, to appreciate our embodied state, we ‘just need a toothache, not Heidegger’ [12, para. 10]. If so, there are quicker and easier ways for Carel to reach the conclusions that she arrives at, namely, simpler arguments free of ‘philosophical ... dogma’ and a closer attention to common

sense—an irony, given that the phenomenology she employs aspires to both of those.

Similarly, Michael Sayeau protests Carel's tendency to 'lead with ... autobiographical anecdotes', such that the 'philosophical material and import follow several steps behind' [13, p. 103]. The reader, he complains, must sit through several pages of tales about dinner parties, hospital visits, and long-ago holidays before they are rewarded with the properly philosophical material. Sayeau goes on to judge that 'the book as a whole suffers from an invariable tendency to privilege personal resentment where philosophical argument ... would do' [13, p. 103]. Instead of restraining an urge to personalise and let in emotionally charged personal anecdotes, Carel gives them free rein, meaning that those arguments she does assemble are competing for space with a mass of extraneous content. If emotion, anecdote, and the like either distract from, or are poor substitutes for, reasoned argument, then a piece of literature that relies on them cannot be considered properly philosophical.

I take it that Baggini and Sayeau both champion a strong, exclusive form of inferentialism and that we can take their criticisms of Carel's book to illustrate scepticism about the very idea of moral pathography. Since almost all illness narratives are, by their very nature, emotive, anecdotal, autobiographical, and 'argument-lite', the inferentialist effectively excludes them, by definition, from the domain of moral philosophy. For if to engage rationally in moral philosophy just is to provide arguments directed to the resolution of some concrete moral problem or challenging some moral theory, then illness narratives are excluded from it. A strong inferentialist can of course still agree that philosophy can contribute to coping with illness; they simply have a very specific view about the form its contribution can take. Baggini, for instance, agrees that philosophy can indeed 'help us to live better', but only insofar as it might 'lead you to draw certain conclusions more quickly and more clearly'. Since most pathographies do not aim to argue for conclusions—let alone to do this 'quickly' and 'clearly'—they therefore fall outside the scope of morally instructive philosophical writing.

The claim that criticisms of the philosophical status of pathography rest upon unarticulated metaphilosophical conceptions has been made, in the case of Carel's critics, in a thoughtful paper by Mikel Burley. By carefully examining Baggini and Sayeau's criticisms and claims, Burley identifies two 'fundamental presuppositions' about the nature of philosophy that shape their conception of reason and argumentation. The first is that 'the provision of reasons for drawing particular conclusions ... is the only proper concern of philosophy', such that doing philosophy is essentially to be giving reasoned arguments for some conclusion [14, p. 37]. The second is that 'to be properly philosophical, any treatment of a subject', even a highly personal one like illness, 'must not be tied to the particular experiences and feelings of some given individual on some particular occasion' [14, p. 39]. An account of a particular person's experiences of a particular illness at a particular time in their life would, on this view, be ruled out of consideration as a properly philosophical exercise. On this view, philosophy is a matter of providing reasons through argumentation for a conclusion in a properly objective way—a set of convictions obviously rooted in a strong inferentialist conception of moral reason.

The ideal here is for philosophy to rely upon modes of thought and communication whose persuasive power does not owe to the contingencies of personal subjectivity, feeling, or experience, of what some particular person happened to feel about some particular situation at some particular time. If so, then pathography cannot classify as ‘properly philosophical’. It fails to provide the requisite reasons in the relevantly ‘objective’ ways. Of course, the inferentialist can accept that such narratives are *moving* or *inspiring*, but that is something independent of their philosophical status and role. They see no reason to regard pathography as relevant to the moral philosophical enterprise and reject the idea of moral pathography. If those texts are genuinely engaged in moral reasoning, then they are not likely to be anything like the illness narratives that people claim teach them truths and lessons.

Central to Burley’s critical discussion is the positive proposal that philosophers should adopt an expanded ‘notion of reason-giving’. An appreciation of legitimate roles for emotion and anecdote would offer the prospect of forms of ‘argumentative strategy’ that, for certain topics at least, could have a persuasive power—at least concerning moral topics—that narrower ‘objective’ forms do not. A broadly similar claim has been made by a diverse body of philosophers who, collectively, criticise a tendency among analytic philosophers to adopt an unduly narrow sense of the nature of philosophical thought and its articulation.

Alice Cary, for instance, urges philosophers to ‘expand [their] inventory of forms of moral thought’ by taking more seriously those forms characteristic of those people who are not theoretical sophisticates and yet manage to live decent lives [15, p. 1]. Martha Nussbaum, too, has long argued that ‘certain truths about human life can only be fittingly and accurately stated in the language and forms characteristic of the narrative artist’ [16, p. 5]. An existentialist may find—as Sartre, Marcel, and others did—that the truths they wish to convey about the authentic life and its difficulties are best conveyed in poems, plays, and novels acutely sensitive to human life. These authors call for what Harcourt calls ‘expansionism’ [10, p. 220]: an expansion of our sense of the range of forms that moral thought can legitimately take and of the literary styles capable of expressing it. Among its merits, expansionism is sympathetic to the pluralism of styles of moral reasoning that I am urging.

It is easy to make a similar point concerning the truths and lessons about the existential situation of human beings that narrative accounts of an experience of illness can offer. Although an impersonal, ‘clinical’ style may be best for expressing certain truths about illness, it would be absurd to claim that it can best express any and all truths. A role must be made for other styles—ones that a person who is suddenly plunged into serious illness might naturally take as being closer or more faithful to their newly imposed mode of being. The best proof of this is the fact that generations of ill persons have consistently adopted personal, subjective, and autobiographical styles. Indeed, *trust* that pathographers can and do choose the most effective means to convey their truths is something that is apt to be occluded by uncritical adoption of inferentialism.

Although Burley’s call for an enriched conception of reason-giving is welcome, it still retains the idea that *argumentation* does and should play a role in

philosophical reflection on illness, even if in an expanded sense. I have three specific worries. One is that it is unclear that Carel would think of herself as having offered an *argument* as such in her book. Another is that even an expanded notion of argumentation still leaves the door open for inferentialist critics. Finally, it remains possible that there is a further style of moral reasoning that does not employ argumentation at all. If so, we may be able to explain the persuasive power of moral pathography without recourse to argumentation at all.

Exemplarism

I dub the second style of moral reasoning an *exemplarist* style, in honour of the eponymous style of moral theory developed recently by Linda Zagzebski [17]. Its history is much older than this, however, for as a style of moral persuasion, its roots go back to ancient Western and Asian philosophical traditions. An exemplarist style of moral reasoning is evident in many of the world's oldest and most influential ethical and spiritual writings. These include the Gospels of the New Testament, Confucius' *Analects*, and various Buddhist and Daoist writings—texts that have guided and shaped the lives of millions of people [18]. I want to propose that exemplarism also underlies much pathographic literature—in a way that explains its morally instructive power and aligns it with those ancient writings.

Central to exemplarism is the claim that moral persuasion in its most basic and potent form requires encounters with *exemplars*—a person who exemplifies or manifests a moral quality, role, or even a whole 'way of life' to an advanced or superlative degree. Many of the exemplars who spring to mind are likely to be 'big names', famous moral heroes like Anne Frank or Martin Luther King, Jr.—exemplars of courage and integrity—or spiritual leaders, like Jesus, the exemplar *par excellence* of the Christian life. But exemplars can take other, humbler forms: my grandmother exemplified selfless devotion, showing me that it really is possible to nullify a degree of self-centredness that others would insist is unavoidable; a former colleague was an exemplar of the virtues of generosity and modesty that are all-too-easily crowded out by the pressures of an academic life; a friend can exemplify to me what it means to have integrity; and so on. Some of these people exemplify a specific virtue (like selflessness) or a specific role (like Professor of Philosophy), although some very rare exemplars may be what Amy Olberding [18, ch. 5] calls 'total exemplars', such as the ancient Chinese sage, Confucius.

The process of moral persuasion that an exemplar can initiate and sustain has three broad stages, and in this, I follow Zagzebski's account. The first is a person's *pre-theoretic recognition* of a certain person as an exemplar of some virtue, role, or way of life; this recognition is not a cold perceptual experience, but is emotionally charged, taking the form of *admiration* or *attraction*. One *admires* that person and is *attracted* to them—so exemplars are often described as charismatic or captivating, one desires to be close to them, better acquainted with them, and so on. Second, such admiration can inspire a process of *emulation* whereby one takes the exemplar as a model for oneself, especially if the admiration is intense, prolonged, or ideally, socially scaffolded. One begins to emulate the exemplar, imitating how they think,

feel, and act, trying to ‘do as they do’, and for the reasons they do it. The process is not slavish parroting or mindless performance. The ideal is that reflective emulation provides a person with the first-person practical experience on which the third, last stage can proceed. This last stage is a *reflective understanding* of the aims, ideals, motives, and reasons that inform the exemplar’s conduct: the fully cultivated insight into virtue that Aristotle called the exemplar’s ‘second nature’, which, for him as for Confucius, is constitutive of genuine goodness.

There are two points to note. The first is that exemplarist moral reasoning still makes a role for argument; it simply makes it sequentially and conceptually secondary to stages of emulation and experience. The second is that opinions differ as to the necessity of the third stage. Amy Olberding warns us against adopting an inadvertent ‘bias against goodness’ [18, p. 4]: if we insist that genuine goodness requires having a reflective relationship with one’s moral convictions, then we risk declassifying many of the moral exemplars we recognise.

The worry underlying both points is that many moral exemplars are not at all theoretical sophisticates—some lack the ability, others the disposition, while others still might lack the social or educational opportunities. Some of the outstanding moral exemplars of my life could not have offered an intellectually satisfying articulation of their moral convictions or known what the request for one would mean. My grandmother was poorly educated and neither intellectually able nor inclined: but that does not detract from her status as a moral *exemplar*, even if it is an obstacle to her being a moral *theoretician*.

It is an exemplarist style of moral reasoning that best explains moral pathography. Specifically, the best explanation of the literary style and content of those illness narratives that are found to be morally persuasive—to teach moral lessons or truths—is that their authors were using an exemplarist conception of the process of moral persuasion. One need not say that this was their explicit theoretical rationale: I am persuaded by Zagzebski’s claim that human beings are naturally disposed to recognise and emulate morally impressive persons through emotionally inflected encounters. Such encounters might ideally take personal forms, perhaps optimally in prolonged personal relationships. But they can also occur through literary, artistic, or oral description and depiction [17, ch. 2, sec. 2]. An important question for an exemplarist is the relative efficacy of different modes of encounter with exemplars. For instance, do some forms of emulation require personal contact, or can they be adequately enabled through literary depictions of the exemplar?

There are two consistent features of illness narratives and ancient ethical and spiritual writings that exemplarism can illuminate and explain. First, these texts are filled with descriptions of conduct, character, and ways of life of exemplary figures, written in an emotive, anecdotal style that captures the ‘ordinary-everyday’ feelings, moods, and activities of those exemplars and others. Carel’s book, for instance, describes dinner parties, conversations with colleagues, chats with nurses, struggles with shopping and transport, and moments of sadness, poignancy, anger, and hurt. Illness narratives describe the adversities, frustrations, uncertainties, and disappointments that accompany human life in all forms but take on a special severity and urgency in the lives of the ill. It is by doing this that illness narratives can, as Frank puts it, ‘bear witness ... to what goes into coping’ [2, p. 5]. For what goes into

coping is not only courage and confidence required to battle and fight for one's life, but also the fear and fragility that comes with what Carel calls the attempt 'to see and accept our lives as a finite whole' [4, p. 115].

The second feature of pathographic and ethical and spiritual literature that exemplarism can explain is the absence from them of arguments, definitions, objections-and-replies, and other forms of the apparatus of inferential moral reasoning. An exemplar does not need to argue in order to convey persuasively their prescriptions for how to comport oneself—for it was precisely their comportment that attracted others to them and secured in them the desire for emulation. The proof offered by an exemplar is ultimately of a practical sort, for it shows itself in the quality of a person's life even in the midst of tumult and suffering. For the ancients, philosophy was understood as a way of life, a set of spiritual experiences, enabling one to cultivate the wisdom and virtue needed to live well amid the travails of life [19]. Many ancient spiritual texts make this point, a point made in a Buddhist *sutra* that records how a man came to 'deep faith' in the Buddha, not by analysing his arguments but by witnessing his serene calm during a storm at sea, marvelling at 'one able to live life in such peace' [20, p. 75]. Something similar is true of illness narratives, which describe exemplars who can bear witness to illness, as Frank puts it, and by doing so, guide and inspire others. They show both *how* one can cope with illness and, crucially, they show *that* it can be done.

I suggest that exemplarism has the resources to explain the phenomenon of moral pathography. The best illness narratives present the dense, detailed descriptions of the conduct and character of an exemplar—of how they think, feel, and act in the course of their coping with illness. Such coping can inspire admiration and, for some, enable emulation, of a sort that can lead readers to adopt for themselves new ways of 'positively responding' to illness. Such a process may be long and difficult, but it is, ultimately, educative or edifying: one develops new virtues (like adaptability and creativity) and learns things (about themselves, the body, other people, society) and will, hopefully, draw upon these to live a better life. If so, then an engagement with illness narratives can indeed be morally edifying in precisely the way that their readers have maintained.

Conclusions

My aim has been to make sense of the claim that reading illness narratives can be morally educative and suggest that an exemplarist style of moral reasoning can do this. I do not deny a role for inferentialist moral reasoning in understanding and reflecting on the experience of illness, but I think that exemplarism, for the reasons given, is more apt to articulate the moral dimensions of the lived experience of illness. Although there is more to do to develop and defend an exemplarist account of moral pathography, I hope to have shown its plausibility. It is able to rebut the inferentialist criticisms directed against Carel's book and explain how and why so many illness narratives are closer in style to the ethical texts that for centuries have inspired the lives of millions of people—the Gospels, the *Analects*—rather than the moral tomes of late modernity. It can also explain how illness narratives can teach

even if their authors disavow didactic intentions. Exemplars do not need to *intend* to teach others deep truths or meaningful lessons to actually do so, for what is instructive is their life as they live it and as it is perceived and experienced by others.

A broader consequence of these claims is that there are areas of human moral experience that are poorly represented within moral philosophy. I suggest that illness narratives should be taken seriously as a component of what John Cottingham, following Bernard Williams, calls ‘humane philosophy’, a form of serious moralising aimed at ‘total interior change’, of a sort best conveyed through modes of thought that are sensitive to the ‘drama of the human journey’ [21, pp. 243–244]. Since it is a truth in itself that this journey inevitably involves multiple repeated encounters with illness, advocates of humane philosophy need Carel’s claim that discussions of ‘the good life, human relationships, and ethics’ are unacceptably incomplete if they neglect the ‘full spectrum of ... life and experience’, including experiences of sickness, health, childhood, adulthood, and old age [22, p. 21]. In effect, we ought to heed Alasdair MacIntyre’s advice to take seriously our natures as ‘dependent rational creatures’, whose lives are characterised by ‘affliction, dependence, and vulnerability’ [23].

The neglect of philosophical reflection on the experience and value of illness is no doubt a result, at least in part, of the entrenchment of inferentialism over the last few centuries. A monocular focus on inferentialism has done this, I suggest, in at least two ways. First, an acute sensitivity to the emotional and personal aspects of moral experience is crucial to engagement with the experience of illness. But such sensitivity is apt to be driven out by a myopic focus on rational argumentation freed from the froth of subjective feeling and experience. Second, a focus on specific problems or theories has tended to displace reflection on the larger issue of the good life. In so doing, reliance on inferentialism alone, to the exclusion of alternative styles of moral reasoning, has prevented effective reflection on the place of illness within such a life—even if such reflection has continued unabated outside of the academic philosophical literature. Indeed, the inclusion of exemplarism into our set of moral resources nicely reflects Carel’s recent call for recognition of a ‘pluralism of life forms’ and of related ‘modes of excellence’, including ones ‘stemming from defect’ [24, p. 251]. Our moral resources, then, ought to be as diverse as our forms of life, including those characterised by chronic illness.

I hope to have helped to show that the philosophy of illness is an integral but currently neglected component of ethics—at least in the venerable, ancient sense of the reflective pursuit of the good life. If we take this claim seriously, then we ought to look more carefully at the sorts of moral needs that ill persons have and the resources available to them. The enduring popularity of pathography shows that there are forms of moral reflection that philosophers are neglecting, but that are integral to the pursuit of a good life by those who are ill.

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