

Ricoeur, the bioethics of happiness and related delusional states

This is the version of the article accepted for publication in *Bioética y hermenéutica. La ética deliberativa de Paul Ricoeur: Actas del Congreso Internacional*:

Accepted version downloaded from SOAS Research Online: <http://eprints.soas.ac.uk/21375>

2014 'Ricoeur, the bioethics of happiness and related delusional states'

in

Bioética y hermenéutica. La ética deliberativa de Paul Ricoeur: Actas del Congreso Internacional. Valencia (España), febrero 2013. (Spanish Edition)

Ricoeur, the bioethics of happiness and related delusional states

Bioethics is a concept intended to facilitate coverage and analysis of moral problems in health and medicine: in the first 13 years of the twenty first century the bioethics focus shifted from clinical medicine to widespread interest in public health, which includes preventive medicine, global health issues and bioethical methodologies. I am particularly interested in the bioethics of happiness (which I see as bound closely to modern delusional consumerist states of mind) and which I believe is related to such conditions as chronic fatigue syndrome (CFS). Chronic fatigue syndrome is often resistant to treatment and challenges basic concepts about aetiology, diagnosis and treatment as well as fundamental and complex ideas about the self. It can be argued that commonly in CFS the patient negates, denies and refutes any diagnosis that includes emotional or mental components and insists instead upon purely physiological explanations. Even the naming of this condition a 'syndrome' invites philosophical and ethical questions about what it really is and here bioethics can help. Chronic fatigue is a problematic condition. Here I will firstly analyse Ricoeur's ideas on negation and how this informed his views about happiness or contentment, secondly consider some work already going on in the applied field of medicine with specific reference to the condition known as ME or Chronic Fatigue Syndrome, and thirdly revisit the mediating possibilities of his negation model for modern medicine.

Bioethics is becoming increasingly attuned to the potential value of philosophical ideas and Ricoeur can help bioethics, partly with his 'little ethics' in *Oneself as Another*, the curative powers of narrative and partly with hitherto unknown work on the negative. For over twenty years (1940s-1960s) Ricoeur struggled to develop what he called a philosophy of negation, which he then abandoned without publication. Ricoeur's early work on negation contains strong Platonic influence and affection for the Socratic form of debate. The difficulties it gave him can help us all; I will argue that both the ideational (what is negative thought?) and the process of struggle (how do we deal with the negative?) will never be resolved and should be valued. In later work he incorporated negation into his dialectic to demonstrate the incompatibility of many opposing forces. He hoped that, at its most positive, negative thought could function as the guardian of critical thinking by ensuring a play between such contrasting phenomena as our hopes and our fears. By contrasting his work with that of

Zizek, I show how Ricoeur maintains fresh and raw mediation between contrasting phenomena, whereas Zizek seeks to make the mediator vanish. Working with the Ricoeur archives to re-open the debate will allow us to explore the possibility of practical application e.g. working with nurses and doctors to resolve issues of empathy and understanding of the sick; both carers and those for whom they care often think negatively.

In my 2013 book *Ricoeur and the negation of happiness* I propose that the negative is an essential component of happiness and that if we deny the negative we negate our chances of happiness too. ¹I argue that living honestly with the negative is a necessary but not sufficient condition for achieving the happiness you desire. Depression and unhappiness are very real, existential distress can often seem unbearable and I argue that a balance is both necessary and possible: not too much optimism and not too much pessimism. Ricoeur distinguished between three different forms of the negative: first, the differences between phenomena (this is not that); secondly, defining ourselves by what we want but do not have; and thirdly, living with the knowledge that we are not the person we would ideally like to be. He found these states to be inescapable but possibly manageable, although they will never allow us to attain pure happiness, which is a false construct. This approach is very different from that of current commentators on happiness, like the political commentators who seem to equate consumer success with happiness, and thinkers like Layard, who recommend use of drugs in a simplistic version of utilitarianism, arguing that if the means are available for making us happy, we should use them. ² Layard thereby assumes that happiness is possible and that drugs will make us happy. I contest that: momentary flashes of happiness, contentment, pleasure and absence of pain or worry are within our grasp, but a consistent and lasting state of happiness is unlikely for most of us, with or without drugs.

Ricoeur believed we can and must attempt to first recognise and then accept our fallibility, finitude and splitness. By this means we can be ourselves in spite of, and even because of the discrepancy between what we want and what we have, who we want to be and who we are, what we want to know and what we can understand.³ In his early work Ricoeur demonstrates clearly how we use negative thought: we often define our state of mind by what we lack or lose, by what we desire or believe we need rather than by what we have or who we are. We know now from the archives that he left in the care of the Protestant Theological College in Paris that Ricoeur lectured on negation with many alterations and modifications, from the early 1950s until the late 1960s, at which point he appears to have abandoned his idea of developing a philosophy of negation. In spite of, or perhaps even because of the

¹ Ricoeur's thought combines, simultaneously, high concept and practical ethics for specific situations (*phronesis*) and this combination is powerful, yet difficult to bring to bear on real life issues. Philosophy has not been particularly successful in helping people to think more clearly or be more ethical, except when ideas are used to develop situations that influence both behaviour and thought, such as Lipman's *Philosophy for Children*, which models Socratic dialogue, and Peirce's *community of inquiry*, which provides safe situations for group debate (Scott-Baumann 2006). While this writing is addressed mainly to philosophers, I hope that the work on which it is based will facilitate development of applications to real world situations. My own interests lie mainly in social justice, ethnic minority work and education. I note that there is more applied Ricoeur work in medicine than in my own areas of expertise, and wish to investigate the possibility of building on this existing work. Ricoeur placed his library and papers in the care of the *Institut Protestant de Théologie*, Paris, and I am very grateful for the support of Professor Olivier Abel and archivist Catherine Goldenstein.

³ P.112 Interview with F Ewald, June 20, 2000, Magazine littéraire in Appendix M.C. Dowling, *Ricoeur on Time and Narrative* Notre Dame: University of Notre Dame Press

complexity that he detected in the idea of negation, Ricoeur gives us a very clear picture of how to think differently about using negation as a possibility for addressing the difficulties that face us in modern society. In the longer term, the images of negation that he creates in his published texts can be strengthened by deriving insights from his hitherto unresearched and unpublished lectures and notes at the Fonds Ricoeur in Paris. This material in the Fonds Ricoeur archives can add to the picture of Ricoeur's struggle with negation, and I maintain that his early lecturing on negation provides deep networks of underground springs and streams that irrigate much of his subsequent writing. The lectures also reflect the way in which Ricoeur addresses the chaotic aspects of life and attempts to resolve them. Ricoeur's texts are often difficult to read because of stylistic complexities and this can obscure the fact that the content presents difficult ideas.⁴ In his lecture notes, however, which are very clearly written in order to be spoken, the complexity of his ideas is not obscured by complex language, as happens with some of his major texts.⁵

Ricoeur's negation

Do I understand something better if I know what it is *not*, and what is *not-ness*?⁶ How many different ways are there of saying no and of experiencing the negative? I deny the right of someone to be different to me, I find it tragic that I am in the longer queue, I spur myself on to prepare for the next examination because I lack the qualifications I desire and I treat my bodily parts as invisible until there is damage, at which point I mourn the loss of the body I never appreciated. Some of these negative manifestations may be absurd, yet each is real and better, in Ricoeur's view, than the vanity of nothing. His writings in these areas have inspired health professionals; doctors, nurses, psychologists, to apply his ideas to their practice, and I believe his work on negation could clarify other areas of human striving, and particularly the way we think about those whom we perceive as different. As his first major publication on the idea and the realities of negativity, *Freedom and Nature* forms part of a project of the self, an attempt to analyse the role played by the will and how to recognise and deal with the wilfulness of desire or the nervous use of negative argument that assails us when we seek to make decisions; shall I act? Shall I *not* act? How close can I get to acting like a rational, moral person if there can never, according to Kant, be a pure act of good will - and what does 'good thought applied to action' look like? (1950/1966:133).

Ricoeur's lecture notes on negation, delivered after *Freedom and Nature*, give us a clear picture of his arguments that became a way of opposing the real and the ideal, or the desirable and the less so, or two opposing viewpoints and creating a new possibility. This became the dialectic that includes the negative he took from Hegel and made into a philosophy of affirmation, acknowledging our imperfections and yet refusing to let them

⁴ Seminar with Olivier Abel *Institut Protestant de Théologie*, 3.5.10

⁵ The lecture notes will not be published, by Ricoeur's own decision, but they can be researched and quoted with permission from the Fonds Ricoeur

⁶ Interesting that it is difficult to find the words to describe that which is not; either we say it does not exist, or we say it is false and therefore cannot exist... yet it may both exist *and* be false, which, for Plato, shows the value of negation. Negation may also be an opinion that cannot do justice to its subject; our view of another person and their beliefs will at best be an approximation. According to Plato this is a form of negation; our inability to understand another person.

nullify our efforts. Through Hegel, Kierkegaard and Nietzsche, Ricoeur asserts, we will see the development of problems that were addressed by the ancient Greeks; he prefers to look back to the Greeks. Derrida, Foucault, Lyotard and Baudrillard began to work on this puzzle long after Ricoeur had moved on, and they chose to challenge the more recent figures of Hegel, Kierkegaard and Nietzsche instead of emphasizing the Greeks and neo-Platonists. Ricoeur was repelled by their pessimistic ideas, while at the same time accepting that it is vital to deal with them, but he dealt with them on his own terms i.e. by looking back to classical literature for a productive response.

If we accept that, for Ricoeur, the negative impulse is necessary for happiness, trying to displace the negativity of Hegel, Kierkegaard and Nietzsche, then we can investigate Ricoeur's attempt to resolve with dialectics the problem of binary thinking: '*this is not that*' can become negative and destructive, yet the necessity of thinking this way can also enhance emotional wellbeing by forcing us to accept the negatives. Ricoeur's work from the 1950s-1970s is not only immensely valuable for its analysis of negation (an under-researched and important area), but it also reminds us that classical philosophy provides the basis for much of Ricoeur's subsequent work, including his development of dialectics and his fusing of analytical and hermeneutical approaches. I believe that his work on negation can be used for coming to terms with sickness, with health, with the other. The question becomes one about using techniques to translate ideas into practice: how can we put ideals into practice? Can it be possible to use a dialectical model such as that developed by Ricoeur, to make us aware of what we are doing when we insist, and we do insist, upon thinking negatively?

By the mid-1950s he concluded that there are at least three possible forms of negation, still dominated by Hegel, yet beginning to adopt a Kantian turn;

1. otherness implied in the objective distinction between something and something else
2. lessening of existence, subjectively experienced in the feelings of need, loss, regret
3. transcendental negation: I am not what I am. I am not, as thought and freedom, what I am as finite point of view and as limited power of life.

In addition to these three truth-seeking properties of negation, Ricoeur concluded there are many forms of negation from different sources; negation can, for example, be manifested by *the other person* –whom I will never understand (Plato); it, negation, can itself be rejected, *negated* (Aristotle); it can be *the powerful contrast* between ideal and real (Hegel); it can be *willed spiritual deprivation* (Plotinus on not being able to know God) and it can be *existential nothingness* (Sartre). Plato considered that statements which seem false are presumed *false and different*, and other people as *non-being and different*, because in neither case do we fully understand them. This renders negation, in the Platonic sense, vitally important as we need to acknowledge its important role in identifying whether we know the truth about something or not. However, for the ancient philosophers, negation was more to do with knowledge, and not the direct threat to personal identity and thought that it has become for us now. We will see later how Ricoeur has to rework old thinking to fit new situations. Plato proves more helpful than Sartre because of Sartre's resolutely atheistic approach to finding meaning. Hegel, on

the other hand, proves more useful than Aristotle, because of Hegel's insistence upon the integration of negative thought into our lives. Sensitivity to negation is evident in *Fallible Man* and *History and Truth* and the final essay in the second edition of *History and Truth* is the nearest we get to a published discussion.⁷ Negative thought also becomes an integral part of the dialectical model that he found so valuable.⁸

Chronic fatigue syndrome (ME): a case study of false negatives

Chapter 3 of Charles Darwin's *The Origin of Species*, 1859, contains his assertion that the vigorous, the healthy and the happy survive and multiply. Although he revised the text repeatedly, this implied aspect of natural selection remained the same through his revisions. In stark contrast, being vigorous, healthy and happy in order to survive is an approach that we see excoriated by Ehrenreich in her attack on the happiness therapy industry (*Smile or die: how positive thinking fooled America*, 1991). She believes we should not deny the sadness, powerlessness, isolation and unfulfilled longing that can overwhelm us, especially when we are ill. Clearly, however, she agrees that cancer needs treatment. Yet for the sufferer of debilitating fatigue (ME/CFS) there is no discoverable aetiology or treatment. Repeated evidence, such as that of Wilson et al 1994 suggests that psychological factors such as illness attitudes and coping style are more important predictors of long-term outcome than immunological or demographic variables. However, many CFS sufferers deny these findings. Negating diagnosis is possibly the most consistent diagnostic marker of CFS across widely varying groups.

The self-confrontation method researched by Geelen on CFS (2010 and ongoing) can perhaps offer a way of acknowledging distress, crippling unhappiness and possibly beginning to deal with it, with support. By this means the sufferer thus begins to resolve their negative state of mind.

If, on the contrary, we accept Aristotle's idea of the law of contradiction - everything must be either affirmed or denied - it leads to the law of excluded middle, in which 'it is impossible at once to be and not to be.' Consider the significance of this approach for the sufferer of chronic fatigue syndrome: Aristotle's law makes it impossible for the sufferer to be both passive (a sick, negative state) and assertive (an active state in which I have personal agency) at the same time. Moreover, it becomes impossible to accept that body and mind may be manifesting both physical and mental signals that may interact. Aristotle argued that something cannot both be itself and something else - a physical manifestation is physical and cannot have a mental aetiology.

Here is a narrative compiled from the personal testimony of several CFS sufferers:

⁷ The final essay in the second edition ('Negativity and Primary Affirmation') was first published in French in 1956, at the time of his three lectures in Louvain (Manuscripts 4)

⁸ However, Ricoeur's project on negation did not culminate in a published text and he withheld from publication the *polycopié* on negation that he had prepared for his students, and that had been due to be published in 1965. Judging by preliminary research in the Ricoeur archives, there appear to be several reasons for abandoning this project: the absolute incompatibility of the various origins of negation, the difficulty in reconciling the tragic with the logical elements of negation and Ricoeur's tentative approach to harnessing negativity in articulating his dislike of so called 'postmodern' philosophy. There may be other reasons that have yet to emerge, or which may never be known. Yet he subsequently collected together in several folders a significant quantity of his own notes and lectures on negation, which suggests an enduring interest, and I believe that negation subsequently became an integral part of his work, through his dialectics.

'I am ill, this is a physical illness as it affects me physically and I am convinced that it cannot be emotional as my culture believes that the mind and body are separate in their workings. This belief will lead me to resist suggestions that there may be an emotional component to my chronic fatigue: the workings of the mind are manifested in ideas, the workings of the body are manifested physically and the two do not interact, it is impossible to have them together: mind is mind and body is body. I may also believe that anything that could be called psychosomatic or lead into psychiatric diagnoses means that I am mad. On the other hand, the doctors treating me seem to have certain assumptions; that I want to get better, that I accept the search for diagnosis may be understood by experts and not initially by me and that it may be possible for the mind to influence the body. Many doctors may also believe that physical manifestations of illness are a way of demonstrating stress and unhappiness and that this may in fact be a cry for help that requires resolution, but is not a sign of madness. I don't accept that either because I am not mad. I believe I am really ill in a purely physical way that prevents me from living a normal life and I insist that other people accept my beliefs on this.'

Freud suggested that people's neuroses may be a reaction against the ills of the culture in which they live, developed by RD Laing to consider family dysfunction. Normally in ordinary society this means being an effective and efficient consumer of goods. Goods in this case are pharmaceutical products. The physician thus finds her/himself trapped by two forms of normality: the norm of a patient wanting to be well and the norm of the patient wanting to stay ill in order to have privileged access to medical care, medication and diagnosis that exempts sufferers from the other type of normality. This may seem like a distorted form of normality, but it is also an effective way of being a highly specialised consumer. It is made possible by our continued affection for the way of thinking endorsed by Aristotle's law of the excluded middle: body and mind are perceived as both different and separate and therefore the ME/ Chronic Fatigue Syndrome sufferer will be justified in refusing to countenance a relationship between the two. ME as a phenomenon is also made possible by a consumerist culture that suppresses bio-ethical questions about welfare and health in favour of the individual as consumer: our identity is largely determined by the products we can gain access to, control and possess for our personal use.

The Vanishing Mediator

I hope we can propose some sort of mediation between what Aristotle writes about as a possibility and what Ricoeur can offer. Ricoeur's struggles with negation need to be related to his knowledge of Hegel before we can begin to understand the materials in the archives and apply them to real situations: Hegel provided a powerful model of negation that Ricoeur admired deeply and came to rely upon a great deal, while also challenging it. In *Freedom and Nature* we have an early version of the three-part model upon which Ricoeur came to rely so much and which is often under-estimated, being in reality much more than three components. Ricoeur himself often names three parts when he develops an argument; it is the naming of these parts and the mediation between and among the parts that interest me. This is a model that is strongly influenced by Kant's antinomies, the impossibility of reconciling polarities that, when they are taken separately, seem entirely reasonable. I will use Slavoj Žižek's analysis to explain what I mean, because I believe Žižek's version is a useful illustration in being like and yet not like Ricoeur's development of Hegel's dialectical negation. Žižek's analysis of Hegel's dialectic shows us how the movement between and among different

phenomena provides many more ways of analysing the negative than the hunger, sense of lack and finitude listed in 1950 by Ricoeur, yet Ricoeur ends up by going further. This gives us scope for applied settings, where we have to reconcile discrepant views.

In his 1991 paper for the journal *Radical Philosophy*, Slavoj Žižek asks whether a dialectician ever needs to learn to count above three and presents Hegel's model of negation as part of the now well known dialectical triad. Žižek reminds us that, in fact, Hegel offers us a four-part dialectic 'the term reckoned as third can also be reckoned as fourth, and instead of a triplicity, the abstract form may be taken as a quadruplicity' (1969:836). The first moment is our immediate grasp of a phenomenon, which we understand as an embodied idea. This first grasp is almost immediately disturbed by a switching point: our sudden realisation that we cannot understand this phenomenon, whatever it is, unless we accept that it contains its own negative, its own inversion, which is not a direct opposite, more the possibility of it being other than it is while also being true to its original form. An example Žižek gives is the idea of modern democracy, which also manifests itself as something apparently quite different; 'The vulgar, egotistical bourgeois everyday life is the actuality of freedom, equality and brotherhood' and this 'actuality' could, arguably be different (1991:5).

Next we reach the term that we commonly think of as the middle point of the dialectical triad, the positing of an opposite to the original phenomenon – this is where we count negativity twice, by forcing the possibility of a true opposite to the starting point. Here we really do need to imagine something that is oppositional to the original. Žižek clarifies this for us: 'as soon as we add to the immediate its negation, this negation retroactively changes the meaning of immediacy, so we must count to three, although what we effectively have are just two elements' (1991:4). With chronic fatigue, the sufferer should become able to see that physical symptoms, which seem unrelated to emotional issues, are in fact related intimately to each other: mental to physiological. Finally of course, what is commonly the third step in the triadic dialectic (which is the fourth step in the model that interests Žižek) involves proposing some form of combination of opposites or new approach that takes us beyond the problems caused by the first opposition of negative and positive and into new solutions that will create new difficulties too and require the repetition of the dialectical spiral all over again. Žižek proposes a 'vanishing mediator', a force that mediates between two different phenomena with commonalities (such as mind and body), and then vanishes when the mediating term has somehow resolved the discrepancies. Identifying links between physical and mental allows one to see one's life differently, and in such a way, Žižek's vanishing mediator will indeed be able to combine the physical and the mental to develop a new model of the self. But if these connections cannot be made, the mediator can never vanish and the sufferer becomes stuck and remains ill.

From Žižek's point of view dialecticians definitely need to learn to count beyond three to four and I believe that much of Ricoeur's work can be located at this early switching point in the dialectical model, the point at which, as Žižek puts it with the vanishing mediator, we see clearly the 'fundamental dialectical idea of 'inner negativity': an entity is negated, passes over into its opposite, as a result of the development of its own potential' (1991: 3). For Ricoeur, I will argue, this is both a negative and a positive moment of profound relevance to our ability to interpret and act ethically - we see this clearly in *Freedom and Nature*. However, he develops this model and would see the process differently from Žižek. Of

course it is not surprising to see differences, as Zizek is a Marxist Lacanian and Ricoeur is neither.⁹

For Ricoeur I believe that there was nothing like a vanishing mediator, rather there are constant tensions inherent in thought, and these tensions can be seen very clearly in negative thought; they function to maintain the ambiguities of negative: positive valence and do not melt away. Indeed they should be worked upon and maintained in order to show just how different they are from the other element.¹⁰

A key difference is that with Zizek, there is a vanishing mediator in the Hegelian tradition i.e. a recognition of similarities that facilitates resolution of conflicts and negatives into the resolved Spirit that reflects and encompasses us all, whereas with Ricoeur the mediating energy has to remain alive, fresh and raw to contribute to an uneasy pluralism. This mediating energy has been opened up to discussion and cannot remain concealed as the accepted way of thinking: the mediator is the method embedded in a particular discipline. Ricoeur argues, for example, that psychology turns acts into facts: he sees this as a necessary way of characterising psychology as a field of study and also as an oversimplification that distorts the debate if it is taken for granted and thereby ignored (1950/1966:10; Scott-Baumann 2009:41). In contrast, for Ricoeur psychoanalysis has a more uneasy relationship with manifest behaviours. In the medical ethical field he argues that ‘The doctor can fear that his patient will confuse the obligation to treat with the obligation to achieve results. The patient may expect, even demand results that the doctor cannot give e.g. immortality’ (2001: 119).

CFS is stuck inside its mediator that cannot vanish

There is an apparently endless debate about whether CFS is organic or emotional in origin. Many sufferers prefer to take the organic route, fearful perhaps of being branded mad if they follow the emotional route, or of having to change their own thinking, which is very difficult indeed. Indeed Ene argues that psychiatry is the in-between space of biomedicine and as such is an unhelpful place to situate ME. Yet I believe an ‘in-between place’ could permit in-between debates and mediation. The medical clinician and the psychiatrist could therefore be representative of the two poles of the vanishing mediator, but the patient gets himself stuck between them, with a preference for the organic, and unable to move from one pole to the other in a gradual Hegelian process of – first - denial, secondly - recognition and finally - accommodation. So for the CFS sufferer the vanishing mediator can never vanish as Zizek wants it to, following Hegel. I believe this is why the condition proves so debilitating,

⁹ Ricoeur discusses these tensions in his various works on ideology and utopia.

¹⁰ We see this tendency particularly in the middle phase of his work, as for example in his book on Freud, when he develops a detailed juxtaposition between scientific psychology and phenomenology, with a view to clarifying his thoughts about psychoanalysis: ‘This is not a matter of setting up a balanced comparison and making psychoanalysis oscillate between the two poles. The two phases of the comparison involve a definite progression’ (1970:345). What is of great importance is the way in which he presents two phases for progression in this movement between and among three elements: the first will resist a fusing of psychoanalysis with psychology, and the second, more advanced phase, will clarify the true essence of psychoanalysis. In the first he uses psychology as both subject matter and method of analysis, and in the second he uses phenomenology in the same way. There is thereby always at least a *fourth* element, and this is the method of analysis that belongs to the particular approach adopted by both psychology and phenomenology.

because the sufferer refuses to recognise and resolve the inevitable contradictions inherent in the human state. Western society tends to aid and abet the sufferer, by agreeing that mental trouble means madness, and that trouble which can be proven to have organic roots is somehow more wholesome and can be medicated. It seems to me that the problem lies in the very choice of such polarities, because I believe that organic and mental states are linked in complex ways that cannot easily be differentiated: it is easier to become ill if one is distressed, and it is harder to get well again if one remains in distress. It would seem therefore sensible and realistic to accept that mind and body are indeed intertwined and that human suffering may well involve both. If this is not achieved, then the so-called vanishing mediator can never function properly as a mediating tension between polarities that resolve themselves and become a Hegelian blend of mind and body.

Geelen's work shows us how we can use self-confronting techniques to mediate between apparently physical states of disease and emotional distress. He set up partnerships between adolescents with CFS and therapists who helped them to discuss their own state of mind and to attempt to resolve the mind-body dichotomy through articulating their concerns. The adolescents spoke often of unhappiness, feeling alone, and of unfulfilled longing and, as Ricoeur would assert, this can be useful by helping the individual to create a narrative that they can make sense of and even, perhaps, subsequently alter. Geelen points out that most interventions, whether pharmaceutical or cognitive, have failed, except for some success with cognitive behaviour therapy in randomised controlled trials. I suggest that philosophical approaches to such issues should enable us to develop support for CFS and even to challenge the use of terms like 'syndrome' when talking about chronic fatigue; it may be a delusion to call this condition a syndrome, when its aetiology is unclear and differs hugely from person to person and when no known cure exists: some few successes have been catalogued but without any predictive measures being deduced.

I believe that Ricoeur moved from a position in 1950 of analysing the Hegelian negative power of phenomena such as finitude, birth and death and lack or need, to a position of adopting the 'experiences of the negative (that) are intended to assure the 'transitions' from one form to another' (1978:79). In this way he moved from an event model to a process model, a more active, fluid approach.

Ricoeur employs a similar technique when using different philosophies; increasingly we see him combining a Hegelian dialectic of human activity with a Kantian refusal to believe that this dialectic can ever become an ideal synthesis of all the elements that are needed for leading a good, moral life. Thus for Ricoeur, Hegel's use of negation becomes more than it was, it becomes a guardian of the critical, truth-seeking functions. Yet Hegel and Kant can never become reconciled and that creates a tension within the process of using their ideas, which contributes to an ever-present mediator. Perhaps this tension and this mediator are missing from current applied work in medical training. This may be an aspect of Ricoeur's thought that can be developed to enhance medical training, and provide a challenge to the biomedical model.

Possible interventions

Research upon these newly available materials on negation may provide the basis for more detailed discussion about the mechanisms of negation and Ricoeur's attempts to reconcile their disparate sources and manifestations. Doing philosophy gives us the arguments and debates that can help us to stand back from the complex issues of bioethics in order to understand them. In the early work on negation (1940s-1960s) Ricoeur is moving towards asking: Is my personhood defined by my power to say *no* or by my power to deal with negation with a double negative and say *yes*? i.e. by accepting the negativity of my own finitude (I am not strong) and then denying it (I am not going to accept not being strong) I can travel through a double negative and develop the mediated positive approach that will allow me to affirm my capacity to make a difference. As Ehrenreich points out however, this does not go well with the 'be happy, empathise and support' approach, which denies the negative aspects of existence in order to be cheerful (Ehrenreich 2010). Workshops and therapy on empathy and relationships also need to include the gritty stuff of not knowing what to do and not being able to make a difference, the chaotic nature of life and the complexities of suffering with CFS.

How can we translate this sort of complex chaos into real life applications and what sort of interventions do we have at our disposal? Is it possible to develop interventions that incorporate the non-vanishing mediator i.e. can we be critical about the methods we use for drawing certain conclusions? We can also argue that category errors may arise with indiscriminate use of empathy, for example: a diagnosis of an illness like ME that has physical manifestation may provide strong empathetic support for the patient, yet may ignore the possible emotional aetiology that often accompanies chronic fatigue symptoms. In such a case, empathy may be misjudged and feed the pathologies of complex conditions, not resolve them. There are also other factors, such as the need for those who work in caring professions, like doctors and nurses, to protect themselves from empathising so much that they become mentally and emotionally exhausted. I am convinced that acknowledgement of negative thought, the teaching of empathy and the development of narrative accounts will be of use in helping nurses and doctors to make a connection between Ricoeur's work and the underlying ideas that guide them in their decision-making (Charalambous, Marta, Shapiro).

We need to look more closely at what actually happens in the modelling of negation; i.e. identifying things by what they are not and also by what they could be. Here is an example of the way philosophy could be presented as a way of interpreting medical situations and perhaps helping nurses and doctors to influence their own behaviour (Bellini and Shea, Monson). We can recall the way Zizek describes the very first phase of our thinking: what comes first, in a sort of phenomenological moment, is our immediate grasp of a phenomenon; we make meaning, and then our understanding seems real to us, as an embodied idea. (I feel unwell). This first grasp should be followed swiftly - before our thinking becomes too fixed - by a disturbance, a challenge to our understanding: this 'switching point' is - or rather should be - our sudden realisation that we do understand this phenomenon after all (I am suffering physically). Then we make ourselves aware of its own negative, a sort of inversion, not a direct opposite, more the possibility that it could be different but only in ways that are consistent with its original form (maybe my physical symptoms may have an emotional connection).

Ricoeur's development of dialectical thought makes it possible to look at opposites and find a third way forward to try and bring out these polarities within us. This is in fact a four part model (at least) as it also includes, unlike Zizek, the way of thinking that characterises that particular approach. In dialectical thinking we must challenge the opposites that we use to make sense of the world, and the way of thinking that characterises these opposites. In theory his approach facilitates a lot more; if we grasp a mechanism like the vanishing mediator and decide to keep it as part of what happens, we have to accept many negatives: no fusion of models, no reconciliation of belief systems, no resolution of problems, no chance to feel complete, no possibility of really understanding the other. In that case we are looking at the methods we use to draw certain conclusions and the methods we use to decide how to act (or not act). Maybe certain things cannot be resolved and this makes it all the more important to discuss them as well as continuing to try to make a difference.

Here Charalambous and others may wish to take a next step perhaps, which involves use of negative ideas: in parallel with research on this material we can use classical Socratic debate and story telling (Nussbaum 2010, Scott-Baumann 2006) to develop bioethical approaches that can address anew the chaos of human relationships. We need to address the full potential of our capacity to deny others their identity and their rights and our difficulties in understanding and helping those who are ill or hurt. The negation material may help to redress the balance away from the current tendency to make people happy at all costs, and offer the opportunity to open up sadness, loss, lack and desire for that which an ill or injured person cannot have, such as comfort and health.

Is it too pluralist, is there too big a gap between what Ricoeur asks us to think about and how we actually act? For Ricoeur I believe that there is nothing like a vanishing mediator, rather there are tensions inherent in both negative and positive thought; they function to maintain the ambiguities of negative: positive valence and do not melt away. Indeed they should be worked upon and maintained in order to show just how different each is from the other element..

Conclusion

In the late 1940s when he set out to develop a philosophy of negation, Ricoeur found the roots of this thought in his early training in pre-Socratic, Platonic, Aristotelian and neo-Platonist philosophy and his unpublished lecture notes on negation demonstrate the great influence upon him of classical philosophy. Indeed, he was teaching these classical figures at Strasbourg (1948-1956) and, at the same time, developing his work on negation, asking himself; if we agree that we are limited and cannot rise above our physicality, are we being defeatist or can this be, if not an optimistic position, then at least a positive one? Acceptance of limitation and negative reality can make it possible to go further, by agreeing that the negative exists, and then moving on from it. In other words, if I acknowledge my limitations, I accept their existence and therefore make it possible, at least potentially to move beyond my limitations. This is not new; Augustine, Descartes and Hegel, each in their own way, propose that we can affirm the possibility of *being more than we are* if we agree that negative phenomena exist, that negativity is a part of us and that we can and should both stand against it and accept it as part of the human condition. Ricoeur adds a new idea to this by asserting that there is sadness and an infinity of chaotic struggle attached to the acceptance of negation:

this does not seem new; Sartre, for example, describes the depression of knowing that life is meaningless. Both Heidegger and Sartre present their different views of nothingness. But Ricoeur is arguing, like Spinoza, that we have to accept the possibility of sadness through loss or lack *in order to give life meaning*: we affirm our desire to make a difference and in so doing we acknowledge both negative and positive aspects of life. Ricoeur also expresses the chaotic essence of life with many forms of negative thought, mostly incompatible with each other. Some are useful for leading a considered life, some are counterproductive and it is difficult to tell the difference. Unlike Zizek, who uses Hegelian dialectics to make the mediator vanish, Ricoeur refuse to let the vanishing mediator resolve tensions and insists upon an ongoing debate. The next and hardest step is to develop bioethical practices to enhance existing good practice, using negative thinking as the positive guardian of critical functioning.

Whether we like it or not, the negative is an essential component of our being – emotionally, intellectually, spiritually and aesthetically: if we negate many things *and* also deny the process of negation the honesty it deserves, then we do *not* end up with a double negative that gives us a positive - we end up frustrated and deluded and even sick, as with Chronic Fatigue Syndrome.¹¹ Ricoeur believed we must undertake the task of attempting to recognise and accept our fallibility, finitude and splitness, while he also implored us to be ourselves in spite of, or because of the discrepancy between what we want and what we have, who we want to be and who we are, what we want to know and what we can understand.

Manuscripts

1 AR/FR, BIB.IPT: Inv 1, dossier 96 « La Négation » Cours (c.1952-1970) feuillets 8749—8770

2 AR/FR, BIB.IPT :: Cours manuscrits 1. archive 27. Eight seminars of two hours each, delivered by Ricoeur in English on *Anthropology and Religion in the Philosophy of Existence*. Union Theological Seminary, USA. Undated: late 1950s to early 1960s. Unpublished.

3 AR/FR, BIB.IPT: Cours manuscrits 1. archive 7. Courses given by Ricoeur on *Théâtre et philosophie*. Detailed lectures and notes on Sartre's plays, Camus, Brecht etc. on Sorbonne notepaper (1957–1964).

4 AR/FR, BIB.IPT : 'conférences' 1. archive Conf 059; contains three Louvain papers from 1955 on *Finitude, Negativité and Affirmation*

Bellini, LM and Shea, JA. Mood Change and empathy decline persist during three years of medical training in *Academic Medicine* 80 164-167

Charalambous, A (2010) Interpreting patients as a means of clinical practice: introducing nursing hermeneutics *International Journal of Nursing Studies*
doi:10.1016/ijnurstu.2010.02.011 www.elsevier.com/ijns

Clark, SH (1990) *Paul Ricoeur*. London: Routledge

Davidson, S (2009) *Ricoeur across the disciplines*. New York, London: Continuum.

¹¹ In his search for negation, Ricoeur found how our subjective natures, the ways we experience life personally, create a reaction between *nothingness*, the apophatic way to God and *non-being* in the Aristotelian sense of potential; He saw this in the Pre-Socratics, Plato, Aristotle and finally in Plotinus and hoped to challenge Hegel.

- Dhurandhar, A (2009) Writing the Other: An Exercise in Empathy in *Journal for Learning Through The Arts* 5(1) <http://escholarship.org/uc/item/8K29v4tf>
- Ehrenreich, B (2010) *Smile or Die. How positive thinking fooled America and the world.* Cambridge: Granta Books
- Ene, S (2013) Focus of fatigue: Ethical considerations on the treatment of Chronic Fatigue Syndrome in *American Journal of Bioethics*. Neuroscience Vol 4 (3) pp. 22-26
- Geelen, S van (2010) *Understanding self-experience in adolescent chronic fatigue syndrome* <http://dspace.library.uu.nl/bitstream/handle/1874/188220/geelen.pdf?sequence=1>
- Granger, BB et al (2006) Caring for Patients with chronic heart failure: the trajectory model in *Eur. Journal of Cardiovascular Nursing* 5(3) Epub 2006 April 17
- Layard R 2005 *Happiness. Lessons from a New Science* London: Penguin
- Marta, J (1997) Towards a bioethics for the twentieth Century: a Ricoeurian post-structuralist narrative hermeneutic approach to informed consent in H L Nelson (ed) *Stories and their limits: Narrative approaches to bioethics* New York: Routledge pp 198-212
- Monson, S P (2009) STFM Spring 2009 Empathy-1.pp <http://fmdrl.org/index.cfm>
- Nussbaum, M C (2010) *Not for Profit. Why democracy needs the humanities* Princeton: Princeton University Press
- Potvin, M-J (2010) Ricoeur's 'petite-ethique': An ethical epistemological perspective for Clinician-Bioethicists in *HEC Forum* Vol 22(4) pp.311-326
- Rawnsley, M (1998) Ontology, Epistemology and Methodology: a clarification in *Nursing Science Quarterly* 11:2-4
- Ricoeur, P (1950/1966)¹² *Freedom and Nature* transl. E Kohak. Evanston, Ill: Northwestern University Press
- Ricoeur, P (1978) Existential Phenomenology (pp. 75-85) (written 1967) C Reagan and D Stewart (eds) *The philosophy of Paul Ricoeur. An anthology of his work* Boston: Beacon Press
- Ricoeur, P (1990/1992) *Oneself As Another* (Trans. K. Blamey) Chicago: University of Chicago Press
- Ricoeur, P (1995/1998) *Critique and Conviction. Discussions with François Azouvy and Marc de Launay*, transl. K. Blamey. Cambridge: Polity Press.
- Ricoeur, P (2001) The Just and Medical Ethics in D Thomasme, D Weisstub and C Herve (eds) *Personhood and Health Care* Dordrecht: Kluwer pp115-120
- Scott-Baumann, A (2006) Ethics, Ricoeur and Philosophy: ethical teacher workshops in *International Journal of Research and Method in Education* Vol 29 (1) pp 55-70
- Scott-Baumann, A (2009) *Ricoeur and the hermeneutics of suspicion.* New York, London: Continuum
- Scott-Baumann, A (2013) *Ricoeur and the negation of happiness* New York, London: Continuum in preparation
- Scruton, R (1994) *Modern Philosophy* London: Sinclair-Stevenson: 460
- Shapiro, J (2008) Walking a mile in their patients' shoes: empathy and othering in medical students' education in *Philosophy, Ethics and Humanities in Medicine*.3:10 <http://www.peh-med.com/content/3/1/10>
- Simms, K (2003) *Paul Ricoeur.* London: Routledge

¹² To aid with chronology I have put the date of original publication as well as the book's date of publication in English. Thus I can show the sequence of Ricoeur's own publishing trajectory, rather than the year of the translation, which in some cases is significantly different.

- UNICEF (2007) *Child Poverty in perspective: an overview of child wellbeing in rich countries* Florence: Innocenti Research Centre
- Taieb, O., Rivah-Lévy A., Moro MR. and Baubet, T (2008) Is Ricoeur's Notion of Narrative Identity Useful in Understanding Recovery in Drug Addiction? In *Qualitative Health Research* Vol18(7) 990-1000
- Tavris, C (2010) Let's go negative In *Times Literary Supplement* 14.5.2010, p. 11
- Wilson A et al 1994 Longitudinal study of outcome of Chronic Fatigue Syndrome *British Medical Journal* March 19 308(6931) 756-759
- Zizek, S (1991) Why Should a Dialectician Learn to Count to Four? *Radical Philosophy* 58 pp. 3-9