

THE RELATIONSHIP BETWEEN  
THEORY AND PRACTICE IN  
ADORNO'S PHILOSOPHY, AND  
WHAT IT CAN DO FOR  
PHYSIOTHERAPY ETHICS

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Timolle:  
The miserable have no other medicine  
But only hope.  
(Claudio in *Measure for Measure*)

# Abstract

This thesis is a philosophical criticism of physiotherapy ethics through the work of Theodor W. Adorno that adds to the growing literature on critical physiotherapy—a physiotherapy research field that draws on philosophy and critical social science. This is the first extended reading of Adorno in the context of physiotherapy and, more broadly, in healthcare. The thesis falls broadly within applied philosophy and ethics. My purpose is to reconfigure the understanding of theory and practice in physiotherapy ethics. I aim to answer the following: 1) How might the relationship between theory and practice be understood in physiotherapy? 2) How does Adorno’s thinking help to clarify the relationship between theory and practice in physiotherapy? 3) How does the sort of understanding that emerges help to advance critical understanding of physiotherapy?

The central ideas from Adorno’s thinking that frame my argument are the following. First, Adorno’s philosophy criticises objects ‘immanently’—from within them rather than using external criteria. Second, Adorno criticises ‘identity thinking’—the tendency to attach concepts to objects to categorise them—to emphasise the importance of the non-conceptual for rationality. Third, to open up rationality to the non-conceptual, Adorno uses the notion of ‘constellations’ to surround the object with concepts rather than simply attaching a definition to the object. Fourth, Adorno insists on the ‘priority of the object’: theory must begin with its object which mediates the response of philosophical practice. Finally, Adorno was an adamant critic of positivism.

Chapter 1 frames the thesis by tracing Adorno’s thinking about the relationship between theory and practice. Adorno argues that theory is a form of practice: theory must place its object as primary and aim at affecting change in a world that is antagonistic to its core. Theory must not prescribe the path to a better world but analyse why change for the better is not happening. Chapter 2 extends Chapter 1 to outline the idea of theory as practice for physiotherapy ethics and to defend theoretical analyses both against the notion of ‘evidence-based ethics’ and mistaken views of philosophical theory. Chapter 3 is a criticism of identity thinking in the claim that clarifying what the concept of ‘person-centredness’ is leads to the related practice becoming better. A direct path from clarified concept to practice is not guaranteed. Instead, I argue for placing ‘person-centredness’ in a constellation. Chapter 4 criticises immanently the four principles approach—a liberal theory of healthcare ethics that enjoys endorsement but has also been criticised widely. My criticism reveals that instead of placing the principle-abiding subject as primary, the priority of the object offers a basis for physiotherapy ethics. Chapter 5 focuses on Adorno’s somatic philosophy and how physiotherapy ethics might be anchored in the body, its vulnerability and suffering.

Keywords: critical physiotherapy, Adorno, ethics, theory, practice, critique

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## List of abbreviated works by Adorno

- AE *Against Epistemology: A Metacritique*. Translated by Willis Domingo. Cambridge: Polity, 2013.
- CM *Critical Models: Interventions and Catchwords*. Translated by Henry W. Pickford. New York: Columbia University Press, 2005.
- DE *Dialectic of Enlightenment*. Translated by Edmund Jephcott. Stanford: Stanford University Press, 2002. (with Max Horkheimer)
- HF *History and Freedom: Lectures 1964–1965*. Translated by Rodney Livingstone. Cambridge: Polity, 2006.
- HTS *Hegel: Three Studies*. Translated by Shierry Weber NicholSEN. Cambridge, MA: MIT Press, 1993.
- ID *An Introduction to Dialectics*. Translated by Christoph Ziermann. Cambridge: Polity, 2017.
- IS *Introduction to Sociology*. Translated by Edmund Jephcott. Cambridge: Polity, 2000.
- JA *The Jargon of Authenticity*. Translated by Knut Tarnowski and Frederic Will. London: Routledge, 1973.
- KCPR *Kant's Critique of Pure Reason*. Translated by Rodney Livingstone. Cambridge: Polity, 2001.
- LND *Lectures on Negative Dialectics*. Translated by Rodney Livingstone. Cambridge: Polity, 2008.
- MM *Minima Moralia: Reflections on a Damaged Life*. Translated by E. F. N. Jephcott. London: Verso, 2005.
- ND *Negative Dialectics*. Translated by E. B. Ashton. London: Routledge, 1973.
- NL1 *Notes to Literature. Volume One*. Translated by Shierry Weber NicholSEN. New York: Columbia University Press, 1992.
- PD *The positivist Dispute in German Sociology*. Translated by Glyn Adley and David Frisby. London: Heinemann, 1976. (with Hans Albert, et al.)
- PETS *Philosophical Elements of a Theory of Society*. Translated by Wieland Hoban. Cambridge: Polity, 2019.
- PMP *Problems of Moral Philosophy*. Translated by Thomas Schröder. Cambridge: Polity, 2001.

- PT1 *Philosophische Terminologie. Band 1.* Edited by Rudolf zur Lippe. Frankfurt am Main: Suhrkamp Verlag, 1973.
- PT2 *Philosophische Terminologie. Band 2.* Edited by Rudolf zur Lippe. Frankfurt am Main: Suhrkamp Verlag, 1974.
- TNM *Towards a New Manifesto.* Translated by Rodney Livingstone. London: Verso, 2011. (with Max Horkheimer)

## Note on translations

I use the standard English translations of Adorno's works, which occasionally suffer from some inaccuracies. I have checked each citation in the German editions (*Gesammelte Schriften 1–20*, Frankfurt am Main: Suhrkamp) and amended the standard translations where appropriate. All amended translations are mine unless otherwise stated.

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Thank you, my friends at Seahaven Dance, for making me feel at home in Seaford: Mechele Lefkaridi, Georgina Hill and Debbie Moy. To my friends, Nora and Terhi, thank you for being there for all these years. To Jonna, thank you for your friendship and support, and numerous critical (and often saucy) discussions.

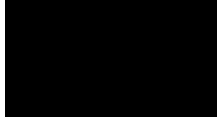
Most importantly: my family, I love you. My critical companion, Timo Uotinen, who introduced me to both Hegel and Adorno, convinced me to push on, supported me through pints and pints of tears, read and commented numerous drafts, and meticulously (how else) proofread my footnotes and helped me finish my bibliography. As usual, this work is dedicated to you.

Tässä tää ny ois, kiitos ja anteeksi.



## Author's Declaration

I declare that the research contained in this thesis, unless otherwise formally indicated within the text, is the original work of the author. The thesis has not been previously submitted to this or any other university for a degree and does not incorporate any material already submitted for a degree.



Anna Ilona Rajala

Date

February 24, 2020

# Introduction: Adorno and critical physiotherapy

## 1. Why Adorno?

The most frequent question about this thesis that I find myself answering is: Why Adorno? Why analyse Adorno's thinking in a context that seems to have nothing to do with his philosophy? After all, Adorno did not write about healthcare nor has his thinking been extensively applied to healthcare, let alone physiotherapy. There are two reasons for my focus on Adorno. First, admittedly from an anecdotal and personal point of view, reading Adorno as a physiotherapy practitioner, I found his thinking helpful in working through some matters about which I was uneasy in clinical practice: positivism in physiotherapy research and practice; moral absolutism in healthcare ethics; methodological simplifications of all kinds of complex matters; and the claim that concepts and their objects correspond to one another in a direct manner. If thinking *with* Adorno has helped me—the preposition is Gerhard Richter's recent expression for Adorno as the thinker best understood in dialogue with others that also allows me to put him into dialogue with “critical voices that will have succeeded him”,<sup>1</sup> my voice included—perhaps sharing my analysis of Adorno and physiotherapy might also prove helpful to others. So, while contributing to the philosophy of physiotherapy, my argument aims directly to affect physiotherapy practice (more on this below). Second, from a less anecdotal point of view: Why not Adorno? Why should anyone limit philosophical thinking—one of the few sites, as Adorno would argue, in which one is still able to hold on to something resembling freedom in late capitalism<sup>2</sup>—about

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<sup>1</sup> Gerhard Richter, *Thinking with Adorno: The Uncoercive Gaze* (New York: Fordham University Press, 2019), 11.

<sup>2</sup> CM 263 (Marginalia to Theory and Praxis). *Critical Models* (CM) is a collection of essays. The name of the essay is provided in parenthesis.

healthcare or physiotherapy only to those thinkers who have already said something related to these topics? It is my task as a researcher in applied philosophy to be a mediator between philosophy and its praxis; to forge connections between practically relevant material contexts—in the case of this thesis, physiotherapy and ethics—and the implications of philosophy within these contexts. My task is to find out what kind of need there is to advance critical understanding of physiotherapy and what might be relevant in Adorno’s thinking to achieve such understanding.

The question ‘Why Adorno?’ is crucial because it addresses the central purpose of this project: I argue throughout this thesis that thinking with Adorno has a lot to offer for physiotherapy in terms of ethics, theory, and practice. Each chapter attempts, although not always explicitly, to answer this question but I also wish to give some answers at the outset to help the reader consider why reading this work might be worth their time. Theodor W. Adorno (1903–1969) was a German philosopher, sociologist and musicologist, and a leading member of the Frankfurt School.<sup>3</sup> He is perhaps best known for his aesthetic theory and critique of the culture industry, but he also wrote on a variety of other topics: modern society, fascism, positivism, idealism, existentialism, and ontology (among others). Adorno’s thinking is remarkably consistent throughout his career that spanned four decades, and he is undoubtedly one of the most influential critical theorists of the twentieth century.<sup>4</sup> This thesis is situated within critical physiotherapy research—a field informed by philosophy and/or critical social science—and I maintain that reading Adorno in this context adds to the

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<sup>3</sup> There are several intellectual biographies: Detlev Clausen, *Theodor W. Adorno: One Last Genius*, trans. Rodney Livingstone (Harvard: Harvard University Press, 2008); Lorenz Jäger, *Adorno: A Political Biography*, trans. Stewart Spencer (Yale University Press, 2004); Stefan Müller-Doohm, *Adorno: A Biography*, trans. Rodney Livingstone (Cambridge: Polity, 2009). Finally, an impressive intellectual biography of the early Frankfurt School, see Rolf Wiggershaus, *The Frankfurt School: Its History, Theories, and Political Significance*, trans. Michael Robertson (Cambridge, MA.: MIT Press, 1994).

<sup>4</sup> Simon Jarvis, *Adorno: A Critical Introduction* (Cambridge: Polity, 1998), 1.

knowledge in the field. Furthermore, I maintain that if a thesis on Adorno's thought and physiotherapy had turned out not to be worth pursuing, this project would not have come to an end, but to a dead end.

Despite my confidence in this project and its relevance, it has often been difficult to convince others, which often has to do with the fact that Adorno's thinking seems to have little to do with physiotherapy at first sight. One of the challenges in taking on a project such as this is that so far—I can say this with full confidence—I am the only author at the time of writing of any published research on Adorno and physiotherapy to date,<sup>5</sup> and one of the few to analyse Adorno's work in the context of healthcare in general.<sup>6</sup> So I do not have a body of previous research on Adorno and physiotherapy or healthcare to draw upon or to back me up. There are, however, also

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<sup>5</sup> See Anna Ilona Rajala, "What Can Critical Theory Do for the Moral Practice of Physiotherapy?" in *Manipulating Practices: A Critical Physiotherapy Reader*, eds. Barbara E. Gibson, David A. Nicholls, Jenny Setchell, and Karen Synne Groven (Oslo: Cappelen Damm Akademisk, 2018), 55–77, <https://doi.org/10.23865/noasp.29>; Jenni Aittokallio and Anna Ilona Rajala, "Perspectives on 'Person-centeredness' from Neurological Rehabilitation and Critical Theory: Toward a Critical Constellation," *Journal of Humanities in Rehabilitation* 6 (Spring 2020), <https://www.jhrehab.org/2020/05/07/perspectives-on-person-centeredness-from-neurological-rehabilitation-and-critical-theory-toward-a-critical-constellation/>. In the latter co-authored article, I am responsible for the research on Adorno. Both articles are related to this thesis and shall be cited in the following chapters.

<sup>6</sup> Alastair Morgan and Andrew Edgar have published the best-articulated work thus far. See Alastair Morgan, "Schizophrenia, Reification and Deadened Life," *History of the Human Sciences* 23, no. 5 (2010): 176–193; Andrew Edgar, "The Uncanny, Alienation and Strangeness: The Entwinning of Political and Medical Metaphor," *Medicine, Health Care and Philosophy* 14, no. 3 (2011): 313–322; Andrew Edgar, "The Art of Useless Suffering," *Medicine, Health Care and Philosophy* 10, no. 4 (2007): 395–405. The majority of published research mentions Adorno only in passing. See e.g. David I. Benbow, "'With Great Power Comes Great Responsibility': Democracy, the Secretary of State for Health and Blame Shifting within the English National Health Service," *International Journal of Health Services* 48, no. 3 (2018): 461–481; Michael Brennan, "Loss, Bereavement and Creativity: Meanings and Uses," *Illness, Crisis & Loss* 23, no. 4 (2015): 291–309; R. M. Carpiano and Dorothy M. Daley, "A Guide and Glossary on Postpositivist Theory Building for Population Health," *Journal of Epidemiology and Community Health* 60, no. 7 (2006): 564–570; Thomas R. Cole and Nathan Carlin, "The Suffering of Physicians," *The Lancet* 374, no. 9699 (2009): 1414–1415; Judy E. Boychuk Duchscher, "Catching the Wave: Understanding the Concept of Critical Thinking," *Journal of Advanced Nursing* 29, no. 3 (1999): 577–583; Henning Eichberg and Jerzy Kosiewicz, "Body Culture, Play and Identity," *Physical Culture and Sport. Studies and Research* 72, no. 1 (2016): 66–77; Heike Hartung, "Late Style as Exile: De/colonising the Life Course," *Journal of Aging Studies* 39, (2016): 96–100; Ejgil Jespersen, "Outline of Mimesis, Honor and Dignity in Modern Sport: A Commentary," *Physical Culture and Sport. Studies and Research* 82, no. 1 (2019): 59–66; Mattias Strand, "René Girard and the Mimetic Nature of Eating Disorders," *Culture, Medicine and Psychiatry* 42, no. 3 (2018): 552–583; Mathias Wirth, "'Living in a Shell of Something I'm Not': Transsexuality, Medical Ethics, and the Judeo-Christian Culture," *Journal of Religion and Health* 54, no. 5 (2015): 1584–1597.

some possible benefits to this position. In a relatively recent field of research such as critical physiotherapy<sup>7</sup> bringing new thinkers—that is, thinkers new to physiotherapy—into conversation with physiotherapy needs no more justification than that there is so much that has not been done before and so many philosophers that remain underexplored. The field also benefits from a diversity of critical perspectives that might be brought into conversation about physiotherapy with each other to sharpen the general rigour of critical inquiry; and this thesis introduces Adorno into these conversations.<sup>8</sup>

But however interesting the lack or novelty of Adorno in physiotherapy might seem, I do not think that it is a good enough reason to do this. For to do something *only* because it is somehow novel is not enough. There are certainly many theories and thinkers that remain un- and underexplored in physiotherapy, but that does not imply that these theories or thinkers ought to be brought into physiotherapy. Novelty does not imply relevance. Moreover, justifications in terms of novelty quickly become repetitive and unexciting, and risk losing sight of the object: physiotherapy. Therefore, there must be something about physiotherapy that would benefit from being put into conversation with Adorno, rather than there being something about Adorno that brings novelty into physiotherapy. Novelty alone would be to use Adorno in an instrumental manner, flatly contradicting the aims of his critical theory. He argued, after all, that we

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<sup>7</sup> Compared to nursing and medicine, physiotherapy is relatively new as an academic discipline with academicization starting around the 1970s, while critical physiotherapy research has been steadily increasing since the late 1990s and early 2000s. For a critical physiotherapy history, see David A. Nicholls, *The End of Physiotherapy* (London: Routledge, 2018). See also Hislop's classic lecture on academicization: Helen J. Hislop, "Tenth Mary McMillan Lecture. The Not-so-Impossible Dream," *Physical Therapy* 55, no. 10 (1975): 1069.

<sup>8</sup> See my open peer-review where I address some of these questions: Anna I. Rajala, "Review (Rajala) – The Fundamental Violence of Physiotherapy: Emmanuel Levinas's Critique of Ontology and Its Implications for Physiotherapy Theory and Practice," *OpenPhysio* (e-journal), posted July 30, 2019, <https://www.openphysiojournal.com/review/review-rajala-the-fundamental-violence-of-physiotherapy-emmanuel-levinass-critique-of-ontology-and-its-implications-for-physiotherapy-theory-and-practice/>.

should turn the attention to the matter itself rather than to the method or theory (although methods naturally mediate the matter).<sup>9</sup>

I suggest that there are indeed ‘gaps’ in critical physiotherapy research that Adorno’s thinking helps to fill, to use the more conventional expression. However, ‘filling a gap’ would describe the aims of this project poorly, and fit Adorno’s thinking even worse.<sup>10</sup> Rather than simply finding a gap and filling it, my argument is more ambitious: indeed, as the overarching aim of critical physiotherapy is to critically reconfigure the broader field of physiotherapy, my thesis aims at a reconfiguration of the relationship between theory and practice within physiotherapy. Rather than simply ‘filling a gap’ in knowledge then, my ultimate aim is to effect change in physiotherapy theory and practice. By ‘change’ I mean incremental changes on the level of individual consciousness that may sometimes prove transformative, even leading to institutional or global paradigm shifts. Incremental change is also emergent—it is affected by several actors without a clear beginning or end—rather than a top-down planned or tactical shift that moves in clear steps and stages towards a pre-determined goal.<sup>11</sup> As one of the central figures in the history of critical theory, Adorno’s thinking not only offers insight into the ‘critical’ in critical physiotherapy that can help to open new directions for research, but also helps to answer a fundamental question concerning the wider context of applied philosophy of healthcare: what might the relationship between theory (philosophy and/or moral philosophy) and practice (clinical and/or ethical practice) consist in? The question of theory and practice is thus my primary

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<sup>9</sup> Adorno insists on the ‘preponderance’ or ‘priority’ or ‘primacy’ (depending on the translation) of the object (*der Vorrang des Objekts*) in several writings. See especially the essays “Notes on Philosophical Thinking” and “On Subject and Object” in CM 127–134; 245–258.

<sup>10</sup> ‘Research gap’ suggests a conception of science and knowledge as systemic, and Adorno was critical of systems, the prime example being positivist science (more on this below).

<sup>11</sup> I am borrowing here the vocabulary of change from Julie Hodges and Roger Gill, *Sustaining Change in Organizations* (Los Angeles: SAGE, 2015).

focus (more detailed research questions are set below). Adorno's thinking cuts deeply into some of the entrenched assumptions of physiotherapy. These assumptions, each of which also concern the theory and practice question, are explored in the following chapters of this thesis: theory is immaterial and has little to do with practical matters unless it is empirically verified; concepts and definitions correspond to material objects and practices in a simple and direct manner; clarifying a theory or a concept leads to the related practice improving; western liberalism is a universal foundation for ethics; good ethical conduct is materialised if there is a framework at place to guide ethical conduct; and the only truly valuable knowledge is empirical knowledge.

Being able to challenge these assumptions is not, of course, exclusive to drawing on Adorno's thinking. Some of these assumptions have been analysed in physiotherapy with reference to other theorists, such as Deleuze and Guattari and Foucault;<sup>12</sup> and indeed, there are also some parallels that can be drawn between Adorno and other philosophers that might offer some further insight into the questions of theory and practice.<sup>13</sup> For example, David Couzens Hoy's insightful analysis of the themes of critique and resistance in poststructuralism might be a helpful starting-point for a study of critical theory and practice.<sup>14</sup> However, I focus on Adorno because

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<sup>12</sup> See e.g. Thomas Abrams, Jenny Setchell, Patricia Thille, Bhavnita Mistry, and Barbara E. Gibson, "Affect, Intensity, and Moral Assemblage in Rehabilitation Practice," *Biosocieties* 14, no. 1 (2019): 23–45; Barbara E. Gibson, *Rehabilitation: A Post-critical Approach* (Bora Raton: CRC Press, 2016); Nicholls, *The End of Physiotherapy*; Barbara E. Gibson, Gillian King, Gail Teachman, Bhavnita Mistry, and Yani Hamdani, "Assembling Activity/setting Participation with Disabled Young People," *Sociology of Health & Illness* 39, no. 4 (2017): 497–512; David A. Nicholls and Dave Holmes, "Discipline, Desire, and Transgression in Physiotherapy Practice," *Physiotherapy Theory and Practice* 28, no. 6 (2012): 454–465.

<sup>13</sup> On parallels see e.g. Alastair Morgan, "'A Figure of Annihilated Human Existence': Agamben and Adorno on Gesture," *Law and Critique* 20, no. 3 (2009): 299–307; Stephanie Belmer, "Emmanuel Levinas and Theodor Adorno on Ethics and Aesthetics," *Angelaki* 24, no. 5 (2019): 29–43; Deborah Cook, *Adorno, Foucault and the Critique of the West* (London: Verso, 2018); Lars Rensmann and Samir Gandesha, eds., *Arendt and Adorno: Political and Philosophical Investigations* (Stanford: Stanford University Press, 2012).

<sup>14</sup> David Couzens Hoy, *Critical Resistance: From Poststructuralism to Post-critique* (Cambridge, MA: MIT Press, 2004). There are certainly interesting parallels between Adorno and Foucault, and Adorno and Agamben (through the shared focus of Benjamin's work), and Adorno and Derrida (Adorno's nonidentity and Derrida's *différance*, and also immanent criticism and deconstruction).

although exploring Adorno's thinking in relation to both physiotherapy and other critical theorists would make an interesting study, such topic would be far too broad to be tackled here.

What does Adorno offer then? Adorno's work addresses epistemological questions of conceptuality, non-conceptuality and reason that offer insight into physiotherapy theory and practice. Centrally, Adorno sought to acknowledge the 'nonidentical' [*das Nichtidentische*]<sup>15</sup>—the non-conceptual that cannot be grasped by concepts or taxonomies of concepts—to emphasise the particularity of objects, which is irreducible to simple conceptual understanding. For Adorno, "[t]he utopia of knowledge would be to open up the non-conceptual with concepts without making it [the non-conceptual] like them [concepts]."<sup>15</sup> Oshrat C. Silberbusch argues in her recent wonderfully detailed reading of the nonidentical that Adorno pursued the so-called utopia of knowledge "by opening up conceptual rationality to the non-conceptual: to the aesthetic, the somatic, the ephemeral; by letting our *ratio* take cues from that which is not like it."<sup>16</sup> Adorno insisted that to acknowledge the non-conceptual, or the nonidentical, philosophy has to move as close as possible to its objects; to tarry with them, to examine their minute and even insignificant details, to let them speak instead of imposing the subject's thought processes and concepts upon the object. Adorno refers to the closeness of objects as the priority of the object [*der Vorrang des Objekts*],<sup>17</sup> which is one of the central converging points between Adorno and physiotherapy: without the object neither would have a referent.

Furthermore, Adorno's criticism of positivism is also directly relevant for physiotherapy. In physiotherapy, as well as in medicine and healthcare more broadly,

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<sup>15</sup> ND 10. Amended translation by Oshrat C. Silberbusch, *Adorno's Philosophy of the Nonidentical* (Cham: Palgrave, 2019), 117.

<sup>16</sup> Silberbusch, *Adorno's Philosophy*, 2.

<sup>17</sup> See fn9 above.



there is a need for a fresh look at the critique of positivist rationality; the calculating, quantitative and empiricist *ratio* that tolerates nothing outside its own criteria of knowledge. The problem with accepting positivism uncritically is that to do so excludes everything that does not fit the positivist ideal of ‘objective’ knowledge without argument. The ideal declares as valid only that which can be verified by empirical, logical or mathematical proof—the rest is nonsense.<sup>18</sup> In physiotherapy, one of the major consequences of the positivist ethos is that the body is understood simply through its observable biomechanical functions; as a machine that can be fixed.<sup>19</sup> Positivist physiotherapy excludes by *fiat* philosophical and ethical inquiry—unless they can be empirically verified; and this simplifies and narrows down the understanding of what physiotherapeutic knowledge might consist in. I suggest that Adorno offers a way of criticising positivism—although Adorno admitted using the term rather broadly for scientism<sup>20</sup>—from the perspective of the critique of modern *ratio*; critique that does not aim at dispensing with reason itself, but rather criticises the modern kind of rationality that is distorted by scientism and positivism. In a manner of speaking, Adorno seeks to *rehabilitate* rationality—a fitting expression for the context of physiotherapy—by insisting that reason depends on the non-conceptual and objectivity depends on subjectivity as well as subjectivity on objectivity. Hence the argument well-known for those familiar with Horkheimer and Adorno’s *Dialectic of Enlightenment* that Enlightenment reason, as the forebearer of positivism, was not enlightened in the proper sense.<sup>21</sup>

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<sup>18</sup> Ayer, for example, argues that the only valid basis for philosophy is the verification principle, according to which empirical and logical verification statements are not true or untrue but meaningless, and thus can be ignored. Religious statements are, for Ayer, literally nonsense. A. J. Ayer, *Language, Truth and Logic* (New York: Dover, 1952).

<sup>19</sup> David A. Nicholls and Barbara E. Gibson, “The Body and Physiotherapy,” *Physiotherapy Theory and Practice* 26, no. 8 (2010): 497–509.

<sup>20</sup> IS 20.

<sup>21</sup> DE xvii.

So *why not* Adorno? Adorno's take on the question of the relationship between theory and practice, which is also political—as we shall see in the forthcoming chapters—offers critical insight into the role of philosophy and theory in healthcare. Indeed, I suggest that the question of the relationship between theory and practice is nothing less than the most important question for the survival of philosophy within healthcare. The nonidentical and the priority of the object are in this context especially helpful. The critique of positivism is not only directly related to the question of theory and practice, but is of utmost importance in defending philosophy, which I consider indispensable in physiotherapy. Adorno's thinking, then, contributes to critical physiotherapy by moving beyond the claim that positivism is simply harmful—it is not the sole culprit of everything that is wrong about contemporary physiotherapy—and towards offering a critical epistemology of conceptuality and non-conceptuality, and of subjectivity and objectivity, that seeks to defend reason against the reductionism of positivism. In sum, the question of theory and practice, the nonidentical, the priority of the object (or subject-object dialectics), and the critique of positivism are central to rethinking physiotherapy critically. They offer an approach to practical thinking about physiotherapy that is both other-critical and self-critical, thus also offering a means of attaining critical self-awareness in and of the physiotherapy profession. These themes are often intertwined in Adorno's thinking, and they form the core 'constellation'—a central model of thinking for Adorno which is explained below—of my argument to reconfigure the relationship between theory and practice in critical physiotherapy.

## 2. Thinking *with* Adorno: immanent criticism and constellations

This section explains my approach. The title of this section was for a long time ‘A placeholder for methodology’; but understanding my hesitating to call it ‘Methodology’ is essential to understanding Adorno’s critical theory, which cannot be properly grasped without an understanding of his style and his notorious anti-systemic sentiment. As Gillian Rose notes, method for Adorno is not about “devising procedures for applying theories.”<sup>22</sup> Rose rightly states that it is impossible to understand Adorno’s ideas without understanding their presentation; his style and his preoccupation with style.<sup>23</sup> The content (what) Adorno thinks cannot be separated from the form (how) in which he thinks it—indeed, what Adorno thinks cannot be separated from the specifics of the German language.<sup>24</sup> For Adorno, ‘method’ or ‘style’ refer to the relation between ideas and the composition—much like musical composition<sup>25</sup>—of texts in which each word in a sentence, each sentence in a paragraph and each chapter within a book—and even texts within an oeuvre—are carefully and intentionally arranged in a particular way, such that meanings often depend on the arrangement. There is no prescriptive philosophical system to be found in Adorno; no methodology that can be simply applied to different contexts. Adorno’s antipathy to

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<sup>22</sup> Gillian Rose, *The Melancholy Science* (London: Verso, 2014), 16.

<sup>23</sup> *Ibid.* 15.

<sup>24</sup> Adorno thought that the German language has a specific affinity with philosophy (although he was undecided whether it was due to circumstances specific to German or more about the relationship between native and foreign languages). See the essay “On the Question: What is German?” in CM 205–214. See also Richter, *Thinking with Adorno*, 6. The affinity of Adorno’s philosophy with German makes translating Adorno difficult, as pointed out by many of his early and later translators. E.g. Hullot-Kentor ponders in the introduction to Adorno’s *Aesthetic Theory* (London: Continuum, 1997, p. xv) whether translations are constructing an Adorno that is really translated or merely dubbed. The German language question is also clear in Adorno’s rich dialogue with German idealism, especially Hegel, without which it is impossible to have a deep understanding of Adorno. See Adorno’s “The Essay as Form” in NL1 3–23; and Chapter 2 in Rose’s *The Melancholy Science* titled “The search for style”, 15–34. There is also a more recent debate about the role of language in philosophy, or more precisely, its Anglocentrism. In a recent paper, Glock argues that English should be the *lingua franca* of philosophy, see Hans-Johann Glock, “The Awful English Language,” *Philosophical Papers: Linguistic Justice and Analytic Philosophy* 47, no. 1 (2018): 123–154.

<sup>25</sup> ND 165.

philosophical systems arises from the thought that philosophical systems, no matter how dynamically conceived, become finite and static: “Bluntly put,” Adorno writes, “closed systems are bound to be finished.”<sup>26</sup> Neither should philosophy, Adorno argues, be reduced to different standpoints or positions that must finally produce something positive.<sup>27</sup> Instead of trying in vain to conceive an applicable system or methodology within Adorno’s philosophy, thinking with Adorno requires a deep (and often painstaking) immersion in his texts, so as to avoid misconstruing his thinking.<sup>28</sup> I agree with Simon Jarvis that it is difficult to pick and choose Adorno’s texts and explicating them will always do them some violence,<sup>29</sup> but I also accept that this is a necessary price to pay for rethinking Adorno in other contexts than just his own thinking. I take cue from Adorno’s own reading of Hegel: I do not aim at arguing what is dead or alive in Adorno, but rather ask what the present would mean facing Adorno?<sup>30</sup> My aim is to assemble *critical models*, as Adorno might call them, for thinking about physiotherapy.<sup>31</sup> Each chapter represents one such critical model, forming a constellation in which each chapter links and adds to others, each chapter helps us to understand the others better. Such a constellation does not proceed towards a conclusion linearly but rather assembles answers to the questions I aim to answer.

Despite the difficulties in ‘applying’ Adorno, there are two ‘methodological’ notions that allow a more ‘applicable’ approach to Adorno’s thinking compared to the painstaking close reading of his texts. These notions, both of which I use throughout

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<sup>26</sup> ND 27.

<sup>27</sup> CM 16 (Why Still Philosophy?).

<sup>28</sup> Rose, *The Melancholy*, ix–x.

<sup>29</sup> Jarvis, *Adorno*, 3.

<sup>30</sup> HTS 1.

<sup>31</sup> Adorno’s texts are often fragmentary, which is why he described them as models, notes, and prisms. Philosophy for Adorno was the same as thinking in models, which he thought would resist turning philosophy into a finite system. See ND 29. Adorno also thought that criticism necessarily also involves experimenting to create conditions under which the object can become visible in new light. See “The Essay as Form,” NL1 3–23.

this thesis, are *constellations* (which I have already introduced) and *immanent criticism*. These notions are used explicitly to frame Chapters 3 and 4. Immanent criticism, as Jarvis explains, is not about “trying to score a victory over the work criticized”.<sup>32</sup> Neither is it supposed to replace the work under criticism with some supposedly better and more critical work—theory is not for Adorno something that is developed and tested linearly to find the one with the best explanatory power. Immanent criticism, for Adorno, is not just criticism of individual arguments by reference to external criteria but a matter of how the arguments fit together within a body of philosophical work or how the interrelatedness of social behaviour can be understood *immanently*: that is to say, which criteria *internal* to the work or phenomenon might break the work or phenomenon from *within*. Such an approach, Adorno maintains, is “profoundly opposed to the positivist impulse”<sup>33</sup> and “the narrow-minded acquisition of factual knowledge”.<sup>34</sup> Immanent criticism seeks to “develop philosophical standpoints beyond themselves and beyond the despotism of a thinking based on standpoints.”<sup>35</sup> Adorno uses the notion of immanence with reference to Hegel, but with a critical difference.<sup>36</sup> Although Adorno shares with Hegel a conception of dialectics as working from within the object of consciousness, instead of adhering to a *positive* dialectic, Adorno’s dialectic is *negative*. For Hegel, identity is *the identity between identity and nonidentity*—between the content of thought and its determinate negation—and the *whole movement of dialectics constitutes its truth*.<sup>37</sup>

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<sup>32</sup> Jarvis, *Adorno*, 6.

<sup>33</sup> PETS 5.

<sup>34</sup> CM 22 (Philosophy and Teachers). Herein also lies the reason why I argued above that ‘finding a gap’ fits poorly with Adorno’s thinking.

<sup>35</sup> CM 12 (Why Still Philosophy?).

<sup>36</sup> See James Gordon Finlayson, “Hegel, Adorno and the Origins of Immanent Criticism,” *British Journal for the History of Philosophy* 22, no. 6 (2014): 1142–1166; Brian O’Connor, “Adorno’s Reconception of the Dialectics,” in *A Companion to Hegel*, eds. Stephen Houlgate, and Michael Baur, 537–555 (Chichester, West Sussex: John Wiley & Sons, 2011).

<sup>37</sup> G. W. F. Hegel, *Phenomenology of Spirit*, trans A. V. Miller (Oxford: Clarendon Press, 1977), see e.g. “Introduction” §79–89.

Adorno reverses the Hegelian dialectics by claiming that the “whole is the false”<sup>38</sup> emphasizing *the nonidentity of identity and nonidentity*.<sup>39</sup> Adorno’s negative dialectics seek consciousness of nonidentity and the wrong state of things in society. The aim of negative dialectics would be to break identity thinking—the need to positively identify, determine, categorise and subsume the particularity of objects under universal concepts—from within, so as to acknowledge the ineffable, the non-conceptual, the concrete.<sup>40</sup> Adorno attempted to escape complicity with and consensus about the *status quo* by turning dialectics negative, but not even a negative dialectic could escape the prevailing identitarian logic: “it remains the thing against which it is conceived.”<sup>41</sup> We cannot escape the identitarian logic, but to resist it, Adorno argues, “[w]e must philosophize not *about* concrete details but from *within* them, by assembling concepts around them.”<sup>42</sup> Here Adorno suggests that although we cannot think without identifying, to grasp a concrete object is to surround it with a cluster of concepts to form a constellation around it, instead of attaching a single concept to an object in the identitarian manner and thinking the identity exhausts the object. To examine something with the help of constellations, as Rose explains, “means to juxtapose a cluster of related words or connotations which characterise the object of investigation without implying that the concepts used are identical with their objects.”<sup>43</sup> Thus, philosophical inquiry, for Adorno, is not about forming a coherent and flawless system of thought, expressed concisely and without any ambiguities and contradictions. Indeed, philosophy itself is, for Adorno, a kind a stammering that attempts to say what

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<sup>38</sup> MM 50.

<sup>39</sup> HTS xv, 31–32; see also Part II of *Negative Dialectics* (ND 134–207).

<sup>40</sup> ‘Concrete’ in the Hegelian sense of many-sided, complexly mediated rather than simple as in one-sided and unmediated.

<sup>41</sup> ND 147.

<sup>42</sup> LND 146.

<sup>43</sup> Rose, *The Melancholy*, 116–117.

cannot be said by the means of concepts.<sup>44</sup> Philosophy is not expoundable, for expoundable philosophy, Adorno insists, speaks against philosophy itself.<sup>45</sup> The very fact that philosophy can err, he argues, is the reason it can gain something.<sup>46</sup>

The important question, however, is whether an approach that is not anchored in something clearly articulated slips too easily into relativism or nihilism, and whether such an approach can be of any help for physiotherapy practice. I argue that critical work must take this risk because criticism cannot be reduced to steps or phases either without inadvertently imposing an element of unfreedom, as Adorno would argue, upon criticism.<sup>47</sup> A step-by-step criticism risks offering a false sense of methodological security of grasping the complexity of phenomena. No matter how critical the steps may be, they do not *necessarily* render the outcome of taking the steps critical. The truly critical and radical step would be to abandon the idea of predetermined frameworks. Adorno was aware of the paradox that the process of cognising the nonidentical translates it into identity; but knowing also means to relate identity to non-identity. The paradox is precisely why Adorno insisted on dialectics and mediation: the cognising subject and the confronted object are co-dependent and mutually mediate each other.<sup>48</sup> Mediation (this rather complicated idea is further elaborated in Chapter 4) is a central term for Adorno, which he uses to point out that things appearing immediate, self-sufficient and independent turn out not to be so: things are always mediated on all levels and the subject has no direct access to objects as they are—without the mediating subject, the object would be nothing—but at the

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<sup>44</sup> KCPR 178; PT1 56.

<sup>45</sup> ND 33–34.

<sup>46</sup> *Ibid.* 14.

<sup>47</sup> An example of a step-by-step framework, see Stephanie A. Nixon, Euson Yeung, James A. Shaw, Ayelet Kuper, and Barbara E. Gibson, “Seven-Step Framework for Critical Analysis and its Application in the Field of Physical Therapy,” *Physical Therapy* 97, no. 2 (2017): 249–257.

<sup>48</sup> ID 83.

same time there is no mediation without something mediating, so the subject is also mediated by the object.<sup>49</sup> Mediation, however, “is never a middle element between extremes [in a binary], ... instead, mediation takes place in and through the extremes, in the extremes themselves.”<sup>50</sup>

Adorno argues that theory is a form of comportment, a theoretical activity that is not—and ought not to be—pure contemplation independent of practical matters.<sup>51</sup> The question of the relationship between theory and practice, it has been suggested in bioethics, resolves into two options: either bringing theory into practice via application or bringing practice into theory by avoiding abstractions and adhering to a more situated knowledge.<sup>52</sup> I agree to some extent. However, I suggest another alternative to bridging the gap between theory and practice: moving beyond bridging. Thinking that we can bridge the gap in the first place by simply adding elements of one to the other, or of thinking the relationship as one informing the other, still maintains an ‘either-or’ binary opposition between the two; theory into practice or practice into theory. I suggest thinking theory *as* a practice in itself—with the necessary element of the priority of the object, the close reflection on particular objects of consciousness, for example the real material contexts of philosophical inquiry—is a way to move beyond merely bridging. I focus in what follows on the ‘theory as practice’ rather than ‘practice-as-theory’ side of the *chiasmus*.<sup>53</sup>

Adorno engaged in the question of the relationship between theory and practice with reference to young Marx’s eleventh thesis on Feuerbach: “The philosophers have

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<sup>49</sup> CM 245–258 (On Subject and Object); ND 186. Jarvis, *Adorno*, 182.

<sup>50</sup> HTS 9. See also Brian O’Connor, “The Concept of Mediation in Hegel and Adorno,” *Hegel Bulletin* 20, no. 1–2 (1999): 84–96.

<sup>51</sup> CM 130 (Notes on Philosophical Thinking); PMP 6.

<sup>52</sup> Bruce Jennings, “Reconceptualizing Autonomy: A Relational Turn in Bioethics,” *Hastings Center Report* 46, no. 3 (2016): 11.

<sup>53</sup> The latter, practice as theory, might draw on social scientific methodologies, such as grounded theory. See e.g. Nancy Ali, Stephen May, and Kate Grafton, “A Systematic Review of Grounded Theory Studies in Physiotherapy,” *Physiotherapy Theory and Practice* 35, no. 12 (2018): 1139–1169.



hitherto only *interpreted* the world, in various ways; the point is to *change* it.”<sup>54</sup> Adorno argues that the call for unity of theory and praxis—the active transformation of the world, as he puts it<sup>55</sup>—is mistaken, and that it is more likely that the world has not been changed because it has not been interpreted enough.<sup>56</sup> Adorno disagrees not about whether the main aim of theory is to change the world, but rather that focusing on changing the world should not mean that theory is made obsolete in the process. On the contrary, in the opening to *Negative Dialectics* Adorno famously claims that it is exactly because the world did not change—the social revolution that promised emancipation and happiness did not come to be and the historical attempts had failed miserably—that philosophy is not obsolete.<sup>57</sup> Indeed, for Adorno theory’s legitimacy rests on the claim that “without it, there would be no changing the practice that constantly calls for change”<sup>58</sup> and theory has a genuine effect on change through creating consciousness; theoretical work has already historically proven that it can indeed have an effect on thinking.<sup>59</sup> Adorno’s insistence that we need to keep interpreting, however, does not mean that he abandoned materialism. Adorno, like other Frankfurt School thinkers, was influenced by Max Horkheimer’s seminal formulation of critical theory as historically situated criticism that always has the real prevailing situation of society as its object.<sup>60</sup> For Adorno, then, the purpose of philosophy is nothing less than the criticism of the *status quo* of late capitalism that

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<sup>54</sup> Karl Marx, “Concerning Feuerbach,” in *Early Writings*, trans. Rodney Livingstone and Gregor Benton (Harmondsworth: Penguin, 1992), 423.

<sup>55</sup> ID 86.

<sup>56</sup> LND 58.

<sup>57</sup> ND 3.

<sup>58</sup> *Ibid.* 143.

<sup>59</sup> See CM 285 (Critique); see also one of Adorno’s last public interviews that appeared in *Der Spiegel* only three months before Adorno died: Theodor W. Adorno “Who’s Afraid of the Ivory Tower? A Conversation with Theodor W. Adorno,” in *Language without Soil: Adorno and Late Philosophical Modernity*, ed. and trans. Gerhard Richter (New York: Fordham University Press, 2010), 227–238.

<sup>60</sup> Max Horkheimer, “Traditional and Critical Theory,” in *Critical Theory: Selected Essays*, trans. Matthew J. O’Connell (New York: Continuum, 1982), 188–243.

must always start with the preponderance of the object, which for the criticism of late capitalism are the real material conditions, the particular state of affairs that prevail.<sup>61</sup>

My approach to Adorno and physiotherapy is also informed by Adorno's insistence that theorising about ourselves and the world is a *moral obligation*, especially for those who are lucky enough to have material well-being and live in conditions of relative peace to engage in philosophical thinking: to really reflect on matters and not letting thought be subordinated to demands of political praxis.<sup>62</sup> Adorno told his students in a lecture series on moral philosophy that the most important task of moral philosophy today was the creation of consciousness that there may be contradictions between the reflection on moral questions and society as the object of moral reflection. These contradictions, as Adorno puts it, cannot be simply argued "out of existence by more or less logical procedures."<sup>63</sup> The world is antagonistic: it is foundationally entangled in the capitalist logic of exchange value and profit, and the power imbalance between the haves and have-nots, as well as constant political conflict and division, and blatant violence and repression. Adorno did not believe this antagonism could be overcome for the time being. Therefore, the good life of individuals is not guaranteed in the existing society and neither can the norms that might bring about a good life be assumed to be anchored in society: there is no right life, as Adorno argues, within the wrong one.<sup>64</sup> People, for the time being, are largely powerless to change the world to the extent that moral certainty could be gained.<sup>65</sup> Because of the prevailing antagonism, Adorno thought that moral philosophy ought

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<sup>61</sup> Adorno argues that the priority of object renders his materialism materialistic. ND 192. According to Bernstein, the reason for action (both ground and motive) in Adorno's thinking lies in the object. J. M. Bernstein, *Adorno: Disenchantment and Ethics* (Cambridge: Cambridge University Press, 2001), 180.

<sup>62</sup> LND 58; PMP 4; ND 41. See also Silberbusch, *Adorno's Philosophy*, 6.

<sup>63</sup> PMP 9.

<sup>64</sup> MM 39.

<sup>65</sup> See ND 242–243, 245, 396.

not “to strive to reduce conflict to harmony”,<sup>66</sup> but to give expression to the contradictions, antagonism and conflicting interests between the universal (society) and the particular (the individuals within society). We once again return to the priority of the object, which is central to Adorno’s moral thinking: “Without recourse to the [concrete] material, no ought could issue from reason.”<sup>67</sup> Moreover, the prevailing evil and injustice in the world—for Adorno the horrors of Auschwitz in particular—provide us with the moral imperative to arrange our thoughts and actions so that such horrors will not be repeated.<sup>68</sup> The relationship of theory and practice in Adorno’s “new categorical imperative”<sup>69</sup>—Adorno’s twist on Kantian ethics—might be expressed thus: whereas Hume argued that *ought* cannot be derived from *is*, Adorno argues that we can derive an *ought not* from an *is*—but this is as far as moral philosophy can give any definitive instructions for the achievement of the good life. The question for physiotherapy ethics, then, is not ‘What is the right thing to do?’, but “What is wrong here?” The ethical approach I offer is negative: by pointing out that something is wrong is already a step towards the right and better.

### 3. Critical physiotherapy and physiotherapy ethics

This thesis is situated broadly within applied philosophy and ethics, and more specifically within the research field that is often called ‘critical physiotherapy’, or sometimes ‘otherwise physiotherapy’ and sometimes explicitly neither despite being work that can be considered as ‘critical’ or ‘otherwise’. Without making any normative statements about terminology, or that we should call critical and otherwise approaches

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<sup>66</sup> PMP 144.

<sup>67</sup> ND 243.

<sup>68</sup> Ibid. 365.

<sup>69</sup> Ibid.

to physiotherapy anything at all, I shall use ‘critical physiotherapy’ for clarity so as to broadly refer to this field of research. I also situate this thesis within the field of physiotherapy ethics. In this section, I outline these two fields in order to be able to set the scope, contribution and aims in the consecutive section of this introduction.

Critical physiotherapy is not a unified field and it is not at all easy to give a definition of what it might be. Therefore, to agree with Brecher that some things simply cannot be defined but only described,<sup>70</sup> I attempt merely to outline critical physiotherapy. Defining something, however open-ended the definition might seem, sets limits to the defined and thus something is always left outside the definition. Therefore, without—hopefully—being either too exclusive or too inclusive of one thing or another, let me describe critical physiotherapy through both what it is and what it is not. First, critical physiotherapy is not established in the mainstream of clinical physiotherapy research but stands on the fringes: it is *otherwise* than the ‘business as usual’ of physiotherapy research. Mainstream physiotherapy research has largely concentrated on the effectiveness of clinical interventions.<sup>71</sup> This focus is unsurprising and understandable because of course physiotherapists benefit from empirical guidance regarding what might be harmful or helpful to patients. Often quantitative clinical research offers answers to questions about which intervention might be of benefit, for instance. However, the emphasis on evidence-based practice (EBP) is exclusive of otherwise approaches. According to the World Confederation for Physical Therapists (WCPT), EBP includes explicitly

meta-analyses, systematic reviews of randomised controlled trials (RCTs), individual RCTs, systematic reviews of cohort studies, individual cohort studies, outcomes research, systematic reviews of

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<sup>70</sup> Bob Brecher, *Torture and the Ticking Bomb* (Oxford: Blackwell, 2007), 3–6.

<sup>71</sup> Camilla Wikström-Grotell and Katie Eriksson, “Movement as a Basic Concept in Physiotherapy—A Human Science Approach,” *Physiotherapy Theory and Practice* 28, no. 6 (2012): 428–438.

case-control studies, individual case-control studies, case-series and expert opinion.<sup>72</sup>

In other words, what counts as ‘evidence’ is based explicitly on empirical quantitative research, which is a specific set of scientific methodologies and epistemology that exclude other types of ‘evidence’ from qualitative or theoretical research. The definition was removed from the WCPT’s resources page when the WCPT changed its name in 2020, perhaps indicating an emergent change, but critical research is still grossly under-represented in major physiotherapy journals.<sup>73</sup> Critical physiotherapy research has sought to disrupt the dominance of the positivistic concept of evidence by offering insights into clinical practice that often draw from philosophy and critical qualitative social sciences. It addresses physiotherapy-related issues from a broader theoretical and sociological perspective than simply evaluating clinical effectiveness of an intervention.

Second, critical physiotherapy must obviously be *critical of something* to be critical; it must have an object. Barbara E. Gibson has offered helpful ideas here: questioning the taken-for-granted, attending to power relations, and critiquing the dominance of positivism.<sup>74</sup> From the perspective of conducting research in physiotherapy, these three tenets address not only the dominance of positivism and EBP, but also the fact that this dominance maintains power relations within

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<sup>72</sup> “Policy Statement: Evidence Based Practice,” World Confederation for Physical Therapy, accessed February 16, 2019, <https://www.wcpt.org/policy/ps-EBP>.

<sup>73</sup> Jenny Setchell, David A. Nicholls, Nicky Wilson, and Barbara E. Gibson, “Infusing Rehabilitation with Critical Research and Scholarship: A Call to Action,” *Physiotherapy Canada* 70, no. 4 (2018): 301–302. The WCPT changed its name into World Physiotherapy in spring 2020, and the current policy statement on EBP retains the requirement that physiotherapists use “the best available evidence from systematic research”, but the above-quoted list of the means to acquire such evidence has been omitted for undisclosed reasons. See World Physiotherapy, “Policy Statement: Evidence Based Practice,” <https://world.physio/policy/ps-ebp>. Accessed December 17, 2020.

<sup>74</sup> Barbara E. Gibson. “Author Reflection: Rehabilitation: A Post-critical Approach,” *Journal of Humanities in Rehabilitation* (Spring 2018), <https://www.jhrehab.org/2018/04/30/author-reflection-rehabilitation-a-post-critical-approach/>.

physiotherapy research that privilege the empirical over the philosophical. This maintains ‘the taken-for-granted’ both in research and practice. One assumption, already mentioned above, is that ‘evidence’ must be something quantitative and empirical in order to count. Etymologically, both evidence and theory pertain to senses and seeing, but theory is nonetheless discounted as a relevant kind of seeing: the Latin *ēvidentia* is the “quality of being manifest to the senses”<sup>75</sup> and while the Ancient Greek *θεωρία* [*theoria*] also pertains to the “action of viewing”,<sup>76</sup> it is not anything manifest or obvious to the senses but rather something contemplative and thus less than evidence. There is a dichotomy between theory and evidence (or theory and practice) that needs to be challenged. However, and this is another characteristic of critical physiotherapy, the task of criticism is not to destroy and replace the ‘uncritical’ with the critical. The task of criticism is to disrupt the claims of the taken-for-granted and to work against the grain. But I suggest it ought to do this—and this is what Adorno adds to critical physiotherapy methodologically, and how Adorno might also challenge current critical physiotherapy research—from *within* the taken-for-granted rather than by applying external criteria or steps to be taken, whether critical or otherwise.<sup>77</sup>

Critical physiotherapy is not a unified field of research, neither theoretically nor methodologically speaking. Critical physiotherapy research has so far encompassed philosophically inspired research and qualitative empirical work on

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<sup>75</sup> OED, “evidence, n.,” OED Online, September 2020, Oxford University Press, <https://www-oed-com.libproxy.tuni.fi/view/Entry/65368?rskey=vGq5eC&result=1&isAdvanced=false> (accessed October 13, 2020).

<sup>76</sup> Interestingly, theory shares the same Greek root word with theatre. Theory is also clearly an *activity* through its etymology. OED, “theory, n.,” OED Online, September 2020, Oxford University Press, <https://www-oed-com.libproxy.tuni.fi/view/Entry/200431?redirectedFrom=theory> (accessed October 13, 2020). Compare to ‘idea’ [*ἰδέα*] which stems from the ancient Greek *ἰδέειν*, to see, which refers to “form, appearance, kind, sort, class, (in Platonic philosophy) general or ideal form, archetype, notion” and later gained connotations of something within the mind rather than through senses. OED, “idea, n.,” OED Online, September 2020, Oxford University Press, <https://www-oed-com.libproxy.tuni.fi/view/Entry/90954?isAdvanced=false&result=1&rskey=hea8He&> (accessed November 29, 2020).

<sup>77</sup> See fn47 above.

physiotherapy and rehabilitation, utilising various theoretical traditions from poststructuralism and postpositivism to phenomenology and critical disability studies. Research topics have addressed, for example, the body, touch, fat stigma, ethics in private rehabilitation facilities, prejudices against LGBTQI+, ambulation, and emancipation, to name just a few.<sup>78</sup> Not all philosophical and qualitative research is automatically critical, but in physiotherapy often philosophical and qualitative research tend to go ‘against the grain’ of traditional physiotherapy research. This thesis adds to this body of critical physiotherapy research.

Finally, critical physiotherapy might also use Max Horkheimer’s<sup>79</sup> distinction between traditional and critical theory.<sup>80</sup> If conventional or, to use Horkheimer’s terms, *traditional* physiotherapy is something that draws on Cartesian science and methodology, as well as on positivism and empirical verification, then *critical* physiotherapy is—broadly—something that challenges the traditional. Horkheimer’s outlines of critical theory have had a great influence on both Horkheimer’s

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<sup>78</sup> See e.g. Bjorbækmo, Wenche Schrøder and Anne Marit Mengshoel, “‘A Touch of Physiotherapy’—the Significance and Meaning of Touch in the Practice of Physiotherapy,” *Physiotherapy Theory and Practice* 32, no. 1 (2016): 10–19; Barbara E. Gibson and Gail Teachman, “Critical Approaches in Physical Therapy Research: Investigating the Symbolic Value of Walking,” *Physiotherapy Theory and Practice* 28, no. 6 (2012): 474–484; Nicholls and Gibson, “The Body and Physiotherapy”; Jeanette Praestegaard, Gunvor Gard, and Stinne Glasdam. “Physiotherapy as a Disciplinary Institution in Modern Society—a Foucauldian Perspective on Physiotherapy in Danish Private Practice,” *Physiotherapy Theory and Practice* 31, no. 1 (2015): 17–28; Megan H. Ross and Jenny Setchell, “People Who Identify as LGBTIQ+ Can Experience Assumptions, Discomfort, Some Discrimination, and a Lack of Knowledge while Attending Physiotherapy: A Survey,” *Journal of Physiotherapy* 65, no. 2 (2019): 99–105; Jenny Setchell, Bernadette Watson, Liz Jones, and Michael Gard, “Weight Stigma in Physiotherapy Practice: Patient Perceptions of Interactions with Physiotherapists,” *Manual Therapy* 20, no. 6 (2015): 835–841; Franziska Trede, “Emancipatory Physiotherapy Practice,” *Physiotherapy Theory and Practice* 28, no. 6 (2012): 466–473.

<sup>79</sup> Max Horkheimer was Adorno’s close friend and colleague. He was the director of the *Institut für Sozialforschung* in Frankfurt between 1930 until his retirement in 1958, of which Adorno was also a prominent member (hence, Frankfurt School). The early years of the *Institut* were marked by political unrest and war. Shortly after Hitler was named Chancellor in 1933, the *Institut* was closed down. Like many other Jewish intellectuals, including Adorno, Horkheimer lost his academic position and was forced to emigrate, first to Geneva then to the United States. After the Second World War, he gradually returned to West-Germany, his professorship in Frankfurt was restored in 1949 and the *Institut* was re-established the following year. Horkheimer passed away in 1973.

<sup>80</sup> I have made this distinction previously in an online lecture given to physiotherapists: Anna Rajala, “What’s Critical About Critical Physiotherapy?” Online lecture recording, 24 March 2019. <https://criticalphysio.net/2019/03/24/notes-from-2nd-critical-physiotherapy-course-whats-critical-about-critical-physiotherapy-with-anna-rajala/>.

contemporaries, including Adorno, and later generations of critical theorists.<sup>81</sup> Like Adorno, Horkheimer argues that critical theory is materialist to its core: it has society itself—the changing and unchanging social, economic, and historical conditions—and the reasonable conditions of life as its object.<sup>82</sup> The aim of critical theory is not the simple elimination of social abuses but rather to reveal their necessary connectedness to the structure and organisation of society. Critical theory, therefore, commits to opposing the present form of social totality.<sup>83</sup> Critical theory is also always historically situated; it adapts to new situations without changing its essential content, as it seeks to push practice towards change.<sup>84</sup> From Horkheimer’s outline, which Adorno certainly shares to a large extent, it is possible to draw out some characteristics for critical physiotherapy: it is materialistic (concerns real material and historical conditions of society), it is concerned with social justice and it works towards social change, and it reacts to the prevailing situation of society, but does not have answers to everything nor explicit principles around which it is organised.<sup>85</sup>

This thesis is also situated within physiotherapy ethics, which is somewhat easier to outline than critical physiotherapy. Physiotherapy ethics encompasses philosophical and empirical ethics of physiotherapy practice. Critical perspectives on physiotherapy ethics are still scarce.<sup>86</sup> Physiotherapy ethics does not have a long

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<sup>81</sup> John Abromeit, *Max Horkheimer and the Foundations of the Frankfurt School* (New York: Cambridge University Press, 2011), 2.

<sup>82</sup> Horkheimer, “Traditional and Critical Theory,” 199, 206, 234.

<sup>83</sup> *Ibid.* 207

<sup>84</sup> *Ibid.* 239–240

<sup>85</sup> See ND 31.

<sup>86</sup> For research with critical elements, see e.g. ee Joanna Collicutt McGrath, *Ethical Practice in Brain Injury Rehabilitation* (Oxford: Oxford University Press, 2007); Barbara E. Gibson, “Post-critical Physiotherapy Ethics: A Commitment to Openness,” in *Manipulating Practices*, 35–54; Karen Synne Groven, Ellen Berg Svendby, and Gro Rugseth, “Ethical Sensitivity in Co-Production: Openness and Doubt when Young Women Participate in Research,” *Health Care for Women International* 41, no. 4 (2020): 445–460; Karen Synne Groven and Tone Dahl-Michelsen, “Critical Physiotherapy Ethics: Openness and Doubt in Physiotherapy Encounters in Lifestyle Programs for Children and Adolescents with Obesity,” *Fysioterapeuten* 84, no. 9 (2017): 38–43; Kati Kulju, Riitta Suhonen, and Helena Leino-Kilpi, “Ethical Problems and Moral Sensitivity in Physiotherapy: A Descriptive Study,”



history by comparison with the sheer number of medical and nursing ethics textbooks: the list of physiotherapy ethics text books is finite and short.<sup>87</sup> Despite recent critical contributions to the field of critical physiotherapy ethics, the relationship between theory and practice has not been adequately analysed: ethical theory in traditional physiotherapy ethics is often taken to refer to a plethora of theories that explain which actions and character traits are the right and wrong, and good and bad.<sup>88</sup> This thesis does not follow the textbook approach to physiotherapy ethics in which different theories from utilitarianism to deontology, virtue ethics and the four principles approach, are weighed up so as to be able to endorse one theory over another. My approach to physiotherapy ethics, to borrow the expression from Raymond Geuss,<sup>89</sup> is to stand ‘outside ethics’ in the sense that I do not offer a framework, a tool, or

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*Nursing Ethics* 20, no. 5 (2013): 568–577; Jeanette Praestegaard and Gunvor Gard, “The Perceptions of Danish Physiotherapists on the Ethical Issues Related to the Physiotherapist-Patient Relationship during the First Session: A Phenomenological Approach,” *BMC Medical Ethics* 12, no. 1 (2011), <https://doi.org/10.1186/1472-6939-12-21>; Jeanette Praestegaard, Gunvor Gard, and Stinne Glasdam, “Practicing Physiotherapy in Danish Private Practice: An Ethical Perspective,” *Medicine, Health Care and Philosophy* 16, no. 3 (2013): 555–564; Rajala, “What Can Critical Theory Do”; Randi Sviland, Kari Martinsen, and David A. Nicholls, “Løngstrup’s Thinking: A Contribution to Ethics in Physiotherapy,” *Physiotherapy Theory and Practice* (2020), <https://doi.org/10.1080/09593985.2020.1741051>.

<sup>87</sup> The list is as follows (some of the books are specific to physiotherapy, some more general): Ben E. Benjamin and Cherie Sohnen-Moe, *The Ethics of Touch: The Hands-on Practitioner’s Guide to Creating a Professional, Safe and Enduring Practice*, 2<sup>nd</sup> ed. (Philadelphia: Lippincott Williams & Wilkins, 2013); Regina F. Doherty and Ruth B. Purtilo, *Ethical Dimensions in the Health Professions*, 6<sup>th</sup> ed. (St. Louis: Elsevier, 2016); Donald L. Gabard and Mike W. Martin, *Physical Therapy Ethics*, 2<sup>nd</sup> ed. (Philadelphia: F.A. Davis, 2011); Nancy Kirsch, *Ethics in Physical Therapy: A Case-Based Approach* (New York: McGraw-Hill, 2018); Barbara L. Kornblau and Shirley P. Starling, *Ethics in Rehabilitation: A Clinical Perspective* (Thorofare: Slack, 2000); Ruth B. Purtilo, Gail M. Jensen, and Charlotte Brasic Royeen, *Educating for Moral Action: A Sourcebook in Health and Rehabilitation Ethics* (Philadelphia: F.A. Davis, 2005); Ronald W. Scott, *Professional Ethics: A Guide for Rehabilitation Professionals* (St. Louis: Mosby, 1998); Ronald W. Scott, *Promoting Legal and Ethical Awareness: A Primer for Health Professionals and Patients* (St. Louis: Elsevier, 2008); Julius Sim, *Ethical Decision Making in Therapy Practice* (Oxford: Butterworth-Heinemann, 1997); Laura L. Swisher and Carol Krueger-Brophy, *Legal and Ethical Issues in Physical Therapy* (Woburn: Butterworth-Heinemann, 1998); Laura L. Swisher and Charlotte Brasic Royeen, *Rehabilitation Ethics for Interprofessional Practice: Beyond Principles, Individualism, and Professional Silos* (Sudbury: Jones & Bartlett Learning, 2019).

<sup>88</sup> See Scott, *A Guide for Rehabilitation*; Sim, *Ethical Decision Making*; Gabard and Martin, *Physical Therapy Ethics*.

<sup>89</sup> Raymond Geuss, *Outside Ethics* (Princeton: Princeton University Press, 2005).

instructions on how to behave.<sup>90</sup> Instead, I argue that physiotherapy ethics today calls for critical theory as the engagement in critical and reasoned reflection on moral philosophy, established ethical approaches, and the moral context of practice.<sup>91</sup> While Adorno might not offer positive ethical teachings, his philosophical practice is itself ethical in as much as it responds with critique to that which has been injured: the right moral life, or as Bernstein puts it, “the reflective after-image of an ethical life no longer lived”.<sup>92</sup> I maintain that critical physiotherapy ethics does not have all the rational answers to the moral questions that arise in practice ready at hand; for it is always reacting and responding to the object of criticism.<sup>93</sup> Critical physiotherapy ethics, as Adorno might have put it, does not philosophize *about* concrete details but immanently from *within* them. In other words, critical physiotherapy ethics cannot give definite answers to questions not yet asked; nor can it ignore the historical and material conditions within which it is situated. It can, however, at least point towards mistaken answers to ethical questions. This is the converging point of critical physiotherapy ethics and critical theory. This is also the starting point for the critical ethical discussions in this thesis.

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<sup>90</sup> Drolet et al. have suggested a tool for ethical decision-making in physiotherapy, but I remain sceptical that ethics can be reduced to a procedure. Marie-Josée Drolet and Anne Hudon, “Theoretical Frameworks used to Discuss Ethical Issues in Private Physiotherapy Practice and Proposal of a New Ethical Tool,” *Medicine, Health Care, and Philosophy* 18, no. 1 (2014): 51–62.

<sup>91</sup> Cf. Rajala, “What Can Critical Theory Do,” 58.

<sup>92</sup> Bernstein, *Adorno*, 233.

<sup>93</sup> Anne Maclean has argued that claiming that medical ethics must produce rationally justified answers to practical medical problems is not what philosophy as such delivers because there is no single form rational moral thinking must take. Anne Maclean, *The Elimination of Morality: Reflections on Utilitarianism and Bioethics* (London: Routledge, 1993).

#### 4. Scope, contribution, and aims

This thesis contributes to philosophical knowledge in critical physiotherapy and physiotherapy ethics. The focus is to explore the question of what the relationship between theory and practice means for Adorno, and how a reconfigured understanding of the relationship might be analysed in both critical physiotherapy and physiotherapy ethics. The relationship between theory and practice has not been analysed in the context of physiotherapy. Although this thesis focuses on critical physiotherapy and physiotherapy ethics, it moves in concentric circles branching out from the particular toward the general: critical physiotherapy and physiotherapy ethics are subsets of the philosophy of healthcare and bioethics, which in turn branch out into other applied fields of ethics and philosophy, finally touching the wider field of practical and applied ethics, which are indebted to metaethics and philosophy. Although I focus on physiotherapy as the primary object, the overarching argument about reconfiguring the relationship between theory and practice need not be specific to physiotherapy, but can be extended to wider context of healthcare, and possibly also to contexts beyond healthcare. The arguments are structured in a ‘spiral’ manner, building upon one another, moving forward and then returning to previous arguments, to mesh them into more sophisticated arguments. I am not building a grand theory that seeks to encompass and explain everything that falls under physiotherapy ethics. My focus is rather on what theory ‘does’ and can do for physiotherapy,<sup>94</sup> which converges with some of the themes in a recent critical rehabilitation book edited by McPherson, Gibson and Leplège but with a critical difference.<sup>95</sup>

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<sup>94</sup> Cf. J.K. Gibson-Graham, *A Postcapitalist Politics* (Minneapolis: University of Minnesota Press, 2006), 4.

<sup>95</sup> In my view, despite making an important contribution to defending the significance of theoretical approaches in rehabilitation, the editors of the book did not go far enough in problematising the concept of theory itself, which is the objective of this thesis (this work is briefly discussed in Chapter

I concentrate on those of Adorno's texts that address the theory-practice question (Chapter 1) and have selected four topics related to physiotherapy ethics in which the relationship between theory and practice is problematic, and to which thinking with Adorno might offer some insight (Chapters 2–5). Thinking physiotherapy with Adorno puts me in a place between physiotherapy and philosophy in which it is impossible to do everything at once: having physiotherapy as my main object of interest, and Adorno not having said a thing about it, necessarily leads to privileging physiotherapy. However, privileging physiotherapy does not contradict Adorno's insistence on the priority of the object in critical analyses. Privileging physiotherapy at times leads to reading Adorno eclectically, focussing on those passages and arguments that concern the theory and practice question, but I also briefly discuss some omissions in the Afterword.<sup>96</sup>

The aim of this thesis is to reconfigure the understanding of theory and practice by answering the following questions: How might the relationship between theory and practice be understood in physiotherapy? How does Adorno's thinking help to clarify the relationship between theory and practice in physiotherapy? How does the understanding help to advance critical understanding of physiotherapy? The purpose is to critically inform both physiotherapy philosophy and practice, by arguing that philosophy is not obsolete. On the contrary, understood through the Adornian reconfiguration of theory and practice, philosophy is indispensable: it supports critical

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2). Kathryn Read McPherson, Barbara E. Gibson, and Alain Leplège, "Rethinking Rehabilitation: Theory, Practice, History—And the Future," In *Rethinking Rehabilitation: Theory and Practice*, eds. Kathryn Read McPherson, Barbara E. Gibson, and Alain Leplège (Boca Raton: CRC Press, 2015), 3–20.

<sup>96</sup> Adorno's constellational writing means that, for example, his aesthetics is related to the question of practice and resistance, but I decided not to focus on aesthetics because it is more difficult to justify its relevance to physiotherapy practice. Engaging with Adorno's aesthetic theory would have required a project of its own. Such work might find support from Andrew Edgar's work on critical theory and sport. See e.g. Andrew Edgar, "The Aesthetics of Sport," *Sport, Ethics and Philosophy*, no. 1 (2013): 80–99.

thinking about physiotherapy ethics and, by doing so, promotes the moral and political agency of physiotherapy practitioners.

## 5. The structure of the argument

After analysing Adorno's thinking on the theory-practice relationship in Chapter 1, I approach each remaining chapter from an overarching objective of addressing different questions of theory and practice in physiotherapy ethics: Why do we need to recast theory as a form of practice in physiotherapy ethics (Chapter 2)? Why clarifying the concept of 'person-centredness' does not necessarily lead to 'person-centred' practice (Chapter 3)? Why does the four principles approach to ethics fail to be 'practical' in its own immanent terms (Chapter 4)? What is the significance of the somatic for physiotherapy ethics (Chapter 5)? Rather than analysing the role or contribution of theory *in* physiotherapy practice—the aforementioned edited volume by McPherson, Gibson and Leplège<sup>97</sup> used this problematic preposition—I suggest the expression 'contribution *of* theory *in* practice' ends up maintaining a categorical division between the two, potentially reducing philosophy to mere application or something to be added to practice. Instead, I shall ask whether theory might already be a kind of practice in itself; and in what ways such 'theory as practice' might help to move beyond the theory-practice problems presented in Chapters 2–5. I argue, drawing on Adorno's work, that theory is already something active; understood as critical, theory is activity that seeks to counteract whatever might prevent 'doing the right thing'.

The first two chapters are closely related and should be read in conjunction with each other. The purpose of Chapter 1 is expositional, introducing Adorno's

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<sup>97</sup> See fn95 above.

thinking on the relationship between theory and practice and framing the rest of the thesis. Adorno maintained that theory is akin to thinking and that thinking is a form of activity: a theory in the form of practice. He disrupts the theory/practice dichotomy by arguing that neither can exist in a pure form. Rather, they are mutually dependent on each other. The priority of the object and freedom of philosophical thinking are at the core of Adorno's argument about the relationship between theory and practice: theory must always react spontaneously, Adorno suggests, to real material conditions. Thus, theory is necessarily connected to practice, but theoretical activity should also remain free from rules imposed either by theoretical systems and methods or by practical demands. Adorno also argues that analysing the ills of the antagonistic society is a moral obligation. However, the exact path to a better society or the form a better society might take should not be laid explicit: the path from emancipatory theory to emancipation is not continuous or guaranteed.

In Chapter 2, I analyse the relationship between theory and practice in bioethics and physiotherapy. After discussing the theory-practice problem in bioethics, I argue that if we accept Adorno's arguments, and if we accept that physiotherapy needs critical thinking, then theory as a form of activity—as criticism and resistance—has practical significance for physiotherapy ethics. The practice of critical physiotherapy, I suggest, is already theory as a form of practice: critical analyses require active and theoretically rigorous criticism. Understanding theory as a form of practice challenges not only the binary between theory and practice, but also the utilitarian and positivist views that 'practical' is simply that which is (clinically) useful or empirically verified. Theory is not merely something that is applied to practice or something of which 'correctness' we must agree upon. Theory is not made practical by adding empirical evidence to it either. Rather, theory as practice must stay open-ended as it reacts to its

object—society, an artwork, or some other particular object or phenomenon—and does not come to a standstill by rules imposed on it by practical or methodological demands.

The following chapters demonstrate how the reconfiguring of theory and practice might be analysed within physiotherapy and how the reconfigured relationship might prove transformational, however incremental the transformation might be. Chapter 3 focuses on the question whether a path from theory to practice might exist in the notion of ‘person-centredness’ in physiotherapy. Does the defining of a concept in an increasingly clear manner lead to the practice that the concept denotes becoming better? The practice of ‘person-centredness’ is complex and diverse and thus defining ‘person-centredness’ or attaching a set of finite meanings to it can hardly help in understanding what ‘person-centredness’ might be and how it might be practiced. I argue that there is a contradiction between the theory and the practice of ‘person-centredness’ that must be faced instead of smoothing it out by striving for conceptual clarity. As Adorno suggests, there is no direct path from theory to practice, and therefore the contradiction between theory and practice, rather than argued out of existence, offers a critical point of analysis of ‘person-centredness’. Rather than simply defining ‘person-centredness’, surrounding it with a constellation of meanings and manifestations, internal and external barriers, and the network of stakeholders that are involved with rehabilitation might help to think about ‘person-centred’ practice in a critical manner. Rehabilitation is a complex constellation and only rarely concerns the singular patient with their problem at its ‘centre’. Therefore, I offer an approach to ‘person-centredness’ through constellations, which may help to make the notion of ‘person-centredness’ a better practical guide in different situations: practitioners do not have to know everything that can be associated with it but rather reflect its aims and barriers within each context.

Chapter 4 engages in immanent criticism of the so-called four principles approach to biomedical ethics. The four principles approach is popular, but highly problematic. An extended criticism is therefore in order. In a detailed immanent analysis, the approach appears problematic in four respects: the foundations of the four principles are not credible, the justification for their universality is mistaken, the normativity of the approach is thin, and the practical foundations of the approach lead to some uneasy conclusions about the acceptability of discrimination, which contradicts its own principles. Furthermore, the framework understands the practicality of a theory as something that is simple, which mistakenly assumes a simple framework could make the world less complex instead of brushing exactly those ethical issues under the carpet that require ethical analysis. Rather, complexity, contradictions and even aporias are central to critical thinking about physiotherapy ethics. The framework grinds to a halt where it should begin: the objectives or object of morality to counteract conditions that cause suffering. Ethics requires a material basis but one unlike the basis found in the four principles framework.

Chapter 5 turns to Adorno's somatic philosophy, which is often ignored as a central motivation of his thinking. I focus on Adorno's somatic philosophy because, to agree with Lisa Yun Lee, "Adorno's analysis of reified society emanates from and returns to the body."<sup>98</sup> I first address the claims of the universalism of the four principles in global ethics. I argue that their universality cannot be assumed and the liberal values the framework is based upon are universal can be considered, as has been suggested, as moral neocolonialism. I suggest instead that what is universally shared is the *res extensa*; the materiality and vulnerability of the body, and its capacity to suffer. I argue, drawing on Adorno's primacy of the object, that if there is

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<sup>98</sup> Lisa Yun Lee, *Dialectics of the Body: Corporeality in the Philosophy of T.W. Adorno* (London: Routledge, 2016), 1.



universalism in physiotherapy ethics, rather than adopting moral principles unashamedly liberal, ethics should be anchored materially in the most concrete form of objectivity: the body.

Finally, in the Afterword, I reflect on the difficulty of bringing critical work to practitioners: it is difficult to preach beyond the converted. The reasons for the difficulty include the complexity of philosophical thinking that is often hard to simplify without distorting it. However, I maintain that if practitioners and physiotherapy researchers exercise rigorous critical thinking, then they already commit to theory as practice at some level. My point is not that every physiotherapist has to read philosophy and critical theory if they wish to be critical. Rather, I argue for a grounding of criticality on the idea of theory as practice, which is a more feasible approach than demanding everyone engages with critical theory. I also point towards further perspectives that might draw on Adorno's work by discussing omissions. In summarising the thesis, I aim to answer the most difficult question any research encounters: Why should practitioners care about any of this? My contention is that understanding theory as *a practice in itself*, not simply *in practice* or *as practical*, holds significance for both general physiotherapy and critical physiotherapy, despite the difficulty of reaching the profession as a whole.

# Chapter 1: Theory and practice in Adorno's philosophy

Philosophers have hitherto only *interpreted* the world in various ways; the point is to *change* it.

- *Karl Marx*<sup>1</sup>

Philosophy, which once seemed obsolete, lives on because the moment to realize it was missed. ... Perhaps it was an inadequate interpretation which promised that it would be put to practice.

- *Theodor W. Adorno*<sup>2</sup>

## 1. Introduction

Georg Lukács wrote in the 1962 preface of his *Theory of the Novel* that a “considerable part of the leading German intelligentsia, including Adorno, have taken up residence in the ‘Grand Hotel Abyss’ ... a beautiful hotel, equipped with every comfort, on the edge of abyss, of nothingness, of absurdity.”<sup>3</sup> Lukács here attacks Adorno's pessimism that Lukács thought was antithetical to the Marxist emancipatory vision: Adorno did not theorise direct political praxis that would achieve an explicitly expressed form of emancipation. Lukács' view was also shared by some of Adorno's students in the late 1960s who declared that Adorno had resigned from politics and fallen into the pessimistic despair of defeatism while retreating into cultural elitism.<sup>4</sup> Marxist

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<sup>1</sup> Karl Marx, “Concerning Feuerbach,” *Early Writings*, trans. Rodney Livingstone and Gregor Benton (Harmondsworth: Penguin, 1992), 423.

<sup>2</sup> ND 3.

<sup>3</sup> Georg Lukács, *The Theory of the Novel*, trans. Anna Bostock (London: Merlin Press, 1971). See also the influence of Lukács, Korsch, Bloch and others writing in the 1920s on Adorno in the matter of praxis: Andrew Feenberg, *The Philosophy of Praxis: Marx, Lukács, and the Frankfurt School*, New ed. (London: Verso, 2014).

<sup>4</sup> The view of Adorno as a pessimist and defeatist is persistent because of his criticism and short-sighted actions concerning student protesters (he famously called the police on them). Adorno's pessimism must be put into context: Adorno disagreed with the student movement because it had

reflections on the relationship between emancipatory theory and revolutionary praxis seemed to offer only passive determinism and naïve voluntarism.<sup>5</sup> Adorno wanted to avoid both, and therefore refused to give expression to a utopia in a world he thought was antagonistic to the core. However, having to choose between pessimism and radicalism, as Gunderson points out, mistakenly presupposes that they are polar opposites; the view from the edge of the abyss may paradoxically salvage the prospects of emancipation by helping to bring causes of injustice to consciousness and by preserving a messianic hope.<sup>6</sup> Pessimism, to put it differently, is not antithetical to radicalism and hope. Despite often painting a gloomy picture, and lacking an explicit political goal, Adorno opts for hope and possibility in his interventions, which he insists should neither glorify the past nor formulate dogmas, but be constantly provocative.<sup>7</sup> Adorno's refusal, I suggest, makes his pessimist radicalism stand the test of time: it is exactly because both injustice and hope persist that Adorno's defence of philosophy is still relevant—not least for physiotherapy.

The themes of theory, practice and resistance are scattered across Adorno's writings, especially in some of his published post-WWII lectures and essays, and in

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turned violent (Adorno opposed violence wholeheartedly) and it seemed to him to resent theory leading to 'false' practice. On the disagreement between Adorno and the students, see James Gordon Finlayson, "The Question of Praxis in Adorno's Critical Theory," in *Critical Theory and the Challenge of Praxis: Beyond Reification*, ed. Stefano Giacchetti Ludovisi (Abingdon: Routledge, 2015), 61–78; Fabian Freyenhagen, "Adorno's Politics: Theory and Praxis in Germany's 1960s," *Philosophy & Social Criticism* 40, no. 9 (2014): 867–893. Adorno discusses his claimed resignation from political action e.g. in LND 48 and the essay "Resignation" in CM 289–293.

<sup>5</sup> Simon Jarvis, *Adorno: A Critical Introduction* (Cambridge: Polity, 1998), 8; Finlayson, "The Question of Praxis." For historical context, see Susan Buck-Morss, *Origins of Negative Dialectics* (New York: The Free Press, 1977).

<sup>6</sup> Ryan Gunderson, "'A Defence of the 'Grand Hotel Abyss': The Frankfurt School's Nonideal Theory," *Acta Sociologica* 58, no. 1 (2015): 25–38. See also LND 48. Adorno once wrote to Horkheimer that the situation may change one day: "situations may arise today or tomorrow which, while they are very likely to be catastrophic, at the same time restore the possibility of practical action which is today obstructed. As long as the world remains antagonistic and itself perpetuates contradictions, the possibility of changing it will be a legacy." See Adorno's letter to Horkheimer 31 December 1962, quoted in Rolf Wiggershaus, *The Frankfurt School: Its History, Theories, and Political Significance*, trans. Michael Robertson (Cambridge, MA: MIT Press, 1994), 466.

<sup>7</sup> Gillian Rose, *The Melancholy Science* (London: Verso, 2014), 33–34.

*Negative Dialectics*.<sup>8</sup> The critical question about theory and practice for Adorno lies in the Marxian claim that the point of philosophy is to change the world, not merely interpret it, but Adorno's Marxism was heretical, as Tiedeman has put it,<sup>9</sup> and his materialism, because it has transcendent qualities, is speculative.<sup>10</sup> While the point is to create conditions in which changing of the world becomes a genuine possibility, Adorno claimed that the point is not simply to change the world but, more critically, to keep analysing why the world has not been changed. Adorno thus emphasised the persisting importance of philosophy in societal analyses. There is a relationship between theory and practice—of changing the world and interpreting it—as both have their source in material reality, but Adorno thought the relationship is discontinuous: a continuity from emancipatory theory to its *de facto* realisation was blocked for the time being. This discontinuous relationship is tied to the historical point in the time of late capitalism, in which a simple reconciliation of the discontinuity is not possible. Nor should the form of emancipatory theory and practice be given an explicit expression because it would risk becoming oppressive dogmatism about 'the better world'.<sup>11</sup>

I assemble in this chapter a constellation of Adorno's ideas about theory and practice. I begin by discussing Adorno's criticism of the Marxist unity of theory and praxis, and why Adorno thought theory should not be subordinated to practical ends: that would impose an element of unfreedom upon philosophical thinking. Adorno

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<sup>8</sup> The themes of politics, critique and resistance have been addressed in the following works: Deborah Cook, *Adorno, Foucault, and the Critique of the West* (London: Verso, 2018); John Holloway, Fernando Matamoros, and Sergio Tischler Visquerra, ed. *Negativity and Revolution: Adorno and Political Activism* (London: Pluto Press, 2009); Espen Hammer, *Adorno and the Political* (Abingdon: Routledge, 2005); Stefano Giacchetti Ludovisi, ed. *Critical Theory and the Challenge of Praxis: Beyond Reification* (Abingdon: Routledge, 2015); Oshrat C. Silberbusch, *Adorno's Philosophy of the Nonidentical: Thinking as Resistance* (Cham: Palgrave, 2018).

<sup>9</sup> Rolf Tiedemann, "Concept, Image, Name: Adorno's Utopia of Knowledge," in *The Semblance of Subjectivity*, ed. Tom Huhn and Lambert Zuidemaart (Cambridge, MA: MIT Press, 1997), 126.

<sup>10</sup> Alastair Morgan, *Adorno's Concept of Life* (London: Bloomsbury, 2007), 130–133.

<sup>11</sup> Jarvis, *Adorno*, 187.

insisted that philosophy should have a real material object rather than being mere contemplation.<sup>12</sup> I then move on to explain the aim of Adorno's theoretical analyses to create consciousness of the things that might be wrong in society and cultivating political and intellectual maturity—enlightenment in the true sense, as Adorno once put it<sup>13</sup>—that could have transformational significance. The path to the transformed world should not, however, be spelled out. Finally, I discuss how the theory and practice discussion relates to moral philosophy in Adorno's thinking.

## 2. Practical elements of theory

Adorno suggests that theory has practical elements that connect it to practice: first, theory must interpret the *possibility* of changing the world; second, theory becomes a practical productive force by remaining distinct from immediate practical action, by thinking beyond what is already known; third, theory must consider the object that mediates its practical telos and also initiate a practical impulse, but theory is not able fully to grasp these practical elements; fourth, theory must resist the merely given and the conditions that cause the suffering of humankind; and, finally, theory must maintain its freedom from any coercion. This section addresses these practical elements.

Let us begin with Marx's claim that philosophers have hitherto only *interpreted* the world, when the point is to *change* it.<sup>14</sup> Here Marx gives priority to the practical changing of the world over its mere theoretical diagnosis. Adorno, however, was critical of giving priority to practice because the more pressing question is *whether*

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<sup>12</sup> CM 130 (Notes on Philosophical Thinking); CM 265 (Marginalia to Theory and Praxis).

<sup>13</sup> IS 45.

<sup>14</sup> Marx, "Concerning Feuerbach," 423.

changing the world is a real possibility at the given moment. Adorno insists that reality in fact imposes a moral obligation on all of us to put in some serious thought and reflection into the question of the *possibility* of social change. Such reflection is essential for Adorno's materialism because it seeks to avoid becoming the kind of dogma that revolutionary Marxism had become in the twentieth century.<sup>15</sup> Referring to Marx's eleventh thesis, Adorno suggests that the world probably has not changed because it has been too little interpreted.<sup>16</sup> The inversion of the eleventh thesis suggests that if the point of philosophy is to change the world, then it must keep interpreting the world to explain why social change is not happening and perhaps even create grounds for social change through the critique of the wrong state of things. Indeed, for Adorno the fact that the world has not changed is why philosophy is still urgently needed: "Philosophy, which once seemed obsolete, lives on because the moment to realize it was missed."<sup>17</sup>

Did Adorno simply fall into pessimistic defeatism, as Lukács claimed, by abandoning the priority of praxis? It is important to note that although Adorno claimed that the practical changing of the world was deferred for the time being, he also wanted to avoid retreating to mere contemplation and conformity. Analysing the situation, Adorno suggests, is not tantamount to conformity. On the contrary, such analyses "might be able to lead beyond the given constraints of the situation",<sup>18</sup> but only if, on the one hand, theory remains distinct from direct practical action and, on the other, theory carries practical importance but is not dictated by practice. How, then, does

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<sup>15</sup> Finlayson, "The Question of Praxis"; Jarvis, *Adorno*, 184.

<sup>16</sup> LND 58.

<sup>17</sup> ND 3. There is an interesting parallel between Adorno and Marcuse. The latter writes that "[t]heory will preserve the truth even if revolutionary practice deviates from its proper path. Practice follows the truth, not vice versa." Herbert Marcuse, *Reason and Revolution: Hegel and the Rise of Social Theory*, 2<sup>nd</sup> ed. (London: Routledge, 2000), 322.

<sup>18</sup> CM 265 (Marginalia to Theory and Praxis).

theory remain distinct from direct action, according to Adorno? Theory should not be reduced to direct practical instruction. Adorno argues that theory cannot in itself recommend immediate measures or changes; theory rather “effects change precisely by remaining theory”, by being resistance and a genuine form of praxis in and of itself.<sup>19</sup> It is through its difference from immediate action, Adorno suggests, that theory as patient, ruthless, and uncoercive analyses becomes a transformative and practical productive force.<sup>20</sup> Philosophy demonstrates its actuality as such productive power, Adorno argues, when it resists the need to have security and instead seeks to reach beyond the already known despite the danger that such knowledge might be declared false, untrue or obsolete.<sup>21</sup> Conversely, philosophy will have missed its mark the moment “nothing can happen to philosophical thought, that is, the moment it finds itself in the realm of repetition, mere reproduction.”<sup>22</sup> Adorno argues that the very force of thinking is to resist what has been previously thought and not to swim with its own current.<sup>23</sup> Refusing to take refuge in the sense of security of course means that philosophy can go awry. However, Adorno suggests that it is when thinking goes awry, when it is fallible, that philosophical thinking becomes truly possible.<sup>24</sup> Philosophy is fallible and uncontrollable, and if it wishes to go beyond knowledge that is thought to be secure, Adorno suggests, it cannot maintain a disciplined thinking but must accept undisciplined, critical and anti-ideological speculative thinking; the element of

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<sup>19</sup> Interview in *Der Spiegel*, quoted and trans. in Gerhard Richter: Theodor W. Adorno, “Who’s Afraid of the Ivory Tower? A Conversation with Theodor W. Adorno,” in *Language without Soil: Adorno and Late Philosophical Modernity*, ed. and trans. by Gerhard Richter (New York: Fordham University Press, 2010), 238.

<sup>20</sup> CM 265 (Marginalia to Theory and Praxis).

<sup>21</sup> LND 85–86.

<sup>22</sup> Ibid.

<sup>23</sup> CM 132 (Notes on Philosophical Thinking).

<sup>24</sup> LND 85.

necessary speculation and irrationality within rationality that is not satisfied with mere ‘facts’ of science and immediate sense experience.<sup>25</sup>

Another argument for the distinctiveness of theory lies in Adorno’s rejection of Marx’s eleventh thesis because it represents a praxis-prioritising unity between theory and praxis, which for Adorno meant that theory has to submit to practice: such unity leads to a “fettering of thought” that “forcefully prescribes to thought the practical consequence it has to have”.<sup>26</sup> Praxis without theory fails, Adorno argues, because without theory there is no genuine knowledge, but merely observation of data.<sup>27</sup> Adorno wants to resist the kind of practice that “spells the end of any kind of theoretical work”<sup>28</sup> and thus theory must not be subordinated to practice; it must preserve its freedom. The only way to do this, Adorno suggests, is to avoid letting theory be steered by merely practical purposes.<sup>29</sup> Theory is in itself, Adorno argues, of critical importance in changing consciousness and thus affecting change. Even historically, he suggests, “there have been countless instances in which precisely those works that pursued purely theoretical intentions altered consciousness and, by extension, societal reality.”<sup>30</sup> Adorno was not blind to the shortcomings of the transformative claims of theory and, as we shall see below, he insisted that theory must have a connection to material reality. If history has proved that theory has an effect on consciousness, history has also proved that theory is far from omnipotent. In a

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<sup>25</sup> ND 15–18; LND 91. The truth content of theory, Adorno argues, contains the element of time instead of subsisting in time and so appearing to be eternal and indifferent to time. It also uses concepts to go beyond concepts: rather than letting postulated concepts to prevent thinking beyond the immediate appearances, to let thinking be halted in the idea of the identity between concept and thing, the experience is rather mediated by the concept.

<sup>26</sup> Adorno quoted in Wolfgang Kraushaar, *Frankfurter Schule und Studentenbewegung, Band 2: Dokumente* (Hamburg: Rogner & Bernhard bei Zweitausendeins, 1998), 271. Trans. in Silberbusch, *Adorno’s Philosophy*, 107.

<sup>27</sup> ID 79.

<sup>28</sup> PMP 4.

<sup>29</sup> CM 265 (Marginalia to Theory and Praxis).

<sup>30</sup> Adorno, “Who’s Afraid of the Ivory Tower?”, 234.



conversation with Horkheimer, Adorno reflects the discrepancy between “murdering the Jews, burying them alive because they weren’t worth the second bullet, and the theory that is expected to change the world”<sup>31</sup>—a world in which “[r]elapse into barbarism is always an option.”<sup>32</sup> In an antagonistic world in which unfathomable violence persists, Adorno suggests, there is no universal history that “leads from savagery to humanitarianism, but there is one leading from the slingshot to the megaton bomb.”<sup>33</sup>

Adorno argues that practically relevant theory must have the real material conditions of society as its object, as its *practical element*, and it must also initiate—however hidden—a *practical impulse*, but neither can be fully disclosed in intellectual or theoretical terms. Theory and practice, he explains, do not simply fit together neatly; nor are they reducible to one another; nor are they identical. Despite the impossibility of neatly unifying theory and practice, or drawing a straight line from emancipatory theory to emancipation itself, Adorno argues that because of the way the world is—antagonistic to its core—we need greater and more urgent theoretical intervention.<sup>34</sup> Theory and practice find common ground and become inseparable when they both have “their source in life itself”,<sup>35</sup> although there still remains a tension between the two. Adorno insists that only by becoming immersed into the object, and without imposing either methodologically or practically anything preconceived upon it, can thinking find some refuge from heteronomy.<sup>36</sup>

How does the insistence on the priority of the object differ from the insistence that praxis must not have priority over theory? Adorno argues that while theory must

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<sup>31</sup> TNM 19.

<sup>32</sup> Ibid. 22.

<sup>33</sup> ND 320.

<sup>34</sup> PMP 6.

<sup>35</sup> Ibid. 7.

<sup>36</sup> This theme is recurrent in Adorno’s writing, but see e.g. ND 17.

have priority over direct praxis, it still cannot have priority over the object.<sup>37</sup> The difference, for Adorno, between the two kinds of priority is that the priority of praxis *dictates* the direction theory must take, while the priority of the object *mediates* the reaction of theoretical activity. Philosophical thinking that does not follow any established authority, Adorno argues, requires an immersion into its material contents “in order to perceive in them, not beyond them, their truth content”, when thinking “comes to rest in its object.”<sup>38</sup> The priority of the object, Adorno insists, requires attention to particularity, to minute details, and the acknowledgement that “[w]hat is, is more than it is. The ‘more’ is not imposed on it but remains immanent to it, as that which has been pushed out of it.”<sup>39</sup> As Jarvis notes, Adorno’s approach to investigating modern society was to investigate matters—sometimes trivial-sounding matters—and their minutest detail because he believed that interpreting the minutest particulars with sufficient rigour and determination would tell us something about the world in which they emerge.<sup>40</sup> However, the theoretical reaction mediated by the object—the prevailing conditions of society in particular—cannot be fully disclosed by theory, because there is something more immediately practical to the reaction; interpreting the object always leaves a remainder in the realm of theoretical reflection as its practical element.<sup>41</sup> Theory and thinking that has society as its object has a core of practicality that cannot be fully expressed in theoretical terms, and this element connects theory with practice.

The priority of the object means that thinking is not merely subjective activity, but “essentially the dialectical process between subject and object in which both poles

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<sup>37</sup> PMP 7.

<sup>38</sup> CM 134 (Notes on Philosophical Thinking).

<sup>39</sup> ND 161.

<sup>40</sup> Jarvis, *Adorno*, 2.

<sup>41</sup> PMP 25.

first mutually determine each other.”<sup>42</sup> Defining the mind as an activity compels philosophy to pass from the mind into its otherness; from the idea that thinking rules over its objects into recognising that thinking is not mere subjective activity of the thinking self, but also always mediated by that which is not the thinking self when thinking is faced with objects.<sup>43</sup> Dialectics suggests that the subject’s concept cannot exhaust the object; but neither can the object be thought without concepts. The priority of the object, therefore, requires “that [the object] must not be statically, dogmatically hypostasized but can be known only as it *entwines* with subjectivity; mediation of the subject means that without the moment of objectivity [the subject] would be literally nil.”<sup>44</sup> The object leaves a remainder as thought’s practical element, Adorno argues, but if thinking is to have any relevance it must also initiate “a practical impulse, no matter how hidden that impulse may remain to thinking.”<sup>45</sup> Indeed, Adorno suggests that all thinking “insofar as it is more than the organization of facts and a bit of technique” has a practical telos.<sup>46</sup> Moral philosophy is a good example of theoretical activity that ought to have a practical telos, that ought to initiate a practical impulse, although the practical element, as Adorno again suggests, cannot simply be disclosed in theoretical or intellectual terms because of its spontaneity or immediate active reaction to urgent moral situations. The practical impulse is indeed fundamental to morality: “Where this factor [of a practical impulse] is missing, or we might also say, where theory does not wish in the last analysis to achieve anything, something like a valid practice is not possible.”<sup>47</sup> Adorno argues that the impulse is not only a thinking activity, but fundamentally somatic with a motor element that should not be

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<sup>42</sup> CM 109 (Opinion Delusion Society).

<sup>43</sup> ND 200–201.

<sup>44</sup> *Ibid.* 186.

<sup>45</sup> CM 265 (Marginalia to Theory and Praxis).

<sup>46</sup> *Ibid.*

<sup>47</sup> PMP 7.

eliminated: “if the hand no longer twitched, there would be no will.”<sup>48</sup> The mind, Adorno argues, immanently somatic: “All mental things are modified physical impulses, and such modification is their recoil into what not merely ‘is’.”<sup>49</sup> Despite the importance of the somatic practical impulse, Adorno argues, morality must also be permeated by reason. The sphere of morality thus has a twin aspect of being both theoretically permeated but at the same time acknowledging that reason is not all there is to morality.<sup>50</sup>

Adorno often evokes *resistance* as an element of theory’s practice. Resistance is something that is intrinsically practical: it is always reacting to something. Resistance, he argues, is “a basic philosophical determinant of the sphere of practical action”<sup>51</sup> in the sense of refusing to take part in the prevailing evil, the *status quo* and the ideological façades it puts up “into which our consciousness crashes”—to resist the *status quo* is to crash through the façades.<sup>52</sup> Adorno insists that the spell of exchange relations that, according to him, permeate and mediate life in modern capitalism must be criticised and resisted because life itself has become the “sphere of private existence and ... mere consumption” under late capitalism and is “dragged along as an appendage of the process of material production, without autonomy or substance of its own.”<sup>53</sup> Autonomy and self-responsibility in these circumstances consist in resistance that tries to see through the exchange mechanisms, against the merely given.<sup>54</sup> The kind of philosophical thinking that is able to break through the façade of the *status quo*, maintaining an element of spontaneity as resistance, becomes

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<sup>48</sup> ND 230.

<sup>49</sup> Ibid. 193–194, 202.

<sup>50</sup> PMP 97.

<sup>51</sup> Ibid. 8.

<sup>52</sup> ND 17.

<sup>53</sup> MM 94.

<sup>54</sup> CM 297 (Discussion of Professor Adorno’s Lecture).

a praxis in its own right, as Silberbusch elaborates, and such praxis is potentially more transformative than the kind of direct praxis that tries to steer theory to its ends.<sup>55</sup> The refusal to take part in prevailing evil, however, always “implies resisting something stronger and hence always contains an element of despair.”<sup>56</sup> Despite the element of despair, the hope that the world can change also persists. However, rather than theorising the path to change, Adorno insists that the task of philosophy, indeed the task for any adequate political praxis,<sup>57</sup> is to resist the wrong state of things in society; the “physical moment” that tells us things ought not be this way, that they should be different.<sup>58</sup> This negative prescription demands the determinate negation of things taken as given or merely imposed upon us. Indeed, true thought as such, Adorno writes, is an act of negation, of “resistance to that which is forced upon it ... The effort implied in the concept of thought itself, as the counterpart of passive contemplation, is negative already—a revolt against being importuned to bow to every immediate thing.”<sup>59</sup>

Adorno was convinced that in the radically evil world few options remained other than the power to resist heteronomy,<sup>60</sup> which extends to moral philosophy as the principle to resist “the countless forms of morality that are imposed from the outside.”<sup>61</sup> The power of resistance, Adorno claims, is ruthless critical thinking, without considering any specific goal, and that it is followed through staying true to the object of thought without knowing where thinking might lead; the “power of resistance that is inherent in the idea itself and that prevents it from letting itself be directly manipulated for any instrumental purposes whatsoever”.<sup>62</sup> Adorno insists that

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<sup>55</sup> Silberbusch, *Adorno's Philosophy*, 109.

<sup>56</sup> PMP 7.

<sup>57</sup> CM 268 (Marginalia to Theory and Praxis).

<sup>58</sup> ND 203.

<sup>59</sup> *Ibid.* 19.

<sup>60</sup> PMP 168.

<sup>61</sup> *Ibid.* 170.

<sup>62</sup> *Ibid.* 4.

such ruthless critical thinking contains a practical element within itself.<sup>63</sup> It is activity that is already a form of practice: “in the final analysis thinking is itself a form of behaviour [*eine Form des Verhaltens*].”<sup>64</sup> Herein lies the core argument about theory and practice for Adorno: thinking, although immanently determined and rigorous, is a mode of real behaviour: “[t]hinking is a doing, theory a form of praxis; already the ideology of the purity of thinking deceives about this.”<sup>65</sup> Thinking is “a kind of practice, even in its purest logical operations” that brings incremental changes to the world—and in this sense it is impossible to separate theory and practice absolutely—and ultimately, its aim is to end the meaningless suffering of mankind.<sup>66</sup> It is in this context of theory as practice that Adorno argues philosophy must be understood as the power of resistance.<sup>67</sup> In an antagonistic society, theory has practical meaning: instead of demanding that theory produces its immediate legitimating document of its immediate utility which leads to the end of any kind of theoretical work, Adorno suggests, resistance against such blind priority of practice is needed to avoid submitting the ruthlessness of critical analyses to instrumental purposes.<sup>68</sup> As Jarvis explains, if only theory can retain an element of independence from the kind of dogmatic practice, another type of practice is possible; thus theory seeks to “change

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<sup>63</sup> Ibid.

<sup>64</sup> PMP 4. In the standard translation, *das Verhalten* is translated as ‘behaviour’, but it describes more accurately the manner in which someone behaves or conducts oneself. A more accurate translation for *das Verhalten* is ‘comportment’. This translation is supported by Adorno’s use of the alternative word *die Verhaltensweise* (*die Weise* meaning a manner or a way) in some other passages.

<sup>65</sup> CM 261 (Marginalia to Theory and Praxis). Adorno has both Kant and Fichte in mind when he argues that theory can be directly equated with the practical. Thinking for both Kant and Fichte has a different meaning than for the Greeks: the moral law is given in the sense that it is something actively created by the autonomous subject, not something objectively already existing, as ideas are for Plato.

<sup>66</sup> LND 53. Suffering, for Adorno, is not explicit experience but the more general suspicion that humans experience a loss of self-realisation and happiness through the restriction of their rational capacities, see Axel Honneth, “Physiognomy of the Capitalist Form of Life: A Sketch of Adorno’s Social Theory,” *Constellations*, vol 12, no. 1 (2005): 50–65.

<sup>67</sup> LND 101.

<sup>68</sup> PMP 4, 7.

the existing framework, rather than just acting, contemplatively, within that framework.”<sup>69</sup>

Philosophy as the power of resistance must be able to do more than rhetorically oppose things: it must reach deeper than mere rhetorical resistance, a mere subjective reaction that is not yet penetrated by thought. Adorno calls this deeper-reaching thinking activity *intellectual experience*. While the subjective reaction to the object may be the impulse to act, Adorno argues, resistance must develop within a theoretical framework in order to be able to reflect on itself: to avoid being ephemeral or false and arbitrary or abstract in its decision-making.<sup>70</sup> Resistance in theory and thinking—in critical theoretical practice and action—facilitates a certain depth in the sense of intellectual experience; of being interested in more than facts, reasons, contexts, and meanings; the mode of thinking that goes beyond mere immediate sense experience.<sup>71</sup> Such thinking necessarily requires self-criticism of consciousness that questions it as “merely the reflection of the reality that sustains it.”<sup>72</sup> Intellectual experience, Adorno argues, is a self-reflective and self-critical mode of comportment

that is possible only in the shape of a process of sublimation taken as far as possible, in other words, one that is not simply based on brute facts, but which sets these brute facts in their proper context and at the same time their proper meaning.<sup>73</sup>

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<sup>69</sup> Jarvis, *Adorno*, 189. Horkheimer made similar point in *Eclipse of Reason*, that philosophy must not be turned into propaganda, even if the purpose of political activism was good. See Max Horkheimer, *Eclipse of Reason* (New York: Oxford University Press, 1947), 184.

<sup>70</sup> LND 102. The moral impulse refers to a kind of somatic compassion, understood in the same vein as in Rousseau’s and Schopenhauer’s philosophy, see Gerhard Schweppenhäuser, “Adorno’s Negative Moral Philosophy,” in *The Cambridge Companion to Adorno*, ed. Tom Huhn (Cambridge: Cambridge University Press, 2004), 333. Adorno also argues that “[i]t is in the unvarnished materialistic motive only that morality survives” (ND 365), which emphasises Adorno’s moral philosophy as materialist.

<sup>71</sup> By experience, Adorno is referring to the dialectical notion of experience, *Erfahrung*, which Jay notes “connotes a progressive, if not always smooth, movement over time, which is implied by the *Fahrt* (journey) embedded in *Erfahrung* and the linkage with the German word for danger (*Gefahr*)”. Martin Jay, *Songs of Experience: Modern American and European Variations on a Universal Theme* (Berkeley: University of California Press, 2005), 11.

<sup>72</sup> CM 4 (Why Still Philosophy).

<sup>73</sup> LND 89.

Intellectual experience can be thought as something that mediates theory and practice in a way that tries to avoid both spiritualising the world—as had been done in the height of German idealism—and doing away with materiality. Such depth, Adorno argues, is again resistance: it does not accept preordained ideas, whether its own or someone else’s. The speculative thought that goes beyond mere existence has an element of freedom within itself: the “speculative surplus that goes beyond whatever is the case, beyond mere existence, is the element of freedom of thought”.<sup>74</sup>

The discussion so far underlines the importance of independence and freedom of philosophical thinking: philosophy must resist rules being imposed upon it either by fixed theoretical categories or practical demands. Adorno defends the freedom and spontaneity of philosophical thought: “Philosophical thinking begins as soon as it ceases to content itself with cognitions that are predictable and from which nothing more emerges than what had been placed there beforehand.”<sup>75</sup> He argues that although true freedom is blocked in the current world, for the time being it lives on in moments where spontaneity is preserved.<sup>76</sup> Thinking, where it “creates”, is not mere self-same contemplation, but more immediate thinking activity; a reaction that has metaphysical and speculative components: “In order to be productive, thinking must always be determined from its subject matter.”<sup>77</sup> Thinking cannot be imagined without someone doing the thinking, without activity of the thinker,<sup>78</sup> and a purely contemplative philosophy without envisioning any practical action “is nonsensical because an act of thought about reality is—whether consciously or not—always a *practical* act.”<sup>79</sup>

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<sup>74</sup> LND 108.

<sup>75</sup> CM 128 (Notes on Philosophical Thinking). Here Adorno implies *Erfahrung*, see fn71 above. See also ND 39.

<sup>76</sup> ND 219.

<sup>77</sup> CM 129 (Notes on Philosophical Thinking); See also PT2 149; Jarvis, *Adorno*, 193.

<sup>78</sup> CM 11 (Why Still Philosophy?).

<sup>79</sup> LND 48.



Reason's self-reflection on its practical elements transforms it into praxis: "reason would see through itself as a moment of praxis and would recognize, instead of mistaking itself for the absolute, that it is a mode of comportment [*Verhaltensweise*]." <sup>80</sup> Adorno warns, however, that thinking is not simply transformable into an indirect practical activity because that would repress it: "Without a contemplative moment praxis degenerates into conceptless activity, but mediation as a carefully tended special sphere, severed from possible praxis, would hardly be better."<sup>81</sup> Thinking, therefore, requires "full theoretical consciousness" but also something else; something "qualitatively different from it".<sup>82</sup> This qualitatively different 'something' is the object of thought, and therefore there is always a *physical moment* to thinking that is inseparable from thinking in general. Thinking, Adorno suggests, is not a method but a mode of active comportment: the active moment in thinking is concentration that does not let itself be distracted. Indeed, Adorno insists that having patience is a virtue: "the long and uncoercive gaze upon the object"<sup>83</sup> which embodies, as Richter elaborates, the specific kind of comportment that thinks through the object of thought that enables the thinker to snuggle up and tarry with the object, its singularities, its idiomaticities, and difference.<sup>84</sup>

This mode of comportment brings together the practical elements of theory discussed so far: it is theoretical activity that must remain free and distinct from direct action by ruthlessly and patiently thinking beyond what is already known—as resistance to the given—and the practical element of such thinking is to react to its object, to interpret the possibility of changing the object, and also to initiate something

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<sup>80</sup> CM 153 (Progress). Translation amended.

<sup>81</sup> CM 131 (Notes on Philosophical Thinking).

<sup>82</sup> ND 229.

<sup>83</sup> CM 130 (Notes on Philosophical Thinking).

<sup>84</sup> Gerhard Richter, *Thinking with Adorno: the Uncoercive Gaze* (New York: Fordham University Press, 2019), 38.

practical (the practical immediacy of which theory cannot fully disclose). Adorno's concept of praxis is ambiguous when predicated of theory: as Rose points out, it can mean either a form of social activity defined in terms of its goal, or theory as social intervention as opposed to passive contemplation.<sup>85</sup> Although I agree that Adorno is not making it explicit what exactly he means by theory as a form of practice, the latter position of intervening in society better describes Adorno's formulation of philosophical thinking as a form of practice. The practical elements discussed above explain how Adorno understood philosophy and why he thought philosophy might be needed despite the bleak horizon of the impossibility of emancipatory change.

### 3. Philosophy and the antagonistic reality

I turn to Adorno's reasons for defending philosophy in societal analyses, which bears importance on further understanding the practical elements of theory and the relationship between theory and practice. The prime task of philosophy is, and always has been, Adorno argues, the critique of society and its expanding heteronomy: philosophy today is necessary only as critique and resistance of the *status quo*.<sup>86</sup> Indeed, Adorno argues that philosophy is very much needed today because the emancipatory theory that promised emancipation has not delivered its goods—or, as Adorno puts it, the opportunity to realise it was missed.<sup>87</sup> Theory, however, should not be simply discarded because the conditions against which it arose still persist, which makes philosophy for Adorno all the more urgent. In an essay on “Why still philosophy?” Adorno writes:

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<sup>85</sup> Gillian Rose, *The Melancholy Science* (London: Verso, 2014), 191.

<sup>86</sup> CM 10 (Why Still Philosophy?).

<sup>87</sup> ND 3.

The undiminished persistence of suffering, fear, and menace necessitates that the thought that cannot be realized should not be discarded. After having missed its opportunity, philosophy must come to know, without any mitigation, why the world—which could be paradise here and now—can become hell tomorrow. Such knowledge would indeed truly be philosophy. It would be anachronistic to abolish it for the sake of a praxis that at this historical moment would inevitably eternalize precisely the present state of the world, the very critique of which is the concern of philosophy.<sup>88</sup>

This passage describes Adorno's position on philosophy and the requirement to keep responding to the social ills that persist and also the fact that no theory prevents the world turning into 'hell tomorrow'. Adorno is also convinced that philosophy must retain its independence of societal purposes to avoid becoming complicit and to criticise complicit practices. Instead, philosophy must confront the world critically,<sup>89</sup> which means that critical confrontation must also remain critical of itself.<sup>90</sup> Adorno continues:

Praxis, whose purpose is to produce a rational and politically mature humanity, remains under the spell of disaster unless it has a theory that can think the totality in its untruth. It goes without saying that this theory should not be a warmed-over idealism but rather must incorporate societal and political reality in its dynamic.<sup>91</sup>

Producing a rational and politically mature humanity—the task of philosophy, or *materialist* philosophy, as Adorno here suggests—is not about offering a medium for self-cultivation.<sup>92</sup> Adorno's stakes are higher: the task of philosophy is to return to the project of enlightenment that Kant had envisioned; to free humankind from

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<sup>88</sup> CM 14 (Why Still Philosophy?).

<sup>89</sup> CM 148 (Progress).

<sup>90</sup> CM 133 (Notes on Philosophical Thinking).

<sup>91</sup> CM 14 (Why Still Philosophy?).

<sup>92</sup> *Ibid.* 5-6.

irresponsibility and immaturity [*Unmündigkeit*] through education.<sup>93</sup> For philosophical praxis this entails the preservation of intellectual freedom. One of the dangers of losing its intellectual freedom, Adorno argues, is that philosophy has become suspect because of its disparity with positive sciences, especially the natural sciences; yet philosophy must remain distinct from natural sciences despite the disparity. Philosophy, Adorno insists, must preserve its intellectual freedom and autonomy—or “the part of reason that exceeds the subordinate reflection upon and adjustment to pre-given data”<sup>94</sup>—but it must also address concrete societal goals by approaching its objects openly and rigorously, and on the basis of progressive knowledge, without having rules prescribed to it by organised knowledge.<sup>95</sup> For Adorno, such philosophical freedom means not letting thinking be mediated either by philosophical or scientific systems, whether positivism or phenomenology, or dogmatic Marxism. Adorno writes:

The force of thinking, not to swim with its own current, is the strength of resistance to what has been previously thought. Emphatic thinking requires the courage to stand by one’s convictions. The individual who thinks must take a risk, not exchange or buy anything on faith—that is the fundamental experience of the doctrine of autonomy.<sup>96</sup>

According to Adorno, political maturity, the prerequisite of democracy, and the freedom of philosophical thinking share the aim of resisting established opinions and institutions, and everything that is merely posited that justifies itself, as Adorno argues,

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<sup>93</sup> Theodor W. Adorno and Hellmut Becker, “Education for Maturity and Responsibility,” *History of the Human Sciences* 12, no. 3 (1999): 21–34; Immanuel Kant, “Answer to the Question: What is Enlightenment?” In *Practical Philosophy*, ed. and trans. Mary J. Gregor (Cambridge: University Press, 1996), 11–22.

<sup>94</sup> CM 9 (Why Still Philosophy?).

<sup>95</sup> *Ibid.* 13.

<sup>96</sup> CM 132 (Notes on Philosophical Thinking).

with its existence.<sup>97</sup> Political maturity means being able to speak for oneself, by oneself, because the thoughts are not repetition of someone else's. Adorno continues: "Such resistance, as the ability to distinguish between what is known and what is accepted merely by convention or under the constraint of authority, is one with critique, whose concept indeed comes from the Greek *krino*, 'to decide'."<sup>98</sup>

As discussed above, Adorno did not think that formulating the 'how' and 'what' of a better world would be a feasible option. Rather, he thought collective political action is unavailable for the time being, because, given the current situation of society, direct action risks turning out "for the worse even if meant for the best".<sup>99</sup> Adorno insists on eschewing any prescribed utopia, something he compares to theological aniconism, the ban on images of the divine secularised as the ban "on any abstract notion of a correct society, or any attempt to outline such a correct society".<sup>100</sup> Adorno argues that portraits of utopia indeed betray utopia,<sup>101</sup> because utopia—a place that is no place—simply cannot be visualised in theory or practice: it will never "be completely exhausted by knowledge."<sup>102</sup> Utopia, for Adorno, is something radically different from both past and present. It is a *possible* future which reflects the determinate negation of existing evil without issuing a positive depiction.<sup>103</sup> Adorno holds on to possibility, utopia and hope, but they remain nonidentical with any specific image: they are "an alternative image of the possible, or an imageless image of the

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<sup>97</sup> CM 282 (Critique).

<sup>98</sup> Ibid.

<sup>99</sup> ND 245. I cannot fully agree with Adorno on deferring political action. My disagreement is further qualified in consecutive chapters, in which I do not promote the idea of abstaining from activism. I do agree, however, on the 'image ban' of utopia.

<sup>100</sup> PETS 52. See also ND 204–207; Sebastian Truskolaski, "Inverse Theology: Adorno, Benjamin, Kafka," *German Life and Letters* 70, no. 2 (2017): 192–210; Elizabeth A. Pritchard, "Bilderverbot Meets Body in Theodor W. Adorno's Inverse Theology," *The Harvard Theological Review* 95, no. 3 (2002): 291–318.

<sup>101</sup> CM 151 (Progress).

<sup>102</sup> ND 245.

<sup>103</sup> Timo Jütten, "Adorno on Hope," *Philosophy & Social Criticism* 45, no. 3 (2018): 284–306.

possible”.<sup>104</sup> If reconciliation is possible, it is so only through determinate negation and in the nonidentical.<sup>105</sup> Indeed, Adorno maintains that unfree conditions are a possibility for freedom, and the conditions for the possibility of reconciliation are its contradiction.<sup>106</sup> The element of despair in resisting the *status quo* does not mean accepting defeat in the face of the radically evil world, but to say that prevailing evil should be resisted, no matter how futile it may seem or be, and that is to maintain a hope that things can be different.<sup>107</sup>

The task of philosophers is neither to dictate the aim nor the form that resistance should take; but neither can praxis dictate theory, despite being its source.<sup>108</sup> As Richter explains, Adorno insists that assigning thinking to practical activity, even indirectly linking theory to serve praxis or to serve praxis that is postponed, would implicitly subject theory to “a practice-based precensorship, in which thinking were only legitimate to the extent that it is translatable, even if only indirectly, into praxis.”<sup>109</sup> Such subjection means that thinking is not free or autonomous, but robbed of both of them, despite trying to “think into presence”, as Richter puts it, freedom and autonomy.<sup>110</sup> Abstaining from linking theory and practice in a direct manner, Richter continues, would open up the “possibility of genuine thinking having unexpected, transformative effects on the world, even if these are not implied, predictable, or necessary for thinking to come into its own.”<sup>111</sup> In a situation, as Adorno puts it, in which “all exits are blocked and no theory can provide the keys to them”,<sup>112</sup> there is no certainty that any theory would lead to correct practice. What is more certain is that

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<sup>104</sup> PMP 151.

<sup>105</sup> ND 191. See also Tiedemann, “Concept, Image, Name,” 127.

<sup>106</sup> CM 149 (Progress).

<sup>107</sup> Ibid.

<sup>108</sup> CM 278 (Marginalia to Theory and Praxis).

<sup>109</sup> Richter, *Thinking with Adorno*, 37.

<sup>110</sup> Ibid.

<sup>111</sup> Ibid.

<sup>112</sup> PETS 82.

we can imagine situations in which transition from theory to practice is indeed discontinuous.

Despite this, as Adorno insists in the opening of *Negative Dialectics*, theory should not be disregarded.<sup>113</sup> As Jarvis explains, the point of Adorno's philosophy is to make the real antagonisms visible; to show how the contradiction that is masked when philosophy seeks to conjure contradictions away by imposing logical identity or formal non-contradictoriness is embedded in, and dependent upon, the experience of antagonism.<sup>114</sup> Adorno was not convinced that critique is sufficient for social change, but he was sure that it was necessary to point out the false and ruthlessly analyse it as an index for the right and better.<sup>115</sup> To be able to speak about the better, as Adorno argues in a conversation with Bloch, is the condition of being able to say why critique is necessary: we do not know what 'better' might be but we do know what ought not to be.<sup>116</sup> Again, the possibility of the better lies in determinate negation which allows critics to imagine the determinate negation of the prevailing conditions, to offer a possibility of something else, but not dictate the path, conditions or image of the better. Adorno insists that there is no direct or continuous path from theory to practice. The relationship between theory and practice "is one of discontinuity"<sup>117</sup> and "qualitative reversal, not transition, and surely not subordination."<sup>118</sup> Adorno argues that "theory is part of the nexus of society and at the same time is autonomous"; but neither praxis nor theory proceed independently of each other.<sup>119</sup> Adorno was not against praxis *tout court*, only worried about praxis turning false and violent. True praxis that is capable

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<sup>113</sup> ND 3.

<sup>114</sup> Jarvis, *Adorno*, 170.

<sup>115</sup> CM 288 (Critique). See also Cook, *Adorno, Foucault*, 141.

<sup>116</sup> Adorno's conversation with Bloch quoted in Cook, *Adorno, Foucault*, 143. See also ND 377, 352. Here we find echoes of Benjamin, and further (Benjaminian) echoes in Agamben.

<sup>117</sup> CM 276 (Marginalia to Theory and praxis).

<sup>118</sup> *Ibid.* 277.

<sup>119</sup> *Ibid.* 276.

of overturning the *status quo*, Adorno and Horkheimer argue, “depends on theory’s refusal to yield to the oblivion in which society allows thought to ossify”<sup>120</sup> and instead opt for theoretical imagination, because blocking it has paved a way for political delusion.<sup>121</sup> Again, Adorno insists that true praxis is something that stays true to the idea of freedom: living without coercion. In the current situation, Adorno argues, freedom turns concrete when repression is resisted<sup>122</sup> thus freedom manifests only in the negative: “Freedom can be grasped only through determinate negation, corresponding to a concrete form of unfreedom.”<sup>123</sup> As Adorno suggests, there has only been as much free will in the world as there have been people with the will to be free.<sup>124</sup>

#### 4. Negative morality

Adorno does not have a system or a theory of morality, as Bernstein puts it, but his writing is “infused with stringent and commanding ethical intensity”.<sup>125</sup> Adorno did comment on moral philosophy, however, and had planned on writing a book on moral philosophy that never saw the light of day due to his untimely death. What is the purpose of moral philosophy for Adorno? Adorno’s often quoted aphorism, “There is no right life in the wrong one”<sup>126</sup> imposes a practical question: if there is no way to live a right life, as Adorno suggests, because the current one is so distorted and damaged that it makes properly moral life impossible, then what is there left for moral

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<sup>120</sup> DE 33.

<sup>121</sup> Ibid. xvi.

<sup>122</sup> ND 265.

<sup>123</sup> Ibid. 231.

<sup>124</sup> Ibid. 265.

<sup>125</sup> J. M. Bernstein, *Adorno: Disenchantment and Ethics* (Cambridge: Cambridge University Press, 2001), xi.

<sup>126</sup> MM 39; PMP 5.



philosophy to do? In an attempt to reconstruct Adorno's moral philosophy as resistance to the wrong life and, by extension, achieving something like living 'less wrongly', Freyenhagen places critique and resistance in an important role in Adorno's moral philosophy. Although I agree that critique and resistance are important in Adorno's conception of what moral philosophy should be today, Freyenhagen's reading is problematic in terms of designating a prescriptive methodological role to negativity and claiming that Adorno was sceptical about the possibility of immanent critique in the current social order.<sup>127</sup> Instead of trying to live less wrongly in the life that is wrong, as Freyenhagen would have it, Richter's recent reading offers a better answer to the question of what to do with the damaged life, answer that stays true to Adorno's intentions. Richter suggests that

our critical task is no longer defined by the need to establish and subsequently maintain at all cost a distinction between a right life and a presumably wrong one, but rather by an engagement with the very forms of survival that promise, ever so fleetingly and intermittently, the experience of life as lived, fragile life.<sup>128</sup>

Jarvis has also noted that Adorno attempted, through an immanent criticism of society, not to provide a blueprint to the right life but to interpret the damaged life to allow "intimations of a possible, undamaged life to show through."<sup>129</sup> Similarly, Bernstein argues that adopting Adorno's morality would be to side with the nonidentical "to engender a form of thinking that is geared to moral remainders" because philosophy can do no more than survey the damaged life while retaining hope.<sup>130</sup> These interpretations resonate with Adorno's suggestion in an unpublished lecture that one

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<sup>127</sup> More on the problems of Freyenhagen's argument, see Sebastian Truskolaski, "Analyse What?" *Radical philosophy* 190 (2015): 59–61.

<sup>128</sup> Richter, *Thinking with Adorno*, 15.

<sup>129</sup> Jarvis, *Adorno*, 9.

<sup>130</sup> Bernstein, *Adorno*, 40, 56, 331.

must try as much as possible to live as one would in a free world, to anticipate with one's existence the right life that is currently doomed to failure and contradiction, and that we have no other choice than to carry the contradiction to its end by opting for resistance.<sup>131</sup>

Adorno makes it clear that, in his view, moral philosophy holds no answers to the 'right life'—how to live it or how to attain it. Rather, the point of moral philosophy—moral philosophy that cultivates intellectual experience—is to raise questions of morality to the level of conscious reflection, to sustain the “attempt to make conscious the critique of moral philosophy, the critique of its options and an awareness of its antinomies” because moral philosophy can promise nothing more.<sup>132</sup> Adorno argues that moral philosophy cannot lay down absolute moral rules for behaviour or the immediate generation of moral good.<sup>133</sup> Neither can we think, according to Adorno, that cultivating one's own nature, realising oneself, would be enough to bring about the moral life.<sup>134</sup> Instead, Adorno argues that moral philosophy means making

a sustained effort to achieve a true, conscious understanding of the categories of morality and of the questions that relate to the right life and practice in that higher sense [of intellectual praxis, theory as a form of practice] instead of continuing to imagine that this entire complex of issues must be excluded from the realm of theory on the grounds that it is practical. For when people take this latter view ... they never reach the point that in Kant's eyes constitutes the locus of

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<sup>131</sup> Adorno's lecture on February 28, 1957; quoted in Gerhard Schweppenhäuser, *Ethik nach Auschwitz: Adornos Negative Moralphilosophie* (Wiesbaden: Springer, 2016), 220. It should be noted that opting for resistance is qualitatively different than 'living less wrongly': the difference between resistance and living less wrongly is that the latter can be understood as an attempt to form an image of the 'less wrong life' as the right life within the wrong one, an image Adorno argues we should avoid. The former seeks more explicitly to stay with the negative; the wrong life as an index for the right and better.

<sup>132</sup> PMP 167. Translation amended.

<sup>133</sup> PMP 5.

<sup>134</sup> *Ibid.* 10.

right action, namely the moment of freedom in the absence of which the good life cannot even be properly conceived.<sup>135</sup>

Moral philosophy offers no practical guide for public or private living, no direct help about personal moral problems. Rather, the form moral philosophy takes today, just like the question of social change, is to answer the question whether the ‘right life’ is still a possibility in the ‘wrong’ one, and to resist the latter:

Above all, no one can promise that the reflections that can be entertained in the realm of moral philosophy can be used to establish a canonical plan for the right life because life itself is so deformed and distorted that no one is able to live the right life in it or to fulfil his [sic] destiny as a human being. ... I believe that only by making this situation matter of consciousness—rather than covering it up with sticking plaster—will it be possible to create the conditions in which we can properly formulate questions about how we should lead our lives today. The only thing that can perhaps be said is that the right life today would consist in resistance to the forms of the wrong life that has been seen through and critically dissected by the most progressive minds. Other than this negative prescription no guidance can really be envisaged.<sup>136</sup>

Adorno argues that if there is no right life in the wrong one—and the fault, Adorno suggests, lies in ideology that prevents thinking beyond the given world order—then there can be no correct consciousness either,<sup>137</sup> and that therefore changing consciousness, “to dissolve the context of delusion in the minds of others” is the task for moral philosophy in the current situation.<sup>138</sup> Thus, those who are able to create consciousness of antagonistic reality have a moral obligation to do so. Creating consciousness is critical because antagonism and contradictions have to be faced, as Adorno puts it, and not simply argued “out of existence by more or less logical

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<sup>135</sup> Ibid. 5–6.

<sup>136</sup> PMP 167. Translation amended.

<sup>137</sup> TNM, 106–107.

<sup>138</sup> CM 120 (Opinion Delusion Society).

procedures.”<sup>139</sup> Despite arguing that moral philosophy cannot do much more than bring moral questions to awareness, such work perhaps paradoxically requires of us to hold fast to the promises of moral philosophy: conscience, responsibility, moral norms, self-criticism, and the question of right and wrong, but also “to a sense of the fallibility of the authority that has the confidence to undertake such self-criticism.”<sup>140</sup> Adorno suggest that fallibility and its self-reflection have “become the true heir to what used to be called moral categories.”<sup>141</sup>

There is a discrepancy between the idea of an eternal moral law and actual existing society. As Adorno put it provocatively, today no moral decision can be said to be the right one.<sup>142</sup> An eternally valid moral law, Adorno argues, would be possible only in “a circumscribed universe” which stands in contrast to the “immeasurably expanding universe of today which is incommensurable with our experience [of modern life].”<sup>143</sup> Moreover, Adorno argues, the belief that moral norms are simply “anchored and attainable in the life of an existing community, can no longer be assumed today” because “the community has now acquired such overwhelming power in its relations with the individual and that countless processes have forced us to conform so utterly that harmony can no longer be produced between our own individual destiny and what is imposed on us by objective circumstances.”<sup>144</sup>

Therefore, Adorno suggests that

anything that we call morality today merges into the question of the organization of the world. We might even say that the quest for the right life is the question for the right form of politics, if indeed such

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<sup>139</sup> PMP 9.

<sup>140</sup> Ibid. 169

<sup>141</sup> Ibid.

<sup>142</sup> ND 243.

<sup>143</sup> PMP 98–99.

<sup>144</sup> Ibid. 12.

a right form of politics lay within the realm of what can be achieved today.<sup>145</sup>

The relationship between universal and particular—between general interests of society and particular interests of individual people—is a fundamental question in ethics for Adorno, because there is no reconciliation in sight between the universal and the particular: for the time being, living rightly is not a genuine possibility in the given society.<sup>146</sup> In treating such questions, Adorno points out, rather than smoothing over difficulties and contradictions, the contradictions must be faced.<sup>147</sup> Treating moral questions positively is less certain than negative formulations: we might not know what absolute good or right or the absolute norm is, but we do know very well what constitutes “the inhuman”, therefore “moral philosophy today lies more in the concrete denunciation of the inhuman, than in vague and abstract attempts to situate man [sic] in his existence.”<sup>148</sup> There are no explicit norms that guarantee moral life, except perhaps in the private realm of individuals, and theory as praxis is the “morality of thinking” and a “praxis of thought” but not a recipe for social or political action.<sup>149</sup> There is no discernible revolutionary subject to ground theory; rather, as Jarvis puts it, Adorno insists that “truth is glimpsed in the determinate negation of what is false.”<sup>150</sup>

The question of the practicality of moral theory is critical. As noted above, theory, according to Adorno, is a form of practice; it is not mere problem solving. Adorno explains that his notion of practicality goes back to the Greek meaning of doing and acting (*praxis, pratein*) and argues that moral philosophy has a necessary

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<sup>145</sup> Ibid. 176.

<sup>146</sup> PMP 14, 19, 28, 166–176; MM 39. The categories of universal and particular are essential in moral philosophy, as Adorno points out, because ethics is always a social phenomenon: to talk about ethics without relating human beings to one another (particulars) and to society (universal) makes no sense.

<sup>147</sup> PMP 16.

<sup>148</sup> Ibid. 175.

<sup>149</sup> Rose, *The Melancholy*, 192–193.

<sup>150</sup> Jarvis, *Adorno*, 51.

connection within practical action in the sense of praxis, of doing or acting, rather than the mere ability to tackle and cope with practical problems.<sup>151</sup> Therefore, the Kantian question ‘What shall we do?’ is still very much critical for moral philosophy, and philosophy in general. However, Adorno warns against treating the Kantian question with impatience about theoretical analyses. Adorno’s reason for resisting impatience, although somewhat polemical because it was delivered in a lecture, is worth quoting at length:

Today, this question [What shall we do?] has undergone a strange modification. I have found again and again that when carrying out theoretical analyses—and theoretical analyses are essentially critical in nature—that I have been met by the question: ‘Yes, but what shall we do?’, and this question has been conveyed with a certain undertone of impatience, an undertone that proclaims: ‘All right, what is the point of all this theory? It goes on far too long, we do not know how we should behave in the real world, and the fact is that we have to act right away!’ ... But the reality is that the more uncertain practical action [to create a better world] has become, the less we actually know what we should do, and the less we find the right life guaranteed to us—if indeed it was ever guaranteed to anyone—then the greater our haste in snatching at it. This impatience can very easily become linked with a certain resentment towards thinking in general, with a tendency to denounce theory as such.<sup>152</sup>

Here we return to Adorno’s insistence that theory must remain free of practical demands to be able rigorously to follow through the thought wherever it might lead. Thus, Adorno points out that we cannot assume that all we need is a correct moral theory to be able to arrive at a correct practice.<sup>153</sup> One reason for the discontinuity between moral theory and practice is, Adorno argues, the fact that even if there were correct theoretical consciousness, that consciousness might be prevented or blocked.

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<sup>151</sup> PMP 2–3.

<sup>152</sup> Ibid. 3.

<sup>153</sup> Ibid. 6.

Consciousness of a right action does not necessarily lead to the right action itself; they are not one and the same thing, they are nonidentical.<sup>154</sup>

## 5. Conclusion

This chapter assembled Adorno's thinking from disparate sources about theory and practice in a constellation with an expositional purpose. Adorno writes in the Marxist tradition in which the main theoretical interest is the continuing existence of superfluous suffering in a world in which we have the material means to abolish it.<sup>155</sup>

Adorno argues that late capitalism is dominated by the totalising and standardising system of exchange value and culture industry, where the autonomous individual is utterly disintegrated. The world is a radically evil place, as the experience of Auschwitz proves. In the radically evil world, life has become so distorted that we get caught up in maintaining the *status quo* when it should be resisted. Adorno argues that the only way to respond to society is to resign from the prevailing evil and from the kind of impatient attitude towards theorising and thinking which demands that theory ought quickly to come up with a practical point on what to do or how to behave. The same attitude is shared to an extent in bioethics, as we shall see in the following chapter. According to Adorno, the motive behind the impatient question about the practical implications of theoretical or critical analyses is, especially in the context of political praxis, the demand for effective and direct action. The problem with impatience is that practical action has actually become more uncertain in the world where the 'right life' or in fact 'living' in any proper sense is not guaranteed. A

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<sup>154</sup> Ibid. 112–113.

<sup>155</sup> Raymond Geuss, *Outside Ethics* (Princeton: Princeton University Press, 2005), 112.

practical theory should be understood as critique and resistance: a ruthless critical reflection as a reaction to the material conditions of society that aim at an imageless negation of the life that is wrong. Such theory is in itself action and a practice. Theory as a form of practice maintains a possibility to change the world, however incrementally, through creating consciousness and cultivating the political maturity of people. Such theory is the only theory that can navigate the wrong life without falling into defeatism about the possibility of social change. Adorno suggests that a utopian hope arises in the contradiction between reality and hope: “To be realistic today means to recognize the state of actual conditions as a product of manipulated power relations and to hold on to the idea of a better society.”<sup>156</sup>

In the following four chapters, these ideas are further elaborated and taken into physiotherapy to highlight how Adorno’s thinking might help to further critical understanding of physiotherapy. The next chapter argues that there is a need to move away from ‘bridging a gap’ between theory and practice in physiotherapy ethics, and bioethics in more general sense, because the path from theory to practice is discontinuous and previous attempts to bridge the gap in bioethics have only resulted in maintaining a binary relationship between the two. I argue that rather than augmenting theory with practice—thus putatively making it practical—we must start thinking about theory differently; in a way that renders theory itself as a practice. The argument for theory as practice is then taken into more specific physiotherapeutic contexts in Chapters 3–5 to demonstrate the potential of critical transformation within physiotherapy theory and practice that might learn from Adorno’s ideas.

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<sup>156</sup> PETS 124.



# Chapter 2: Theory understood as critique and resistance is a practice in itself

Let us bear in mind a piece of advice that an eminent Victorian who was also an eminent pedestrian once gave to walkers:  
“Whenever you see a board up with  
‘Trespassers will be prosecuted’, trespass at once”.

Let us trespass at once.

- *Virginia Woolf*<sup>d</sup>

## 1. Introduction

This chapter focuses on the themes of critique and resistance in Adorno’s thinking and how they might help critical physiotherapy ethics, both as theoretical concepts and practical considerations. I suggest that critique and resistance are intrinsically moral practices, and as such, they make the understanding of moral theory put forward in this chapter political: theory understood as the practice of criticism and resistance in physiotherapy ethics is simultaneously a political and an ethical statement. Physiotherapy ethics, if it is to become and remain critical, must recast ethical theory as a practice in itself, instead of theory being something external to practice.<sup>2</sup> I argue that theory, understood as critique and resistance, can be considered a practice in itself when it does not have to result in some other action beyond itself in order to be counted as practice or practical. This argument aims at reconfiguring the understanding of ‘practice’ beyond the instrumental notion of practice as simply something useful. The equation of ‘practical’ with ‘useful’ offers an insufficient understanding of what practice might entail because it reduces practice to a matter of means and ends rather

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<sup>1</sup> Virginia Woolf, “The Leaning Tower,” In *Essays of Virginia Woolf, Volume 6: 1933 to 1941*, ed. Stuart N. Clarke (London: The Hogarth Press, 2011), 277.

<sup>2</sup> Anna Ilona Rajala, “What Can Critical Theory Do for the Moral Practice of Physiotherapy?” in *Manipulating Practices: A Critical Physiotherapy Reader*, eds. Barbara E. Gibson, David A. Nicholls, Jenny Setchell, and Karen Synne Groven (Oslo: Cappelen Damm Akademisk, 2018), 55–77.

than expressing practice as the critical and self-reflective process that I suggest moral practice in physiotherapy requires.

I begin by discussing the theory-practise problem in bioethics, in which theory and philosophy are increasingly considered as trespassers, and by arguing that theory is not made practical simply by drawing on or adding ‘evidence’ to ethical considerations, as the social scientists, Hedgecoe and Hoffmaster, have suggested.<sup>3</sup> While empirical observations are important, Borry and colleagues’ positivist notion of ‘evidence-based ethics’ that I introduce in this chapter offers a normatively and descriptively narrow landscape for physiotherapy ethics. Neither should theory be understood as simply a matter of theory development and testing, or as a heuristic device to deal with different phenomena, as McPherson, Gibson and Leplège’s recent defence of theory in rehabilitation literature suggests.<sup>4</sup> Finally, I draw on Adorno’s thinking about the relationship between theory and practice presented in Chapter 1 to outline practical elements for physiotherapy ethics as a form of theory as practice. My aim, in short, is to offer a critical approach to physiotherapy ethics that addresses both theory and practice without conflating one with the other.

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<sup>3</sup> Adam M. Hedgecoe, “Critical Bioethics: Beyond the Social Science Critique of Applied Ethics,” *Bioethics* 18, no. 2 (2004): 120-143; Barry Hoffmaster “Can Ethnography Save the Life of Medical Ethics?” *Social Science & Medicine* 35, no. 12 (1992): 1421–1431.

<sup>4</sup> Kathryn Read McPherson, Barbara E. Gibson, and Alain Leplège, “Rethinking Rehabilitation: Theory, Practice, History—And the Future,” In *Rethinking Rehabilitation: Theory and Practice*, eds. Kathryn Read McPherson, Barbara E. Gibson, and Alain Leplège (Boca Raton: CRC Press, 2015), 3–20.

## 2. Why theory as practice?

### 2.1 A ‘crisis of theory’ in biomedical ethics

The debates I discuss in what follows—somewhat tersely but sufficient to serve as introduction to the general issues of the role of philosophy in bioethics<sup>5</sup>—are absent from the physiotherapy literature as far as I am aware. Because philosophy has only comparatively recently started to be of interest to physiotherapy researchers and clinicians, and physiotherapy still operates largely within a positivistic paradigm in which empirical evidence is the gold standard of clinically useful research,<sup>6</sup> it is relevant to physiotherapy researchers and clinicians to consider the suspicious attitudes towards philosophical theory in clinical bioethics to reflect their own relationship to theoretical and philosophical approaches.<sup>7</sup> Extensive and rigorous philosophical discussions are still scarce in physiotherapy ethics literature; but that is not a sound reason for *not* having these discussions and instead opting for accepting empirical evidence as the only standard for research in ethics. I concentrate on the ‘theory as practice’ rather than the ‘practice-as-theory’ side of the *chiasmus* (see Introduction, p. 24) because, as I aim to show in this chapter, theory and practice need not be understood as polar opposites.

I suggest that philosophical theory in bioethics has been in crisis for a long time rather than suspicion against theory being a more recent development. Theory is not

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<sup>5</sup> I use ‘bioethics’ and ‘clinical ethics’ as blanket terms to refer to medical and healthcare ethics (including different profession-specific ethics) so as to avoid terminological confusion.

<sup>6</sup> Camilla Wikström-Grotell and Katie Eriksson, “Movement as a Basic Concept in Physiotherapy—A Human Science Approach,” *Physiotherapy Theory and Practice* 28, no. 6 (2012): 428–438.

<sup>7</sup> As Delany et al. argue, many moral questions that physiotherapy deals with are specific to physiotherapy. However, I suggest physiotherapy ethics also shares a lot with bioethics in general, which makes the debates in bioethics relevant to physiotherapy. Clare M. Delany, Ian Edwards, Gail M. Jensen, and Elizabeth Skinner, “Closing the Gap between Ethics Knowledge and Practice through Active Engagement: An Applied Model of Physical Therapy Ethics,” *Physical Therapy* 90, no. 7 (2010): 1068–1078.

in crisis because there are many philosophical theories of morality and no consensus—that would be a crude misunderstanding of philosophical ethics. Rather, my argument is about theory in general becoming increasingly peripheral to make way for empirical approaches to ethical and moral issues in healthcare. The twentieth century history of biomedical ethics is closely entwined with theology and philosophy.<sup>8</sup> Despite this, and perhaps also because of it, the theoretical field of philosophy has not always enjoyed a safe haven in the hands-on, blood and guts, ‘practical’ field of medical science.

Writing in 1956, Oswei Temkin observes that the topic of philosophy and medicine is often, but undeservedly, met with prejudice: “With the spread of positivism in the nineteenth century, philosophy became synonymous with speculations that lead nowhere.”<sup>9</sup> Indeed, Temkin writes, “[a]nybody wishing to speak about the philosophy of medicine will, at the outset, encounter two difficulties: the vagueness of the term and the prejudice against the subject itself.”<sup>10</sup> His observation offers a reminder that positivism is by no means a recent reason for prejudice against philosophy in medicine. Twenty years later R. M. Hare shows that the same prejudice still lingers:

[I]f philosophers could not help with the problems of medical ethics they might as well shut up shop. But *how* can they help? Not in some of the ways that many people seem to think. The failure to help in *these* ways is indeed the reason why it is thought that philosophy can never help at all.<sup>11</sup>

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<sup>8</sup> Albert R. Jonsen, *A Short History of Medical Ethics* (Oxford: Oxford University Press, 2000); Albert R. Jonsen, *The Birth of Bioethics* (Oxford: Oxford University Press, 1998); Duncan Wilson, *The Making of British Bioethics* (Manchester: Manchester University Press, 2014).

<sup>9</sup> Oswei Temkin, “On the Interrelationship of the History and the Philosophy of Medicine,” *Bulletin of the History of Medicine* 30, no. 3 (1956): 241.

<sup>10</sup> *Ibid.*

<sup>11</sup> R. M. Hare, “Medical Ethics: Can the Moral Philosopher Help?” In *Essays on Bioethics* (Oxford: Oxford University Press, 1993), 2.

Hare is writing in defence of philosophy but reflects in this passage the persistent sentiment that unless philosophers have something practical to offer, they should not mingle with medicine at all. In a collection of essays for and against philosophy in clinical ethics, another twenty years on, Barry Hoffmaster noted that questions about biomedical ethics have started to polarise between applied moral philosophy and concrete case-based ethics. Hoffmaster sides with the latter position, arguing that “ingenious philosophical tinkering” cannot remedy the problems of applying ethical theories to concrete problems.<sup>12</sup> This loaded expression is countered by Ruth Macklin, who argues against polarisation in the same volume:

no one—philosopher, practitioner, or decision maker in any situation—can resolve practical moral dilemmas by a simple process of taking an ethical theory, applying it directly to a case, and coming up with a single right answer. ... As any beginning student knows, philosophy doesn’t supply answers to multiple choice questions. It cannot offer a “how to” guide to ethical quandaries.<sup>13</sup>

Macklin points out that the polarisation between philosophy and social sciences is based on a crude misunderstanding of what philosophers do. Thinking philosophers magically conjure single right answers, Macklin argues, is simply misunderstanding what philosophers’ competence is—and they do possess competence that is specific to their training that others do not possess.<sup>14</sup> However, two decades later the question

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<sup>12</sup> Barry Hoffmaster, “Philosophical Ethics and Practical Ethics,” in *Clinical Ethics: Theory and Practice*, eds. Barry, Hoffmaster, Benjamin Freedman, and Gwen Fraser (Clifton: Humana Press, 1989), 202.

<sup>13</sup> Ruth Macklin, “Ethical Theory and Applied Ethics,” in *Clinical Ethics: Theory and Practice*, eds. Barry Hoffmaster, Benjamin Freedman, and Gwen Fraser (Clifton: Humana Press, 1989), 102.

<sup>14</sup> Ibid. 104. This competence includes skills to analyse moral problems systematically and consistently, as well as having command of ethical theories. Anne Maclean, for example, puts this competence in action beautifully when arguing against ‘bioethicists’ and their utilitarian assumptions. See Anne Maclean, *The Elimination of Morality: Reflections on Utilitarianism and Bioethics* (London: Routledge, 1993).

remains the same: the problem of theory and practice, Bruce Jennings writes, “lies at the heart of bioethics”.<sup>15</sup>

How to address the problem of polarisation between theory and practice? According to Jennings, there are two ways of looking at this: *to bring theory into practice* by applying normative ethical theory to various practices, or *to bring practice into theory* by eschewing “the most abstract and universalistic notion of what ethical knowledge and understanding consist in and to inform normative theoretical concepts with a more situated and contextualized interpretation instead.”<sup>16</sup> Jennings confirms the misunderstanding that Macklin had criticised. In Jennings’ two alternative solutions to the theory-practice problem, philosophy is assigned two roles that, as Macklin might put it, any beginning student knows are misunderstandings: first, philosophy is about the application of theory; and second, philosophy is about abstract universalism that is made practical by situating theoretical concepts. Accepting Jennings’ solutions creates further polarisation. If these were the only two alternative ways of understanding what philosophy is and what philosophers do, then the declaration of the ‘empirical turn’ in bioethics may well succeed.<sup>17</sup> It might even be the final nail in philosophy’s proverbial bioethical coffin.

Why am I defending philosophy? Is empirical evidence not useful for bioethics? Defending philosophy is not about abandoning the empirical research of

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<sup>15</sup> Bruce Jennings, “Reconceptualizing Autonomy: A Relational Turn in Bioethics,” *Hastings Center Report* 46, no. 3 (2016): 11. <https://doi.org/10.1002/hast.544>.

<sup>16</sup> *Ibid.*

<sup>17</sup> Pascal Borry, Paul Schotsmans, and Kris Dietrickx, “Empirical Research in Bioethical Journals. A Quantitative Analysis,” *Journal of Medical Ethics* 32, no. 4 (2006): 240–245; Pascal Borry, Paul Schotsmans, and Kris Dietrickx, “The Birth of the Empirical Turn in Bioethics,” *Bioethics* 19, no. 1 (2005): 49–71; Pascal Borry, Paul Schotsmans, and Kris Dietrickx, “Evidence-based Medicine and Its Role in Ethical Decision-making,” *Journal of Evaluation in Clinical Practice* 12, no. 3 (2006): 306–311. See also Lucy Frith, “Symbiotic Empirical Ethics: a Practical Methodology,” *Bioethics* 26, no. 4 (2012): 198–206. See also Bert Molewijk and Lucy Frith, eds. “Empirical Ethics.” Special issue, *Bioethics* 23, no. 4 (2009): 198–206. For critical interrogations see Michael Loughlin, “A Platitude Too Far: ‘Evidence-based Ethics’,” *Journal of Evaluation in Clinical Practice* 12, no. 3 (2006): 312–318; Daniel Stretch, “Evidence-based Ethics—What It Should Be and What It Shouldn’t,” *BMC Medical Ethics* 9 (2008). <https://doi.org/10.1186/1472-6939-9-16>.

ethics. If it were, then claiming that philosophy should rule over empirical ethics or empirical evidence would make the same mistake the empirical turn commits: a binary opposition between theory and practice would be maintained, not challenged. It is not my intention to add to the polarisation. To defend philosophy, reconfiguring the relationship between theory and practice must turn to reconfiguring the very concepts of theory and practice. Indeed, I see the reconfiguration as the only fruitful option because if theory and practice are set on scales, the scales are never balanced. ‘Philosophy’ or ‘theory’ are understood somewhat narrowly both in bioethics and physiotherapy ethics, and they must be radically reassessed.

However, the empirical turn might sound appealing to clinicians and researchers in the health and medical sector. Both the call for more empirical research and the simultaneous decline of theory are facilitated by an ideal of scientific evidence as something practical, observable, and quantifiable, and in principle infallible and precise. The same ideal maintains the continued appeal of certain kinds of theory over others, that is, those that fit better with empiricism and positivism. This ideal has it that, as Adorno and Horkheimer argue, calculability and utility is all: everything that falls outside this standard is viewed with suspicion.<sup>18</sup> The calculating rationality of the Enlightenment—of which contemporary positivism is an extension, together with its declaration that knowledge is valid only if it is obtained by empirical means—has a firm grip on medical science and evidence-based medicine. A recent example of this is the change in policy of one of the major scientific journals in medicine, *The British Medical Journal (The BMJ)*. *The BMJ* declares that they will henceforth primarily “publish studies with more definitive—not exploratory—research questions that are relevant to an international audience and that are most likely to change clinical practice

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<sup>18</sup> DE 3.

and help doctors make better decisions.”<sup>19</sup> *The BMJ* does not “prioritise qualitative research because ... qualitative studies are usually exploratory by their very nature and do not provide generalisable answers.”<sup>20</sup> It is a peculiar claim that explorative research, which of course includes philosophical approaches, would not ‘change clinical practice and help doctors make better decisions’ and instead generalisable answers are most likely to affect such change.

*The BMJ*’s policy change prioritises positivism. Indeed, the policy of prioritising evidence-based medicine might be called “tyranny of evidence”, which Bonnisteel describes as the quantifying rationality that erases all difference and makes everything the same. Evidence-based medicine, Bonnisteel writes, is

an excuse for not thinking. It renders all patients with a particular condition the same, to be treated in the same way. It is the antithesis of holistic medicine. It strips away the art of medicine and at the same time cheapens the value of professional practice.<sup>21</sup>

Bonnisteel’s criticism resonates with Horkheimer and Adorno’s criticism of Enlightenment rationality that renders everything quantifiable and ultimately exchangeable to strip rationality of mythical elements and superstition. They write: “For enlightenment, anything which does not conform to the standard of calculability and utility must be viewed with suspicion.”<sup>22</sup> Making the world calculable is to make things equivalent and “dissimilar things comparable by reducing them to abstract

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<sup>19</sup> Elizabeth Loder, Trish Groves, Sara Schroter, Jose G Merino, and Wim Weber, “Qualitative Research and *The BMJ*: A Response to Greenhalgh and Colleagues’ Appeal for More,” *The British Medical Journal* 352 (2016). <https://doi.org/10.1136/bmj.i641>.

<sup>20</sup> Ibid.

<sup>21</sup> Paul Bonnisteel, “Tyranny of Evidence-based Medicine,” *Canadian Family Physician* 55, no. 10 (2009): 979; DE 1–34.

<sup>22</sup> DE 3.



quantities.”<sup>23</sup> The problem of calculability and equivalence lies, for Horkheimer and Adorno, in that it turns thinking into mere immediacy:

Knowledge does not consist in mere perception, classification, and calculation but precisely in the determining negation of whatever is directly at hand. Instead of such negation, mathematical formalism, whose medium, number, is the most abstract form of the immediate, arrests thought at mere immediacy. The actual is validated, knowledge confines itself to repeating it, thought makes itself mere tautology.<sup>24</sup>

Instead of being the salvation of rationality from mythical and superstitious understanding of the world, the calculating and evidence-observing rationality reverts into mythology:

The more completely the machinery of thought subjugates existence, the more blindly it is satisfied with reproducing it. Enlightenment thereby regresses to the mythology it has never been able to escape.<sup>25</sup>

Writing in the wake of the horrors of the Third Reich, Horkheimer and Adorno argue that the most horrid logical conclusion of the calculating reason within the bourgeois economy is the rational organisation of barbarism; the rational and calculating efficiency of Nazi death camps. In bioethics, the slippery slope from calculation and elimination of quality need not go as far as to claim that barbarism is inevitable. To do so would be to misplace Horkheimer and Adorno’s pessimism and possibly to downplay the horrors of the Third Reich. However, the darker side of the ‘tyranny of evidence’—the elimination of quality in favour of quantity—has ramifications for the political economy of medicine: quantification and making dissimilar things

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<sup>23</sup> Ibid. 4.

<sup>24</sup> Ibid. 20.

<sup>25</sup> Ibid.

exchangeable plays directly into the marketisation of medicine—profit over people—which brings us back to bioethics.

Can ‘evidence’ provide a sound basis for ethical decision-making in medicine and healthcare? There are those who think ‘evidence’ does exactly that. Borry and colleagues have made positivism a bioethical requirement by claiming that integrating ‘evidence’ into ethics is a *prima facie* moral obligation that leads to better ethical decisions.<sup>26</sup> Of course, what really counts as ‘evidence’ excludes theoretical and moral, and even qualitative knowledge. ‘Evidence’ refers exclusively to clinical trials that yield definitive knowledge and generalisable answers.<sup>27</sup> All that is tolerated of theory in Borry and colleagues’ ‘evidence-based ethics’ are subjective values and norms—indeed, non-subjective values and norms have no place in this model. In the end an ethical decision is, or so they argue, a decision based upon norms and values: ethical decisions cannot be justified by the “normativity of the factual”.<sup>28</sup> Although I agree that drawing normativity from the ‘factual’ is problematic, ethics based upon ‘values’—whatever that may be—is equally without normative content.<sup>29</sup> The normativity of ‘evidence-based ethics’ does not stand on strong ground: if normativity cannot be justified by the factual—that is, empirical evidence—and if philosophical inquiry is under suspicion giving way to ‘values’ instead, then how are these so-called

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<sup>26</sup> Borry et al. “Evidence-based Medicine and its Role,” 310.

<sup>27</sup> What counts as ‘evidence’ is showcased in evidence-based reviews and recommendations, e.g. by The National Institute for Health and Care Excellence (NICE) and Cochrane Library. While it is necessary for these reviews to take a utilitarian and positivist view of knowledge (because their goal is to measure and evaluate clinical effectiveness), taking ‘evidence’ as the only source of bioethical or even medical knowledge is not.

<sup>28</sup> Borry et al. “Evidence-based Medicine and its Role,” 310. This is not a surprising claim since ‘empirically grounded ethics leads to better care’ is a theoretical and normative, not an empirical statement, therefore, there must be a theoretical element to evidence-based ethics: a full separation of fact and value, which would fully side with positivism, is not easy to argue for. If bioethics is to be normative, in addition of being descriptive, it must also be theoretical, that is, it must be able to challenge and/or justify prevailing norms and values, not merely accept that clinicians make decisions based upon their personal preference (whatever they may be).

<sup>29</sup> An example is ‘value-based medicine’ which normativity is questionable. For a critique of the approach, see Bob Brecher, “Which Values? and Whose? A Reply to Fulford,” *Journal of Evaluation in Clinical Practice* 17, no. 5 (2011): 996–998.

values justified? Or is ‘evidence-based ethics’ simply relativistic? If empirical evidence, the ideals of calculability and utility in particular, has become the primary guiding imperative of ethical healthcare practice, what is the relationship between theory and practice? Have theoretical approaches become secondary, or obsolete, under this paradigm? These questions are at the centre of the empirical turn and they constitute nothing less than the most advanced stage of what I am calling the crisis of theory. To avoid the ‘tyranny of evidence-based medicine’ and relativism, which is indeed where ‘evidence-based ethics’ with its reliance of decision-making based on ‘values’ leads, ethics cannot simply abandon its roots in philosophy. Bioethics need not be condemned into positivism or relativism. To understand the phenomena of society, as Adorno argues, theory is necessary: “a theory-free so-called empiricism is merely an ideology that captures only apparent phenomena.”<sup>30</sup>

How about physiotherapy ethics and its relationship with theory and philosophy? Physiotherapy ethics has a considerably shorter history behind it than bioethics and the discussions concerning the crisis of theory do not exist in physiotherapy literature. Considering that physiotherapy as a profession is much younger than medicine—it started to emerge in its modern form in different countries in the late nineteenth and early twentieth centuries—and its academicization is an even younger phenomenon, philosophy has played a serious part in physiotherapy ethics only comparatively recently. Empirical and philosophical approaches have not been polarised in physiotherapy ethics to the extent that they have in bioethics. The reason for this may be that the histories of bioethics and physiotherapy ethics are different. The former is historically tied to theology and philosophy,<sup>31</sup> which explains why some

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<sup>30</sup> PETS 36.

<sup>31</sup> See e.g. Jonsen, *A Short History of Medical Ethics*; Jonsen, *The Birth of Bioethics*; Wilson, *The Making of British Bioethics*.

have argued for an ‘empirical turn’. The latter is historically aligned with positivist medicine<sup>32</sup> and the increased general interest in philosophy in physiotherapy has also sparked an increasing interest in philosophical approaches to physiotherapy ethics. Therefore, we cannot speak of an ‘empirical turn’ in physiotherapy ethics, and hardly yet of a ‘philosophical turn’, but physiotherapy ethics can still learn from the above discussion. First, it can avoid the narrowing of the ethical landscape into mere ‘evidence-based ethics’. Theoretical and philosophical research in physiotherapy ethics needs to be defended. The stakes could hardly be higher. If theory has indeed become something hardly—if at all—worth considering, then it might invalidate everything that follows in these pages. My contention, however, is that philosophy has been neither defeated nor properly defended in physiotherapy. Second, physiotherapy ethics should not be ‘philosophised’ so as to create polarisation between theory and practice. On the one hand, if practical philosophy—as moral philosophy was called from the Greeks to Kant—has nothing practical to offer, then, to borrow a turn of phrase from Hare, it is indeed time to “shut up shop”.<sup>33</sup> On the other, my purpose is to demonstrate that just because convincing more empirically minded researchers and practitioners about the importance of theoretical approaches might prove difficult, that does not show that the entire canon of ‘philosophy’ has been exhausted.

On the contrary, philosophy is something fundamental for physiotherapy ethics and, as a defender of theory, Adorno offers an expansion of the ‘canon’ that reaches beyond bioethical debates about theory and practice. My defence of theory in physiotherapy ethics, therefore, aims at a ‘critical turn’ that seeks to avoid polarisation between theory and practice because philosophy is not a substitute for science, but rather its *critic*. As Adorno argues, philosophy “will not dispense with truth, however,

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<sup>32</sup> As argued by David A. Nicholls, *The End of Physiotherapy* (London: Routledge, 2018).

<sup>33</sup> Hare, “Medical Ethics,” 1.

but will illuminate the narrowness of scientific truth.”<sup>34</sup> Theory, understood as critique and resistance, is a practice that defends theory and theoretical analysis as something indispensable, but without dispensing with its object that is always material and empirical.

## 2.2 Against a narrow view of theory

The defence of philosophy requires a clarification of what theory consists in, but one that moves beyond the dualism of theory and practice. There are two steps in this move: to correct misconceptions of what philosophy is; and to recast *theory as a practice in itself* in terms of physiotherapy ethics. To take the latter step, the main concern of the latter half of this chapter, requires that the question of the relationship between theory and practice be abandoned as the matter of mere application; for it would confirm the very dualism that makes any meaningful cooperation between the two impossible.<sup>35</sup> Instead, what needs to be asked is what might constitute the practice of theory, and might such a practice serve physiotherapy ethics? To take the former step is to show that the theory-practice problem is based upon muddy understandings of the core conceptual components of the problem. Here the discussion on bioethics that I started with proves helpful because, as I argued, physiotherapy ethics, while it

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<sup>34</sup> ND 109.

<sup>35</sup> For summaries of the different approaches to the question of the relationship, see Alan Cribb, “Translational Ethics? The Theory–practice Gap in Medical Ethics,” *Journal of Medical Ethics* 36, no. 4 (2010): 207–210; Frith, “Symbiotic Empirical Ethics.” Frith summarises different approaches to the question (critical bioethics, integrated empirical ethics, pragmatic hermeneutics, reflective equilibrium, critical applied ethics, and dialogical approaches). She then proceeds to explain how ethical theory is constructed and influenced by practice but in fact her explanation is similar to her question: theory arises from experience and theories are useful in moral deliberation. She offers no explanation how any of this actually happens. It is not a question of *how* they relate but *that* they simply do—not that I disagree but do not find the argument convincing. Cribb approaches the question as a translation between scholarship and practice.

lacks the long ongoing conversations about the theory-practice problem, can nevertheless learn from the debate. So let us turn back to bioethics for a moment.

Previous attempts to bridge the theory-practice gap in bioethics suffer from exactly the same problems Temkin observed over sixty years ago: prejudice against philosophy, and the terminological vagueness of philosophy in medical context.<sup>36</sup> Hoffmaster, for instance, equates philosophy as such with a particular kind of popular philosophy in bioethics; the usual suspect, the four principles approach, to which we shall return in Chapter 4. Suffice to say that for many the four principles approach has come to embody bioethics itself rather than being what it is: an approach to bioethics among others. Hoffmaster's criticism of 'applied ethics' and appraisal of ethnography instead defines applied ethics as

philosophically based and motivated theory about how ... front-line activity ought to be analyzed and conducted and how medical ethics ought to be taught. ... [It is] a philosophical approach that creates and sustains the impression that moral theory and moral practice are discrete.<sup>37</sup>

For Hoffmaster, the core of this 'applied ethics' consists in the standard principles of autonomy, beneficence, nonmaleficence and justice—the principles of the aforementioned four principles approach—but without addressing the theories and arguments behind the approach. Even if Hoffmaster intends to direct his criticism at the four principles approach, he still treats 'applied ethics' as a general concept that seems to refer to philosophy in general. As a consequence, his intended criticism of the mainstream type of philosophical bioethics becomes an unfruitful battle between a very vague sense of philosophy and a more specific social scientific method

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<sup>36</sup> Temkin, "On the Interrelationship," 241.

<sup>37</sup> Hoffmaster, "Can Ethnography Save," 1421

(ethnography), making the playing field far from level. Hoffmaster then calls for a “recovery” of practical philosophy: “Once philosophy”—here Hoffmaster again generalises philosophy—“is disabused of its preoccupation with the *a priori* and the pristinely rational, there is no reason to regard philosophy and ethnography as incompatible.”<sup>38</sup> Hoffmaster’s statements about “philosophical ethics” elsewhere confirm his narrow view: “The motivation of philosophers is to introduce objectivity, to the maximum extent possible, into morality”,<sup>39</sup> which philosophical ethics “forces ... to be an atemporal, asocial, and acultural phenomenon”.<sup>40</sup> Furthermore, Hoffmaster erroneously claims that for philosophical ethicists, ethics consists of “a limited number of principles that can be learned by reading ethical theory and that can be used to find answers to moral problems.”<sup>41</sup> Finally, the “worrisome” failure of this “program” of “philosophical ethics” is that we have neither any uniformly accepted moral theory nor an accepted methodology for deciding between competing moral theories.<sup>42</sup> What Hoffmaster calls philosophical ethics is a view that not all philosophical ethicists would in fact endorse: it is a kind of hyper-rationalistic exercise in reading and in strictly *a priori* argumentation from a limited set of principles that aims at finding a theory of ethics that everyone accept or at least forming a method to decide which theory is the best.<sup>43</sup>

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<sup>38</sup> Ibid. 1429.

<sup>39</sup> Hoffmaster, “Philosophical Ethics,” 203.

<sup>40</sup> Ibid. 207.

<sup>41</sup> Ibid. 211.

<sup>42</sup> Ibid. 204–205.

<sup>43</sup> Hoffmaster takes an anti-theory position: he considers theory as a highly abstract intellectual project that consists of a universal principle of set of principles that fail to take the particularity of people and local communities seriously—a quest that “is a perverse dream of modern Enlightenment intellectuals”, as Loudon (p. 93) notes. This view of theory is mistaken, Loudon argues, and once theory is understood as not what antitheorists think it is, but as a distinct practice, it becomes clear that we do need moral theories. Robert B. Loudon, *Morality and Moral Theory: A Reappraisal and Reaffirmation* (Oxford: Oxford University Press, 1992), 85–161.

Hoffmaster is not alone in his hasty generalisations. Adam Hedgecoe, who is more sympathetic to philosophy, nevertheless lumps together different ethical theories and treats them as one approach that he refers to as “traditional philosophical bioethics”.<sup>44</sup> Hedgecoe argues that there is a difference between ethics as presented in bioethics and real ethical reasoning in the everyday clinical work. This gap, he continues, isolates bioethics from practice, undermines the validity of its claims and reduces its contribution to bioethical policy debates. Hedgecoe suggests that the problem is solved by building on a ‘social science critique’ according to which empirical social sciences can and should be used more in the basic groundwork of bioethics rather than mere conceptual analysis.<sup>45</sup> Hedgecoe calls his social science approach ‘critical bioethics’, in which he frames the theory-practice problem as a battle between traditional philosophical bioethics and the social scientific approach. But by ‘traditional’ he mainly indicates the four principles approach and “other” (without further qualification) philosophical theories without making any distinction between different approaches. His solution to the problem is not to examine the question of how theory might be practical. Rather, he thinks that traditional theory can be *made* practical if it accepts the social sciences and empirical evidence. Doubtless he comes to this conclusion because he understands ethical theory in instrumental terms as merely a matter of application:

[It] is in the application of ethical theory that the true test of bioethics comes; yet application in the area where bioethics is least vocal. ... The simple act of deciding how to apply a particular theory relies on ideas and concepts external to that theory, and thus beyond its consideration. Clearly this relates to the ... point about the gap between theory and practice; applied ethics relies on the assumption that the categories in a moral problem (e.g. ‘patient’, ‘informed’,

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<sup>44</sup> Hedgecoe, “Critical Bioethics,” 138.

<sup>45</sup> *Ibid.* 128–127.



‘non-directive’, ‘decent quality of life’) mirror those on the ethical theory being applied. An ethical decision can then be made. But this assumes that moral decisions do not take place prior to the application of theory.<sup>46</sup>

Hedgecoe assumes that ethical theories are unchangeable and independent of whoever applies them. This assumption leads to a statement of the obvious: the application of a theory depends on factors external to the theory. Indeed, application often depends on factors that a theory might not have addressed; it is an intrinsic quality of something applicable that someone does the applying. However, subjectivity, or the role of the applier, does not seem to be one of these external factors for Hedgecoe. In applying a theory, Hedgecoe seems to suggest, the agency of the applying subject is irrelevant. The theory-object does the ‘consideration’ within *its* own bounds and forces categories of the real-world moral problem to fit *its* categories; the subject’s agency does not have any effect on the concepts and contents of the theory. Hedgecoe seems to claim that philosophical theory resides independently in the realm of philosophy, but once it is applied, it steps out of it into a realm in which it cannot consider the ideas and concepts that help make the decision how the theory is applied. This view may of course apply to those theories that require a strict following of rules intrinsic to that theory—formal logic comes first to mind—but ignores the role of the applier and the possibility that a theory can be reconfigured and critically reformulated if necessary.

In philosophical work, the *theory* need not, and in fact never alone does, the thinking; *theory does not think* without the subject and therefore application by the subject is necessarily assumed, which means that application *is* within the consideration of theory even if application requires ideas and concepts, even contexts, foreign to the original theory. Hedgecoe does not give any space for the critically

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<sup>46</sup> Ibid. 125–127.

thinking subject in claiming that theory is untouchable and everything else must conform to its fixed categories. This is a fundamental mistake, and one that adds to the crisis of theory and leads Hedgecoe to a conclusion that is not unlike the ‘evidence-based ethics’ discussed above: the prioritisation of practice and evidence. What constitutes ‘critical bioethics’ for Hedgecoe—a label that perhaps unwittingly ignores the contributions of critical theory to philosophy in addition to social science—is a requirement that bioethicists “root their enquiries in empirical research, to challenge theories using evidence, to be reflexive and to be sceptical about the claims of other bioethicists, scientists and clinicians.”<sup>47</sup> Hedgecoe implies that only empirical research constitutes what may be critical about bioethics. In other words, critical reflection by the applying subject on the theory in the context of the problem at hand, and *vice versa*, does not come into play without empirical research. There is no subjectivity in applied philosophy without social sciences for Hedgecoe. The problem with this add-and-stir solution is that it permits philosophical bioethics not to be self-critical because it can be made better simply by adding empirical research. Of course, I agree that bioethics needs to work in the interface between the critical, normative, and empirical. However, it is not a matter of adding a dash of social science to philosophical practice; philosophy and social science are not set apart by the former being a fixed objective framework and the latter providing critical agency for bioethicists. Herein lies the lesson for philosophical physiotherapy ethics: it can find criticality from within philosophy without having to play into the false dichotomy between philosophy and social science.

Hoffmaster and Hedgecoe share a narrow concept of theory. Because neither identifies a clear object towards which their criticism is supposed to be directed and

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<sup>47</sup> Ibid. 120.

instead treat theory in terms of ambiguous notions of the four principles approach and ‘traditional’ philosophical bioethics (whatever it means), they fail to address the question of theory and practice as such. Their failure is due partly to their assumptions about philosophy based upon the mainstream of philosophical bioethics; and they follow that by asking the wrong question: is theory practical or not? The question is wrong because ‘theory’ is not one unified practice or body of knowledge, and what is considered traditional or established in bioethics does not exhaust what ‘theory’ might entail.

In rehabilitation literature, an edited volume by McPherson, Gibson and Leplège—in particular the framing essay by the editors—defends theoretical contributions in rehabilitation and it is to date the only extended work that does so explicitly in rehabilitation context.<sup>48</sup> However, it commits, perhaps unwittingly, similar mistakes to Hoffmaster and Hedgecoe. Despite defending theory, the editors do not problematise their rather traditional view of the concept of theory. They emphasise theory development and testing, which underlines the idea of both unified theory and theory as mere explanation; something that confirms what *is* or something either confirmed or denied by what *is*. According to the editors, theory “is simply a set of concepts and the relationships between them” that can be divided into macro-, mid- and micro-levels, to provide a heuristic device, “a mechanism in the face of what can seem complex and fraught.”<sup>49</sup> McPherson, Gibson and Leplège’s traditional concept of theory is problematic because it reduces theory to conceptuality and a mechanism to organise complex and fraught objects. Although McPherson, Gibson and Leplège’s definition of theory resonates with Martha Nussbaum’s more nuanced description, in which moral theory is “a set of reasons and interconnected arguments, explicitly and

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<sup>48</sup> McPherson, Gibson, and Leplège, “Rethinking Rehabilitation.”

<sup>49</sup> Ibid. 9.

systematically articulated with some degree of abstractness and generality, which gives direction for ethical practice”,<sup>50</sup> it lacks any clear articulation of the critical practice involved in theory beyond ‘theory testing’. Nussbaum’s description, in turn, implies that moral theory is indeed dependent on the subject who argues, articulates and suggests a direction toward which ethical practice might be taken; a subject who acts and whose action is mediated by the object and who mediates its object by its action.

Understanding theory in a manner that articulates the *practice* of theory in itself—one that seeks to rethink the very concept of theory as a practice beyond repeating conventional understandings of theory as merely explanatory—helps to understand what might be critical about critical physiotherapy. What ‘theory’ is, therefore, needs to be rethought as not merely ‘practical’, or a matter of its role *in* practice, but *as a practice in itself*. Theory, in any sense of a practice, must be both other-critical and self-critical—indeed, to be of any relevance, Adorno argues, philosophy must ruthlessly criticise itself.<sup>51</sup> Truly self-critical theory cannot assume that whatever it is that theory ‘is’ or ‘does’ has anything to offer for physiotherapy ethics, and that it necessarily needs to offer some other theory or system to replace the theory under criticism, as if this other theory would somehow work better—on paper or anywhere else. All that can be assumed at the outset is that a critical theory can offer only criticism; that is, to approach bioethics and the theory-practice problem by the way of the negative.

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<sup>50</sup> Martha C. Nussbaum, “Why Practice Needs Ethical Theory: Particularism, Principle, and Bad Behavior,” in *The Path of the Law and its Influence*, ed. Steven J. Burton (Cambridge University Press, 2000), 56–57.

<sup>51</sup> ND 3–4.

### 3. Theory as practice in physiotherapy ethics

To defend philosophical ethics is not to accept it unconditionally. Ethics might seem detached from the real problems that practitioners across health professions, often philosophically untrained, have to deal with at the bedside.<sup>52</sup> Duncan's division between 'philosophers' and 'the rest of us' describes well the sense of irrelevance of philosophy that practitioners may feel (my italics):

*Philosophers* (including ethicists) are generally quite good at giving the impression that *they* are the first people ever to have been able to properly reason about the matters *they* are considering. *They* might even imply, in what *they* write and what *they* say, that *their* ideas are brand new, never before aired in any lecture hall or read about in any book or journal. My purpose ... is partly to argue that it is not the case; that philosophers are participants in a long tradition that is intimately woven with the social times they inhabited, or are living in now, alongside their (non-philosophical) fellows. The philosopher, I want to argue, is not a remote figure in an isolated ivory tower but somebody who (*like the rest of us*) is engaged in the hurly-burly of life. Involvement in philosophy (reading, writing, thinking and arguing) just happens to be their response to the messy confusion of our world.<sup>53</sup>

Despite the perhaps deliberate reproduction of a division between healthcare practitioners and philosophers, Duncan is correct to suggest that philosophy is one kind of a response to ethical problems, be it different than the response of philosophically untrained frontline staff. Physiotherapy ethics ought to serve, first and foremost, frontline staff and decision-makers. The criticisms they voice should be listened to. However, to say that physiotherapy ethics ought to serve frontline staff and decision-makers is not to say that everything it produces must have immediate practical

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<sup>52</sup> See e.g. Ann Gallagher and Paul Wainwright, "The Ethical Divide," *Nursing Standard* 20, no. 7 (2005): 22–25.

<sup>53</sup> Peter Duncan, *Values, Ethics and Health Care* (London: SAGE, 2010), 31.

application because, as Adorno argues, such a demand would limit the freedom of philosophical thinking. Ethics in physiotherapy, and in healthcare more widely, works on many different levels serving many different practices and practitioners, and not all ethical work is about giving straight answers to immediate questions. In research, for example, there has been a call for a better integration of conceptual clarifications, normative investigations and descriptive studies,<sup>54</sup> but it is a misconception of what philosophy is, or what ethics ought to be, to claim that there needs to be some unified theory that gives direct practical instructions and is shared by all possible practitioners in all possible situations. Ethics is not a ‘how to’ guide, as Macklin reminded us above.<sup>55</sup> On the other hand, I am not claiming that practitioners can act ethically only if they have been trained in ethics. But to say that philosophy might not always be of immediate use, nor a necessary condition of ethical practice, does not invalidate what it has to offer.

I argue that physiotherapy ethics can at least approach its objects via criticism, that is, *negatively*. To approach physiotherapy ethics negatively acknowledges, among other things, that a hierarchy between knowledge for its own sake, prescription and description need not be set in stone. There is indeed no way to fit these pieces together in a happy harmony once and for all; but this does not mean that any of these pieces need therefore to be abandoned. The value of philosophical physiotherapy ethics is not that it must offer some unified theory that leads to unified practice. Such unification would in fact be an impoverishment of ethics. To give an example, sometimes

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<sup>54</sup> Matti Häyry and Tuija Takala, eds., *Scratching the Surface of Bioethics* (Amsterdam: Rodopi, 2003); see also Tuija Takala, Peter Herissone-Kelly, and Søren Holm, eds. *Cutting Through the Surface: Philosophical Approaches to Bioethics* (Amsterdam: Rodopi, 2009). In physiotherapy, an example of integrating theory and clinical practice: Clare M. Delany, Ian Edwards, Gail M. Jensen, and Elizabeth Skinner, “Closing the Gap between Ethics Knowledge and Practice through Active Engagement: An Applied Model of Physical Therapy Ethics,” *Physical Therapy* 90, no. 7 (2010): 1068–1078.

<sup>55</sup> Macklin, “Ethical Theory,” 102.

knowledge for its own sake—that is, knowledge without an answer to the question ‘What is the use of it?’—may be more ‘immediately practical’ than a ‘purely’ descriptive empirical study.<sup>56</sup> To know, say, that *chiasmus* is a rhetorical term meaning a reversal of order of words in two parallel phrases—for example ‘fair is foul, foul is fair’—may be even by instrumental standards a more fruitful prescription for moral practice than calculating, for instance, how many practitioners hold one moral opinion or another.<sup>57</sup> This is to say that a division between pure prescription and description, or between theory and practice, between ideal and empirical, is artificial: to agree with Kant, “[t]houghts without content are empty, intuitions without concepts are blind.”<sup>58</sup> It is also to say that trying to determine affirmatively, or positively, what constitutes the good or right is not the ultimate goal of physiotherapy ethics.<sup>59</sup> Rather, as Adorno reminds us, determining whether or not something is wrong facilitates a critical mode of thinking: “the false, once determinately known and precisely expressed, is already an index of what is right and better.”<sup>60</sup> Arranging philosophical physiotherapy ethics

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<sup>56</sup> I agree with Chambers’ provocative statement: “. . . I do not wish those pressures for praxis to influence what I believe should be the true telos of bioethics, that is, the generation of knowledge, which, as all academic disciplines, should be allowed to lack impact or value or any clear application to pressing, real-world problems”. Tod S. Chambers, “Telos Versus Praxis in Bioethics,” *Hastings Center Report* 46, no. 5 (2016): 41–42.

<sup>57</sup> I have indeed argued elsewhere that the silenced underbelly (the foul) of long-term elderly care—excrement, ambiguous touch, bathing and toileting, as the necessities of the body—ought to be the basis for ‘valuing’ (the fair) long term care, both the people involved and the labour that is necessary. Anna Ilona Rajala, “Pitkäaikaishoivan ruumiillisuuden arvosta [On the Value of Embodied Long-term Care],” in *Ruumiillisuus ja työelämä: työruumis jälkiteollisessa taloudessa [Embodiment and Working Life: Working Body in the Post-industrial Economy]*, eds. Jaana Parviainen, Taina Kinnunen, and Ilmari Kortelainen (Tampere: Vastapaino, 2016), 132–145.

<sup>58</sup> Immanuel Kant, *Critique of Pure Reason*, ed. and trans. Paul Guyer and Allen W. Wood (Cambridge: Cambridge University press, 1998), A 51 / B 75. Although I am not addressing Kant in this thesis, it must be stated that Kant’s Categorical Imperative is often misunderstood in bioethics to mean a strict ‘telling what to do’, rather than ruling out things for moral actors. See Onora O’Neill, *Constructions of Reason* (Cambridge: Cambridge University Press, 1990).

<sup>59</sup> A sharp-eyed critic might point out that I am making normative judgements and without the conception of definition what this ‘good’ or ‘right’ might be, my arguments are normatively incomplete. I disagree. It is extremely difficult not to write about the good and the right when writing about ethics. However, it is not necessary to know or say exactly what constitutes the good and the right in order to be able to say things might be the opposite and that the opposite of what might be good and right should be negated, at least the possibility of negation should be given attention.

<sup>60</sup> CM 288 (Critique). Here Adorno is invoking, of course, Spinoza’s *Verum index sui et falsi*—that the true is the indicator both of itself and the false—which Adorno inverts into the false being an index for the right. See Baruch Spinoza, *The Letters*, trans. Samuel Shirley (Indianapolis: Hackett, 1995), 342.

around an image of the ideal ethical practice, such as the identification of some set of correct moral principles (see Chapter 4), is to sabotage the realisation of the ideal when physiotherapy ethics is put into practice in a real material context; philosophical physiotherapy ethics needs to be put into real material contexts in order to point out where and why the ideal, as either concept or practice, fails.<sup>61</sup> This does not, of course, mean that theorists need to become empirical scientists or argue only from empirical evidence as I argued above. Rather, philosophical physiotherapy ethics needs to commit to negativity. By this I mean that what really ought to be at the centre of physiotherapy ethics is not some affirmative ideal of ‘the right thing to do’. The heart of critical physiotherapy ethics is negativity: the critical practice of pointing out conditions in which ‘doing the right thing’—whatever the ‘right thing to do’ may be—either succeeds or fails. Indeed, analysing such successes and failures benefits from addressing the right and wrong rigorously in a given context through meticulous philosophical practice. Thinking negatively about physiotherapy ethics, therefore, does not assume that it can tell us exactly what to do in all given situations.

The theory-practice problem lies at the heart of physiotherapy ethics: physiotherapy ethics must move away from the idea of simple application of theory to practice. I have argued elsewhere that “understanding moral theory as the plethora of approaches that might enter the marketplace of physiotherapy ethics”<sup>62</sup> should be critically re-evaluated, suggesting that “to think critically about moral theory for physiotherapy today is neither to settle disputes between different [moral] theories nor to decide which one to endorse.”<sup>63</sup> Seeking an agreement on a moral framework for

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<sup>61</sup> We only need to follow the news to see the principle of nonmaleficence, to ‘do no harm’, failing repeatedly (for example at Mid-Staffordshire NHS trust 2005–2009). The failure shows that clearly having a norm in place, even a norm with millennia-long history in medicine, simply does not guarantee good practice: there is no direct path from theory to practice.

<sup>62</sup> Rajala, “What Can Critical Theory Do,” 58.

<sup>63</sup> *Ibid.*



physiotherapy practice—or even worse, *the* moral framework for physiotherapy practice—is not a helpful approach to ethics, given that the modern experience is dominated by commercialisation, secularisation and rationalisation that undermine everything without a ‘factual’ basis, including morality which has become a matter of subjective preference and belief.<sup>64</sup> If moral experience within modernity is indeed only fugitive, as Bernstein suggests,<sup>65</sup> and if an agreement on a moral framework fails to guarantee moral practice, then thinking the relationship of theory and practice in physiotherapy ethics as a matter of application fails to grasp the problem of morality in modernity. Instead, physiotherapy ethics today calls for critical theory: the engagement in critical and reasoned reflection on both theoretical and practical aspects of physiotherapy ethics.<sup>66</sup> Theory needs to be reconfigured as a critical practice rather than simply accepting empirical ethics on the one hand and simplistic views of ‘traditional’ philosophy on the other, as the only worthy approaches to ethics in physiotherapy.

As we saw in Chapter 1, Adorno does not have ‘an ethics’ although his writing is infused with moral themes. The lack of positively instructive norms, which extends beyond Adorno’s comments about moral philosophy into his whole oeuvre, might sound like a bad fit for something so utterly and urgently hands-on as physiotherapy. Without denying that there can be positive moral norms and codes for physiotherapists, and for morality in general, I suggest—thinking with Adorno negatively—that while we “may not know what absolute good is or the absolute norm, we may not even know

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<sup>64</sup> On morality in modernity, see e.g. Alasdair C. MacIntyre, *After Virtue: A Study in Moral Theory*, 3<sup>rd</sup> ed. (London: Bloomsbury, 2014); Peter Osborne, *The Politics of Time: Modernity and Avant-Garde* (London: Verso, 1995); Ross Poole, *Morality and Modernity* (London: Routledge, 1991). It is debatable whether we have moved beyond modernity through its ‘postmodern’ critique, but I suggest these processes are still relevant for a discussion on ethics today.

<sup>65</sup> J. M. Bernstein, *Adorno: Disenchantment and Ethics* (Cambridge: Cambridge University Press, 2001), 420.

<sup>66</sup> Rajala, “What Can Critical Theory Do.”

what the man is or the human or humanity—but what the inhuman is we know very well indeed.”<sup>67</sup> This is not to suggest that the positive cannot be something to strive for—Adorno does cling to a utopian hope and the possibility that things may be otherwise in the world that gave us concentration camps—but it is not something that we can rely on as an unshakeable ‘you shall’ or ‘shall not’.<sup>68</sup> Rather, if we know what injustice is, for example, then that implies that the conception of justice that we hold might be sound, but its application has been insufficient or inadequate;<sup>69</sup> and this raises important moral questions. However, the bad does not translate into an explicit moral norm either, although already an index of what is right and better as Adorno put it.<sup>70</sup> For Adorno, the bad is the *terminus ad quem*—the never again, the endpoint that must be avoided.<sup>71</sup> Far from being an approach that should be accepted unequivocally or taken as a claim that morality should be *only* negative, Adorno’s negativity highlights that the thing that we *can* be morally sure of is the bad, the wrong, the negative. Indeed, if the good remains blurry and uncertain, and if all the good that is done will never counteract all the bad that is going on in the world, then we cannot depend on achieving something like ‘the good life’ by simply following absolute moral norms. Negativity and criticism, therefore, become the only possible options for morality.<sup>72</sup>

Physiotherapy is to its core a material practice that deals with concrete and often immediate physical problems.<sup>73</sup> So far in its history, as Nicholls suggests, physiotherapy has benefitted from adopting the biomedical view of the body and its

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<sup>67</sup> PMP 175.

<sup>68</sup> Oshrat C. Silberbusch, *Adorno’s Philosophy of the Nonidentical* (Cham: Palgrave, 2019), 99.

<sup>69</sup> J. M. Bernstein, “Suffering Injustice: Misrecognition as Moral Injury in Critical Theory,” in *Language without Soil: Adorno and Late Philosophical Modernity*, ed. Gerhard Richer (New York: Fordham University Press, 2010), 303–324.

<sup>70</sup> CM 288 (Critique).

<sup>71</sup> Silberbusch, *Adorno’s Philosophy*, 99.

<sup>72</sup> *Ibid.* I return to Adorno’s negative morality in the final chapter of this thesis, because it relates closely to his somatic philosophy.

<sup>73</sup> Rajala, “What Can Critical Theory Do.”

movement, function and health, because by aligning itself with medicine, physiotherapy has been able to enjoy the benefits of the prestige of medical science.<sup>74</sup> Given the hands-on nature of physiotherapy and its positivist history, to defend theory as something useful for the field requires further justification and contextualisation. Practice and materiality need to be placed in a context which describes physiotherapy as a complex entanglement of people, bodies, practices, and affect. Although physiotherapy is a practice with and through bodies working on and around the bodies of others, these bodies exist in a complex entanglement in which they “encounter, interact with and touch each other, move and are being moved physically, psychologically, socially, culturally, biopolitically and emotionally.”<sup>75</sup> Thinking physiotherapy in a more complex manner gives the idea of theory as practice more credibility because despite being intrinsically material practice, physiotherapy is also a social, and therefore moral, practice that requires rigorous theoretical analyses.

I agree with the aim of ‘bridging’ the putative gap between theory and practice and that both bioethical theory and practice ought to work towards transforming the practice of healthcare across professions for the better. However, bridging is not enough because it maintains a polar opposition between theory and practice rather than closing it, as we have seen. I propose instead to reconfigure the relationship so that philosophy is not falsely considered as the traditional or established theory that needs to be backed up by ‘evidence’. Rather, it is exactly what is traditional and established, as well as the ‘tyranny of evidence’, that philosophical critical physiotherapy ethics must challenge (see Chapters 3–5). It has to trespass on established conventions both within theory *and* within practice to think beyond both. Anyone who wishes to take criticism seriously, to return to the epigraph of this chapter, must take trespassing

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<sup>74</sup> See especially the introduction to Part I of Nicholls, *End of Physiotherapy*, 3–18.

<sup>75</sup> Rajala, “What Can Critical Theory Do,” 58.

seriously: being critical is inimical to the instinct of the narrator of Woolf's *A Room of One's Own* to step off the turf and back to the gravel, so that no "very great harm was done".<sup>76</sup> Whether criticism leads to rejection, reformulation, acceptance or something else cannot be predetermined; criticism must remain uncoerced by its possible outcomes, methodologies, and practical aims. Criticism is not simple rejection; it points out the wrongs—the negative—but it must also engage in self-criticism as well as in questioning and problematising, in resisting, that which is merely given.<sup>77</sup>

I argue that Adorno offers critical insight for physiotherapy ethics into the theory-practice problem from a non-polarising stance between philosophy and social science. So what would such critical physiotherapy ethics look like? If philosophical ethics is to survive the crisis of theory, it needs to be recast as a practice that is able to challenge the empirical turn and other approaches that seek to simply add social science to philosophy to make it practical. A theory that is able to take on this task in the context of modernity must be one that understands philosophy as a social and political practice, one that works on and within theory but takes materialism and collaboration with empirical research seriously rather than as another add-on that supposedly makes theory practical. Such theory must do so, however, without reverting into or endorsing positivism or naïve empiricism. Adorno's critical theory is fitting to address the theory-practice problem because it is committed to materialism—the priority of the object—that operates within the interface between philosophy and social science through immanent criticism that is not fixed, but always adapting to its historically changing object: the society. Contrary to Hedgecoe's approach to critical bioethics, what makes critical physiotherapy ethics critical is not merely adding or engaging with 'evidence' but, more fundamentally, giving attention to material

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<sup>76</sup> Virginia Woolf, *A Room of One's Own* (London: Penguin, 2019), 6.

<sup>77</sup> See Raymond Geuss, *Outside Ethics* (Princeton: Princeton University Press, 2005), 153–157.

conditions and remaining open—the object changing with the critical requirements of the conditions of society—so that physiotherapy ethics does not revert into a mere problem-solving tool or a simple means to an end. This might entail engagement with empirical research, and often does; but the point of being critical is also being critical of any claims to scientific objectivity. Empirical evidence (scientific objectivity) is not critical without reflection (subjectivity), both in respect of the production of that evidence (its methodological assumptions) and its content and conclusions (its ideological assumptions).

Critical physiotherapy ethics, furthermore, engages in critical and reasoned reflection on moral philosophy, ethical codes, bioethical theories, and political and ideological context of practice, and aims to bring these moral questions to consciousness with the aim of cultivating political and intellectual maturity. As Gillian Rose suggests, in Adorno's thinking, examining our beliefs about the world or society is simultaneously to criticise them: "To examine the formation of belief about the world or about society is equally to examine the formation of the world or of society and, *ex hypothesi*, to criticise such beliefs is to criticise society or the world."<sup>78</sup> This constitutes the practice of critical physiotherapy ethics. Inseparable from critical thinking and resistance in general sense, it is constantly reworking and reforming theory and theoretical argument because it is committed to openness and to unresolvedness. Thus, it is never passive, fixed, or static; it is *a practice*.

A helpful way to elaborate why theory is already a practice is to consider the history and etymology of 'theory' in the Ancient Greek *theōria*. As Robert B. Loudon argues, the etymology helps us to understand what moral theory means: from *theōrein* (to look at, view, behold) and *theōroi* (observer), to the later explicitly philosophical

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<sup>78</sup> Gillian Rose, *The Melancholy Science* (London: Verso, 2014), 28.

meanings of to contemplate, speculate and reflect, connects theory with thinking that is, as Benedetto Croce puts it, “as active as action”.<sup>79</sup> Adorno also juxtaposed thinking with theory. The practice of theory as critical thought seeks understanding of the mode of our social life in modernity and, more explicitly since Marx, the possibility and conditions of its transformation: the point *is* still to change it.<sup>80</sup> In the context of physiotherapy ethics, theory understood as the practice of critically thinking subjects—not mere ‘evidence’, whether on its own or added to a theory—is what constitutes criticism and resistance towards whatever in the real material and ideological context might obstruct moral practice. This also constitutes its negativity: if positive moral instructions have become powerless within the antagonistic reality, then the only thing that we can be morally certain about is counteracting the wrong and giving some serious thought to the possibilities of creating conditions in which social change could be brought about. Theory as critical practice committed to the material context is inseparable from the political: as Adorno puts it, “the quest for the good life is the quest for the right form of politics, if indeed such a right form of politics lay within the realm of what can be achieved today.”<sup>81</sup> Theory as critical practice cannot be tied down to a fixed set of principles because it would resolve it and, in doing so, limit its freedom. Rather, its critical productivity depends on reaching beyond the given theoretical, practical, or methodological constraints. If theory is understood in this sense, and critical physiotherapy ethics is thought in this context, then it is something in which even the most empirically minded bioethicists engage, if they engage in any kind of reflection on the object of their research. Reflection is in

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<sup>79</sup> Benedetto Croce, *History as the Story of Liberty*, trans. Sylvia Sprigge (Indianapolis: Liberty Fund, 2000), 32; Rajala, “What Can Critical Theory Do;” Loudon, *Morality and Moral Theory*, 85–88.

<sup>80</sup> Karl Marx, “Concerning Feuerbach,” in *Early Writings*, trans. Rodney Livingstone and Gregor Benton (Harmondsworth: Penguin, 1992), 423.

<sup>81</sup> PMP 176.

the end what researchers in empirical ethics must engage in, because ethics cannot be only a description of ethical or unethical practices but it must also have a normative dimension, that is, it must be able to critically evaluate its object and its implications to possible practice, not merely describe what 'is' and sanctioning the 'is' by settling for it. Ethics must at least ask normative questions and point toward mistaken questions and answers.

As we saw in Chapter 1, resistance is a central theme in Adorno's argument for theory as a form of activity. For critical physiotherapy ethics, resistance is both theoretical and practical; theoretical because to resist methodological and scientific reduction has moral implications, and practical because criticism aims at social change, however uncertain social change may be. Thus, theory as practice is also political, and transgresses the boundary between the ethical and the political.<sup>82</sup> Adorno's priority of the object shifts physiotherapy materially: it is not merely the subjects acting, but material conditions acting upon and also counteracting morality. Critical physiotherapy ethics therefore pays heed to its object and the material conditions that prevent morality; it resists and criticises whatever might counteract the conditions for moral physiotherapy practice. Critical physiotherapy ethics can be considered as a form of intellectual activism in the way in which Parker has argued that bioethics is a form of activism.<sup>83</sup> According to Parker, to be considered as activism, bioethics has to do more than just take a stand on social justice; it must disrupt the "business as usual" of bioethics, to serve as a corrective to the deficiencies of rational deliberative processes and to draw attention to structural injustices, power relations, injustices, fixed identity categories, binaries of thinking, and bioethical

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<sup>82</sup> See Joan C. Tronto, *Moral Boundaries: A Political Argument for an Ethic of Care* (London: Routledge, 1993).

<sup>83</sup> Lisa S. Parker, "Bioethics as Activism," in *The Ethics of Bioethics: Mapping the Moral Landscape*, eds. Eckenwiler, Lisa A. and Felicia G. Cohn (Baltimore: Johns Hopkins University Press, 2007).

frameworks for discussion and consensus that are dominant in the field.<sup>84</sup> Parker's 'bioethics as activism' resonates with what I have argued elsewhere, that the role for theory in physiotherapy is to "be disruptive, should point out what is hidden and rejected [i.e. the nonidentical], and that it should seek to point out and critique systemic flaws in the conditions for morality" in physiotherapy.<sup>85</sup> For example, theory as practice in physiotherapy ethics might question the hidden prejudices of physiotherapy practitioners against a group of patients, which prevents them from acting morally with these patients, and practising theory as activism by bringing these prejudices into daylight to advocate for the moral standing of the different patients that physiotherapists encounter.<sup>86</sup> Theory can be reconfigured as activism, however, only if it is accepted to have an effect on material conditions—that theory is not absolutely separate from practice—despite not offering immediate and concrete steps to be taken for change to happen. Theory as activism, however, must also remain a distinct form of practice that is unlike direct activism and practice. For Adorno, resisting the call for immediate praxis makes theory practical: theory is practical through the ruthless analysis of prevailing society without having external criteria imposed upon it by political praxis, it is not to conform but to be able to see through the constraints of prevailing state of affairs. The object of the theory leaves a practical and material remainder in the theory, which in turn aims to initiate a practical impulse, to have a practical telos. Thought that is critically followed through does not come to a standstill.

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<sup>84</sup> Ibid. 146.

<sup>85</sup> Rajala, "What Can Critical Theory Do," 71.

<sup>86</sup> See e.g. Megan H. Ross and Jenny Setchell, "People Who Identify as LGBTIQ+ Can Experience Assumptions, Discomfort, Some Discrimination, and a Lack of Knowledge while Attending Physiotherapy: A Survey," *Journal of Physiotherapy* 65, no. 2 (2019): 99–105; Jenny Setchell, Bernadette Watson, Liz Jones, and Michael Gard, "Weight Stigma in Physiotherapy Practice: Patient Perceptions of Interactions with Physiotherapists," *Manual Therapy* 20, no. 6 (2015): 835–841.



The practice of self-critical critical physiotherapy already constitutes a theory as a form of practice. Take, for example, Gibson's tenets for critical rehabilitation research: questioning the taken-for-granted, attending to power relations, and challenging the dominance of positivism.<sup>87</sup> These tenets, although far from exhaustive of critical practice, require the active practice of criticism that examines its objects closely, reacts to them without coercion, and resists and tries to think beyond the given 'facts'. Despite social change being uncertain, critical physiotherapy ethics can hold on to criticism because it is always an option to point out the conditions that prevent morality and to raise moral questions for practitioners, to increase awareness of issues that require critical practice, and to support the intellectual and political maturity of physiotherapy practitioners. I maintain that such theory as practice should stay open and free from coercion rather than being a closed system or body of pre-thought principles or theorems,<sup>88</sup> whether critical or uncritical. By taking a critical stance towards systems, frameworks and step-by-step methodologies, philosophy is able to confront its object in an open and unreserved manner and to transcend the limits systems impose on thinking.

#### 4. Conclusion

I have argued that Adorno's moral thinking can help us to understand what kind of elements critical physiotherapy ethics might have. I started with a discussion of the relationship of theory and practice in bioethics that have led to the claim that ethics

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<sup>87</sup> Barbara E. Gibson. "Author Reflection: Rehabilitation: A Post-critical Approach," *Journal of Humanities in Rehabilitation* (Spring 2018), <https://www.jhrehab.org/2018/04/30/author-reflection-rehabilitation-a-post-critical-approach/>.

<sup>88</sup> See ND 13.

should be 'evidence-based' and that philosophy ought to accept social sciences in order to become practical, to show why physiotherapy ethics needs to avoid going down the road that leads away from theory. To draw out what kind of 'practical value' Adorno offers, I extended the Chapter 1 analysis of Adorno's thinking on theory and practice into physiotherapy practice. To understand why theory is still relevant, it should no longer be understood as the mere application of theory to practice. Rather, I argued that theory as practice moves close to the object to tarry with it uncoerced; brings negativity into consciousness; seeks to counteract and resist the wrong conditions for morality; and tries to think beyond the given conditions, and methodological and theoretical frameworks. Thinking the relationship between theory and practice with Adorno, I argued that theoretical practice is integral to critical practice.

The following chapters address theory and practice from different perspectives, offering examples of how Adorno's critical theory might be brought into practice. In the next chapter, I address the concept of 'person-centeredness' in physiotherapy to analyse Adorno's claim that there is no direct path from theory to practice: conceptual clarity does not necessarily lead to the practice the concept either describes or prescribes; the path from theory to practice is discontinuous.

# Chapter 3: *Contra* identity thinking: ‘person-centred’ practice and constellations<sup>1</sup>

Cognition of the object in its constellation is cognition of the process stored in the object. As a constellation, theoretical thought circles the concept it would like to unseal, hoping that it may fly open like the lock of a well-guarded safe-deposit box: in response, not to a single key or a single number, but to a combination of numbers.

- Theodor W. Adorno<sup>2</sup>

## 1. Introduction

The concept of ‘person-centred’ practice is widely used within healthcare and physiotherapy to roughly describe anti-paternalism and patient empowerment.<sup>3</sup> There are multiple meanings attached to the concept in physiotherapy research and it is used variably both in research and practice. Because the concept is ambiguous, it has been argued that clarifying the concept of ‘person-centred’ practice might lead to its optimal attainment.<sup>4</sup> This is a question of the relationship between theory and practice: does

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<sup>1</sup> Some arguments and ideas from a previous draft of section 4 of this chapter have been published in Jenni Aittokallio and Anna Ilona Rajala, “Perspectives on ‘Person-Centeredness’ from Neurological Rehabilitation and Critical Theory: Toward a Critical Constellation,” *Journal of Humanities in Rehabilitation* Spring (2020). <https://www.jhrehab.org/2020/05/07/perspectives-on-person-centeredness-from-neurological-rehabilitation-and-critical-theory-toward-a-critical-constellation/>. In the article, the work on Adorno is entirely mine. Aittokallio’s contribution to the article is the empirical part. References to the article will be made accordingly.

<sup>2</sup> ND 163.

<sup>3</sup> Person-centredness is an idea that has its roots in psychotherapy in the 1940s and 1950s in non-directive psychotherapy. See Carl Rogers, *Client-centered Therapy* (London: Constable & Co, 1951); Alain Leplege, Fabrice Gzil, Michele Cammelli, Celine Lefevre, Bernard Pachoud, and Isabelle Ville, “Person-Centredness: Conceptual and Historical Perspectives,” *Disability & Rehabilitation* 29, no. 20–21 (2007): 1555–1565. There is also a parallel movement within physiotherapy that seeks to promote the ‘biopsychosocial’ model against the simplifying biomedical model. See e.g. Sally French and Julius Sim, *Physiotherapy: A Psychosocial Approach*, 3<sup>rd</sup> ed. (Oxford: Butterworth-Heinemann, 2004); Daluiso-King, Georgi and Clair Hebron, “Is the Biopsychosocial Model in Musculoskeletal Physiotherapy Adequate? An Evolutionary Concept Analysis,” *Physiotherapy Theory and Practice* (2020): 1–17.

<sup>4</sup> Jesus et al. argue that it is “unlikely that person-centredness can be optimally attained without improved conceptual clarification”. Tiago S. Jesus, Felicity Bright, Nicola Kayes, and Cheryl A. Cott, “Person-Centred Rehabilitation: What Exactly Does It Mean? Protocol for a Scoping Review with Thematic Analysis Towards Framing the Concept and Practice of Person-Centred Rehabilitation,” *BMJ Open* 6, no. 7 (2016): e011959. <https://bmjopen.bmj.com/content/6/7/e011959>.

the conceptual clarification of a practice lead to that practice being actualised? I argue in this chapter that there is a theory-practice discontinuity between conceptual clarification of ‘person-centred’ practice (what it ‘is’) and its optimised implementation (how the ‘is’ leads to an ‘ought’ and its actualisation in clinical practice). The discontinuity exists, not because conceptual clarifications are not transferable to practice, but simply because clarifying any concept of a practice does not *necessarily* lead to the practice that concept denotes being actualised. Therefore, to clarify the concept of ‘person-centred’ practice and to claim that the clarified concept has normative force is a mistake. Rather than smoothing out the discontinuity between theory and practice of ‘person-centred’ practice, I suggest that facing the discontinuity can be critically fruitful. Therefore, rigorous critical analysis on the relationship is needed instead of aiming at clarifying the concept of ‘person-centred’ practice once and for all. The contradiction between theory and practice should be faced rather than argued “out of existence”,<sup>5</sup> as Adorno might put it.

I begin by discussing the ways in which ‘person-centred’ practice has been characterised and defined in physiotherapy literature.<sup>6</sup> The discussion shows that it is impossible to find an overarching definition to the concept of ‘person-centred’ practice despite some researchers claiming that such clarified concept might lead to its optimised implementation. Rather, there are multiple and different ways in which it has been characterised. Therefore, ‘person-centred’ practice cannot be *defined*; it is more fruitful to *describe* the concept and its practice in a constellational manner. I then

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<sup>5</sup> PMP 9.

<sup>6</sup> I am using ‘definition’ here merely to reproduce the claims in physiotherapy literature about ‘defining’ person-centredness. I tend to agree with Aristotle that nominal essence (made-up names) can be defined without knowing the real essence of the things that the nominal denotes. I also agree with Adorno that the object and its concept are nonidentical. The discussion between Adorno and Aristotle, however, falls beyond the scope of this chapter. See Aristotle, *Posterior Analytics*, trans. Jonathan Barnes, 2<sup>nd</sup> ed. (Oxford: Clarendon Press, 1994). See also Adorno’s lectures where he discusses Aristotle extensively: Theodor W. Adorno, *Metaphysics: Concept and Problems*, trans. Edmund Jephcott (Cambridge: Polity, 2014).

introduce Adorno's nonidentical and constellations, both of which frame the analysis of 'person-centred' practice that then follows. I also discuss the problems of positivism, both in relation to Adorno and 'person-centred' practice, to argue why striving for clarity and certainty of knowledge of complex phenomena is mistaken.<sup>7</sup> Aiming at a theory-practice unity—the positive identity of the concept of 'person-centredness' and the practice of 'person-centredness'—is problematic in that it narrows down the field of practice and also closes off possible ways of addressing the underlying contradictions that prevent *a possible continuity* from theory to practice. Without yet considering the problem with the expression 'person-centredness' itself—the expression is problematic for reasons considered toward the end of this chapter—I argue that the identity thinking at work in the need to define subsumes countless particular practices that 'person-centredness' denotes under limited consensus categories. Rather than fixating on finding conceptual clarity to optimise 'person-centred' practice, a dynamic theory as a form of practice is needed. We should turn our attention to the concrete practices of 'person-centredness' by surrounding it with a constellation of concepts that allows paying attention to particularity and the negative, to the concrete contexts and failures, and the co-dependence of different stakeholders in rehabilitation. Finally, I briefly consider the question whether 'person-centredness' describes the practices that it is supposed to describe.

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<sup>7</sup> For criticism of positivism in physiotherapy, see e.g. Barbara E. Gibson, *Rehabilitation: A Post-critical Approach* (Bora Raton: CRC Press, 2016); David A. Nicholls, *The End of Physiotherapy* (London: Routledge, 2018).

## 2. Can ‘person-centred’ practice be defined?

Person-centeredness, or sometimes patient-centredness or client-centredness—all these related terms refer roughly to the same kind of anti-paternalistic or patient-empowering attitude to clinical practice—has been approached in physiotherapy research in multiple clinical contexts. These include different contexts—I am only scratching the surface with this list—such as goal-setting in rehabilitation, developing assessment tools for evaluating person-centred practice, considering disabled persons’ and their families’ perspectives, and communicating in a person-centred manner.<sup>8</sup> The continuing interest in ‘person-centred’ practice demonstrates that it has become a widely accepted concept in physiotherapy language.<sup>9</sup> Although commonly used, ‘person-centredness’ is understood in different ways in physiotherapy research and often left undefined, as Cheng and colleagues argue, even when the implementation and clinical implications of ‘patient-centred’ practice are described.<sup>10</sup> There have been

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<sup>8</sup> Lisa J. Cameron, Lisa M. Somerville, Catherine E. Naismith, Dina Watterson, Valentina Maric, and Natasha A. Lannin, “A Qualitative Investigation into the Patient-Centered Goal-Setting Practices of Allied Health Clinicians Working in Rehabilitation,” *Clinical Rehabilitation* 32, no. 6 (2018): 827–840; Nananda F. Col, Andrew J. Solomon, Vicky Springmann, Calvin P. Garbin, Carolina Ionete, Lori Pbert, Enrique Alvarez, et al. “Whose Preferences Matter? A Patient-Centered Approach for Eliciting Treatment Goals,” *Medical Decision Making* 38, no. 1 (2018): 44–55; Jane Murray Cramm and Anna Petra Nieboer, “Validation of an Instrument for the Assessment of Patient-Centred Care among Patients with Multimorbidity in the Primary Care Setting: The 36-Item Patient-Centred Primary Care Instrument,” *BMC Family Practice* 19, no. 1 (2018). <https://doi.org/10.1186/s12875-018-0832-4>; Stephen D. Gill, Trisha Dunning, Fiona McKinnon, Desma Cook, and Jo Bourke, “Understanding the Experience of Inpatient Rehabilitation: Insights into Patient-centred Care from Patients and Family Members,” *Scandinavian Journal of Caring Sciences* 28, no. 2 (2014): 264–272; Karin Hanga, Diana M. DiNitto, Jean Pierre Wilken, and Lauri Leppik, “A Person-Centered Approach in Initial Rehabilitation Needs Assessment: Experiences of Persons with Disabilities,” *Alter* 11, no. 4 (2017): 251–266; Rafael Zambelli Pinto, Manuela L. Ferreira, Vinicius C. Oliveira, Marcia R. Franco, Roger Adams, Christopher G. Maher, and Paulo H. Ferreira, “Patient-Centred Communication is Associated with Positive Therapeutic Alliance: A Systematic Review,” *Journal of Physiotherapy* 58, no. 2 (2012): 77–87.

<sup>9</sup> Aittokallio and Rajala, “Perspectives.”

<sup>10</sup> Lisette Cheng, Vanessa Leon, Annie Liang, Charlotte Reiher, Danielle Roberts, Caroline Feldthusen, Kaisa Mannerkorpi, and Elizabeth Dean, “Patient-Centered Care in Physical Therapy: Definition, Operationalization, and Outcome Measures,” *Physical Therapy Reviews* 21, no. 2 (2016): 109–123. The reason for this may be that ‘person-centredness’ is often taken as given, even in ‘critical’ contexts. An example of this is a chapter by Price et al. that is less critical of the ‘person-centred’ model itself. Christine Price, Matthew Low, and Rani Lill Anjum, “A Person-centred and Collaborative Model for Understanding Chronic Pain. Perspectives from a Pain Patient, a Practitioner,

attempts to define ‘person-centred’ practice but at the same time it is acknowledged that it is often difficult to define. Dukhu, Purcell and Bulley suggest that the current lack of a “standardised definition of person-centred care across disciplines, partially reflecting its complexity ... is problematic for physiotherapists aiming to enact the expectations of the UK Chartered Society of Physiotherapy (CSP) that all members should work in a person-centred way.”<sup>11</sup> This normative tension provides this chapter its impetus: How can ‘person-centred’ practice be normative if its normative content remains unclear? Can a clarified concept or a standardised definition of ‘person-centredness’ lead to its enactment in practice? I aim at unravelling the difficulty of defining ‘person-centred’ practice in physiotherapy to find alternative ways to address its different commendable aims—anti-paternalism, empowerment, treating the person ‘behind’ the disease, to name a few—which, despite the following criticism, should not be simply abandoned.

The first question that needs to be answered is: can ‘person-centred’ practice be defined? There have been calls for a clear definition because, as Dukhu, Purcell and Bulley argue above, without such clarification, the implementation of the ‘person-centred’ approach is putatively more difficult. Jesus and colleagues also argue that

[e]ven though the philosophy of person-centredness seems to be increasingly endorsed across healthcare systems globally, difficulties have arisen when specifically defining and operationalising the approach. This difficulty, in turn, has constrained the implementation of person-centredness into practice. ... In short, it is unlikely that person-centredness can be optimally attained without improved conceptual clarification.<sup>12</sup>

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and a Philosopher,” in *Mobilizing Knowledge in Physiotherapy: Critical Reflections on Foundations and Practices*, eds. David A. Nicholls, Karen Synne Groven, Elizabeth Anne Kinsella, and Rani Lill Anjum (Abingdon: Routledge, 2021), 140–154.

<sup>11</sup> Sharisse Dukhu, Cliona Purcell, and Cathy Bulley, “Person-Centred Care in the Physiotherapeutic Management of Long-Term Conditions: A Critical Review of Components, Barriers and Facilitators,” *International Practice Development Journal* 8, no. 2 (2018): 1–27; Aittokallio and Rajala, “Perspectives.”

<sup>12</sup> Jesus et al. “Person-Centred Rehabilitation,” 2.

Similarly, Gzil and colleagues suggest that ‘person-centredness’ might not be the way forward for rehabilitation because

the issue for rehabilitation is not as much being ‘more person-centred’ as it is to produce a consistent and operative concept out of the notion of person-centredness and those concepts associated with it. Further, to rigorously develop our knowledge in this field, some strides in appropriate methodology seem also to be required.<sup>13</sup>

Furthermore, Lepage and colleagues suggest that “rehabilitation might paradoxically get a better sense of what it should be and should do, by incorporating an operational list of the key features of person-centredness—but at the same time refraining from using the term person-centredness.”<sup>14</sup> These criticisms imply two views that I suggest are mistaken: first, conceptual clarity might be possible to attain and second, it is difficult to implement ‘person-centredness’ in practice without such conceptual clarity (the reasons why they are mistaken are analysed below). Jesus and colleagues argue that both healthcare in general and rehabilitation in particular lack unanimity on how to define ‘person-centred’ practice.<sup>15</sup> The lack of unanimity, I propose, has to do with the fact that ‘person-centred’ practice cannot be defined, but only described (I return to the question of *how* it might be described below).

A demonstration of the fact that only descriptions are possible in this context is that none of the studies that have attempted to define or describe ‘person-centred’ practice have ended up with a concise definition, but rather lists of themes, categories, and meanings; a *description* rather than *definition*. Ward and colleagues identified four themes that affect the implementation of person-centredness in nursing and

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<sup>13</sup> Fabrice Gzil, Céline Lefevre, Michele Cammelli, Bernard Pachoud, Jean François Ravaud, and Alain Lepage, “Why is Rehabilitation Not Yet Fully Person-Centred and Should It Be More Person-Centred?” *Disability & Rehabilitation* 29, no. 20–21 (2007): 1623.

<sup>14</sup> Lepage et al. “Person-Centredness,” 1565.

<sup>15</sup> Jesus et al. “Person-Centred Rehabilitation,” 2.



physiotherapy: the relationship between professionals and patients; perceptions of who holds the power in the relationship; treating the condition not the person; and impact of organisational demands.<sup>16</sup> Wijma and colleagues identified eight descriptive themes for person-centredness: individuality; education; communication; goal setting; support; social characteristics of a patient-centred physiotherapist; a confident physiotherapist; and knowledge and skills of a patient-centred physiotherapist.<sup>17</sup> Yet another qualitative study, by Kidd and colleagues, identified five categories: the ability to communicate; confidence; knowledge and professionalism; understanding of people and ability to relate; and transparency of progress and outcomes.<sup>18</sup> Mesaroli and colleagues describe the capacities that delivering person-centred physiotherapy requires: critical reflection on culture, values and practice, including social determinants of health; communication skills; and creativity and resourcefulness.<sup>19</sup> Finally, in their conceptual and historical review, Leplege and colleagues identified four different, and possibly clashing, meanings in rehabilitation that they argue have both normative and descriptive content: addressing the person's specific and holistic properties; addressing the person's difficulties in everyday life; considering the person an expert of their condition; and respecting the person 'behind' the impairment or the disease. Moreover, Leplege and colleagues note, these different meanings can be

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<sup>16</sup> Andrew Ward, Clarissa Eng, Victoria McCue, Ryan Stewart, Kerri Strain, Brendan McCormack, Sharisse Dukhu, et al. "What Matters Versus What's the Matter—Exploring Perceptions of Person-Centred Practice in Nursing and Physiotherapy Social Media Communities: A Qualitative Study," *International Practice Development Journal* 8, no. 2 (2018): 1–18.

<sup>17</sup> Amarins J. Wijma, Anouck N Bletterman, Jacqui R Clark, Sigrid C.J.M Vervoort, Anneke Beetsma, Doeke Keizer, Jo Nijs, and C. Paul Van Wilgen, "Patient-Centeredness in Physiotherapy: What Does It Entail? A Systematic Review of Qualitative Studies," *Physiotherapy Theory and Practice* 33, no. 11 (2017): 825–840.

<sup>18</sup> Martin O. Kidd, Carol H. Bond, and Melanie L. Bell, "Patients' Perspectives of Patient-Centredness as Important in Musculoskeletal Physiotherapy Interactions: A Qualitative Study," *Physiotherapy* 97, no. 2 (2010): 154–162.

<sup>19</sup> Giulia Mesaroli, Anne-Marie Bourgeois, Ellen McCurry, Allison Condren, Peter Petropanagos, Michelle Fraser, and Stephanie A. Nixon, "Enhanced Patient-Centred Care: Physiotherapists' Perspectives on the Impact of International Clinical Internships on Canadian Practice," *Physiotherapy Canada. Physiotherapie Canada* 67, no. 4 (2015): 385–392.

interpreted in a variety of ways which makes person-centredness a highly diverse and multidimensional concept.<sup>20</sup> These different themes, some of them overlapping and clashing, reflect the variety of notions of ‘person-centred’ practice that physiotherapy researchers and practitioners hold. It is apparent here that a simple definition or even a set of concise definitions is impossible to attain without possibly leaving something out.

Simply abandoning the idea of defining ‘person-centred’ practice, however, requires further justification. Would defining ethical concepts such as ‘person-centred’ practice not also define the norms of ethical conduct and thus enforce the norms upon clinicians? The answer, I suggest, is that while defining ethical concepts can also define norms for ethical practice, it is not *sufficient* for the practice to become a norm. Although Dukhu, Purcell and Bulley’s, Jesus and colleagues’, and Gzil and colleagues’ conclusions, that a clear definition might help and that the lack of a clear definition is a considerable challenge, have some truth in them—‘person-centredness’ is indeed not concisely conceptualised—an improved conceptual clarification does not necessarily help practitioners to attain optimal ‘person-centredness’. The path from a concept or a theory, no matter how clear, to an optimal implementation or a practice is not guaranteed. How should we then work around the problem of the normativity of ambiguous concepts? While I agree with the criticism that ‘person-centredness’ itself is a poor guide for good practice, precisely because it cannot be defined and thus it lacks clear normative content, the problem of lacking normative content is not solved by either conceptual clarification or replacing ‘person-centredness’ with something else. All such approaches to clinical ethics that seek to form precise operational systems to guide practice suffer from the same problem of necessary exclusion: as

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<sup>20</sup> Leplege et al. “Person-Centredness,” 1556–1559.

Adorno would argue, such systems and lists are “bound to be finished”<sup>21</sup> and thus any need for critical thinking outside the operational system is eliminated. I argue that the practices that ‘person-centredness’ tries to grasp are *already* constellational and thus we should abandon the idea of defining ‘person-centred’ practice as futile. We should instead engage in the process of criticism of concepts and practices such as ‘person-centredness’—what I called theory as a form of practice in Chapter 2—to highlight the ethical practices that such concepts putatively denote and to critically guide physiotherapy ethics, while staying open and truthful to the complexity of these practices. Such process also addresses the negative: the ineffable and ungraspable, as Adorno would put it, that is stored in every concept. Abandoning the need to define and endorsing the ambiguity of the concept instead renders ‘person-centredness’ a critical anti-positivist concept. To further explain these arguments, let us turn to Adorno’s critique of identity thinking and positivism.

### 3. Adorno’s critique of identity thinking

#### 3.1 The nonidentical and identity thinking

Adorno—unsurprisingly—never gave the ‘nonidentical’ [*das Nichtidentische*] a definition, but instead surrounded it with descriptions: it is the concept’s other, the undissolvable, unmastered, the concept’s untruth, the incomprehensible, the unknown, that of which one cannot speak.<sup>22</sup> Defining the nonidentical would contradict nonidentity: the nonidentical is that which is lost when definitions are attached to

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<sup>21</sup> ND 27.

<sup>22</sup> HTS 102, 133, 137, 147.

objects in a Procrustean manner by forcing them to fit in the iron bed of pre-established definitions by cutting off their limbs, so to speak. The nonidentical is central to Adorno's mature work, but it was there also much earlier in an embryonic form. Even before the publication of *Negative Dialectics* in 1966, wherein Adorno gives the nonidentical gradual albeit not definitive shape by reflecting and circling it without ever fully naming it, the nonidentical appears as a gestating idea that marks Adorno's philosophy and later matured into the centrepiece of *Negative Dialectics*. As Silberbusch notes, the nonidentical first appears in *Minima Moralia*, written in exile during the 1940s, in two senses: first, as a critique of positivistic identification that cuts off that which makes the object unique; and second, as the critique of reducing history to "an ever recurring cycle of ever recurring events" in which terror and events such as the Shoah are just unfortunate mishaps in the cycle of history.<sup>23</sup> The first sense, which would become more pronounced in Adorno's thinking during the remaining two decades of his life after *Minima Moralia*, is the focus in this section.

How does Adorno describe the nonidentical? In a manuscript written in the 1930s and reworked in the 1950s, Adorno describes nonidentity as the "impossibility, to grasp without remainder in the subjective concepts that which is not of the subject".<sup>24</sup> In *Negative Dialectics*, Adorno describes the nonidentical as "the non-conceptuality, individuality, and particularity—things which ... [are] dismissed as transitory and insignificant" and that which the concept "fails to cover, what its abstractionist mechanism eliminates, what is not already an instance of the concept."<sup>25</sup> The nonidentical as that which the concept cannot reach, Adorno argues, is a matter of urgency to the concept. As Silberbusch elaborates, the nonidentical is that which we

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<sup>23</sup> Oshrat C. Silberbusch, *Adorno's Philosophy of the Nonidentical* (Cham: Palgrave, 2019), 9.

<sup>24</sup> AE 147. Amended translation by Silberbusch, *Adorno's Philosophy*, 12.

<sup>25</sup> ND 8. Translation amended.

cannot comprehend, which escapes our conceptual rationality, which is unsayable and unsaid, that which prevents us from grasping the world completely, and which makes those thoughts that we *can* comprehend incomplete and thus untrue.<sup>26</sup> Untrue, because the ‘something’ that is grasped is always *more* than the conceptual comprehension that tries to grasp it: it is also nonidentical with the conceptual comprehension. Adorno’s critique of conceptual comprehension demands acknowledgement of the concept’s other—the somatic, the ephemeral, the aesthetic, that which is not simply attached to objects by subjective thinking.

Adorno calls the tendency of rational thought to identify objects with concepts and categories, thinking that erases the nonidentical and awkward loose ends that escape conceptualisation, ‘identity thinking’. Identity thinking, Rose explains, is to use a concept “pragmatically to pick out those particulars it denotes”<sup>27</sup> but the particularity of objects is lost in the process. Identity thinking—the thought that objects can be grasped by attaching concepts to them, that the object and the concept are identical—is described in *Dialectic of Enlightenment*, first published in 1944, as the grasping of something by naming it; and by naming it, the something that is grasped is forced under a finite number of concepts and definitions. The process of naming reduces the richness of phenomena by placing them under a taxonomy of definitions in which the unknown becomes known, and nothing escapes definition; ultimately things that are qualitatively different are made un-qualitative, comparable, equivalent, and exchangeable.<sup>28</sup> Identity thinking, Adorno argues in *Negative Dialectics*, seeks to classify the concepts under which the object falls. Classification turns objects that are particular, qualitative and individual into representatives or exemplars of the

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<sup>26</sup> Silberbusch, *Adorno’s Philosophy*, 2.

<sup>27</sup> Gillian Rose, *The Melancholy Science* (London: Verso, 2014), 57.

<sup>28</sup> DE, see especially the first section “The Concept of Enlightenment” 1–34.

classification and makes objects something that they are not in themselves.<sup>29</sup> As Adorno argued in an earlier work, “the concept and the thing in itself are not one and the same”.<sup>30</sup> The identity of the object and a concept is untrue, he insists, because “the concept does not exhaust the thing conceived”<sup>31</sup> and “objects do not go into their concepts without leaving a remainder”.<sup>32</sup> As Cook explains, concepts should not be hypostasised because no concept can fully grasp material things “because concepts are abstract determinations, not concrete properties; universals not particulars.”<sup>33</sup> The truth, Adorno maintains, can be found in what the concept has suppressed, disparaged, and discarded.<sup>34</sup> Therefore, as Adorno put it in *Minima Moralia*, “[t]rue thoughts are those alone which do not understand themselves.”<sup>35</sup>

Adorno did not argue, however, that objects could be grasped in themselves; they are always mediated by the subject, who is also mediated by the object (more on this dialectic in Chapter 4). As Buck-Morss explains:

Kant had maintained that the subject could not experience the object as it was in itself, but only as structured by subjective forms and categories—only, that is, as something essentially identical to the subject. Adorno’s concept of experience reversed the priority of the relation between subject and object, gave, as he later worded it, Kant’s ‘Copernican Revolution and axial turn,’ to that nonidentity became the very basis of knowledge.<sup>36</sup>

The subject is not constitutive because identifying particulars with universal concepts implies that particulars can be reduced to cognition, that they are constituted by the

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<sup>29</sup> ND 149.

<sup>30</sup> HTS 70–71.

<sup>31</sup> ND 5.

<sup>32</sup> Ibid.

<sup>33</sup> Deborah Cook, *Adorno, Foucault, and the Critique of the West* (London: Verso, 2018), 124.

<sup>34</sup> ND 10.

<sup>35</sup> MM 192.

<sup>36</sup> Susan Buck-Morss, *Origins of Negative Dialectics* (New York: The Free Press, 1977), 82–83. See also HTS 6 on Hegel’s subjectivity: knowledge is not merely subjectivity, but also objectivity.

subject's universal concepts.<sup>37</sup> For Adorno, nonidentity as the basis of knowledge recognises both the reality of human suffering and that the act of cognition itself has a somatic character that has to be acknowledged to emphasise the particularity of objectivity.<sup>38</sup> The somatic forms the core of the nonidentical for Adorno; the nonidentical is concrete despite being ineffable.<sup>39</sup> For Adorno, paradoxically as Silberbusch notes, the nonidentical is the most concrete and particular, and thus to stay relevant, philosophy must turn its attention to the nonidentical instead of the abstracting and subsuming identity thinking.<sup>40</sup> Adorno seeks to save the nonidentical from the erasure of identity thinking, as Silberbusch explains, not only because acknowledging nonidentity would bring thinking closer to the particularity of objects, but also because Adorno was convinced that the silencing and erasure of the nonidentical plays a part in real suffering.<sup>41</sup> Adorno does not claim that identity thinking could be eradicated because it is inescapable, it happens unconsciously; it is as old as reason. Adorno does not offer a method to avoid identity thinking, nor does he think such method is possible, but he does point out to the insufficiency of any identification. Adorno stays with the negative to stay open to possibility.<sup>42</sup> We cannot think without concepts and identifying, and naming is integral to communicating and thinking.<sup>43</sup> However, identity thinking needs to be resisted, Adorno suggests, because it nonetheless eliminates that of which we cannot speak, the unique and qualitative in the object, and replaces individuality by sweeping categorisations. For Adorno individuality-levelling rationality is at the root of social evils because it is total and

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<sup>37</sup> Cook, *Adorno, Foucault*, 124.

<sup>38</sup> Buck-Morss, *Origins*, 82–83.

<sup>39</sup> Silberbusch, *Adorno's Philosophy*, 72.

<sup>40</sup> *Ibid.* 118.

<sup>41</sup> *Ibid.*

<sup>42</sup> Matt Waggoner, *Unhoused: Adorno and the Problem of Dwelling* (New York: Columbia University Press, 2018), 25.

<sup>43</sup> ND 5.

tolerates nothing beside itself; fascism, authoritarianism, and exchange value are its manifestations in social reality.<sup>44</sup> Nonidentity is what ruptures the totality, Silberbusch explains, and therefore identity thinking seeks to eliminate that which does not fit into categories.<sup>45</sup> Adorno insists that the interest of philosophy should therefore be non-conceptuality, particularity, and individuality.<sup>46</sup> To see through the identity principle, to resist it, is to turn attention to that which is erased.<sup>47</sup>

How might a philosophy that stresses the ungraspable, the unsayable, be relevant for moral philosophy? How might it be relevant for physiotherapy ethics? The point is not to impose formal normativity on the nonidentical—that nonidentity becomes a law—but merely to acknowledge, as a moral act in itself, that the non-rationalised elements of morality should not be simply disregarded. The nonidentical teaches us that conceptualising and rationalising physiotherapy ethics fails because it assumes the subject indeed acts rationally by applying predetermined conceptual frameworks that are identical with or correspond to the material context of application. I argue that the concept of ‘person-centredness’ has ignored its nonidentity. To think that nothing lies beyond our rational conceptual grasp is not only false but also potentially harmful because it erases that which is ungraspable by concepts. The problem of identity thinking is not only, as Silberbusch elaborates, that it creates a false sense of the world as orderly, immobile and legitimised by positivist conceptualisation, but it also—and more crucially for thinking about physiotherapy and ‘person-centredness’—curbs attempts to confront that which falls outside of positivist epistemology.<sup>48</sup> The totality of such thinking reaches to the unknowable only

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<sup>44</sup> ND 146. JA 139–140.

<sup>45</sup> Silberbusch, *Adorno's Philosophy*, 14.

<sup>46</sup> ND 8.

<sup>47</sup> *Ibid.* 149.

<sup>48</sup> Silberbusch, *Adorno's Philosophy*, 11.



insofar as it can be claimed that science does not know it *yet*; it reaches the unknowable as a future known, and thus remains identity thinking. To resist identity thinking is not to choose sides between science and philosophy—the reason, I suggest below, of placing ‘person-centredness’ in a constellation is to avoid choosing sides—but rather, to resist it is to claim that identity thinking is not the be-all and end-all of physiotherapy knowledge. This has profound implications for ‘person-centredness’ and physiotherapy ethics: if identity thinking is merely taken for granted, then the nonidentical involved in moral decision making—compassion, the somatic, intuition—are simply erased.<sup>49</sup> Nonidentity must not be denied, Adorno argues, but preserved in resistance.<sup>50</sup> This means acknowledging the nonidentical, as Silberbusch suggests, by which Adorno’s philosophy adumbrates what a different way of thinking would look like; thinking “that, by giving voice to suffering, by bringing out into the open the erasure of the nonidentical, edges thinking away from complicity with the latter, and turns it into resistance.”<sup>51</sup>

### 3.2 Constellations

In this section, I introduce the idea of constellations, in order to analyse ‘person-centredness’ as a constellation in the next section. Adorno uses Walter Benjamin’s metaphor of constellations—that ideas are to objects what constellations are to stars<sup>52</sup>—to resist identity thinking. Constellations, Adorno suggests, enable thinking

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<sup>49</sup> Ibid. 26.

<sup>50</sup> ND 279.

<sup>51</sup> Silberbusch, *Adorno’s Philosophy*, 7.

<sup>52</sup> Walter Benjamin, *The Origin of German Tragic Drama*, trans. John Osborne (London: Verso, 1998), 34. Benjamin on constellations as historiography, see Walter Benjamin, “Theses on the Philosophy of History,” In Walter Benjamin, *Illuminations* (London: Pimlico, 1999), 255 (thesis XVIII A). For differences between Adorno and Benjamin, see Simon Jarvis, *Adorno: A Critical Introduction* (Cambridge: Polity, 1998), 175–176.

of the uniqueness of particular objects. Approaching the object via the nonidentical is not to identify, Adorno suggests, but to use a constellation of concepts to surround the object, to approach objects from *within* them and their relations, not *about* them.<sup>53</sup> As Cook explains, using the nonidentical in a constellation also involves proleptic or prospective apprehension of things, revealing the unrealised possibilities inherent to things.<sup>54</sup> Thus constellations do not simply form definitions, but descriptions that always also acknowledge the nonidentical: the “more, and other, than the quintessence of its moments.”<sup>55</sup> Constellations represent the ‘more’ that identity thinking, by simply attaching concepts to objects, eliminates—the “interiority” of the object, as Adorno suggests:

By themselves, constellations represent from without what the concept has cut away within: the ‘more’ which the concept is equally desirous and incapable of being. By gathering around the object of cognition, the concepts potentially determine the object’s interior. They attain, in thinking, what was necessarily excised from thinking.<sup>56</sup>

It is important to note that constellations do not deal with the clarification of singular words. “The requirement of clarity” as Adorno argues “... asks something language cannot grant in the immediacy of its words and sentences—something it can grant only, and fragmentarily at that, in their configuration.”<sup>57</sup> Adorno suggests that an approach “that carefully avoided definitions as mere stipulations and modelled concepts as faithfully as possible on what they say in language, making them virtually names” would be better.<sup>58</sup> Thus, constellations are not a system or an explicit method;

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<sup>53</sup> LND 146.

<sup>54</sup> Cook, *Adorno, Foucault*, 130.

<sup>55</sup> HTS 109.

<sup>56</sup> ND 162.

<sup>57</sup> HTS 106.

<sup>58</sup> *Ibid.*

everything does not simply become resolved within them into definitions. Rather, “one moment sheds light on the other, and the figures that the individual moments form together are specific signs and a legible script.”<sup>59</sup> Constellations are thus one way to emphasize, as Buck-Morss elaborates, that words as concepts could never be sufficiently particular to represent truth in philosophy unless represented as clusters of concepts—words that are continuously recombined and rearranged.<sup>60</sup>

Constellations denote a time-bound process, not an absolute or eternal truth, and they are constantly rearranged. They require this constant rearrangement because knowledge and concepts are bound to the historical and material moment in which they manifest.<sup>61</sup> Constellations are not timeless: just like a constellation of stars is nothing without its stars, Adorno’s constellations are nothing in themselves; they only represent a relation of necessarily time-bound particulars.<sup>62</sup> For Adorno, truth does not move continuously and automatically, independently of the subject, but it is rather a constantly evolving constellation.<sup>63</sup> Cognising an object in a constellation is to cognise the process that is stored in the object; to surround the concept with theoretical thought that “it would like to unseal, hoping that it may fly open like the lock of a well-guarded safe-deposit box: in response, not to a single key or a single number, but to a combination of numbers.”<sup>64</sup>

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<sup>59</sup> Ibid. 109.

<sup>60</sup> Buck-Morss, *Origins*, 90.

<sup>61</sup> Adorno’s understanding of history echoes both Hegel’s *Philosophy of Right* and Benjamin’s philosophy of history. Hegel writes: “To comprehend *what is* is the task of philosophy, for *what is* is reason. As far as the individual is concerned, each individual is in any case a *child of his* time; thus philosophy, too, is *its own time comprehended in thoughts*. It is just as foolish to imagine that any philosophy can transcend its contemporary world as that an individual can overlap his own time”. G. W. F. Hegel, *Elements of the Philosophy of Right*, trans. H. B. Nisbet (Cambridge: Cambridge University Press, 1991) 21; Benjamin, “Theses on the Philosophy of History.”

<sup>62</sup> Jarvis, *Adorno*, 176.

<sup>63</sup> CM 131 (Notes on Philosophical Thinking).

<sup>64</sup> ND 163

On a more procedural note, both Buck-Morss and Rose have explained the process of constructing constellations in practical terms. Constellational thinking, Rose explains, means to “juxtapose a cluster of related words or connotations which characterise the object of investigation without implying that the concepts used are identical with their objects.”<sup>65</sup> Buck-Morss argues that there are two moments in the dialectical process of constructing constellations:

One was conceptual-analytical, breaking apart the phenomenon, isolating its elements, and mediating them by means of critical concepts. The other was representational, bringing the elements together in such a way that social reality became visible within them.<sup>66</sup>

These two moments are not separate but belong to the same process. In the construction of the definition of ‘person-centredness’, in which there are several meanings attached to the concept, as we have seen, only the conceptual-analytical moment has come to be. I argue below that a constellation around ‘person-centredness’ cannot do without the second moment Buck-Morss describes—bringing the conceptual-analytical to the representational to make social reality visible—if it is to be critical and loyal to the object.

### 3.3 Problems of positivism

Adorno was an adamant critic of positivism, particularly of its tendency to think in identities, and was involved in the *Positivismusstreit*, a dispute in sociology about positivism that continued for nearly twenty years, from the early 1960s through the

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<sup>65</sup> Rose, *The Melancholy*, 116–117. Original italics.

<sup>66</sup> Buck-Morss, *Origins*, 101–102.

1970s.<sup>67</sup> Adorno's main dispute with positivism is that positivists wanted to avoid any kind of theory and metaphysics.<sup>68</sup> As we have seen, theory and acknowledging the nonidentical are, according to Adorno, needed in successful critical analyses of society. Adorno is critical of systemic theory-formation in social theory and philosophy because the relationship between theory-formation and social facts is more complex than any system could allow. This is pertinent for analyses of society through means that borrow their methodological ideals from the natural sciences. Analyses of society, Adorno suggests, ought not be about "pure fact-finding ... formulation of hypotheses that can then be fulfilled by finding the facts"<sup>69</sup> or "ordering of materials, the establishment of logical classes and the possible conclusions to be drawn therefrom"<sup>70</sup> because such fact-finding remains at a distance from the material, from the object. Theory is important for Adorno because rigorous analyses that stay close to the object, that are "determined by its object, namely the society",<sup>71</sup> may reveal something "substantive"<sup>72</sup> about that society. This 'substantive' is more than facts and their ordering and conclusions; it is to reach beyond given facts, which necessarily brings theory and the requirement of theoretical freedom into the analyses. Adorno therefore argues that even positivists, whether they acknowledge it or not, necessarily incorporate elements of the theoretical because immersing in the concrete thoroughly would allow the revelation of more than "simply the blind, conceptless material."<sup>73</sup>

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<sup>67</sup> Lichtblau dates the dispute from the 1961 conference at the University of Tübingen for the German Sociological Association on "The Logic of Social Sciences" to the debate between Habermas and Luhmann in the early 1970s that engendered discussions through the rest of the decade. See Klaus Lichtblau, "Adorno's Position in the Positivism Dispute: A Historical Perspective," *Journal of Classical Sociology* 15, no. 2 (2015): 115–121.

<sup>68</sup> PETS 3.

<sup>69</sup> Ibid. 13.

<sup>70</sup> Ibid. 11.

<sup>71</sup> Ibid. 22.

<sup>72</sup> Ibid. 15.

<sup>73</sup> Ibid. 10–11.

The positivists, however, were not self-critical enough about the necessity of theoretical elements.

Adorno argues that positivist reductionism fetters experience—experience in the sense of *Erfahrung*, experience of something new that presents itself to consciousness, experience that reaches beyond mere given facts<sup>74</sup>—although the possibility of experience is, according to Adorno, questionable in the world we live in.<sup>75</sup> The scientific system imposes upon consciousness its rule of certainty of facts, which prevents reaching beyond the facts and the parameters of possible facts that the scientific system acknowledges. Adorno and Horkheimer engage in criticism of positivism in the *Dialectic of Enlightenment*, in which they suggest positivism is an extension of the kind of Enlightenment thinking that views suspiciously everything that is not reducible to numbers, to “the standard of calculability and utility”.<sup>76</sup> The same logic of reducing everything to calculability and utility, they argue, allows that which is dissimilar to be made equivalent and comparable, ultimately made exchangeable, by reducing it to abstract quantities with the consequence that what can be known through experience is predetermined: “Whatever might be different is made the same. That is the verdict which critically sets the boundaries to possible experience.”<sup>77</sup> The fault in Enlightenment thinking is that abstraction, classification and the rule of quantity over quality are equated with truth.<sup>78</sup> Ultimately the scientific system itself becomes equivalent to truth, a system that predicts facts but is also confirmed by the facts it generates.<sup>79</sup> Such abstraction, Adorno argues, is falsely

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<sup>74</sup> Cf. Chapter 1, fn71, page 57.

<sup>75</sup> IS 51. Adorno was influenced by Benjamin’s argument about the impossibility of *Erfahrung* today. See Walter Benjamin, “Experience,” In Walter Benjamin, *Selected Writings*, vol. 1, eds. Marcus Bullock and Michel W. Jennings (Cambridge, MA: Belknap, 2004), 3–5.

<sup>76</sup> DE 3.

<sup>77</sup> Ibid. 8.

<sup>78</sup> Ibid. 10.

<sup>79</sup> PD 64, 66.

claimed by positivists to apprehend the general as the determination of the particular, when abstraction actually separates the particular and the general, when the particular is made an exemplar of the general and thus it is purified of its unique qualitative aspect.<sup>80</sup> Quantification, which is a primary example of abstraction for Adorno because it makes complex and particular matters simpler, should exactly aim at qualitative insight because quantification is not an end—it ought not be the final word about the particular—but a means to an end.<sup>81</sup> Simplifying complex matters, Adorno insists, is not truer than the real complex matter at hand and it should not be within the authority of the method nor the scientist to decide whether simpler is better because then they would mediate the object and decide what the object is with the consequence of also supporting what exists by saying what exists rather than critically reaching beyond the so-called facts.<sup>82</sup> Rather, “the objects decide objectively whether social theorems should be simple or complex.”<sup>83</sup> It is the very nature of society as something complex, Adorno insists, that makes transferring natural scientific models, such as positivism, into societal analyses difficult.<sup>84</sup>

Positivism becomes ideology, Adorno argues, by eliminating the category of essence, and as a consequence, all concern with essentials.<sup>85</sup> Positivism is, for Adorno, an especially dangerous kind of manifestation of ideology

because the positivist mindset declares itself the most anti-ideological, sober, objective one of all, but, by rejecting everything that is not a fact, through this exclusivity of the factual, it bestows an aura upon factuality that is generally drawn from the very same metaphysics which the current positivists consider such a taboo.<sup>86</sup>

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<sup>80</sup> Ibid. 39.

<sup>81</sup> Ibid. 40.

<sup>82</sup> Ibid. 73.

<sup>83</sup> Ibid. 41.

<sup>84</sup> Ibid. 73.

<sup>85</sup> ND 170.

<sup>86</sup> PETS 73.

Positivism is not self-critical enough, which renders it ideology. Positivist objectivity—devoid of anything subjective—is not what positivists claim it to be. This scientific objectivity, Adorno argues, is a contradiction that positivists have not acknowledged:

[positivism] adheres to an objectivity which is most external to its sentiments and purged of all subjective projections, but thereby simply becomes all the more entangled in the particularity of mere subjective, instrumental reason.<sup>87</sup>

Positivism ignores the subjective moment that Adorno argues is necessarily a part of objectivity, and thus cognition of objectivity is prevented.<sup>88</sup> Adorno opposes the false assumption that objectivity purified of subjectivity would be truly objective: objectivity that is coerced to fit the rules of positivism does not approach objects uncoercively, but the subject that coerces the object into the positivist framework becomes the source of knowledge. Subjectivity of the positivist kind is also under Adorno's radar. He argues that society is composed of living subjects that are connected functionally to each other forming the concrete universal that is society. Thus, paying attention to the particularity of this concrete universal stays truer to reality itself than the kind of scientific objectivity that is placed in the hands of the unacknowledged subjective reason of positivist science; subjectivity that is abstract.<sup>89</sup>

This means that sociology and philosophy are inseparable for Adorno. Rather than separating fact and value, Jarvis explains, sociological thinking must proceed though the criticism of sociological concepts and the social experience that is embedded within them, to show that value-free facts do not exist and to make the

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<sup>87</sup> PD 5.

<sup>88</sup> ND 171.

<sup>89</sup> PD 15.



entanglements of fact and value visible.<sup>90</sup> In the recently translated lecture series *Philosophical Elements of a Theory of Society*, Adorno develops criticisms of both sociology and philosophy: on the one hand he criticises sociology's obsession with method, which imposes rules on thinking, and on the other, he criticises the kind of philosophy that seeks to become systemically unified.<sup>91</sup> Philosophy and sociology are interdependent for Adorno. Philosophical reflection always needs sociology, the editors of the lecture series explain, so that philosophy avoids falling for "the old idealistic illusion that the totality of real conditions could be grasped through thought alone."<sup>92</sup> Observing and investigating society, its subjective and objective relations, are always mediated through that society.<sup>93</sup> According to Adorno, an understanding of a theory of society "can be attained only by addressing the philosophically epistemological questions on the one hand and the factual structural questions of society on the other."<sup>94</sup> Philosophy must tarry with the object as much as empirical research needs theoretical reflection; indeed, as mentioned above, Adorno argues that theoretical reflection in empirical research is often unavoidable.

It is important, however, to note that Adorno is not against science. The untruth of scientism and the instrumental reason it employs, as Horkheimer and Adorno argue in *Dialectic of Enlightenment*, does not simply lie in its "analytic method, the reduction to elements, the disintegration through reflection"<sup>95</sup> but in the assumption that there is nothing that the mathematically modelled and contradiction-free science cannot know or come to know; the unknowable is disregarded as superfluous. Such science does not

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<sup>90</sup> Jarvis, *Adorno*, 48.

<sup>91</sup> Tobias ten Brink and Marc Philip Nogueira, "Editors' foreword," in Theodor W. Adorno, *Philosophical Elements of a Theory of Society*, trans. Wieland Hoban (Cambridge: Polity, 2019), x.

<sup>92</sup> *Ibid.*

<sup>93</sup> PD 84.

<sup>94</sup> PETS 2.

<sup>95</sup> DE 18. Translation amended.

need any in-depth inquiry because knowledge consists in proving or disproving an assumption; a procedure mediated by the rules and assumptions of scientism. The problem is, as noted above and in Chapter 2, that such thinking tends to make the dissimilar similar, equivalent, comparable, exchangeable, classifiable, abstract, devoid of qualities—instances and exemplars—to deal with what is immediately at hand, when knowledge really consists in the determinate negation of the immediate.<sup>96</sup> Adorno does not claim that dialectics should become the ‘correct’ method to replace positivism—indeed, he argues that there is no guarantee that dialectics itself would not turn into ideology<sup>97</sup>—but asked that positivists should not “unhesitantly disqualify out of hand as unintelligible anything that fails to coincide with their ‘criteria of meaning’.”<sup>98</sup> Understanding society, Adorno argues, requires grasping both what happens in reality and in peoples’ consciousness<sup>99</sup>—and remaining open and self-reflective about the relation to the matter that is being dealt with to improve itself and reach further than the given facts, rather than thinking society is limited to its so-called facts.<sup>100</sup> To remain true to the real material conditions and at the same time theoretically reflexive, Adorno further suggests, a rigorous criticism of the deep-seated assumptions on both sides, sociology and philosophy, is needed.<sup>101</sup> Despite self-reflection, however, the theory of society and the material reality of society cannot simply be united because, Adorno argues, they are qualitatively different, however closely connected.<sup>102</sup> So to return to the relationship between theory and practice, there is no direct path from one to the other.<sup>103</sup> There remains a necessary tension and

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<sup>96</sup> DE 20.

<sup>97</sup> ID 48.

<sup>98</sup> PD 4.

<sup>99</sup> PETS 40.

<sup>100</sup> Ibid. 16, 18–19, 111.

<sup>101</sup> ND 40; Rose, *The Melancholy*, 100.

<sup>102</sup> E.g. PETS 23.

<sup>103</sup> PETS 17.

contradiction between theory and material; but rather than pretending a contradiction does not exist, it becomes the locus through which critical philosophy operates: to think through contradictions is to make them visible.

Herein lies the importance of resisting positivism in physiotherapy research: missing the opportunity to reflect on society would be to miss the representational step of constellational thinking that Buck-Morss argues brings “the elements together in such a way that social reality became visible within them.”<sup>104</sup> If physiotherapy continues to rely on positivistic science, there is a genuine danger of the knowledge base of physiotherapy remaining narrow and falling short of the objectivity that acknowledges the role of the subject. Failing to eliminate positivist traits—I propose such traits are behind the identity thinking that seeks to define ‘person-centredness’—excludes otherwise meaningful knowledge from physiotherapy that is not available via positivist means. Positivism also prevents fruitful transdisciplinary knowledge that might draw, for example, on literature, philosophy, the arts, or cultural studies. In sum, evidence alone does not account for what ‘person-centredness’ might mean because it does not account for what it is to be a ‘person’.<sup>105</sup>

#### 4. An anti-positivist constellation

Contemporary physiotherapy, as Nicholls argues, inherited a positivist biomedical approach to human functioning from medicine, but it no longer suffices to capture physiotherapy in the increasingly complex and changing landscape of rehabilitation.<sup>106</sup> So far physiotherapy research has, unsurprisingly, concentrated largely on the

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<sup>104</sup> Buck-Morss, *Origins*, 101–102.

<sup>105</sup> Aittokallio and Rajala, “Perspectives.”

<sup>106</sup> David A. Nicholls, *The End of Physiotherapy* (London: Routledge, 2018), 243–265.

effectiveness of clinical interventions.<sup>107</sup> Physiotherapists need such research because their tools and methods need to be valid, effective, and safe. Concentrating on clinical interventions, however, underlines a dualism between evidence and criticism, and between practice and theory: researching the effectiveness of interventions aims at direct utility, generalizability and applicability of clinical approaches, while critical and transformative research that challenges physiotherapy's taken-for-granted conceptions and the positivist ideal of knowledge do not have such direct utility in clinical practice. Criticism is not directly applicable, while clinical interventions often are. For example, if research suggests that exercise might prevent falls among older people, then exercise groups can be offered for older people who are in risk of falling. Criticism, in turn, is a process that requires subjectivity and subjective action to question, for instance, an assumption that cognitive impairment is a valid criterion to exclude an older person with dementia from a group exercise activity. If 'evidence-based practice' is understood strictly through positivism—it need not be strictly positivist, but nevertheless often is—it does not fully capture the complexity of physiotherapy that is frequently acknowledged in critical physiotherapy research because it offers only one point of view, and a narrow one, to physiotherapy practice.<sup>108</sup>

I suggest that both identity thinking and positivist tendencies in physiotherapy science drive the call for defining and conceptualising 'person-centredness' and the practices it denotes with increasing clarity—an aim Adorno argues makes thoughts

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<sup>107</sup> Camilla Wikström-Grotell and Katie Eriksson, "Movement as a Basic Concept in Physiotherapy—A Human Science Approach," *Physiotherapy Theory and Practice* 28, no. 6 (2012): 428–438.

<sup>108</sup> See e.g. David A. Nicholls, Karen Atkinson, Wenche S. Bjorbækmo, Barbara E. Gibson, Julie Latchem, Jens Olesen, Jenny Ralls, and Jennifer Setchell, "Connectivity: An Emerging Concept for Physiotherapy Practice," *Physiotherapy Theory and Practice* 32, no. 3 (2016): 159–170; Katherine F. Shepard, Gail M. Jensen, Beverly J. Schmoll, Laurita M. Hack, and Janet Gwyer, "Alternative Approaches to Research in Physical Therapy: Positivism and Phenomenology," *Physical Therapy* 73, no. 2 (1993): 88–97; Hubert van Griensven, Ann P. Moore, and Valerie Hall, "Mixed Methods Research—the Best of both Worlds?" *Manual Therapy* 19, no. 5 (2014): 367–371.

more untrue than true to the matter at hand that language is trying to grasp.<sup>109</sup> To define ‘person-centred’ practice in the identitarian manner would be to categorise it under universal concepts: to know ‘person-centredness’ and what it means in practice is to know under which concepts it falls. However, such categorisation loses sight of the particularity of practices that ‘person-centredness’ denotes by falsely thinking that the concept of ‘person-centredness’ and its material practice are identical. Defining ‘person-centredness’ is a mistake because the refusal to tolerate conceptual ambiguity not only resonates with the mistaken positivist conception of knowledge but also limits the understanding of what ‘person-centredness’ might mean: we may be able to give the *concept* of ‘person-centredness’ some concise descriptions but how it is *practiced* is a far too complex matter to be grasped concisely. One reason for the complexity is that rehabilitation involves many stakeholders in addition to the ‘person’ at the ‘centre’ of rehabilitation. Christopher D. Ward argues that rehabilitation is dynamic, not linear, static or out of the reach of social influences, and thus it should not be reduced to a linear process of effects and causes.<sup>110</sup> Rehabilitation is a dynamic practice and rarely, if ever, really involves only the person with their problem. Other stakeholders—both the immediate stakeholders such as patients, practitioners, family and friends and the macro-level of hospitals, healthcare systems, policy makers, shareholders, influenced by cultural, ideological, and social structures—may have different understandings and agendas in which ‘person-centeredness’ is understood in different ways.<sup>111</sup> Not only is the stakeholder network complex, but the people at the ‘centre’ of rehabilitation also

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<sup>109</sup> HTS 106.

<sup>110</sup> Christopher D. Ward, “Is Patient-Centred Care a Good Thing?” *Clinical Rehabilitation* 26, no. 1 (2012): 3–9.

<sup>111</sup> Rebecca L. Phillips, Alison Short, Annie Kenning, Paul Dugdale, Peter Nugus, Russell McGowan, and David Greenfield, “Achieving Patient-Centred Care: The Potential and Challenge of the Patient-as-Professional Role,” *Health Expectations: An International Journal of Public Participation in Health Care and Health Policy* 18, no. 6 (2015): 2616–2628.

have different needs and countless intersecting qualities that affect what might be considered ‘person-centred’ in each case. It is apparent that in this case the need to define ‘person-centredness’ in the identitarian and positivist manner has to be challenged. To do so, then that which identity thinking rejects becomes all the more important for knowledge.

Constellations offer an approach to ‘person-centredness’ that is able to consider concepts and objects in the increasingly complex rehabilitation landscape by making complexity and contradictions visible, and by carrying the criticism of positivism with it, rather than pretending that contradictions do not exist. Constellations do not aim at fully grasping phenomena and to making them explicit. Rather, they resist the positivist demand that the only kind of acceptable knowledge is the kind that is empirically acquired, and thus putatively certain and true. Constellations stay true to particularity of objects because they are not universally fixed definitions. A critical constellation around ‘person-centred’ practice must address the shortcomings of positivism and to serve as a corrective: it must acknowledge the nonidentical. To recast ‘person-centred’ practice in a critical manner that helps to draw attention to positivism in physiotherapy, it has to get rid of all its own traces of positivistic ideology.<sup>112</sup> This means abandoning the aim of affirming accurate knowledge about what ‘person-centredness’ is and embracing its nonidentity instead—its conceptual elusiveness, ambiguity, and complexity. The different meanings, categories and themes of ‘person-centredness’ that were introduced above indicate, not only that defining it is impossible, but also that the varying descriptions are *already* constellational. The description of ‘person-centredness’ is a *set* of meanings, practices and definitions around the concept and the practice it denotes. As mentioned above, I am not

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<sup>112</sup> Aittokallio and Rajala, “Perspectives.”

suggesting that definitions and concepts ought to be abandoned or that we should not try to clarify concepts, but as Adorno writes: “Definitions are not the be-all and end-all of cognition; but neither are they to be banished.”<sup>113</sup>

A constellation around ‘person-centred’ practice should describe it without limiting what it might be or might become, and the description should always consider the particular context—the priority of the object, as Adorno would say—in which it is applied. Contextuality is critical because ‘person-centredness’ might mean different things in different situations. What might these contextual aspects be? MacLeod and McPherson suggest that if physiotherapists are to succeed in ‘person-centeredness’, they must pay more attention to care and compassion instead of leaning too heavily on advancing techniques as ends in themselves.<sup>114</sup> Ward and colleagues found that physiotherapists emphasize the empowerment of patients through education to enable shared decision-making.<sup>115</sup> Durocher and colleagues suggest that practitioners understand ‘person-centeredness’ in different ways and they recognise that while respecting autonomy is important, not all patients have it: they argue that “autonomous action is mediated through relational, social, cultural, economic, contextual, situational, and political dimensions, and that power circulates in its enactment” which draws attention to how autonomy is constrained or promoted, and how circumstances promote or prohibit justice.<sup>116</sup> Bright and colleagues’ study highlights that relationality and collaboration are the basis for ‘person-centeredness’, emphasizing the importance

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<sup>113</sup> ND 165.

<sup>114</sup> Rod Macleod and Kathryn M. McPherson, “Care and Compassion: Part of Person-Centred Rehabilitation, Inappropriate Response or a Forgotten Art?” *Disability & Rehabilitation* 29, no. 20–21 (2007): 1589–1595.

<sup>115</sup> Ward et al. “What Matters Versus What’s the Matter.”

<sup>116</sup> Evelyne Durocher, Elizabeth Anne Kinsella, Carolyn Ells, and Matthew Hunt, “Contradictions in Client-Centred Discharge Planning: Through the Lens of Relational Autonomy,” *Scandinavian Journal of Occupational Therapy* 22, no. 4 (2015): 293–301.

of listening and *being with* instead of *doing to* patients.<sup>117</sup> Gibson and colleagues suggest that continuously ‘tinkering’ with ‘person-centred’ rehabilitation, which means questioning what to do, what might be the best and what might ‘person-centeredness’ means in different situations and moments of care, may be a useful approach.<sup>118</sup> Finally, drawing on Julia Kristeva’s work, Ahlens and colleagues identified two contrasting storylines of person-centredness, one in which subjects mutually search for meaning and sense-making, and another which is goal-oriented aiming to restore the patient to health and assuming an autonomous, rational and choosing self.<sup>119</sup> These ideas add to the constellation around ‘person-centredness’ aspects that further reveal the practice of ‘person-centredness’ in a social reality: care and compassion, empowerment and shared decision-making, drawing attention to contextuality, justice and power, promoting relationality and collaboration, ‘tinkering’ with person-centred rehabilitation, and contrasting conceptions of the self.

Neither should a constellation try to argue away failures of concepts or practices, nor insist on the kind of logical ‘purity’ that would mask antagonisms in the context of practice. Instead, the contradictions of social reality should be made visible in the constellation.<sup>120</sup> Contradictions between moral theory and real material context are critical for moral analyses. We may still ask what ‘person-centred’ rehabilitation might look like—as if trying to anticipate a society without contradictions—but the basis for such reflection is not to smooth over difficulties and conflict but to face them,

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<sup>117</sup> Felicity A. S. Bright, Pauline Boland, Sandy J. Rutherford, Nicola M. Kayes, and Kathryn M. McPherson, “Implementing a Client-Centred Approach in Rehabilitation: An Autoethnography,” *Disability and Rehabilitation* 34, no. 12 (2012): 997–1004.

<sup>118</sup> Barbara E. Gibson, Gareth Terry, Jenny Setchell, Felicity A. S. Bright, Christine Cummins, and Nicola M. Kayes, “The Micro-Politics of Caring: Tinkering with Person-Centered Rehabilitation,” *Disability and Rehabilitation* 42, no. 11 (2019): 1–10.

<sup>119</sup> Birgitte Ahlens, Eivind Engebretsen, David Nicholls, and Anne Marit Mengshoel, “The Singular Patient in Patient-Centred Care: Physiotherapists’ Accounts of Treatment of Patients with Chronic Muscle Pain,” *Medical Humanities* (2019): medhum-2018-011603.

<sup>120</sup> Buck-Morss, *Origins*, 101–102; Jarvis, *Adorno*, 170.



to analyse and criticise them, give expression to them, and to resist them.<sup>121</sup> We once again return to the priority of the object and Adorno's insistence on staying close to the object of criticism because without it "no ought could issue from reason".<sup>122</sup> Without facing the contractions and difficulties, there would be no resistance to them; they would be sanctioned by our staying silent about them.

Creating consciousness within rehabilitation of the contradiction between the theory and practice of 'person-centredness'—between the material experience of practicing in some context and the normative concept of the practice—is therefore critical. Bernstein explains that experience and its conceptual grasp are distinguished by the complex density of experience that conceptualisation, no matter how complex it may be, is always a simplification.<sup>123</sup> If we are able to describe at all what 'person-centredness' might be, the description must be placed within this dense experiential field and not merely within its concept. Here the nonidentical steps in: 'person-centredness' is nonidentical to its concept; it is always more than its concept. Thus, the path from theory to practice is not guaranteed. It is not guaranteed first, because there are concrete barriers to implementation (I return to these barriers below) and second, because theory does not precede practice without undergoing a qualitative change in the process when general knowledge is applied to particular cases. Theory and practice are co-dependent and mutually mediating each other. Take for example physiotherapeutic clinical reasoning that requires skills of thinking through general knowledge on pathology and biomechanics to solve particular and very real problems patients may have, not simply by applying knowledge, but being embodied in the

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<sup>121</sup> PMP, 16, 144. Adorno's lecture on February 28, 1957, quoted in Gerhard Schweppenhäuser, *Ethik nach Auschwitz: Adornos Negative Moralphilosophie*, updated ed. (Wiesbaden: Springer, 2016), 220.

<sup>122</sup> ND 243.

<sup>123</sup> J. M. Bernstein, *Adorno: Disenchantment and Ethics* (Cambridge: Cambridge University Press, 2001), 296.

process.<sup>124</sup> In the process of clinical reasoning, general knowledge undergoes a qualitative change toward particular, while still being reflected back to the general: the general mediates the particular case, and the particular is dependent on the general. Ethical reasoning is not at all dissimilar to clinical reasoning. Therefore, ‘person-centredness’ cannot simply be preoccupied with its concept while ignoring what might happen in the practices of clinical reality; and in clinical reality, ‘person-centredness’ does not always succeed. Failure and the contradiction between ideal ‘person-centredness’ and material conditions—both external and internal—should be faced to gain understanding how ‘person-centredness’ might manifest in practical material contexts.

A concrete way to illustrate this argument is to consider the barriers and failures of ‘person-centredness’. Internal barriers might include physiotherapists’ lack of knowledge and skills and patients’ lack of capacity or willingness to participate in shared decision-making. External barriers, in contrast, might include social, economic, political, and cultural aspects. For example, expert knowledge and patients’ perspectives may sometimes clash in challenging situations such as having to deal with patients’ unrealistic goals, lacking tools to recognise patients as collaborative partners and experts, and lacking flexibility to assume or assign appropriate responsibility in a given situation, and may also lead to uncomfortable situations in regard to ‘person-centredness’.<sup>125</sup> Lack of time and resources, another example, are often acknowledged as a considerable barrier to doing anything on top of what is required, including

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<sup>124</sup> Anoop Chowdhury, and Wenche Schröder Bjorbækmo, “Clinical Reasoning-Embodied Meaning-Making in Physiotherapy,” *Physiotherapy Theory and Practice* 33, no. 7 (2017): 550–559.

<sup>125</sup> Suzie Mudge, Caroline Stretton, and Nicola Kayes, “Are Physiotherapists Comfortable with Person-Centred Practice? an Autoethnographic Insight,” *Disability and Rehabilitation* 36, no. 6 (2013): 457–463.

compassionate and caring interaction.<sup>126</sup> In time- and resource-constrained situations person-centeredness might prove too time-consuming.<sup>127</sup> Another barrier is that not all patients want to or have the capacity to be at the ‘centre’ or involved in the ‘patient-as-professional role’, and those who can and want to be more involved demand more resources than often available.<sup>128</sup> Sometimes physiotherapy is not experienced as person-centred at all: for example, in rehabilitation for people with dementia there may be poor communication, lack of setting clear goals, explaining the rehabilitation process or coming to a clear end of that process, which may lead to a feeling of abandonment.<sup>129</sup>

These examples of barriers are of course not exhaustive, but they demonstrate that a simple conceptual clarification cannot address the situations in which ‘person-centredness’ fails. Conceptual clarification might help in some examples and not in others.<sup>130</sup> For example, lack of time and resources is not remedied by clarifying ‘person-centredness’ but might bring further educational and practical duties into rehabilitation that demand that time and resources be taken from other clinical work. In some cases, it may be more helpful to approach ‘person-centeredness’ negatively rather than to argue that person-centeredness *is* one thing or another; that it is *not* a paternalistic practice, that is does not mean treating persons as mere means.<sup>131</sup> As Adorno reminds us, while it may be problematic to derive an *ought* from an *is*, moral

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<sup>126</sup> Jane E. Ball, Trevor Murrells, Anne Marie Rafferty, Elizabeth Morrow, and Peter Griffiths, “‘Care Left Undone’ during Nursing Shifts: Associations with Workload and Perceived Quality of Care,” *BMJ Quality & Safety* 23, no. 2 (2014): 116–125.

<sup>127</sup> Durocher et al., “Contradictions in Client-Centred Discharge Planning.”; Abigail J. Hall, Ross Watkins, Iain A. Lang, Ruth Endacott, and Victoria A. Goodwin, “The Experiences of Physiotherapists Treating People with Dementia Who Fracture their Hip,” *BMC Geriatrics* 17, no. 1 (2017). <https://doi.org/10.1186/s12877-017-0474-8>.

<sup>128</sup> Phillips et al. “Achieving Patient-Centred Care.”

<sup>129</sup> Abigail J. Hall, Lisa Burrows, Iain A. Lang, Ruth Endacott, and Victoria A. Goodwin, “Are Physiotherapists Employing Person-Centred Care for People with Dementia? An Exploratory Qualitative Study Examining the Experiences of People with Dementia and Their Carers,” *BMC Geriatrics* 18, no. 1 (2018), <https://doi.org/10.1186/s12877-018-0756-9>.

<sup>130</sup> Aittokallio and Rajala, “Perspectives.”

<sup>131</sup> *Ibid.*

philosophy can at least point toward arguments, questions and answers that are mistaken and material contexts in which morality fails. Pointing this out is already a step towards a better practice in which patients are not treated as merely means but as ends in themselves.

‘Person-centredness’ and the practices that it involves are clearly complex and thus cannot be fully standardised. Therefore, does ‘person-centredness’ describe what it is supposed to describe? Is it possible to place the person (alone) at the centre? Or does thinking through constellations ‘decentralise’ person-centeredness? I cannot help but agreeing to some extent with Leplege and colleagues that we ought to refrain from using the term ‘person-centredness’, while retaining the list of key features attached to it.<sup>132</sup> The problem with abandoning the term, however, is that ‘person-centeredness’ seems to have entered physiotherapy discourse as a reminder to challenge paternalism and to respect and to give recognition to the person in rehabilitation. It seems to me premature to argue that we should refrain from using the term despite its terminological ambiguity because—despite not describing the complexity of rehabilitation—it functions as a shorthand for all the meanings and practices that are associated with ‘person-centredness’; a shorthand that can be addressed and even used critically. Such shorthand may be useful in time- and resource-restrained conditions while ‘person-centredness’ itself might be too time-consuming and demanding. Language will always fall short of the complexity of physiotherapy practice and concepts are always embedded in history. Therefore, it is more important to continue to critically analyse both the concept and the practices. Without abandoning the term, it is still possible to reconfigure ‘person-centredness’ in a constellation that remains open and adapts to different demands of material contexts.<sup>133</sup> Thinking ‘person-centredness’ as a

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<sup>132</sup> Leplege et al. “Person-Centredness,” 1565.

<sup>133</sup> Ibid.

contextual, historically embedded process might help with the uneasy feeling of the demands of ‘person-centredness’ that was identified in the research discussed above. Not knowing the right thing to do, being restrained by barriers, failing to treat the patient as a person, and being confused by conceptual ambiguity, should not be argued away. On the contrary, bringing contradictions and failures to consciousness that reflect the state of the material context in which they are situated points towards possibilities of addressing them: moral concepts gain material expression in their failure.

Constellations offer an approach to moral particularism that does not deny either reason or motivation in moral practice: thinking through constellations does not deny consistency of moral action and moral choices nor does it lead to ‘anything goes’ type of morality. On the contrary, constellations allow for moral imperatives and norms, but with the qualification that the reductive positivist paradigm that is still prevalent in physiotherapy, which seeks finite definitions and definitive answers to complex questions, would be faced with criticism. Simplification does not do justice to complexity; finite sets of principles or definitions necessarily exclude something else; messiness of moral life does not simply vanish with the existence or application of reality-ordering moral principles. To think beyond the given constraints of modern physiotherapy practice is to tolerate the messiness of modernity, and instead of procedural simplifications, moral practice needs to make real material contradictions visible, and to argue through and beyond them, to critically analyse the possibilities of better moral practice.

## 5. Conclusion

Adorno's nonidentity challenges the prevailing positivist paradigm and its narrow concept of knowledge in physiotherapy. I have argued that 'person-centredness' cannot be defined, and attempting to do so may even be harmful, unless non-conceptuality and the undefinable are acknowledged. The concept of 'person-centredness' is highly problematic because it does not describe the complexity of the practices it is supposed to describe. The practice known as 'person-centeredness' involves a network of agents (patients, family members, carers, policy makers) and complex entanglements of corporeal and affective relationships. It is not straightforward, therefore, how to place the person (the patient) at the centre. Nevertheless 'person-centredness' is used widely and its meaning to those who have heard about it is probably at least vaguely familiar. Is this not better than nothing? I suggested that the word will do for now as a reminder that physiotherapists should treat people with respect, which of course indicates the urgency of the priority of the object that such a reminder—it reflects its negation—is needed in the first place. I have, in short, offered an approach to 'person-centredness' through constellations, which may help to make the necessarily multifaceted and ambiguous notion a better practical guide in different situations: practitioners do not have to know everything that can be associated with 'person-centredness' but rather reflect its aims and barriers within each context.

The next chapter continues these themes. The questions of complexity and contradiction arise yet again and are approached through the immanent criticism of the so-called four principles framework of bioethics, offering further illumination of the arguments made in this chapter. Haliburton has suggested that bioethics has become institutionalised to such an extent that it has become a narrow practice based on narrow

theory—she refers to the concept of autonomy in the four principles approach in particular. As such, it should be challenged rather than maintained.<sup>134</sup> In a criticism that works from within, the object is not necessarily destroyed but rather it fuels criticism. The framework, although in many ways problematic, surprisingly resonates with the priority of the object, which leads me to argue for its importance in ethical analyses about physiotherapy.

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<sup>134</sup> Rachel Haliburton, *Autonomy and the Situated Self: Challenge to Bioethics* (Lanham: Lexington Books, 2014).

# Chapter 4: Immanent criticism of the four principles framework

Morality is nothing less than the struggle against evil; and if evil did not exist morality would not exist either.

- *Benedetto Croce*<sup>1</sup>

Reason has always existed, but not always in a rational form.

- *Karl Marx*<sup>2</sup>

## 1. Introduction

The four principles approach to bioethics is one in which moral decisions are made according to four principles: respect for autonomy, nonmaleficence, beneficence, and justice. The approach is undoubtedly the most popular single philosophical theory within bioethics and there is more secondary research on it, both for and against, than on any other bioethical approach.<sup>3</sup> It also represents the kind of ‘traditional theoretical bioethics’ that has been falsely claimed to represent philosophy as such, more often implicitly than explicitly, by social scientists and the empirical turn, as we saw in Chapter 2. It has also been used in physiotherapy ethics, but critical analyses of the approach within physiotherapy are scarce. Building on Chapters 1 and 2 on theory and practice in Adorno’s thinking, and continuing some of the work carried out in Chapter 3, I argue that the conception of ‘practicality’ within the popular four principles approach is mistaken in four respects: the pre-theoretical foundations of the four principles are not credible; the justification of their universality is mistaken; the

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<sup>1</sup> Benedetto Croce, *History as the Story of Liberty*, trans. Sylvia Sprigge (Indianapolis: Liberty Fund, 2000), 50.

<sup>2</sup> Karl Marx, “Letter from Marx to Arnold Ruge,” In Karl Marx, *Early Writings*, trans. Rodney Livingstone and Gregor Benton (Harmondsworth: Penguin, 1992), 208.

<sup>3</sup> These views for and against are analysed throughout Chapters 4 and 5.



normativity of the approach is thin; and the practical foundations of the approach lead to some uneasy conclusions about the acceptability of discrimination, which contradicts the principles that putatively arise from these foundations. Moreover, the principles are based in an unjustified liberal ideology. One of the implications of liberalism here is that the principle-abiding subject is placed as primary: the successes and failures of moral means to ends depend mainly on individual actors. Despite the claim that the principles have a material basis in the real-world opinions and conceptions of real people, the framework has put the cart before the horse by privileging four explicit and putatively universal norms instead of the material conditions from which the norms are said to arise. The framework grinds to a halt where it should begin: the object of morality to counteract conditions that cause suffering.

Drawing on Adorno's subject-object dialectics, I argue that critical ethical analysis needs to begin with prevailing material conditions. Critical ethical analysis cannot begin with a set of principles because they mediate the analysis rather than allowing ethical analysis the freedom to find out where it might lead—returning to Adorno's insistence that any coercion upon theoretical analyses should be resisted. Adorno argues that critique of morality must “see that we confront [morality] with its own concept, that we pose the question: is morality moral, does it satisfy the principles which it contains within itself?”<sup>4</sup> Universal moral principles have to be analysed critically, as Schweppenhäuser suggest, not unthinkingly to dispense with universal moral principles, but to consider whether and how they carry within themselves the opposite of what they explicitly assert.<sup>5</sup> Herein lies the reason why I approach the four

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<sup>4</sup> Adorno's lecture on February 26, 1957, quoted in Gerhard Schweppenhäuser, “Adorno's Negative Moral Philosophy,” in *The Cambridge Companion to Adorno*, ed. Tom Huhn (Cambridge: Cambridge University Press, 2004), 336.

<sup>5</sup> Schweppenhäuser, “Adorno's Negative Moral Philosophy,” 330.

principles through immanent criticism: to confront it with its own concepts to reveal its contradictions.

I begin by analysing the intrinsic problems of the four principles framework and the arguments about their material foundations. After arguing that even if the material foundation of the four principles are not credible, the so-called objectives of morality that the main founders of the approach, Beauchamp and Childress, claim are foundational for bioethics,<sup>6</sup> are nonetheless something that deserve fuller attention. By drawing on Adorno's priority of the object, I analyse the claim of the four principles approach that ethics ought to be based on the object of morality. However, to argue for the priority of the object—or objectives of morality—is not to claim that there is a hierarchy between subject and object. Rather, subject and object are mutually mediated which means that the subject is not an omnipotent moral actor, but neither are objective conditions completely without the possibility of redemption, however utopian and deferred for the time being, as Adorno would argue. Finally, I analyse the claim that simplicity of method leads to pure practicality and argue that what is needed is the opposite: an approach to physiotherapy ethics that does justice to the complexity of moral phenomena.

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<sup>6</sup> Tom L. Beauchamp and James F. Childress, *Principles of Biomedical Ethics*, 7<sup>th</sup> ed. (New York: Oxford University Press, 2013). Henceforth *Principles*. I rely on the seventh edition, current as I was working on this chapter. The eighth edition was published in October 2019 by Oxford University Press and I have checked all quotations against the unpaginated eBook version currently available. No substantive differences arose. Any differences that are relevant to the analysis are explained in footnotes.

## 2. Immanent problems of the four principles approach

### 2.1 The common morality argument

To problematise the four principles immanently, we must begin with their putative foundations. In a criticism of Beauchamp and Childress' four principles approach in the mid-1990s, Bernard Gert and K. Danner Clouser state that the four principles lack any unified and systematic theoretical foundations. Gert and Clouser argue that, because the four principles are located on a mid-level between moral theory and practical rules, they lack theoretical grounding and so function neither as a unified foundational theory nor as direct, clear, coherent, comprehensive, or specific practical guidance. Rather, they argue, the principles are unrelated and often clashing 'chapter headings' to be taken into consideration when dealing with moral matters. Instead of appealing to complex and differing moral intuitions which is, Gert and Clouser claim, what the four principles approach actually does, they argue that bioethics should be based on basic and universally accepted premises: a 'common' or 'public' morality that is both known and acceptable to all impartial rational persons.<sup>7</sup> Without going into the problems of Gert and Clouser's argument—pointing out the problems falls outside the aims of this chapter, but suffice to say that there are some problematic implications<sup>8</sup>—the criticism is relevant because Beauchamp and Childress have spilt

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<sup>7</sup> K. Danner Clouser, "Common Morality as an Alternative to Principlism," *Kennedy Institute of Ethics Journal* 5, no. 3 (1995): 219–236; K. Danner Clouser and Bernard Gert, "A Critique of Principlism," *Journal of Medicine and Philosophy* 15, no. 2 (1990): 219–236; K. Danner Clouser and Bernard Gert, "Morality vs. Principles," In *Principles of Health Care Ethics*, eds. Raanan Gillon and Ann Lloyd (Chichester: John Wiley & Sons, 1994), 251–266; Bernard Gert, *Common Morality: Deciding What to Do* (Oxford: Oxford University Press, 2004). See also Ronald M. Green, K. Danner Clouser, and Bernard Gert, "The Method of Public Morality versus the Method of Principlism," *Journal of Medicine and Philosophy* 18, no. 5 (1993): 477–489.

<sup>8</sup> A unified theory—a common morality—begs the question of whose common morality and which rationality? Gert argues elsewhere that moral agents (i.e. rational impartial persons) think it is not irrational to grant limited moral rights for irrational people. To retain impartiality, Gert would include in this "minimal group" at least former moral agents who are still persons (i.e. capable of any

a lot of ink to defend and develop their position against these charges.<sup>9</sup> Importantly, to ground the four principles in the fourth edition of *Principles of Biomedical Ethics* in 1994, they begin seriously to adopt and defend the notion of common morality.<sup>10</sup> But disagreeing with Gert and Clouser, Beauchamp and Childress stress that common morality is not some systematic, unified or foundational theory for bioethics. It is rather our common pre-theoretical moral heritage from which the four principles of respect for autonomy, nonmaleficence, beneficence and justice are drawn.<sup>11</sup> The notion of common morality has since become the central justification for the four principles in consecutive editions. What, then, do Beauchamp and Childress mean by common morality? What is this ‘pre-theoretical common moral heritage’? Is it in fact ‘pre-theoretical’?

Beauchamp and Childress argue in the seventh edition that since all moral theories are inadequate, norms must be drawn from ‘our common heritage’:

Any moral theory should attempt to capture the pretheoretical moral point of view, and in this regard the common morality is the anchor of theory. If we could be confident that some abstract moral theory was a better source for codes and policies than the common morality, we could work constructively on practical and policy questions by progressively specifying the norms of that theory. However, at the present, we have no such theory. ... The general norms and schemes of justification found in philosophical ethical theories are invariably more contestable than the norms in the common morality. We cannot

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conscious awareness) because all impartial rational persons would wish to be included in case of losing rationality. Bernard Gert, *Morality: A New Justification of the Moral Rules* (Oxford: Oxford University Press, 1988), 85–90; 106. I am not convinced that including only former moral agents in the minimal group is impartial. Moreover, restricting the ‘public’ to ‘rational’ persons promotes paternalism and ignores the possibility of mutually inclusive moral relationships. Gert also thinks that the task of moral philosophy is to justify a transcendental foundational moral theory which ignores the uneasy relationship between morality and modernity.

<sup>9</sup> E.g. *Principles*, 393–397. For a summary of the debate, see Henk ten Have, “Foundationalism and Principles,” in *The SAGE Handbook of Health Care Ethics*, eds. Ruth Chadwick, Henk ten Have, and Eric M. Meslin (London: SAGE, 2011), 20–30.

<sup>10</sup> For a critique of the fourth edition, see Søren Holm, “Not just Autonomy—the Principles of American Biomedical Ethics,” *Journal of Medical Ethics* 21, no. 6 (1995): 332–338.

<sup>11</sup> Tom L. Beauchamp and James F. Childress, *Principles of Biomedical Ethics*, 4<sup>th</sup> ed. (Oxford: Oxford University Press, 1994).

reasonably expect that an inherently contestable moral theory will be better for practical decision making and policy development than the morality that serves as our common heritage.<sup>12</sup>

Beauchamp and Childress support the *pre-theoretical* nature of common morality by arguing that it is the anchor of theory. The ‘pre-theoretical’ nature is critical because it has implications for both the claimed universality and self-evidence of the four principles, as I suggest below. Beauchamp and Childress implicitly share G. E. Moore’s intuitionist attitude when they assume that the four principles are self-evidently right, but provide little justification for the assumption.<sup>13</sup> They seem to think that justification is not needed because “the principles are drawn from the territory of common morality”<sup>14</sup> and therefore do not form an ‘inherently contestable moral theory’; but are rather norms that are *already* shared as *our* pre-theoretical common moral heritage. This heritage, the argument implies, provides normative foundations that are less contestable because *we already share them*. To continue to highlight the same ambiguous possessive pronoun Beauchamp and Childress use, *we* supposedly know intuitively that the principles need no further justification because we already accept them. Beauchamp and Childress do indeed think that the foundations of the four principles are shared universally by everyone; and that they are thus binding for *everyone*. I shall return to this arguably neocolonial moral attitude in Chapter 5. First, however, I need to show that the principles find support explicitly from liberalism, and

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<sup>12</sup> *Principles*, 412. This quotation is omitted from the eighth edition, which I suggest confirms that my analysis about the claimed pre-theoretical nature of common morality in the seventh edition is correct: the common morality theory is a theory, which Beauchamp and Childress no longer deny in the eighth edition.

<sup>13</sup> See *Principles*, 410. G. E. Moore writes that propositions about the good are synthetic, never analytic, so we cannot define good. Rather, good is evident when we see it: “Good is good, and that is the end of the matter”. G. E. Moore, *Principia Ethica* (Cambridge: Cambridge University Press, 1903), 10.

<sup>14</sup> *Principles*, 410. Italics omitted for clarity. Beauchamp writes elsewhere that common morality is the ultimate source of the principles. Tom Beauchamp, *Standing on Principles* (Oxford: Oxford University Press, 2010), 157.

therefore are neither ideologically unbiased nor universal. Even if there were some kind of common morality that was shared universally, the four principles approach is not it. Beauchamp and Childress fail to realise that even if there were a morality that was shared universally, it does not justify the four principles as universal; unless of course Beauchamp and Childress are able to argue how exactly the four principles are drawn from common morality and not from liberalism. As I argue below, they fail to do so.

A central question is this: if the foundations of the four principles are pre-theoretical, then what is their relationship to theory and practice? By arguing that common morality is pre-theoretical, Beauchamp and Childress also imply it is something materialistic, and therefore more practical and useful than any existing philosophical moral theory because it is putatively embedded in generations of moral practice from which it draws its legitimacy. Indeed, as mentioned above, Beauchamp and Childress claim that we have no theory that could do better than the ‘common moral heritage’. They claim that classical moral theories accept the four principles in some form and that traditional ethical codes of medicine presuppose or incorporate at least some of them.<sup>15</sup> However, common morality, Beauchamp and Childress argue, precedes moral theory and the four principles that are rooted in common morality do not arise from theory but from this moral heritage. By clearly differentiating the ‘inherently contestable’ abstract theories that *support* the four principles and the less contestable ‘pre-theoretical heritage’ that is the *source* of the four principles, Beauchamp and Childress use the notion of common morality to legitimate the four principles. As Herissone-Kelly critically notes, with common morality as the

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<sup>15</sup> See *Principles*, 7. The eighth edition adds ‘in some form’ and ‘incorporates’. They do not specify which principle is presupposed but presumably they refer to nonmaleficence (‘do no harm’) which is traditionally considered a Hippocratic principle.

foundation, the four principles cannot—supposedly—fail to be universally applicable.<sup>16</sup> The four principles appear *indubidandum* because our history has putatively already proven them correct. However, as Holm argues, the type of common morality that the four principles approach promotes is explicitly American, and thus reflects that culture from which it originates, and as such it is untransferable to other cultures and societies.<sup>17</sup>

Despite the fact of untransferability, the consequences of making the principles appear self-evident in this way are that it is more difficult to voice disagreement. Grounding the principles on ‘pre-theoretical common morality’ leads to the conclusion that healthcare practitioners, physiotherapists included, ought already to accept the four principles as “pivotal” and “a suitable starting point” for ethics.<sup>18</sup> That is to say that, as the argument implies, healthcare practitioners should accept Beauchamp and Childress’ four principles if they are morally proper people. One of the most serious consequences of making the common morality argument seem self-evident is that it suffocates any potential ongoing critical reflection, even among those who already accept the four principles approach.<sup>19</sup> Indeed, as Adorno would argue, the principles appear “so self-evident that they are signs of their own truth.”<sup>20</sup> Lack of critical discussion brings the four principles to a standstill. This is exemplified by Beauchamp and Childress’ own adherence to John Rawls’ reflective equilibrium as a method for biomedical ethics which, however, does not *de facto* apply to the four principles

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<sup>16</sup> Peter Herissone-Kelly, “The Principlist Approach to Bioethics and its Stormy Journey Overseas,” in *Scratching the Surface of Bioethics*, eds. Matti Häyry and Tuija Takala (Amsterdam: Rodopi, 2003), 65.

<sup>17</sup> Holm, “Not Just Autonomy,” 333.

<sup>18</sup> *Principles*, 13, 410.

<sup>19</sup> See HF 260.

<sup>20</sup> PETS 118.

despite nothing being safe from the critical revision at which it aims. I return to this issue below.

The apparent self-evidence has another serious implication. It narrows the possibilities of practical application: the four principles approach, although evolving from edition to edition, is a system of norms that defines its boundaries. Rather than reacting to society openly, any such reaction is mediated by the four principles, and thus the possibilities of seeing beyond the systemic boundaries of the approach becomes restricted. As Adorno reminds us, even if a system is conceived as a dynamic one, as the four principles approach aspires to be, by defining its exact content and boundaries it becomes a finite and static system that tolerates nothing outside its domain, and is bound to come to a full stop.<sup>21</sup>

We can find further support for opposing the common morality argument in terms of morality having become rationalised in modernity. The argument embodies the Enlightenment ethos that Zygmunt Bauman has characterised as the finding of universal and incontestable grounds for morality as the rational science of good and right that can and must identify “firm and unshakeable foundations of morality binding *all human beings*”.<sup>22</sup> The view of morality that Beauchamp and Childress’ invoke exemplifies Max Weber’s view of modernity that is characterized by rationalisation and intellectualisation and above all “the disenchantment of the world”.<sup>23</sup> Beauchamp and Childress share the aim of increasing mastery and systematisation of reality by implementing abstract concepts to simplify the complexity of reality, and using

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<sup>21</sup> ND 27.

<sup>22</sup> Zygmunt Bauman, *Postmodern Ethics* (Oxford: Blackwell, 1993), 25. Original emphasis. I agree with Bauman’s diagnosis of morality in modernity but disagree with his cure to ‘re-enchant’ the disenchanted.

<sup>23</sup> Max Weber, “Science as Vocation,” in Max Weber, *From Max Weber: Essays in Sociology*, eds. Hans Gerth, and C. Wright Mills (New York: Oxford University Press, 1946), 155.



instrumental means to moral ends.<sup>24</sup> Rationalisation creates a world without metaphysical meaning, one in which Weber claims “we are not ruled by mysterious, unpredictable forces, but that, on the contrary, we can in principle *control everything by means of calculation*.”<sup>25</sup> The empirically and mathematically oriented worldview, as Weber further argues, “develops refutations of every intellectual approach which in any way asks for a ‘meaning’ of inner-worldly occurrences.”<sup>26</sup> The disenchantment or de-magification of the world has turned the world into a causal mechanism.<sup>27</sup> A world that is increasingly emptied of metaphysical meaning, a world that can be dominated via rationalisation and categorisation, yields particular kinds of moral norms; and in bioethics, it has yielded a ‘principlism’<sup>28</sup> that orders the moral realm of healthcare into manageable categories through abstract and putatively universal principles that are causally linked to good behaviour without obscuring morality with theological or metaphysical considerations.<sup>29</sup> Accepting the incontestability of common morality means accepting that bioethics uncontestably involves the *identification* of the right principles—the good that informs the will—that help us to determine which practices are normatively justifiable and hold true universally.<sup>30</sup>

Adorno was critical, as we have seen, of such identity thinking and the assumption that moral norms, however well-intended, could be assumed to be

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<sup>24</sup> DE 20; Weber, “Science as vocation,” 139; Max Weber, “The Social Psychology of World Religions,” in Max Weber, *From Max Weber: Essays in Sociology*, eds. Hans Gerth, and C. Wright Mills (New York: Oxford University Press, 1946), 293.

<sup>25</sup> See e.g. *Principles*, 353.

<sup>26</sup> Max Weber, “Religious Rejections of the Word and their Directions,” in Max Weber, *From Max Weber: Essays in Sociology*, eds. Hans Gerth, and C. Wright Mills (New York: Oxford University Press, 1946), 351.

<sup>27</sup> Weber, “The Social Psychology,” 281–282; Weber, “Religious Rejections,” 350–351.

<sup>28</sup> I use this spelling instead of ‘principalism’ because ‘principlism’ seems to be more established spelling.

<sup>29</sup> Another example of a rationalised bioethical theory is Seedhouse’s ‘ethical grid’ in which decisions are made according to a pre-determined map of reasoning. David Seedhouse, *Ethics: The Heart of Health Care*, 3<sup>rd</sup> ed. (Chichester: Wiley, 2009). Such a tool is argued to increase reliability and precision, but also reduces morality into a tool that diminishes the unpredictability of human action.

<sup>30</sup> Beauchamp and Childress define their approach as normative; its goal is to justify practices, although they also rely on descriptive ethics. See *Principles*, 2.

anchored in an antagonistic society. Beauchamp and Childress ignore the object that mediates the subject by claiming to have found such precise principles that not only categorise moral problems but also lead to morally right action: the subject has only to follow the right principles. The principle-abiding subject is seen as primary; the successes and failures of moral means to ends depend on individuals. This hardly corresponds to the experience of morality in modernity, in which individual action and universal morality have become more and more uncertain. This is not, however, to claim that modernity is straightforwardly bad or good.<sup>31</sup> The point is not to get rid of *all* rationality,<sup>32</sup> and it is certainly not Adorno's intention to reject reason, despite his emphasis on the nonidentical and the somatic impulse in morality (we shall return to this in the next chapter). What is important here is the priority of the object. The object-dominating subjectivity of Beauchamp and Childress gives a misleading account of the relationship between moral action and its context; the morally correct action of the principle-abiding subject is supposedly powerful enough to have an effect on objective conditions and such action is indeed often, if not always, available in these conditions. There is a risk of misdirecting our attention from the root cause of ethical failure if it indeed lies in the conditions of morality—for example, the lack of resources and opportunities to act morally, as well as the lack of intellectual and political maturity—

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<sup>31</sup> Marshall Berman, *All That is Solid Melts into Air: The Experience of Modernity* (London: Verso, 1983). As Weber observes, we are born into the prevailing modern technical and economic conditions that shape everyone's lives and there is no re-enchantment or stepping outside of modernity. Max Weber, *Protestant Ethics and the Spirit of Capitalism* (London: Routledge, 2001), 124.

<sup>32</sup> Getting rid of all kinds of rationality and using something else as the only basis for morality, such as emotions or intuitions, does not help to rehabilitate reason itself. Bauman's *Postmodern Ethics* is a good example: he seems to think that modernity is bad and getting rid of rationality and re-enchanting what is disenchanted gets us closer to real ethics, ethics as intuition and emotion, that come before society, inherently. If Weber is right in that there is no stepping outside of modernity, then Bauman's argument about the origins of ethical thought—that the potential for morality comes before society's education, socialisation, and norms—reverts to idealism, because there are no material basis for the argument, only the hypostatisation of origins.

instead of individuals simply behaving badly or in an unprincipled manner. The priority of the object, as I argue below, is critical for morality and must not be ignored.

Moreover, there are of course political implications in this kind of Enlightenment-inspired bioethics. As Adorno would argue, if the idea of the good is taken for granted, it ends up submitting to the ossified social conditions and whatever is socially approved.<sup>33</sup> In its purported self-evidence, the four principles approach misses this political point of resisting instead of submitting to the conditions of morality; the life that is wrong, as Adorno suggests, in which moral life in its full sense is out of our reach.<sup>34</sup> Overemphasizing the power and liberty of individuals over material and ideological conditions indicates that the four principles approach is not in fact rooted in a materially shared morality but in the notion of liberal individualism, which has been challenged from a moral point of view and criticised for failing to recognise that individuals are both socially embedded and socially constituted.<sup>35</sup> A critique of liberal morality falls outside the scope of this chapter because my point is merely—and this point is sufficient—that the four principles do not have self-evident material and shared foundations.<sup>36</sup> The emphasis on the rationally acting and choosing liberal individual is also, if we take Adorno's thinking about theory and practice seriously, what makes the four principles approach mere ideology.

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<sup>33</sup> HF 261.

<sup>34</sup> MM 39; PMP 1.

<sup>35</sup> See e.g. Alasdair MacIntyre, *Whose Justice? Which Rationality?* (Notre Dame: University of Notre Dame Press, 1988); Michael Sandel, *Liberalism and the Limits of Justice* (Cambridge: Cambridge University Press, 1982); Charles Taylor, *Philosophy and the Human Sciences: Philosophical Papers 2* (Cambridge: Cambridge University Press, 1985). A response to the charge, see Alisa L. Carse, "The Liberal Individual: A Metaphysical or Moral Embarrassment?" *Noûs* 28, no. 2 (1994): 184–209.

<sup>36</sup> For criticism of liberal morality, see Bob Brecher, *Getting what You Want? A Critique of Liberal Morality* (London: Routledge, 1998); Eva Feder Kittay, *Learning from My Daughter: The Value and Care of Disabled Minds* (New York: Oxford University Press, 2019); Alasdair C. MacIntyre, *After Virtue: A Study in Moral Theory*, 3<sup>rd</sup> ed. (London: Bloomsbury, 2014); Ross Poole, *Morality and Modernity* (London: Routledge, 1991); Michael J. Sandel, *Public Philosophy: Essays on Morality and Politics* (Cambridge, MA: Harvard University Press, 2005).

## 2.2 The justification of universality

Having introduced the common morality argument as the foundation for the widely acknowledged moral framework for healthcare ethics, it clearly deserves our prolonged attention.<sup>37</sup> If we are to engage with any kind of criticism of Beauchamp and Childress' four principles approach, it cannot be brushed aside as some have done. For example, the common morality argument itself has not received enough attention in discussions of whether there are too few principles to really capture what matters in moral life or whether in fact fewer principles are enough to deal with moral issues in healthcare.<sup>38</sup> Tom Walker directs his criticism towards Beauchamp and Childress arguing that the four principles are not enough to help to identify all important moral duties so the approach fails, as a matter of empirical fact, in the descriptive sense but also in the normative sense.<sup>39</sup> But criticisms like these miss an integral part of the overall theory of the four principles, one that is essential for an immanent critique: for Beauchamp and Childress do not claim that the principles exhaust all morality. Doubtless healthcare and physiotherapy practitioners use the four principles approach in a more simplified and reductive manner than its defenders intend—if they indeed use any particular ethical theory at all—and it is not fair to treat the four principles

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<sup>37</sup> Common morality has been criticised by Turner, Herrissone-Kelly and Strong, who argue respectively that finding a universal moral consensus is a real concern. Turner and Arras have also argued that the common morality is too abstract to be of practical value. John Arras, "The Hedgehog and the Borg: Common Morality in Bioethics," *Theoretical Medicine and Bioethics* 30 (2009): 11–30; Peter Herrissone-Kelly, "Determining the Common Morality's Norms in the Sixth Edition of Principles of Biomedical Ethics," *The Journal of Medical Ethics* 37 (2011): 584–587; Carson Strong, "Justifying Group-specific Common Morality," *Theoretical Medicine and Bioethics* 29 (2008): 1–15; Leigh Turner, "Zones of Consensus and Zones of Conflict: Questioning the 'Common Morality' Presumption in Bioethics," *Kennedy Institute of Ethics Journal* 13 (2003): 193–218.

<sup>38</sup> Daniel Callahan, "Principlism and Communitarianism," *Journal of Medical Ethics* 29, no. 5 (2003): 287–291; David DeGrazia, "Moving Forward in Bioethical Theory—Theories, Cases, and Specified Principlism," *Journal of Medicine and Philosophy* 20, no. 1 (1992): 511–539; John H. Evans, "A Sociological Account of the Growth of Principlism," *The Hastings Center Report* 30, no. 5 (2000): 31–38; William Muirhead, "When Four Principles Are Too Many: Bloodgate, Integrity and an Action-guiding Model for Ethical Decision Making in Clinical Practice," *Journal of Medical Ethics* 38, no. 4 (2012): 195–196.

<sup>39</sup> Tom Walker, "What Principlism Misses," *Journal of Medical Ethics* 35, no. 4 (2009): 229–231.

approach merely on the basis of what might or might not happen in real clinical situations. It should be taken into consideration that Beauchamp and Childress are open to revising principlism if there were plausible candidates for additional or alternative norms.<sup>40</sup> This open commitment to pluralism arises from their common morality theory, because it contains several norms, not just the four principles; but it is also in line with the liberal moral tradition that they explicitly endorse.<sup>41</sup> Although I am less convinced, as I argue later, that Beauchamp and Childress are *de facto* committed to revising the content and quantity of their principles—and their *de facto* unwillingness to invite critical thinking about the four principles is disconcerting—the approach is not supposed to consist merely in the reduction of *all* morality to the four principles.<sup>42</sup> Rather, it is supposed to categorise *bioethical* deliberation.

*Principles of Biomedical Ethics* does not offer an entirely static theory as it has gone through several revisions and editions.<sup>43</sup> Beauchamp and Childress write in the sixth edition, for example, that common morality theories “rely on ordinary, shared moral beliefs for their starting content” and continue with a blunt statement: these kinds of theory “make no appeal to pure reason, rationality, natural law, a special moral sense, or the like.”<sup>44</sup> This statement is omitted from the seventh and eighth editions. There is a reason, I suggest, for the revision of this statement: their common morality theory explicitly uses rational argument and justification, despite the claim that

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<sup>40</sup> They clarify that any theory of common morality is pluralistic as they contain two or more non-absolute moral principles. *Principles*, 411, 414; Beauchamp, *Standing*, 43.

<sup>41</sup> On liberalism and pluralism, see e.g. Raymond Geuss, *Outside Ethics* (Princeton: Princeton University Press, 2005), 17. Geuss also argues it is misleading to think liberalism is pluralistic, because it does not have monopoly in valuing multiple modes of life, and the demand for consensus (implicitly consensus on liberal morality) despite heterogeneity of morality is not pluralism.

<sup>42</sup> Raanan Gillon disagrees and thinks the four principles are central for all morality, see below. Raanan Gillon, “Preface: Medical Ethics and the Four Principles,” in *Principles of Health Care Ethics*, eds. Raanan Gillon and Ann Lloyd (Chichester: John Wiley & Sons, 1994), xxii.

<sup>43</sup> The latest edition was published indeed after this chapter had been finished.

<sup>44</sup> Tom L. Beauchamp and James F. Childress, *Principles of Biomedical Ethics*, 6<sup>th</sup> ed. (Oxford: Oxford University Press 2009), 387. The corresponding statement in the seventh edition (p. 411) is simply that theories inconsistent with ordinary beliefs of common morality must fall under suspicion.

common morality is pretheoretic. So what does ‘common morality’ actually mean for Beauchamp and Childress? They distinguish three concepts: morality (in general), common morality, and particular moralities. They write:

In its most familiar sense, the word *morality* (a much broader term than *common morality* ...) refers to norms about right and wrong human conduct that are so widely shared that they form a stable social compact. As a social institution, morality encompasses many standards of conduct, including moral principles, rules, ideals, rights, and virtues. We learn about morality as we grow up, and we learn to distinguish the part of morality that holds for everyone from moral norms that bind only members of specific communities or special groups such as physicians, nurses, or public health officials.<sup>45</sup>

Common morality, Beauchamp and Childress state, is universally authoritative for everyone and particular moralities bind some specific group of people.<sup>46</sup> Particular moralities arise, Beauchamp and Childress argue, from a specific culture, religion, professional practice or institution, and so are binding only for the members of these specific groups.<sup>47</sup> In contrast, common morality is shared, they write, by “all persons committed to morality” or everyone “living a moral life”<sup>48</sup>—this hypothetical group of people is essential for the rational justification as we shall see below—and is therefore also “applicable to all persons in all places, and we rightly judge all human conduct by its standards.”<sup>49</sup> Common morality is universally binding for everyone, although “many amoral, immoral, or selectively moral persons do not care about or identify with [its] moral demands.”<sup>50</sup> It is interesting that particular moralities include

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<sup>45</sup> *Principles*, 3. Original italics.

<sup>46</sup> *Principles*, 4.

<sup>47</sup> *Ibid.* 3; see also Beauchamp, *Standing*, 177.

<sup>48</sup> *Principles*, 3.

<sup>49</sup> *Ibid.*

<sup>50</sup> *Ibid.* 5. They clarify their position in the eighth edition that it would be absurd to claim that all people accept the norms of common morality, but their hypothesis is that “all persons *committed to morality* accept the standards in the common morality.”

culture, religion, professional practices and institutions, but not political or ideological values. This omission is not surprising. It has been suggested that, at least in western societies, we seem to have no alternative to liberalism; it appears self-evident. Its ideals of toleration, individualism and limitation of state control permeate social and political arenas; at the same time, it fits all too easily with commercialism, and has no clear remedy for poverty or inequality.<sup>51</sup> The values of liberalism do not explicitly form a particular morality for Beauchamp and Childress; but we cannot yet assume that liberalism forms a part of common morality for them either. We can argue that since liberal values (such as respect for autonomy) can be drawn from common morality according to Beauchamp and Childress, then at least those liberal values that can be drawn from common morality must be acceptable to all people committed to morality. The crucial question, however, is not whether all people committed to morality should accept liberalism or not, but whether Beauchamp and Childress are right to assume that liberalism is in fact universally shared. I argue that they are not.

To understand this reasoning, we need to look at what Beauchamp and Childress understand by ‘universality’.<sup>52</sup> It does not refer to a universal moral law in the Kantian sense, nor to the world or society that we universally co-inhabit with others, and in which our relationships with each other necessarily, and universally, involve ethics and morality.<sup>53</sup> Rather, for them universality is strictly tied to the

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<sup>51</sup> Geuss, *Outside Ethics*, 11–12. On the related issue of capitalism having no alternative, see e.g. Mark Fisher, *Capitalist Realism: Is there no Alternative?* (Ropley: O Books, 2009).

<sup>52</sup> Beauchamp and Childress never explain what ‘history’ or ‘experience’ mean either. However, the statements that there is a ‘we’ with ‘common’ history, experience and heritage, would suggest a view of history as a universal coherent whole. Morality stems from this historical grand narrative as *the* common morality which is unified and universal.

<sup>53</sup> For example, in Hegel’s *Phenomenology of Spirit*, stepping into the world with others gives rise to the struggle for recognition that for Honneth is an ethical relationship that is ultimately about social justice. Or, as Levinas argues, coming face-to-face with the Other—the ever-unknown otherness—means that each of us have a necessary and insatiable ethical responsibility for the Other. See especially the sub-section titled “Independence and Dependence of Self-consciousness: Lordship and Bondage” in G. W. F. Hegel, *Phenomenology of Spirit*, trans. A. V. Miller (Oxford: Oxford University Press, 1977), 111–119; Axel Honneth, *The I in We: Studies in the Theory of Recognition* (Cambridge:

normativity of rules and principles. Beauchamp and Childress argue that common morality is not just one morality among others but rather a universal set of moral norms—it is *the* common morality.<sup>54</sup> Beauchamp and Childress argued for a long time that common morality does not change and has not changed through time, at least on an abstract level, and that it serves a classifying and categorising function.<sup>55</sup> In the eighth edition, they argue that common morality “does not consist of timeless, detached standards of truth that exist independently of a history of moral beliefs”<sup>56</sup> and even if a moral norm does not change, the scope of its application changes.<sup>57</sup> Whether common morality is timeless or not, every particular morality must conform to the universal normative standards of common morality if it is to qualify “as morally acceptable”.<sup>58</sup> The hierarchy between universal common morality and particular moralities implies, for Beauchamp and Childress, a strict rejection of relativism regarding common morality whereas in particular moralities varying moral views can exist simultaneously, insofar as they do not violate the norms of common morality.<sup>59</sup> It also means that common morality norms are necessarily more general than norms in particular moralities.<sup>60</sup> So even if the four principles and liberalism were both situated

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Polity, 2012); Emmanuel Lévinas, *Totality and Infinity: An Essay on Exteriority* (Pittsburgh: Duquesne University Press, 1969). On Kant’s moral law, see Immanuel Kant, “Critique of Practical Reason,” in Immanuel Kant, *Practical Philosophy*, ed. and trans. Mary J. Gregor (Cambridge: Cambridge University Press), 5:25.

<sup>54</sup> Beauchamp and Childress’ common morality is not the only theory of a shared morality in bioethics. Cf. Bernard Gert, Charles M. Culver, and K. Danner Clouser, *Bioethics: A Return to Fundamentals* (Oxford: Oxford University Press, 1997); Albert Jonsen and Stephen Toulmin, *The Abuse of Casuistry: A History of Moral Reasoning* (Berkeley: University of California Press, 1988). According to Beauchamp, his view of the common morality was influenced by Donagan, not so much by Gert, although he admits their view ended up resembling more Gert’s theory in his *Morality* (see fn7 above) than Donagan’s. See Beauchamp, *Standing*, 190, 208fn14; Alan Donagan, *The Theory of Morality* (Chicago: Chicago University Press, 1977).

<sup>55</sup> *Principles*, 3, 413.

<sup>56</sup> Tom L. Beauchamp and James F. Childress, *Principles of Biomedical Ethics*, 8<sup>th</sup> ed. (Oxford: Oxford University Press 2019), Chapter 1.

<sup>57</sup> *Ibid.* Chapter 10.

<sup>58</sup> *Principles*, 3–4.

<sup>59</sup> *Ibid.* 4.

<sup>60</sup> *Ibid.* 5.



within particular moralities, Beauchamp and Childress would claim that they are universally acceptable because they do not clash with common morality norms.

What are these common morality norms that are supposedly shared and have universal authority over everyone? Importantly, Beauchamp and Childress do not claim that their four principles form the sole content of common morality.<sup>61</sup> Rather, they think there are more than four principles among the norms in the common morality: in addition to a number of moral principles, these include rules, ideals, rights, and virtues. Beauchamp and Childress give several examples. For instance, they argue that all moral principles of common morality function as “general guidelines for the formulation of more specific rules”<sup>62</sup> which include the following: do not kill, do not cause pain or suffering to others, prevent evil or harm from occurring, rescue persons in danger, tell the truth, nurture the young and dependent, keep your promises, do not steal, do not punish the innocent, and obey just laws. In addition to supporting human rights and endorsing moral ideals such as charity and generosity, they argue further, common morality also includes moral character traits such as nonmalevolence, honesty, integrity, conscientiousness, trustworthiness, fidelity, gratitude, truthfulness, lovingness, and kindness.<sup>63</sup> Beauchamp and Childress argue that the four principles of biomedical ethics also *generate* more specific rules. However, as noted above, for Beauchamp and Childress these rules are generated specifically in the context of biomedical ethics because they “are a reasonable formulation of some vital norms of

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<sup>61</sup> Some would go so far as to make this argument. Raanan Gillon, the foremost British defender of the four principles approach, is among those who believe that the four principles are not only central for bioethics but perhaps also for ethics in general. John-Stewart Gordon, another defender, thinks that the four principles form the “core” principles of common morality for Beauchamp and Childress. See Gillon, “Preface,” xxii; John-Stewart Gordon, “Global Ethics and Principlism,” *Kennedy Institute Journal of Ethics* 21, no. 3 (2011): 254. Beauchamp and Childress write in the eighth edition that the four principles make “the main considered judgments at the roots of medical morality.”

<sup>62</sup> *Principles*, 13.

<sup>63</sup> *Ibid.* 13; 4. Although the claim that these examples are universal norms is far from straightforward, it is not within the scope of this thesis to examine the claim.

the common morality ... *particularly suited for biomedical ethics*<sup>64</sup> as a “suitable starting point”.<sup>65</sup> If the scope of the four principles extends explicitly to biomedicine, then they *bind some limited group of people*—one of the characteristics of particular moralities, as noted above—and thus fall within particular morality. However, whether Beauchamp and Childress explicitly place the four principles within particular morality or not makes no difference: for even if the four principles only truly bind healthcare professionals, Beauchamp and Childress would claim that they do not clash with the putative universal norms in common morality making them universally acceptable by extension.

The critical question that seeks to break the approach from within remains unanswered: can we accept the four principles as universals in the terms that Beauchamp and Childress provide? The answer depends on whether the argument for common morality—what it is and how it came about—is convincing. Beauchamp and Childress argue that all norms accepted in common morality are based upon the views and attitudes of morally committed persons. These morally committed persons do not, Beauchamp and Childress claim, doubt the importance and relevance of common morality and its content. They also know that violating its norms is unethical and will “generate feelings of remorse”<sup>66</sup> and lacking the accepted character traits signifies a “deficiency”<sup>67</sup> in moral character. The notion of morally committed persons is central for the justification of common morality, but it is ambiguous: what does it mean to be ‘morally committed’? One clue can be found in Beauchamp and Childress’ claim that morally committed persons can be studied empirically to examine common morality

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<sup>64</sup> Ibid. 410. My emphasis.

<sup>65</sup> Ibid. 13.

<sup>66</sup> Ibid. 3.

<sup>67</sup> Ibid.

norms.<sup>68</sup> Thus, to be ‘morally committed’ is to accept some common morality norm or set of norms. Note the circularity of this argument: common morality norms are those that morally committed persons hold, and by empirically studying these morally committed persons, one can examine the common morality norms. But these arguments lead nowhere; they tell us nothing about common morality or what it is to be morally committed.

What about rational justification? Beauchamp and Childress appeal to the notion of considered judgements, adopted directly from Rawls. For them, considered judgements are a body of the supposedly least biased beliefs that are acceptable initially without argumentative support. Considered judgements are, as Beauchamp and Childress describe, moral convictions “in which we have the highest confidence and believe to have the least bias” such as the wrongness of racial discrimination, religious intolerance, and political repression.<sup>69</sup> Despite borrowing the notion of considered judgements and the method of reflective equilibrium (to which I return below) from Rawls, Beauchamp and Childress do not justify or defend the notion from the Rawlsian original position.<sup>70</sup> Instead, they invoke moral intuitionism: our least biased moral beliefs do not need, at the very basic level, argumentative support; they are already rationally compelling. Beauchamp argues that norms in common morality are themselves such considered judgements, and they are therefore most likely not to be subject to change.<sup>71</sup> Beauchamp and Childress write that common morality

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<sup>68</sup> Ibid. 415–418.

<sup>69</sup> *Principles*, 405; see also Beauchamp, *Standing*, 156; John Rawls, *A Theory of Justice*, revised ed. (Cambridge, MA: Harvard University Press, 1999), 42–44. Rawls (ibid. 41) also refers to the ‘sense of justice’ which is the skill to judge things to be just and unjust, and to support these judgements by reasons.

<sup>70</sup> The original position is a hypothetical status quo in which impartial and rational parties reach non-discriminating agreements because they are equipped with a veil of ignorance that prevents them from knowing the features, both of their society and their own person, that might influence how the goods of social justice are distributed. Rawls, *A Theory of Justice*, 104, 118–119.

<sup>71</sup> Beauchamp, *Standing*, 193.

comprises norms *and* considered judgements. They also say that common morality is the source of considered judgements and that considered judgements provide central starting norms for common morality.<sup>72</sup> Both the norms of common morality and considered judgements—whether they are separate notions or not—get their normative authority from the putative material and empirical sharedness among morally committed persons living a moral life which, as the argument goes, ensures that the norms are unbiased. Because they are claimed to be right and good by virtue of being shared, they are also applicable to all particular people, everywhere and always. Especially the “core principles and rules in the common morality”—which principles they refer to is left ambiguous—form a “strict obligation” for all.<sup>73</sup> As Bautz observes, common morality has purportedly a double character as both descriptive and normative: everyone committed to morality accepts common morality but it is also applicable to everyone universally.<sup>74</sup>

The notion of morally committed people is question-begging. How do morally committed people arrive at the principles that prohibit racial discrimination, religious intolerance, and political repression without initial argumentative support? How do they know that their moral heritage really is morally acceptable? How do they dispute

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<sup>72</sup> *Principles*, 410–412.

<sup>73</sup> *Ibid.* 46–47. Beauchamp and Childress do not make explicit what these “core principles” might exactly be. Therefore, we cannot assume that they are necessarily limited to the four particular principles. They argue that there are “core tenets in every acceptable particular morality that are not relative to cultures, groups, or individuals” and these shared tenets form the standards of the common morality. Some of the tenets, Beauchamp and Childress argue, can be considered as either strict or weak obligations that are morally required and others, such as supererogatory, saintly and heroic acts, cannot be expected to bind everyone. Such standards might be obligations in particular moralities, they claim, but mere ideals in the common morality. For example, the expectation of a physician or a nurse to take certain risks with communicable diseases can be considered “universally *praiseworthy* even though not universally required or universally practiced”. They also argue that both common morality and particular moralities are “learned and transmitted in communities” and emphasize that common morality is not *a priori* or ahistorical but “a product of human experience and history and is a universally shared product”. *Principles*, 3–6.

<sup>74</sup> Benjamin Bautz, “What Is the Common Morality, Really?” *Kennedy Institute of Ethics Journal* 26, no. 1 (2016): 29–45. Bautz argues that Beauchamp and Childress assert that the four principles are elements of common morality (content claim) and that common morality principles are genuine obligations (normativity claim), but they do not defend these assertions to satisfaction.

their heritage if they think it is flawed? How do they deal with moral disagreement? The mere fact that a norm is shared—even if it is shared by people committed to morality, whatever that might mean—cannot be enough to make something morally acceptable and binding. Norms and beliefs *do* need argumentative support even as starting points; they need to be interpreted through a long and uncoercive gaze upon the object, as Adorno suggests,<sup>75</sup> and not simply accepted without critical resistance against whatever is imposed upon reason. In other words, I defend the idea of theory as critical practice as integral to morality, instead of accepting whatever appears self-evident and simply given. Even if moral intuition and an inherent sense of justice were accepted as the foundation of morality, to know which norms and which ‘heritages’ are morally acceptable is always open to critical analysis. Conceptual clarification, explanation, reflection and criticism, as well as imagination about what *ought* to be, not settling merely for what *is*, and sheer human curiosity are the elements of theory, as Loudon observes, that moral thinking cannot avoid.<sup>76</sup> I would add that morality should not try to avoid imagination of what *ought not* be because, as Adorno argues, we might not know what *ought* to be but we know what *ought not* to be. Even if morality appeals to common reason, as Kant reminds us, it still needs a science of counterweighing the inclination to corrupt what we know to be morally right.<sup>77</sup> Beauchamp and Childress fail to show that common morality norms and the opinions of morally committed people are pre-theoretical: the attempt to render the approach materialistic, perhaps empirical—which I argue is the motive behind their argument for the pre-theoretical foundations—has lost the sight of the object.

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<sup>75</sup> CM 130 (Notes on Philosophical Thinking).

<sup>76</sup> Robert B. Loudon, *Morality and Moral Theory: A Reappraisal and Reaffirmation* (Oxford: Oxford University Press, 1992), 125–161.

<sup>77</sup> Immanuel Kant, *Groundwork of the Metaphysics of Morals*, revised ed., ed. Mary J. Gregor and Jens Timmermann (Cambridge: Cambridge University Press, 2012), 4:404–405.

### 2.3 The practice of the principles

What would make a norm that is supposedly factually shared by all morally committed persons universally binding? If the discussion so far has failed to convince, answering this question might help. A norm claimed to be universal has to be either an imperative general enough to be applied to all cases, or a specific norm that applies universally to all similar cases. Are the four principles either? Gert and Clouser argue that they are simply chapter headings for moral consideration and although undoubtedly important, they are not really moral principles that offer normative guidance.<sup>78</sup> Only one, respect for autonomy, actually contains a normative clause; but it is not general enough to apply universally to all cases since autonomy is not a universal attribute. The rest—nonmaleficence, beneficence and justice—are morality-related words that are not specific enough to provide much more than food for thought about what might matter in morality. So on what basis are the four principles or the norms of common morality (whatever they may be) normatively binding?

Beauchamp and Childress write that the norms of common morality are “abstract, universal, and content-thin”<sup>79</sup> while moral principles are more specific.<sup>80</sup> The common morality theory forms, therefore, a taxonomy of norms empty of any particular content. Beauchamp insists that it is in fact necessary to reduce conflict and incoherence in moral life.<sup>81</sup> But at what cost? Ethics that wishes to be the one authoritative moral code binding for all, as Bauman argues, sees the plurality of human ways as a challenge and the ambivalence of moral judgements as a morbidity that has

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<sup>78</sup> Gert and Clouser argue that the none of four are principles. Rather they are a shorthand for discussing the topics of beneficence, nonmaleficence, autonomy, and justice. As such they are not ‘applicable’ in contrast to moral principles that embody a moral theory and that can be used by itself to direct moral action, e.g. the principle of utility or the Categorical Imperative. See Clouser and Gert, “A Critique of Principlism,” 221–222.

<sup>79</sup> *Principles*, 17.

<sup>80</sup> Beauchamp, *Standing*, 154.

<sup>81</sup> *Ibid.* 183.

to be rectified.<sup>82</sup> It is also worth asking whether abstractness is a sound way of grounding practical ethics. The trade-off between the simplicity of a method and the complexity of real life is necessary for Beauchamp. He does not only see such reduction as necessary, but also as advantageous: moral methods should be helpful in situations of conflict and disagreement, and the principles in fact “function to order and classify as much as to give prescriptive guidance, and therefore principles do serve a labelling and organizing function.”<sup>83</sup> However, ambivalence, conflict and disagreement are not rectified by simplifying moral method: a simple method might reduce disagreement and ambivalence on an argumentative or conceptual level, while the real world remains messy. As Adorno put it, contradiction cannot be simply conjured away and it is therefore mistaken to assume that the smoother the theory, the more direct the access to the issue itself will be.<sup>84</sup> Adorno insists that the most adequate theory is not the one that is most coherent and free of contradictions “without consideration for what the reality actually is and what reality imposes on us.”<sup>85</sup> Again, the priority of the object resurfaces.

How can common morality norms be binding if they are by definition thin in their normative content? What are the practical implications of content-thin norms? Common morality is claimed to consist in universal norms abstracted from particular moral communities. Abstraction, simplicity of method, makes the common morality theory putatively clearer and more concise when its concepts, methods and limits are determinately known. However, abstraction does not make any theory more *practical*

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<sup>82</sup> Bauman, *Postmodern*, 21. Beauchamp argues that the four principles are compatible with many theories and one does not have to choose a theory to endorse. Beauchamp, *Standing*, 232. However, the four principles constitute a theory that is claimed to be universal, therefore it is an endorsement of choosing the four principles as the one theory that everyone should accept at minimum.

<sup>83</sup> Beauchamp, *Standing*, 168.

<sup>84</sup> IS 7; PETS 87.

<sup>85</sup> PETS 82.

because simplifying what is complex, transforming complexity into approximations and averages, empties particulars of their content and so the abstraction no longer reflects reality, but rather loses the sight of the object's priority. Abstraction is always an approximation, as Adorno suggests, and therefore it grasps neither universals nor particulars properly. When a method reduces everything to concepts, he argues, it must use abstraction but, in doing so, it necessarily ignores particulars.<sup>86</sup> The norms of common morality serve a methodological function to classify particulars from which they are abstracted, but they necessarily distort particularity by reducing it to abstract concepts. Whatever the origins of common morality, its nature as a normative system is less empirical of nature—contrary to Beauchamp and Childress' aspirations—and more a methodological one; and it is idealist rather than materialist. I am not saying that abstract norms cannot have any normative authority but rather that *empty* norms do not. The common morality approach has been accused of being thin in content but still claiming a thick normative status.<sup>87</sup> This has been regarded as both a positive and a negative feature: on the one hand, it allows the norms to be applied more widely and flexibly and, on the other, the norms are inapplicable because in their abstractness they have no action-guiding content.<sup>88</sup> Beauchamp, of course, agrees with the first view: "Principles, being more abstract than rules, leave considerable room for judgement about individual cases and policies."<sup>89</sup> This means, however, that if the norms are abstract and have no content in themselves, then indeed "little practical content can be drawn *directly* from them."<sup>90</sup> So even if abstractness were an asset, and I am not

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<sup>86</sup> LND 64.

<sup>87</sup> Marvin Lee, "The Problem of 'Thick in Status, Thin in Content' in Beauchamp and Childress' Principlism," *Journal of Medical Ethics* 36, no. 9 (2010): 525–528.

<sup>88</sup> John-Stewart Gordon, Oliver Rauprich, and Jochen Vollmann, "Applying the Four-Principle Approach," *Bioethics* 25, no. 6 (2011): 293–300.

<sup>89</sup> Beauchamp, *Standing*, 154. He clarifies that the principles should not, however, be conceived neither as so weak that they are mere rules of thumb nor as so strong that they assert absolute requirements.

<sup>90</sup> Beauchamp, *Standing*, 157. My italics.



convinced it is, general abstract norms cannot guide action before their “where, when, why, how, by what means, to whom, or by whom the action is to be done or avoided”<sup>91</sup> is spelled out. Without this further procedure it is impossible to solve any conflicts between two or more supposedly universally binding norms if they clash.<sup>92</sup>

Beauchamp and Childress have tried to solve the problem of clashing universal norms by introducing the idea that all general norms in common morality are *prima facie*, that is, they bind unless the particular situation calls for overriding them. They borrow this idea from W. D. Ross, who argues that the actual duties are those that are left after weighing all conflicting duties that apply to the case at hand.<sup>93</sup> So Beauchamp and Childress do not regard the universality of common morality as a law, unlike Kant for whom law something unconditional that “must contain the *very same determining ground* of the will in all cases and for all rational beings.”<sup>94</sup> Regarding universality as something less than unconditional works for the benefit of the common morality theory: its claims to normative authority are more credible on a *prima facie* basis. But in order to know when a norm is binding and when there is a good reason to override it, norms have to step out of abstract indifferent generality; they have to be balanced and weighed against each other in practice, Beauchamp and Childress claim, in order to decide which moral norms should prevail.<sup>95</sup>

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<sup>91</sup> Henry Richardson, “Specifying, Balancing, and Interpreting Bioethical Principles,” *Journal of Medicine and Philosophy* 25 (2000): 285–307 (quoted in *Principles*, 17).

<sup>92</sup> See *Principles*, 15–16.

<sup>93</sup> Ross explains: “the ground of the actual rightness of the act is that, of all acts possible in the circumstances, it is that whose *prima facie* rightness in the respects in which it is *prima facie* right most outweighs its *prima facie* wrongness in any respects in which it is *prima facie* wrong.” He lists seven *prima facie* duties: fidelity, reparation, gratitude, justice, beneficence, self-improvement and non-maleficence. See W. D. Ross, *The Right and the Good* (Oxford: Oxford University Press, 2002/1930), 46. The list of *prima facie* duties indicates its influence on the four principles as three of the four are represented in it.

<sup>94</sup> Kant, “Critique of Practical Reason,” 5:25.

<sup>95</sup> To ensure that balancing is not too ‘intuitive’, Beauchamp and Childress give six conditions that must be met if one *prima facie* rule is to be infringed and another adhered to: (1) good reasons can be offered to act on the overriding norms instead of the infringed one, (2) the overriding must have a moral objective that has realistic prospect of achievement, (3) there are no other morally preferable

In order to balance norms, they have to be made, as it were, particular again. The process of balancing, according to Beauchamp and Childress, requires the specification of norms on a case-by-case basis.<sup>96</sup> Specification is “justified if and only if there is a good reason to believe that [specification] will maximize the coherence of the overall set of relevant beliefs.”<sup>97</sup> Specification, Beauchamp and Childress suggest, is a deliberative process of reasoning to which all general principles are subject because of their inability to capture the complexity of moral phenomena. According to them, specification adds content to general abstract principles thus reducing their indeterminacy. Specification then generates concrete rules with action-guiding content. Beauchamp and Childress claim that specification is “a prime way in which general principles become practical instruments for moral reasoning”<sup>98</sup> rather than forming an abstract theory. For example, respect for autonomy could be specified as “allowing competent persons to exercise their liberty rights”<sup>99</sup> and in cases where such capacity is absent respect for autonomy might mean respecting the advance directive.<sup>100</sup> They suggest that progressive specification adds content while maintaining a connection to the initial general norm that gives moral authority to the specification, which enables general principles to become practical instruments for moral reasoning; and therefore the four principles approach is not merely an abstract

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actions available, (4) the lowest level of infringement has been selected to achieve the initial goal of the action, (5) all negative effects of the infringements have been minimised and (6) all affected parties have been treated impartially. *Principles*, 17, 23.

<sup>96</sup> *Principles*, 5, 17, 19.

<sup>97</sup> Beauchamp, *Standing*, 183.

<sup>98</sup> *Principles*, 17.

<sup>99</sup> *Ibid.*

<sup>100</sup> Beauchamp and Childress discuss sufficient and necessary conditions of having moral status but are inconclusive between five different theories (having human properties, cognitive properties, moral agency, sentience, and how stepping into a care relationship might grant certain rights). The criteria for having moral status changes over time, as Beauchamp and Childress themselves note, but by doing so, as Hodges and Sulmasy argue, although clearly vital or their argument, moral status is not a part of common morality. On moral status see *Principles*, 62–100. See also Kevin E. Hodges and Daniel P. Sulmasy, “Moral Status, Justice, and the Common Morality; Challenges for the Principlist Account of Moral Change,” *Kennedy Institute of Ethics Journal* 23, no. 3 (2013): 275.

theory.<sup>101</sup> Beauchamp writes that mere unspecified principles will not prove very useful. Instead, general norms or principles must be turned into specific rules in order to make abstract theory practical.<sup>102</sup> He argues that what is morally demanded, enforced and condemned is less a matter of what is already present in the principles and more a matter of what we decide by reference to, and the development of, the principles.<sup>103</sup> Practicality and normativity in Beauchamp and Childress' theory therefore depend on adding content to what was initially abstracted from the 'empirical' category of common morality.

The consequences of the methods of balancing and specification as a means to add practical content to the norms of common morality are that common morality does not *in itself* guide practice. The theory is practical only with the help of the specification, weighing and balancing of abstract general norms. However, to add content, to make the general norms action-guiding, would be to make them "concrete, nonuniversal, and content-rich" instead of "abstract, universal, and content-thin".<sup>104</sup> In Beauchamp and Childress' own terms, when common morality norms are specified—and it is necessary that they are—the norms become particular, argued in the context of some particular morality. Common morality remains abstract because the instant its norms are specified, they become particular. The purpose of common morality is to be the "transparent connection [that] must be maintained to the initial general norm that gives moral authority to the resulting string of specifications."<sup>105</sup> It is the claimed transcendental link between universal normativity in an abstract, conceptual, sense and morality in a concrete, practical, sense. However, there is no reason to believe that the

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<sup>101</sup> *Principles*, 17.

<sup>102</sup> Beauchamp, *Standing*, 168.

<sup>103</sup> *Ibid.* 158.

<sup>104</sup> *Principles*, 17.

<sup>105</sup> *Ibid.*

common morality theory supports the claim that the four principles are any more central to bioethics than any other norms.

The trade-off between practicality and abstractness means that if Beauchamp and Childress continue to claim that the norms of common morality are universal, they would be universal only in an undetermined sense. Beauchamp and Childress would therefore have to accept that the common morality theory is a conceptual *theory*, and not pre-theoretical.<sup>106</sup> Far from being a universally authoritative reference-point, it is abstract and general; it might point towards morally acceptable or unacceptable actions but it does not have the requisite authority to mandate specifications because it does not have the content to enforce obedience. Beauchamp and Childress say that all moral theories are inherently contestable.<sup>107</sup> The common morality theory, despite its putative pre-theoretical origins, remains a theory, and is therefore contestable in Beauchamp and Childress' own standards. The practice of the abstract and content-thin four principles is not critical; it is a procedure that simplifies complexity and imposes rules for thinking (more on this below). As Adorno argues, simplifying complex matters is not truer than the real complex matter at hand. Rather, "the objects decide objectively whether social theorems should be simple or complex."<sup>108</sup> Yet again, we must turn our attention to the matter itself. Adorno insists that when immersed into the object without imposing anything preconceived upon it, either methodologically or practically, thinking can find some refuge from heteronomy.<sup>109</sup>

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<sup>106</sup> The claim of being pre-theoretical is in fact something that is considerable toned down in the eighth edition, which supports my conclusion that the common morality theory is indeed a theory when Beauchamp and Childress' arguments are evaluated immanently.

<sup>107</sup> *Principles*, 412.

<sup>108</sup> PD 41.

<sup>109</sup> ND 17.

## 2.4 Drawing the principles from common morality

Let us assume for the sake of argument that Beauchamp and Childress' common morality has solid pre-theoretical grounding in human experience and history, and that all human action can be rightly judged by its standards. It follows that the four principles drawn from the common morality are based on shared human experience and history: they are universal on the same grounds as common morality in general is universal. There seems to be no reason to believe, Herissone-Kelly notes, that the four principles are in fact part of common morality, if such morality even exists.<sup>110</sup> However, it is a central claim of the four principles framework that there is a connection between common morality and the four principles, and an affinity between the values and norms they promote. But how exactly the principles drawn from common morality?

Beauchamp and Childress do not make explicit what exactly they mean by 'common', despite their analysis of the contents and scope of 'common morality'. DeGrazia argues that there are two senses of common morality in Beauchamp and Childress' theory: moral beliefs that are widely shared among real people and moral beliefs that *would* be widely shared among morally serious persons.<sup>111</sup> He also notes, and I agree, that Beauchamp and Childress sometimes commit to the former and sometimes to the latter, but often favour the first, descriptive, sense which claims that common morality is *de facto* shared by all moral people.<sup>112</sup> These two kinds of common morality point towards two understandings of common sense: the common understanding of ordinary people and educated judgements about what is abstractly

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<sup>110</sup> Herissone-Kelly, "The Principlist Approach," 73.

<sup>111</sup> David DeGrazia, "Common Morality, Coherence, and the Principles of Biomedical Ethics," *Kennedy Institute of Bioethics Journal* 13, no. 3 (2003): 222–223. Beauchamp accepts the distinction between normative and descriptive common morality. See Beauchamp, *Standing*, 182.

<sup>112</sup> DeGrazia, "Common Morality," 222–223.

justified as shared. These two kinds of common sense are implicit in Beauchamp and Childress' assertion that the four principles are drawn from the common morality both by the way ordinary moral beliefs cohere and in examining considered judgements.<sup>113</sup>

Here we can distinguish in the background Kant's two notions of common sense: *sensus communis*, which refers to the educated common sense, and *der gemeine* or *gesunder Menschenverstand*, the common or 'healthy' understanding of ordinary people. Healthy human understanding, says Kant, is the least that can be expected from being human, but it is also 'common' in the sense of vulgar. *Sensus communis* is communal (*gemeinschaftlich*). It is, Kant writes,

a faculty for judging that in its reflection takes account (a priori) of everyone else's way of representing in thought, in order as it were to hold its judgement up to human reason as a whole and thereby avoid the illusion which, from subjective private conditions that could easily be held to be objective, would have detrimental influence on the judgement.<sup>114</sup>

In Kant's account, judgement based in *sensus communis* is not held against actual, but against the possible, judgements of others. It is as if putting oneself in the position of everyone else by abstracting from the limitations of one's own judging will achieve an unprejudiced, broad-minded, and consistent way of thinking. It is thus a judgement that is shared in a rationally justified sense rather than something people might really share as a matter of fact. Beauchamp and Childress carry out a similar abstraction, as we saw earlier, when they claim that common morality gets its norms from what morally committed persons seriously committed to morality would reasonably accept as shared, leading to norms that are putatively least biased.

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<sup>113</sup> *Principles*, 13. See also *Principles*, Chapter 10.

<sup>114</sup> Immanuel Kant, *Critique of the Power of Judgement*, ed. Paul Guyer, trans. Paul Guyer and Eric Matthews (Cambridge: Cambridge University Press, 2000), §40.

The four principles drawn from common morality are also abstracted as shared in this sense as they require justificatory power, Beauchamp and Childress argue, to avoid bias. Beauchamp and Childress do not, however, rely explicitly on Kant, but on Rawls when they write that to control bias is to use widely, preferably universally accepted, knowledge and bringing it into a state of harmony and coherence, or reflective equilibrium, which begins with considered judgements. Considered judgements are then put through a reflective testing of moral beliefs, moral principles, judgements and background theories.<sup>115</sup> The strategy of reflective equilibrium, they write, gives authority to the norms of common morality, refines them and corrects unclarities, and forms more specific moral guidelines.<sup>116</sup> The point of reflective equilibrium is that what arises, what is preserved, and what is revised in the process are justified through a rational judgement which means that considered judgements or norms that are informed by them—as in the case of the four principles, allegedly—can and do change as a result of reflective testing. Beauchamp and Childress themselves accept that other principles could be added to the framework of four, but they add that most likely the four would not be abandoned or swapped out.<sup>117</sup> John Arras notes, however, that reflective equilibrium does not play favourites to some moral considerations and not others.<sup>118</sup> Accepting reflective equilibrium therefore undermines the claim that the four principles are immutable: for they are subject to at least some revision.

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<sup>115</sup> *Principles*, 404–405; 418. Turner has questioned common morality as a relatively stable and ordered, wide Rawlsian reflective equilibrium, and that it is important because a shared understanding of general norms is a necessary precondition to articulating more specific action guides from moral intuitions, maxims, or principles. Leigh Turner, “Zones of Consensus,” 194. On reflective equilibrium, see also Rawls, *A Theory of Justice*, 18–19, 42–45.

<sup>116</sup> *Principles*, 411.

<sup>117</sup> Edwards argues that respect for ‘persons’ might be added to the four to cover respect for people who are non-autonomous. Steven D. Edwards, *Nursing Ethics: A Principle-Based Approach*, 2<sup>nd</sup> ed. (Basingstoke: Palgrave Macmillan, 2009).

<sup>118</sup> John Arras, “The way We Reason Now: Reflective Equilibrium in Bioethics,” in *The Oxford Handbook of Bioethics*, ed. Bonnie Steinbock (Oxford: Oxford University Press, 2007), 53–54.

Beauchamp and Childress do not put reflective testing to practice. Instead, the principles are claimed to be the most basic, unbiased, and acceptable norms because they either are, or are informed by, considered judgements.<sup>119</sup> They are then supposedly specified and brought to maximal coherence, as Beauchamp and Childress claim, with all relevant and impartial judgements, beliefs, theories, and facts.<sup>120</sup> To put reflective testing to practice would be to consider the possibility that some of the four principles might not be so basic as to be initially acceptable without argumentative support. Beauchamp and Childress' commitment to *sensus communis*, educated common sense, does not extend to the four principles: despite their claim that the four principles are drawn from common morality by examining considered judgements, they are reluctant to subject them to reflective testing.

The second method of drawing the four principles from common morality, Beauchamp and Childress argue, is to consider how ordinary moral beliefs cohere: common morality relies on ordinary moral beliefs as a starting point. Presumably this is how they arise from the 'real' opinions of 'morally committed' people. Crucially, as we saw above, they write that an important feature of common morality is that it is pre-theoretical and thus any moral theory that cannot be made consistent with its values must fall under suspicion.<sup>121</sup> This pre-theoretical sense of common morality differs from the formal reasoning of *sensus communis*: the four principles are implicitly claimed to be the common sense of ordinary people, rather than mere theoretically

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<sup>119</sup> It is not an unfair interpretation that Beauchamp and Childress claim the four principles are either considered judgements or in other way among the most basic norms in the common morality. For example, when they claim that the "human moral community—indeed, morality itself—is rooted no less deeply in the three clusters of principles [than the principle of autonomy]" and not *vice versa*, they set the four principles as primary compared to morality in general which I noted earlier is defined by the authors as "norms about right and wrong human conduct that are so widely shared that they form a stable social compact". See *Principles*, 17, 25, 141. This means, I suggest, that the principles are considered by Beauchamp and Childress to be the least biased and the most basic moral beliefs drawn from common morality upon which particular moralities can build.

<sup>120</sup> *Principles*, 406.

<sup>121</sup> *Ibid.* 411.



justified concepts that can be disputed.<sup>122</sup> This puts the ordinary beliefs of ordinary people on a par with considered judgements in respect of moral authority. In this sense, common morality and the principles that are drawn from it can also be taken to be understood as common sense in Kant's sense of *gemeine Menschenverstand*.

Kant criticises Scottish common-sense philosophers—Thomas Reid, James Oswald, James Beattie, and Joseph Priestley—in the preface to the *Prolegomena* for missing Hume's problem of how to use reason to consider how one ought to act. Kant writes that although it is in fact a great gift to possess right or plain common sense, appealing to it as an oracle “when insight and science run short, and not before is one of the subtle discoveries of recent times, whereby the dullest windbag can confidently take on the most profound thinker and hold his own with him.”<sup>123</sup> This kind of appeal is nothing more, Kant writes, than “a call to the judgement of the multitude; applause at which the philosopher blushes, but at which the popular wag becomes triumphant and defiant.”<sup>124</sup> Ordinary common sense must be proven through deeds, writes Kant, the reasonable things one thinks and says, a critical reason that keeps the ordinary common sense in check, if it is to remain a *sound* common sense.<sup>125</sup> In the four-principle approach, keeping ordinary common sense in check would mean putting them through reflective testing.

However, in the case of Beauchamp and Childress, the soundness of common sense is absent when they succumb exactly to the prejudiced opinion of the ‘multitude’. This becomes painfully clear in their very short discussion about non-discrimination.

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<sup>122</sup> Ibid. 412.

<sup>123</sup> Immanuel Kant, *Prolegomena to Any Future Metaphysics*, trans. and ed. Gary Hatfield, rev. ed. (Cambridge: Cambridge University Press, 2004), 8–9. Other philosophers have picked up Kantian common sense, Arendt, Habermas and Lyotard most notably. Others, such as Gramsci, Benedetto Croce, and Gadamer take after Vico's conception.

<sup>124</sup> Ibid.

<sup>125</sup> Ibid.

Despite their claim that considered judgements include moral convictions such as the wrongness of racial discrimination, religious intolerance, and political repression<sup>126</sup> and that the principle of beneficence supports a *prima facie* rule of protecting and defending the rights of others,<sup>127</sup> Beauchamp and Childress are hesitant to include a rule of equal moral consideration, or a strict rule of non-discrimination, in common morality because, they argue, it is a known fact that not all particular moralities endorse such rule. It can be added later on, they argue, to prohibit sexual discrimination for example, but the inclusion of a rule of equal consideration of persons that challenges discrimination both in particular and customary moralities is unlikely to occur and it “would constitute a substantial change” in common morality.<sup>128</sup>

I am not claiming that Beauchamp and Childress promote discrimination. After all, they acknowledge that a theory of common morality that is incapable of criticising and condemning discriminatory practices would be an ineffectual and indefensible theory.<sup>129</sup> They also argue that the discussion of amoral, immoral and selectively moral individuals and societies does not play any part in empirically validating the norms of common morality.<sup>130</sup> If non-discrimination is not a valid norm of common morality, however, and if amoral, immoral and selectively moral individuals and societies do not count, then people who do not treat others equally must be morally justified to do so; they are not amoral, immoral and selectively moral because the opinions of such actors do not count in the content of common morality. If common morality is indeed based on what people committed to morality accept as considered judgements, and if

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<sup>126</sup> *Principles*, 405.

<sup>127</sup> *Ibid.* 204. *Prima facie* here of course means that in principle beneficence accepts discrimination if there is a good reason to discriminate, for example, if it means that the three other principles can then be put to practice.

<sup>128</sup> *Ibid.* 414. If common morality does change with times, it makes the theory relativistic not universal or rational. This seriously undermines the claim that there can be a universal rational morality for bioethics, let alone that it has been found in the theory of common morality.

<sup>129</sup> *Ibid.* 415.

<sup>130</sup> *Principles*, 5; Beauchamp, *Standing*, 179.

non-discrimination is not one of these considered judgements, then discrimination must at least cohere with considered judgements. If considered judgements are further justified by their ability to achieve what Beauchamp and Childress call objectives or object of morality that aim at relieving suffering, then not committing to equal treatment of others would be accepted as a valid norm to relieve suffering.

Beauchamp and Childress either ignore or forget their moral impartiality and rationality that they seem to cherish elsewhere, committing to vulgar common sense and claiming that common morality is based upon it. In doing so, they fail to realise that this contradicts their commitment to the notion of morally committed persons. On the other hand, one might argue that reflective equilibrium is supposed to bring balance between bigoted ordinary beliefs that function as a starting point and unbiased educated common sense. But as reflective equilibrium starts with considered judgements, the acceptability of discrimination need not play any part in reflective testing merely because it is shared on an empirical basis; unless of course discrimination is indeed claimed to be a considered judgement. In any case, if common morality does not include any obligation not to discriminate—and this claim is explicit in the *Principles of Biomedical Ethics*—then Beauchamp and Childress are contradicting their claims about common morality and the four principles that are supposedly drawn from it. If the four principles are drawn from common morality by considering the coherence of moral beliefs such as the rightness of discrimination, the principles would then allow discrimination in their specifications because all particular moralities must be coherent with the content of common morality. Beauchamp and Childress nevertheless claim that the four principles support non-discriminatory acts. This contradiction, although the remark about not adding non-discrimination to common morality is only a short passage in the work, is what vitiates the work from

within: the norms of common morality and the principles supposedly drawn from it are in contradiction. However, the short passage on the rule of non-discrimination has an important consequence: it makes visible an antagonistic society in which discrimination is morally acceptable.

### 3. The priority of the object

Beauchamp and Childress keep missing an opportunity to give proper attention to the object. However, their commitment to what they call the objectives of morality resonates, perhaps surprisingly, with Adorno's insistence on the priority of object. According to Beauchamp and Childress, the objectives of morality are even more fundamental than common morality because they function as its normative justification; but despite their importance, they have received minimal attention from Beauchamp and Childress. My agreeing with them about the importance of the object does not imply endorsing the four principles approach, but quite the opposite: paying attention to the objects of morality requires that the idea of the rationally acting principle-abiding subject as the primary authority in healthcare and physiotherapy ethics be abandoned; rather, subject and object are mediated by each other.

Normative justification through the object of morality, whether it leads to accepting the four principles or not, is more feasible than the pre-theoretical justifications that Beauchamp and Childress try to offer. As noted above, Beauchamp and Childress claim that the collective opinion of morally committed persons has both normative power and its existence in all cultures can be studied empirically, in principle at least. They argue that such empirical work can be conducted by deciding on the hypothesis to be tested and carefully designing the study. The impartiality and

moral commitment of persons, they claim, can be screened for empirical research purposes—for determining the norms in the common morality on an empirical basis—to ensure that the possible research participants commit to some very basic norm, such as nonmaleficence, which can be “reasonably expected” as shared.<sup>131</sup> Empirical work is needed, Beauchamp argues, to help clarify claims about the existence and content of common morality.<sup>132</sup> However, this is not to endorse ‘evidence-based ethics’ because descriptions, he argues, are not justifications; rather, “claims about the *justifiability and adequacy* of the common morality require *normative justification*.”<sup>133</sup> Beauchamp and Childress repeat this argument in the *Principles of Biomedical Ethics*: empirical proof that some norm is shared does not lead to that norm having normative power.<sup>134</sup> However, as Herissone-Kelly argues, it is hard to see how the suggested empirical method might achieve its purpose.<sup>135</sup> Justifying the four principles normatively is therefore more important for the approach than the futile attempt to justify common morality empirically.

Beauchamp and Childress appeal to the so-called objectives or objects of morality as the normative justification for their common morality. Although they emphasise that moral norms are acceptable if widely shared—either so widely that they are a part of common morality or at least so that they form a stable social compact for a particular group of people—they also claim that being shared is not based upon mere custom.<sup>136</sup> Beauchamp argues—the argument is also in the jointly written *Principles of Biomedical Ethics*—that the correct shared norms in common morality

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<sup>131</sup> *Principles*, 4. See also pp. 415–422; Beauchamp, *Standing*, 200–204.

<sup>132</sup> Beauchamp, *Standing*, 181, 202.

<sup>133</sup> *Ibid.*, 181.

<sup>134</sup> *Principles*, 418.

<sup>135</sup> Herissone-Kelly, “Determining the Common Morality’s Norms,” 584–587.

<sup>136</sup> *Principles*, 411; Beauchamp, *Standing*, 181.

are those that are best suited to achieve the objectives of morality.<sup>137</sup> Here we arrive at a point of convergence with Adorno's priority of the object: the objectives of morality, according to Beauchamp, are moral norms that aim at "promoting human flourishing by counteracting conditions that cause the quality of people's lives to worsen."<sup>138</sup> However, the convergence reaches no further because, as Beauchamp states, once these objectives have been *identified*—this is a clear difference between the objectives of morality and the priority of the object—the suitable norms are those that are pragmatically justified to help to achieve the objectives, but if and only if the norms are identified as the best means for the purpose of achieving the objectives.<sup>139</sup> This indicates why the objects of morality are more fundamental than conceptual or empirical justifications, or even the notion of morally committed persons, but the objects of morality nevertheless receive little attention in Beauchamp and Childress' writings. While Beauchamp has given a little more attention to the objectives, his description is, to say the least, vague:

Centuries of experience have demonstrated that the human condition tends to deteriorate into inconvenience, misery, violence, and distrust unless norms of ... the common morality ... are observed. When complied with, these norms lessen human misery and preventable death. The object of morality is to prevent or limit problems of indifference, conflict, hostility, scarce resources, limited information, and the like.<sup>140</sup>

Beauchamp and Childress are admittedly on a track towards a material theory when they argue that the norms of common morality are those that help us to achieve the

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<sup>137</sup> Beauchamp, *Standing*, 181. My emphasis. This also makes the theory of common morality a pragmatist theory. Ibid. 192. See also *Principles*, 419.

<sup>138</sup> Beauchamp, *Standing*, 176, 192.

<sup>139</sup> Ibid. 193. See also *Principles*, 419.

<sup>140</sup> Beauchamp, *Standing*, 176. He adds that it is an overstatement to claim that the norms of common morality are essential for the survival of a society but not too much to claim that they are necessary to "ameliorate or counteract the tendency or the quality of people's lives to worsen or for social relationships to disintegrate". Italics omitted.

objects of morality: to alleviate human misery and to prevent unnecessary suffering and death. However, Beauchamp misses the opportunity to give materiality the attention it needs. He claims explicitly that *observing* the norms of common morality prevents the deterioration of the human condition and that abiding by them can diminish human misery.<sup>141</sup> The norm-abiding subject is again placed in a position above the material and ideological conditions from which the moral objectives arise—as if merely by having the correct norms people will abide by them and by doing so the objectives of morality can be reached. This assumption, as Adorno would suggest, is unfounded because our modern condition is antagonistic: a harmony between the interests of society and the interests of individuals cannot be assumed.<sup>142</sup> Centuries of experience that has demonstrated the human condition deteriorating into “inconvenience, misery, violence, and distrust”<sup>143</sup> time and time again does not attest to a lack of *observing* moral norms, as Adorno would argue, but to the fact that even the most well-meaning moral norm can be *twisted* without necessarily contradicting the norm.<sup>144</sup> If we cannot assume a direct path from a well-meaning norm to its realisation, then the inconvenience, misery, violence, and distrust—the contradictions, antagonism, and conflict in society—are the main matter of moral philosophy. The task of counteracting suffering falls on the whole species, Adorno suggests, not just the suffering individual.<sup>145</sup> Here we return once again to Adorno’s insistence on a

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<sup>141</sup> This argument about the objectives of morality is also incorporated in the jointly written *Principles of Biomedical Ethics*, which can be regarded as the official textbook account of the approach. See *Principles*, 419.

<sup>142</sup> PMP 12.

<sup>143</sup> Beauchamp, *Standing*, 176.

<sup>144</sup> As an example, Kant’s formulation of the Categorical Imperative to treat humanity as the end in itself, never merely as means, can be twisted to devastating extent by simply claiming that someone or some group of people do not meet the criteria of humanity. For Adorno, the Shoah would be the prime example. Contemporary healthcare example might include the Mid-Staffordshire NHS Trust scandal, Tuskegee syphilis experiment, or forced sterilisations of disabled people, and countless other examples.

<sup>145</sup> ND 203.

critical theory of society, changing consciousness and cultivating political maturity, and the necessity of philosophy to keep interpreting the world. Instead of *observing* moral norms, it is the reasons and conditions of moral failure call that for urgent and rigorous critical moral analysis.

Why is it mistaken to assume that the subject can, by using reason and abiding by the correct norms, achieve the objectives of morality or that actions and virtues depend merely on the subject's will? If Raanan Gillon is correct to suggest that the four principles could even lead to world peace,<sup>146</sup> why haven't they? Morality cannot be conceived merely as a matter of individual subjects and their actions and virtues, and ethics is not merely about judging whether actions are good or bad or character virtuous or vicious, because subjects do not act in a political, ideological or economic void. Bioethics and physiotherapy ethics cannot ignore the object; the concrete context in which action is taken. Beauchamp and Childress have misplaced their priorities: if norms are justified in reference to the objectives of morality, the objectives should be their focus instead of concentrating on justifying the 'correct' norms of common morality. Indeed, by observing the object, different and more urgent principles may arise; one of these principles might even be a principle of non-discrimination.

It could be argued, however, that it is not the task of bioethicists to see to matters of material reality, but to make defensible ethical claims; the task to make claims about social life and the social world falls to social scientists.<sup>147</sup> Bennett and Cribb write that the task of moral philosophers is to make defensible ethical claims based on reasoning and the task of social scientists is to make defensible claims about

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<sup>146</sup> Raanan Gillon, "Ethics Needs Principles—Four Can Encompass the Rest—and Respect for Autonomy Should Be 'First Among Equals'," *Journal of Medical Ethics* 29, no. 5 (2003): 311.

<sup>147</sup> See e.g. Rebecca Bennett and Alan Cribb, "The Relevance of Empirical Research in Bioethics," In *Scratching the Surface of Bioethics*, eds. Matti Häyry and Tuija Takala (Amsterdam: Rodopi, 2003), 15.



social life and the social world based on theories, models, and empirical evidence.<sup>148</sup> Similarly, Leivitt suggests the difference between philosophy and social sciences is that the former claims ethical expertise while accepting medical and scientific expertise at face value, whereas sociologists look at the way medical decisions are made and scientific ‘facts’ construed. However, Leivitt suggests that despite their differences, philosophy and sociology can complement each other while retaining their differences by asking different questions: sociologists are wary of making ‘ought’ statements and more interested in the ‘is’, with a sceptical eye on official accounts of policies and procedures, whereas philosophers “*will be unable to resist the simplification of dilemmas to clarify the issues and make an ethical judgement.*”<sup>149</sup> The suggested division between philosophical ethics and social sciences, mirroring the division between theory and practice, mistakenly identifies philosophy in general with the kind of Anglo-American bioethics of which the four principles approach is a prime example. As I have argued throughout, there is another way to understand philosophy. As a philosophical project, reflections on theory and practice in physiotherapy ethics should lead to self-reflection and self-critique of philosophy as something that is detached from the object; as a social scientific project, it is about increasing the theoretical rigour of analyses, for example, to avoid reducing all philosophy into one branch of philosophy and abandoning the idea of simply adding social science to theory to make it practical. The practicality of theory is about critical self-reflection, remaining open-ended without having rules prescribed from outside, and closely

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<sup>148</sup> Bennett and Cribb, “The relevance,” 15. My emphasis.

<sup>149</sup> Mairi Leivitt, “Better Together? Sociological and Philosophical Perspectives on Bioethics,” In *Scratching the Surface of Bioethics*, eds. Matti Häyry and Tuija Takala (Rodopi, 2003), 21, 25. My emphasis.

relating to the matter that is being dealt with, as Adorno insists. Such materialist thinking demands the priority of the object.<sup>150</sup>

It is important to note that despite insisting on the priority of the object, Adorno is not advocating a hierarchy between subject and object. The relationship between subject and object is here critical, unlike the relationship between the rationally acting ‘universal’ agent adhering to liberal principles and the objectives of morality, as Beauchamp and Childress would have it. The priority of the object is not a form of crude materialism or empiricism either; it is not to claim that world exists precisely as it appears unmediated to the critic. The priority of object, Adorno writes, suggests rather that

subject for its part is object in a qualitatively different, more radical sense than object, because object cannot be known except through consciousness, hence is also subject. What is known through consciousness must be something; mediation applies to something mediated. But subject, the epitome of mediation, is the ‘How’, and never, as contrasted to the object, the ‘What’ that is postulated by every conceivable idea for a concept of subject. Potentially, though not actually, objectivity can be conceived without a subject; but not likewise object without subjectivity. No matter how subject is defined, the existent cannot be conjured away from it ... If subject is not something, and “something” designates an irreducibly objective element, then it is nothing at all ... Object is also mediated; but, according to its own concept, it is not so thoroughly dependent upon subject as subject is dependent on objectivity.<sup>151</sup>

Adorno argues that the subject mediates the object but also has an objective element; subject is also an object, but an object is not necessarily also a subject. The subject’s mediation means that objects have subjective qualities that are not to be eliminated for “that would be contrary to the priority of the object”,<sup>152</sup> which is again dependent on

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<sup>150</sup> Jarvis, *Adorno*, 175.

<sup>151</sup> CM 249–250 (On Subject and Object).

<sup>152</sup> *Ibid.* 250. Translation amended.

the subject's mediation. Mediation is critical for the priority of the object: even if objectivity should take precedence, Adorno argues, "there is nothing subjective that is not mediated, there is likewise nothing objective that is not mediated."<sup>153</sup>

The dialectical relationship between mutually mediating subject and object has implications for both subjectivity and objectivity. For the latter, the subject's mediation means that if the "subject has a core of object, then the subjective qualities in the object are all the more objective moment. For object becomes something at all only through being something determinate."<sup>154</sup> Objectivity, then, is about making qualitative distinctions between mediated objects.<sup>155</sup> For the kind of scientific objectivity that seeks to erase the subject—for example, by demanding that first person pronouns should not be used in scientific writing—the subjective core of the object does not make objectivity less objective, but more so. The priority of the object thus has repercussions for science: "If the dialectical priority of the object is acknowledged, then the hypothesis of an unelected practical science of the object as a residual determination after the subject has been subtracted away collapses."<sup>156</sup> By removing the subject, "objectivity is falsified, not purified."<sup>157</sup> For subjectivity, the priority of the object means a collapse of anthropocentrism, but at the same time, "subjectivity becomes a moment that is held fast" because the priority of the object requires both reflection upon the subject and subjective reflection.<sup>158</sup> The absolute power of the subject is disrupted because mutual mediation means that the subject "is the agent, not the constituent, of object".<sup>159</sup>

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<sup>153</sup> PETS 124.

<sup>154</sup> CM 250 (On Subject and Object).

<sup>155</sup> ND 184.

<sup>156</sup> CM 253 (On Subject and Object).

<sup>157</sup> Ibid.

<sup>158</sup> Ibid. 251.

<sup>159</sup> Ibid. 254.

What would biomedical principlism look like if it started with the objects of morality? Starting with the object would at least shatter the illusion that the principle-abiding subject is omnipotent in the face of obstacles that potentially prevent acting morally. This would mean that the moral principles Beauchamp and Childress promote would not be as powerful as they are claimed to be. This is not to say that morality is not dependent on the subject or that the context can be faulted for every moral failure; this would indeed be irresponsible, and lead to a separation of subject and object rather than acknowledging their mutual mediation. Subjects act morally in the objective world, so properly understanding this relationship—and there is a relationship, however contradictory in nature—is more fruitful for ethical analysis: it sets ethics in the material social world, accounting for both acting subjects and the objective context for that action, potentially leading to more nuanced ethical analyses—at least more nuanced than the four principles approach enables. As Adorno notes, criticizing Nietzsche, getting to the bottom of what people have become is not enough; we should also turn to “the conditions that determine human beings and make them and each of us into what we are.”<sup>160</sup> To better address the putatively shared moral community, therefore, would be to analyse the object—society and its prevailing conditions—and this can be done both philosophically and empirically, with neither excluding the other. However, because the four principles are abstracted from their putative material origin in common morality, the process of abstraction distances the four principles from the objectives of morality—the very aim of moral practice—and the claims about both the sharedness of the norms of common morality and discrimination, as I argued above, are particularly confusing in relation to the objectives. So, far from leading to the acceptance of the four principles, the objectives of morality necessitate a different

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<sup>160</sup> PMP 174.

approach for bioethics and physiotherapy ethics, one that seeks to avoid abstraction of the material reality. It requires acknowledging that the subject is mediated by the object, and the object by the subject; thus, the subject is not omnipotent in the face of objective reality, but neither is objective reality completely without hope of redemption.

#### 4. Is simple practical?

The final question that must be considered here is critical for the relationship between theory and practice: What makes principlism practical, if anything? Beauchamp and Childress have never taken high moral theory to provide straight answers. Rather, by locating their four principles *between* high theory and specific cases—such mid-level principles putatively function as a bridge between theory and practice in general<sup>161</sup>—they seek to operate on a level that is not at once too abstract and theoretical but neither too relativistic. The relationship of the mid-level principles to theory and practice might be understood as a kind of Goldilocks Principle: not too high, not too low, but just right.<sup>162</sup> Are the principles ‘just right’? The four principles approach takes what is complex and makes it ‘practical’ by simplifying it. Simplification, although it may be accepted as a plausible step for normative ethics, is neither theoretically rigorous nor practically representative of moral life, which is inherently messy. Simplification should thus never be the conclusion of ethical methodology. As Adorno argues, reality

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<sup>161</sup> Michael D. Bayles, “Moral Theory and Application,” *Social Theory and Practice* 10, no. 1 (1984): 103.

<sup>162</sup> Examples of the Goldilocks Principle: Jon Glasby, Catherine Needham, Kerry Allen, Kelly Hall, and Steve McKay, “The Goldilocks Question: What Size is ‘Just Right’ for Social Care Providers?” *International Journal of Care and Caring* 2, no. 1 (2018): 65–87; Leon Straker, Svend Erik Mathiassen, and Andreas Holtermann, “The ‘Goldilocks Principle’: Designing Physical Activity at Work to be ‘Just Right’ for Promoting Health,” *British Journal of Sports Medicine* 52, no. 13 (2018): 818–819.

is antagonistic and a theory that values the absence of contradictions will contradict it, its object, “even as it flatters itself that it has mastered [its object] with the utmost logical elegance and soundness.”<sup>163</sup> Principlism, therefore, is not ‘just right’ but simply mistaken in assuming that a simple framework could make the world less complex. Instead, simplification brushes exactly those ethical issues under the carpet that require ethical analysis: the world is not a set of simple causal mechanisms, but full of complexity, contradictions, and antagonism. Complexity is central to critical thinking about physiotherapy ethics; it is what animates criticism. One should not think complexity away, but rather thinking complexity with and through complexity itself.

The four principles approach has been criticised for being reductionist because Beauchamp and Childress insist on the simplicity of moral method to bring some clarity into moral life that is inherently messy. While Callahan and Harris argue respectively that for the four principles approach everything in the messy moral life can be explained and indeed solved by reference to the four principles, nothing more and nothing less.<sup>164</sup> Callahan also argues that the four principles approach is attractive because it is fairly simple in its conceptualisation and application: it is potentially beneficial to use an approach that cuts through the experiential and social dimensions of actual decision making where time resources and philosophical knowledge are limited. Callahan also acknowledges, by the same argument, the danger of reductionism: the four principles approach does not invite us to think about moral matters in an imaginative and rich manner.<sup>165</sup> Others have pointed out this same problem. John Harris, for instance, writes that there is a danger that the set of principles

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<sup>163</sup> PETS 79.

<sup>164</sup> See Callahan 2003; Evans, “A Sociological Account,” 31–38.; John Harris, “Not All Babies Should Be Kept Alive as Long as Possible,” in *Principles of Health Care Ethics*, eds. Raanan Gillon and Ann Lloyd (Chichester: John Wiley & Sons, 1994).

<sup>165</sup> Callahan, “Principlism,” 288–289.

are used as a mere checklist: an approach that allows its users to tick boxes, as if it would be all that is required of moral beings to be moral beings, which is inimical to thought and reasoning.<sup>166</sup> Similarly, Gert and Clouser argue, as we have seen, that the four principles are primarily chapter headings for discussing some superficially related concepts,<sup>167</sup> while Evans argues that the popularity of the four principles approach is due to the rationalisation of social life and ethics: the principles act as commensurable, manageable and predictable units akin to those used in economic calculus and bookkeeping that tend to remove all except readily utilisable information.<sup>168</sup>

I agree with these criticisms in principle, but there remain problems that have not been considered. The most serious of these is that the criticisms have not paid close enough attention to the four principles approach as a whole by considering the common morality theory; rather they have concentrated on the principles alone, which risks becoming a straw man argument easier to refute. As a prime example, Callahan and Harris point merely towards the simplified, formal application of the four principles which is a simplification of what the advocates of the approach, Beauchamp and Childress in particular, ever intended. Beauchamp and Childress do not claim that their principles, in their abstract generality, directly address all aspects of moral life. The principles, Beauchamp and Childress maintain, are only a starting point for biomedical ethics, not the entire content of common morality.<sup>169</sup> The simple, basic form of the method has a clear purpose for Beauchamp and Childress. As Beauchamp describes, in the early development of biomedical ethics in the 1970s and early 1980s, principles provided a common language and method for people from diverse educational backgrounds:

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<sup>166</sup> Harris, "Not All Babies," 643.

<sup>167</sup> Gert and Clouser, "A Critique," 221.

<sup>168</sup> Evans, "A Sociological Account," 32.

<sup>169</sup> *Principles*, 410.

Principles were used to present frameworks of evaluative assumptions so that they could be used by, and readily understood by, people with many different forms of professional training. The distilled morality found in principles gave people a shared and serviceable group of general norms for analysing many types of moral problems. In some respects, it could even be claimed that principles gave the embryonic field of bioethics a shared method for attacking its problems, and this gave some minimal coherence and uniformity to bioethics.<sup>170</sup>

Beauchamp argues here that the purpose of principles, whether successful or not, is to offer a useful framework for addressing bioethical issues that does not require prior knowledge of any moral theory. This kind of simplicity can have some benefits, as Callahan points out above, in cutting through the experiential and social dimensions of decision-making where resources and knowledge are limited.<sup>171</sup> Moreover, it is more likely to be the case in clinical practice that if the four principles are used at all, they will be used exactly as Harris and Gert and Clouser describe, rather than how Beauchamp and Childress intend; namely, not as the starting point for a deliberative process of reasoning that combines balancing and specification, and aspires to bring everything in reflective equilibrium, but as a check-list of moral matters.

The principles, in principle at least, do not simply remove content from the sphere of morality but add it: morality is first categorised according to the four principles in the ‘bookkeeping’ manner and then specified so as to provide moral reasons, explanations, and solutions. Although I am convinced that the four principles approach is used in practice exactly as Evans describes above—a rationalised approach to simplify complex matters—reducing the four principles approach for argument’s sake to the mere formal application of the principles misrepresents the theory, and thus

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<sup>170</sup> Beauchamp, *Standing*, 36.

<sup>171</sup> Callahan, “Principlism,” 288–289.



the argument is easier to refute. It is reasonable, however, to point out that it is problematic to rationalise and reduce ethics to a mere external instrument that tolerates nothing outside its own system and discards all information that is not immediately recognised as ‘practical’ according to its own established concepts. Such a theory would certainly represent, for Adorno, the kind of heteronomy that ought to be resisted because it sets limits to what can be known and thought about ethics: if freedom of thought about moral matters is in practice prevented from transcending the system of pre-established formal concepts, it never comes to seriously acknowledge that there could be anything outside its borders.<sup>172</sup> An arbitrary and subjective application of the principles is hardly practical if users do not have any idea what to actually do with them in situations where lack of time to make decisions, to cultivate ethical knowledge, and to address the conditions of acting morally prevails. The reality of the practical simplification of the approach may also be due to clinicians being forced by various external and internal factors to use ethics in a check-list manner, and the four principles approach offers such a check-list; but what really happens in clinical situations is not a *justification* for a check-list approach. Rather, check-list ethics is exactly what we need to avoid by making the conditions of morality visible: resisting and criticising that which prevents moral action and forces practitioners to reduce ethics to a check-list.

The four principles approach must be given the benefit of doubt by analysing what Beauchamp and Childress themselves think about simplification. Perhaps unsurprisingly, they think that the simplicity of a theory is indeed an asset, not a flaw. The reductionism of the approach runs even deeper than the above criticisms suggest.

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<sup>172</sup> This is what has happened to the most active advocates of the approach: they can conceive a situation where a principle could be added but never actually follow through with it which indicates, to me at least, that the acknowledgement is a way to satisfy critics rather than a true intention to consider changing the quadrate form of the framework.

According to Beauchamp and Childress, simplicity is a sign of an *adequate theory*—a claim that is pertinent for my argument concerning theory and practice. Let us therefore analyse this claim more closely. Beauchamp and Childress set the criteria for assessing moral theories, including their own: an adequate moral theory should not be vague or obscure but have clarity; its goal should be to bring all its normative elements into coherence; and it should be as comprehensive as possible. In addition, an adequate theory should have explanatory power to provide enough insight into understanding morality; justificatory power to provide ground for justified beliefs; and output power to provide “more than a list of axioms already present in pretheoretic belief.”<sup>173</sup> Centrally, the most interesting criterion they offer is that an adequate moral theory should have simplicity:

A theory that distils the demands of morality to a few basic norms is preferable to a theory with more norms but no additional content. A theory should have no more norms than are necessary (simplicity in the sense of theoretical parsimony), and also no more than people can use without confusion (a practical simplicity).<sup>174</sup>

Here practicality means both instrumentality and economy of morality-explaining norms. Granted, a theory that is thin in its form and thus thin in its content may be easier to learn and therefore be easier to ‘apply’ in practice. In other words, it may be easier to arrive at (simple) solutions and explanations with a simple rather than a complex theory that might require a lot of time and resources to come to grips with.

But this understanding of practicality needs to be challenged: the claim that simplicity equals practicality is simply mistaken. It is mistaken because easiness and simplicity do not often correspond with the messy and complex material world; it is

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<sup>173</sup> *Principles*, 353.

<sup>174</sup> *Ibid.*

not 'practical' if it ends up ignoring, misrepresenting, or stripping down matters that require more nuanced and multifaceted analysis. Beauchamp and Childress themselves admit that "morality is complicated both theoretically and practically, and a comprehensive moral theory is certain to be complex."<sup>175</sup> But it is not clear how simplicity, according to Beauchamp and Childress, might be compatible with the other criterion for an adequate moral theory: providing explanatory power and insight into understanding morality, providing justificatory power to ground justified beliefs, and providing output power that goes beyond 'pre-theoretical' belief, while also being clear, coherent, and comprehensive. This list of justifications sounds rather complex, not simple. However, in Beauchamp and Childress' opinion their four principles fulfil all of these criteria to some extent, which brings us back to Goldilocks: their theory is intended to be justified as 'just right'. There is something not quite right with Beauchamp and Childress' insistence here, that there is no direct correspondence between method and actual reality, and the simultaneous insistence that simplicity of method is a criterion for an adequate theory that should explain, justify and provide axioms in a clear, coherent and comprehensive manner in and about the actual reality. Beauchamp and Childress hold instrumentality in high regard: a theory that is easy to use is more 'practical' than a theory that is more difficult to 'use' even if the latter would reflect the complexity of moral life better.

Despite admitting that a theory that better reflects reality is bound to be complex, Beauchamp and Childress still prefer simplicity. But this is not 'practical' even if it might be easier to 'use'. Practicality of a theory is not merely about its practical application, its utility, but rather about its freedom from methodological and practical coercion, which enables both resistance against and thinking beyond what is

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<sup>175</sup> Ibid.

merely given. Although it may sound easier in practice to use a simple method to address complex reality—to re-order and categorise reality to make it easier to apprehend—applying a simple method leads to more simplified explanations because it is more likely that those complexities that cannot be simplified are left out of the analysis. Simplified explanation, in turn, can have enough explanatory power if and only if simplified explanations are accepted as substitutes for complex ones. Simplicity is not always the best way to approach complexity—Ockham’s razor is not always the right solution—even if the simplest explanation might seem appealing. Simplifying theory or method, as Adorno argues, is a “tendency to explain away the constitutive contradictions on which our society rests, to conjure them out of existence.”<sup>176</sup> To be truly practical, theory must think with and through contradictions, because it is in the contradictions that the most urgent moral questions arise. Therefore, contradictions, even aporias, are exactly where critical thinking about physiotherapy ethics begins, rather than where a simple theory provides easy or tick-box answers. It is in thinking with and through contradictions that “the potential, the possibilities for changing society’s whole constitution”<sup>177</sup> lie. Affecting change would require exactly the opposite of simplification of a method: the priority of the complex object.

## 5. Conclusion

Beauchamp and Childress wish to argue discrimination, contradictions, antagonism, and conflict in society out of existence; but by doing so, they reveal the antagonisms of society and the importance of the object’s priority: the consistent commitment to

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<sup>176</sup> IS 7.

<sup>177</sup> Ibid. 15.

counteracting the conditions that the four principles approach ignores. The four principles approach must be criticised, not only because it is liberalism disguised as self-evidence, but also because it presents itself as an approach that gives no other alternative than to accept it—this element of heteronomy is exactly why the approach must be resisted. The priority of the object is critical to bioethics and physiotherapy because it seeks to prevent both the ossification and simplification of theory: the object decides what kind of theory is needed, what kind of reaction to the inconvenience, misery, violence, and distrust—as Beauchamp and Childress put it—critical theoretical analyses have. Rarely the answer to complex issues is simplification as the *terminus ad quem*. Simplification may be a means but never the end.

The following chapter continues to argue for the priority of the object by turning the attention to physiotherapy ethics and the somatic. Although Adorno is not the obvious philosopher of the body, I argue that his notions of the somatic and nonidentity are helpful in further criticising the kind of moral universality that turns into moral neocolonialism. Adorno is not against universality in moral philosophy, for we all share the somatic, and it is the somatic moment in the face of suffering that tells our morality that bad things ought not be so. Suffering may of course fail to motivate, but rather than proving the insistence that suffering ought not to exist wrong, the question of why suffering persists becomes the most pressing question.

# Chapter 5: The object's priority and its implications for universalism in physiotherapy ethics

The soul breathes through the body and suffering, whether it starts in the skin or in a mental image, happens in the flesh.

- Antonio Damasio<sup>1</sup>

## 1. Introduction

In this chapter, I shall argue for a view of physiotherapy ethics that places the body—the most concrete of all objects and the site through and on which physiotherapy operates—at its centre. By contrasting the four principles approach with Adorno's focus on the body, I want to retain a kind of universalism, but not the liberal sort offered by the four principles approach. Rather, my 'universalism' is both materialist and less ambitious: instead of claiming that a set of moral principles is shared universally—this argument is ethically problematic when put to a global context, as we shall see—I argue that since we all share the body and its vulnerability, physiotherapy ethics can be anchored in the body. By 'anchoring' I mean that the body and its vulnerability offer a universal point of contemplation in physiotherapy ethics, no matter which moral theory or approach one shares. Such anchoring is particularly pertinent in physiotherapy, medicine and healthcare more broadly because the body is integral in these contexts; but it might also help to address the question of universalism in ethics more generally.

Historically, physiotherapy research has not taken an interest in the philosophical or ethical underpinnings of the body but largely treated it as the site of dysfunction and rehabilitation. However, there is a growing critical interest in

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<sup>1</sup> Antonio R. Damasio, *Descartes' Error: Emotion, Reason and the Human Brain* (London: Vintage, 2006), xxvii.

theorising the body in physiotherapy.<sup>2</sup> For example, Nicholls and Gibson argue that while physiotherapy has historically benefitted from its close affinity with medicine, and the related notion of the ‘body-as-machine’, it is no longer sufficient to view the body from the narrow biomedical point of view. Instead, they argue that ‘embodiment’ might offer a broader and more inclusive lens that considers the body not only as biological but also as socially constructed.<sup>3</sup> The phenomenological notions of the lived body and lived experience have also gained a good deal of scholarly attention from different theoretical and clinical perspectives, which indicates that while the ‘body-as-machine’ might be the norm in quantitative clinical research, it no longer represents the overall view of the body in physiotherapy.<sup>4</sup> There is also a growing body of critical scholarship on touch, which is a central tool that physiotherapists use in their work and perhaps one that even characterises the professional identity of physiotherapists.

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<sup>2</sup> The historical uninterest in the body can perhaps be explained through physiotherapy’s affinity with a biomedical and positivist view of the body according to which it is already known to a large extent and can be known through quantitative scientific methods. There is an underlying assumption that physiotherapists already know the body if they know about anatomy, physiology, pathology, and evidence-based interventions. While such knowledge is essential—and my argument should not be taken as an abandonment of science, only that science too needs to be self-critical—it does not fully capture what it is like to be a corporeal being.

<sup>3</sup> David A. Nicholls and Barbara E. Gibson, “The Body and Physiotherapy,” *Physiotherapy Theory and Practice* 26, no. 8 (2010): 497–509.

<sup>4</sup> See e.g. Elizabeth Cassidy, Frances Reynolds, Sandra Naylor, and Lorraine De Souza, “Using Interpretative Phenomenological Analysis to Inform Physiotherapy Practice: An Introduction with Reference to the Lived Experience of Cerebellar Ataxia,” *Physiotherapy Theory and Practice* 27, no. 4 (2010): 263–277; Anoop Chowdhury and Wenche Schrøder Bjorbækmo, “Clinical Reasoning-Embodied Meaning-Making in Physiotherapy,” *Physiotherapy Theory and Practice* 33, no. 7 (2017): 550–559; Gunn Engelsrud, Ingvil Øien, and Birgit Nordtug, “Being Present with the Patient: A Critical Investigation of Bodily Sensitivity and Presence in the Field of Physiotherapy,” *Physiotherapy Theory and Practice* 35, no. 10 (2019): 908–918; Barbara E. Gibson, *Rehabilitation: A Post-Critical Approach* (Boca Raton: CRC Press, 2016); Marit Fougner, Astrid Bergland, Anne Lund, and Jonas Debesay, “Aging and Exercise: Perceptions of the Active Lived-Body,” *Physiotherapy Theory and Practice* 35, no. 7 (2019): 651–662; Jeanette Praestegaard and Gunvor Gard, “Ethical Issues in Physiotherapy – Reflected from the Perspective of Physiotherapists in Private Practice,” *Physiotherapy Theory and Practice* 29, no. 2 (2012): 96–112; Marianne Sivertsen and Britt Normann, “Embodiment and Self in Reorientation to Everyday Life Following Severe Traumatic Brain Injury,” *Physiotherapy Theory and Practice* 31, no. 3 (2014): 153–159; Camilla Wikström-Grotell and Katie Eriksson, “Movement as a Basic Concept in Physiotherapy – A Human Science Approach,” *Physiotherapy Theory and Practice* 28, no. 6 (2012): 428–438; Gunn Kristin Øberg, Britt Normann, and Shaun Gallagher, “Embodied-Enactive Clinical Reasoning in Physical Therapy,” *Physiotherapy Theory and Practice* 31, no. 4 (2015): 244–252.

Touch has multiple meanings and functions in clinical practice.<sup>5</sup> It has been argued, for example, that physiotherapeutic touch has historically adopted a technical and disciplining mode; but touching and being touched can also facilitate learning in physiotherapy education beyond technical skills.<sup>6</sup> There is a further development that, drawing on new materialism, concerns the idea of ‘connectedness’ in which bodies, spaces and technologies are considered co-dependent.<sup>7</sup> Physiotherapy research has also started to highlight that which is hidden and suppressed in physiotherapy, such as emotions, power relations, and normativities.<sup>8</sup> Research on the body that challenges the positivist ‘body-as-machine’ is a very welcome addition to physiotherapy literature. However, it has not been argued that physiotherapy ethics might be anchored universally in the body or that the somatic might offer a moral category *in itself* in physiotherapy ethics.

Here Adorno offers a useful, albeit perhaps unconventional, approach to the body. Adorno is not the first philosopher to cross one’s mind when thinking about

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<sup>5</sup> Wenche Schrøder Bjorbækmo and Anne Marit Mengshoel, “‘A Touch of Physiotherapy’—The Significance and Meaning of Touch in the Practice of Physiotherapy,” *Physiotherapy Theory and Practice* 32, no. 1 (2016): 10–19; Meriel Norris and Emma Wainwright, “Learning Professional Touch: An Exploration of Pre-Registration Physiotherapy Students’ Experiences,” *Physiotherapy Theory and Practice*, ahead-of-print (2020): 1–11; Amy Hiller, Marilys Guillemain, and Clare Delany, “Exploring Healthcare Communication Models in Private Physiotherapy Practice,” *Patient Education and Counselling* 98, no. 10 (2015): 1222–1228; John Roger, Daniel Darfour, Anil Dham, Orit Hickman, Laura Shaubach, and Katherine Shepard, “Physiotherapists’ Use of Touch in Inpatient Settings,” *Physiotherapy Research International: The Journal for Researchers and Clinicians in Physical Therapy* 7, no. 3 (2002): 170–186.

<sup>6</sup> Hilde Lund Kordahl and Marit Fougner, “Facilitating Awareness of Philosophy of Science, Ethics and Communication through Manual Skills Training in Undergraduate Education,” *Physiotherapy Theory and Practice* 33, no. 3 (2017): 206–217; Nicholls, David A. and Dave Holmes, “Discipline, Desire, and Transgression in Physiotherapy Practice,” *Physiotherapy Theory and Practice* 28, no. 6 (2012): 454–465.

<sup>7</sup> David A. Nicholls, Karen Atkinson, Wenche S. Bjorbækmo, Barbara E. Gibson, Julie Latchem, Jens Olesen, Jenny Ralls, and Jennifer Setchell, “Connectivity: An Emerging Concept for Physiotherapy Practice,” *Physiotherapy Theory and Practice* 32, no. 3 (2016): 159–170; Barbara E. Gibson, “Parallels and Problems of Normalization in Rehabilitation and Universal Design: Enabling Connectivities,” *Disability & Rehabilitation* 36, no. 16 (2014): 1328–1333; Barbara E. Gibson, Franco A. Carnevale, and Gillian King, “‘This is My Way’: Reimagining Disability, In/dependence and Interconnectedness of Persons and Assistive Technologies,” *Disability and Rehabilitation* 34, no. 22 (2012): 1894–1899.

<sup>8</sup> Jenny Setchell, David A. Nicholls, and Barbara E. Gibson, “Objecting: Multiplicity and the Practice of Physiotherapy,” *Health* 22, no. 2 (2017): 165–184.



corporeality because he is often dismissed as the cultural mandarin *par excellence*. However, as Lisa Yun Lee argues, “Adorno’s analysis of reified society emanates from and returns to the body.”<sup>9</sup> Furthermore, as Waggoner argues, Adorno’s somatic philosophy acknowledges “that our location in shared materiality is an inescapable feature of our existence that leaves us hopelessly exposed, fragile, and vulnerable.”<sup>10</sup> The somatic is central in Adorno’s materialism but, like his ethics, there is no unified theory of the body that can be attributed to him. Instead, somatic themes are scattered throughout Adorno’s works, in which he surrounds the somatic with constellational thinking and fragmentary and metaphorical language to criticise identity thinking. This approach to the somatic is, as Lee argues, consistent with Adorno’s commitment to dialectics and immanent criticism, as well as his style.<sup>11</sup> Despite being internally consistent, Adorno’s approach to the somatic might be considered unconventional in physiotherapy because physiotherapy traditionally deals with the body in an identitarian manner: it analyses the body to identify the causes of its functional deviation from the norm.<sup>12</sup> I have argued elsewhere, however, that the body is central to physiotherapy in a more complex sense: physiotherapy is “a material practice, [that] ... involves working on, with, for, around and through bodies that encounter, interact with and touch each other, move and are moved physically, psychologically, socially, culturally, biopolitically and emotionally.”<sup>13</sup> Physiotherapy is undoubtedly *body work*, which is characterised as work organised around the bodies of others, which may involve assessing, diagnosing, handling, treating, manipulating, and monitoring

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<sup>9</sup> Lisa Yun Lee, *Dialectics of the Body: Corporeality in the Philosophy of T.W. Adorno* (London: Routledge, 2016), 1.

<sup>10</sup> Matt Waggoner, *Unhoused: Adorno and the Problem of Dwelling* (New York: Columbia University Press, 2018), 111.

<sup>11</sup> Lee, *Dialectics of the Body*, 1. See also Introduction in this thesis, p. 19.

<sup>12</sup> On the normative physiotherapeutic body, see Gibson, *Rehabilitation*.

<sup>13</sup> Anna Ilona Rajala, “What Can Critical Theory Do for the Moral Practice of Physiotherapy?” in *Manipulating Practices: A Critical Physiotherapy Reader*, eds. Barbara E. Gibson, David A. Nicholls, Jenny Setchell, and Karen Synne Groven (Oslo: Cappelen Damm Akademisk, 2018), 58.

bodies.<sup>14</sup> Without the body, both as the object and the instrument of labour, there would be no physiotherapy and physiotherapy as body work thus needs to approach ethics with a proper focus on the body. This chapter places the somatic and solidarity with the “torturable body”<sup>15</sup> in a central position to challenge the putative self-evidence of liberalism.

In the previous chapter I addressed the problems of the four principles approach and its universalist claims. In this chapter, because physiotherapy is practiced globally<sup>16</sup> and the four principles offer an approach to ethics that claims to have a global reach, the criticism of the approach in this chapter focuses on ethics in a global context.<sup>17</sup> The criticism then offers a basis for thinking universalism in physiotherapy ethics with Adorno. The four principles framework represents a universalistic cosmopolitan approach to ethics that has been argued to be problematic in a global context: the universality of the four principles approach cannot be assumed. Rather, imposing liberalism as universal is colonial—the darker side of modernity, as Mignolo puts it—and it reproduces a colonial matrix of power.<sup>18</sup> Drawing on Adorno’s somatic

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<sup>14</sup> Linda McDowell, *Working Bodies: Interactive Service Employment and Workplace Identities* (Chichester: Wiley-Blackwell, 2009); Julia Twigg, *The Body in Health and Social Care* (Basingstoke: Palgrave Macmillan, 2006); Julia Twigg, Carol Wolkowitz, Rachel Lara Cohen, and Sarah Nettleton, “Conceptualising Body Work in Health and Social Care,” *Sociology of Health & Illness* 33, no. 2 (2011): 171–188; Carol Wolkowitz, *Bodies at Work* (London: SAGE, 2006).

<sup>15</sup> ND 285.

<sup>16</sup> Physiotherapy is practiced on every continent. The global organisation of physiotherapists, World Physiotherapy, hosts the most comprehensive statistics on physiotherapy. However, it collects data only of their member states, thus their data is not entirely representative of global physiotherapy. E.g. their data put on a map exclude countries in which physiotherapy is practiced, such as South Korea, Egypt, China, Cuba, Somalia, Russia, Kazakhstan, and Paraguay. See World Physiotherapy, “Profile of the Global Profession,” World Physiotherapy statistics, reference year 2020, <https://world.physio/membership/profession-profile>.

<sup>17</sup> Such approach might be called ‘global ethics’, which Hutchings characterises as an area of study in applied ethics that addresses moral issues that arise from the global interconnection and interdependence of the world’s population, by investigating and evaluating the moral standards of individual and collective actions in the global world. Kimberly Hutchings, *Global Ethics: An Introduction* (Cambridge: Polity, 2018), 7. However, I deliberately avoid using ‘global ethics’ because the concept is not entirely unambiguous.

<sup>18</sup> Robin Dunford, “Toward a Decolonial Global Ethics,” *Journal of Global Ethics* 13, no. 3 (2017): 380–397; Walter Mignolo, *The Darker Side of Western Modernity: Global Futures, Decolonial Options* (Durham, NC: Duke University Press, 2011); Anibal Quijano, “Coloniality of Power and

philosophy, I shall argue that instead of adopting unashamedly liberal moral principles, what is in fact universally shared is the body; its vulnerability to life itself, as Vaittinen argues, and its capacity to suffer.<sup>19</sup> The shared vulnerability of the body and its capacity to suffer—whether physically or mentally, for example as in response to direct physical violence, political violence or unjust social arrangements (i.e. structural violence)—may of course fail morally to motivate: but such a failure to be moved does not invalidate the importance of the somatic. Rather, the failure of being motivated in the face of the body capable of suffering is nothing less than the most critical question for ethics, which makes the focus on the body a critical consideration also for physiotherapy ethics.

## 2. Problems of principled global liberalism

### 2.1 Reproducing coloniality

Before arguing that the body offers a universal point of contemplation—an anchor—in physiotherapy ethics, let us first consider why a more conventional approach might not work. I begin with a criticism of a dominant account of bioethics through which my argument will develop. The four principles approach offers an apposite example because it is claimed that it applies to all people in all places and all cultures, and that everyone shares the norms of common morality (including the four principles) and can

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Eurocentrism in Latin America,” *International Sociology* 15, no. 2 (2000): 215–232; Heather Widdows, “Is Global Ethics Actually Moral Neo-colonialism? An Investigation of the Issue in the Context of Bioethics,” *Bioethics* 21, no. 6 (2007): 305–315.

<sup>19</sup> Tiina Vaittinen, “The Power of the Vulnerable Body: A New Political Understanding of Care,” *International Feminist Journal of Politics* 17, no. 1 (2015): 100–118.

be judged according to them.<sup>20</sup> But as we saw in the previous chapter, the principles are not universals but explicitly based on liberalism that is made to appear self-evident. As we also saw, to make a case for the global application of the principles, the argument has it that they just have to be used in the correct, culturally specific manner by specifying and balancing them according to the values of the particular culture to reflect, for example, the particular conceptions of moral scope and moral entitlement in that culture.<sup>21</sup> The idea here is that although the interpretation and implementation of the principles may vary in different cultural contexts, the core of each principle is putatively accepted universally to point moral action in the right direction: towards the objectives of morality, among which are the prevention and limitation of problems arising from indifference, conflict, suffering, hostility, scarce resources, and limited information.<sup>22</sup> Then all that is left for the objectives to be actualised in any specific context is to follow the principles and refrain from anything that would violate them. So can the approach offer after all a framework for ethics in a global context, as Gillon, in particular, has argued?

In an editorial and an article written twenty years apart, Gillon argues explicitly that the four principles are universally acceptable across the globe. He writes in 1995 that the four principles approach

seems to cut across national, cultural, religious, political and philosophical divisions and to provide a common set of *prima facie* moral commitments, a common moral language and a common moral analytic framework for biomedical ethics.<sup>23</sup>

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<sup>20</sup> Tom L. Beauchamp and James F. Childress, *Principles of Biomedical Ethics*, 7<sup>th</sup> ed. (New York: Oxford University Press, 2013), 3. Henceforth *Principles*. As in Chapter 4, I have checked each citation in the eighth edition. No considerable differences were found.

<sup>21</sup> See *Principles*, 17–25, 412–416; John-Stewart Gordon, Oliver Rauprich, and Jochen Vollman, “Applying the Four Principle-approach,” *Bioethics* 25, no. 6 (2011): 293–300.

<sup>22</sup> Tom Beauchamp, *Standing on Principles* (Oxford: Oxford University Press, 2010), 193.

<sup>23</sup> Raanan Gillon, “Editorial: Defending ‘the Four Principles’ Approach to Biomedical Ethics,” *Journal of Medical Ethics* 21, no. 6 (1995): 323–324.

In 2015, in a special issue of the *Journal of Medical Ethics* on ‘Good medical ethics’, Gillon continues to advocate the four principles approach because it

provides a universalisable set of *prima facie moral commitments* to which all doctors can subscribe, whatever their culture, religion (or lack of religion), philosophy or life stance; in addition it provides a basic moral language and a basic analytic framework that all interested in biomedical ethics share.<sup>24</sup>

The message, Gillon writes, can be formulated as an intercultural “mission statement”:  
the goal of medicine is

the provision of health benefits with minimal harm in ways that respect people’s deliberated choices for themselves and that are just or fair to others, whether in the context of distribution of scarce resources, respect for people’s rights or respect for morally acceptable laws.<sup>25</sup>

If doctors all over the world would commit to the four principles and the mission statement, he concludes, they would be good and compassionate doctors, and would benefit their patients and the communities they serve.<sup>26</sup> Gillon challenges his readers in the *Festschrift* edition of the *Journal of Medical Ethics* in honour of his work to prove him wrong by showing that one or more of the principles *must* be rejected—this is unlikely to happen, he adds—or that some principle could be added to the framework, an option he thinks is more likely.<sup>27</sup> Furthermore, predicting that accepting the four principles as the basis of global ethics will become increasingly widespread, Gillon writes that the four principles are “compatible with and acceptable across the

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<sup>24</sup> Raanan Gillon, “Defending the Four Principles Approach as a Good Basis for Good Medical Practice and therefore Good Medical Ethics,” *Journal of Medical Ethics* 41, no. 1 (2015): 115.

<sup>25</sup> *Ibid.* 111.

<sup>26</sup> *Ibid.* 112.

<sup>27</sup> Raanan Gillon, “Ethics Needs Principles—Four Can Encompass the Rest—and Respect for Autonomy Should Be ‘First among Equals,’” *Journal of Medical Ethics* 29, no. 5 (2003): 307.

range of the world's moral cultures, sensitively negotiating the delicate path between moral relativism and moral imperialism and helping in pursuit of morally acceptable world peace."<sup>28</sup>

There are at least four problems with Gillon's utopianism *cum* moral imperialism. First, regarding world peace, Gillon avoids defining peace as a categorical state. Instead, he adds to world peace the specifier 'morally acceptable'. This begs the obvious question: Who (and based on what) decides what 'morally acceptable world peace' is? For whom is it acceptable? Even if all individuals, institutions, governments and cultures accepted the four principles, it is premature to think that there is a causal relationship between the four principles and the pursuit of a 'morally acceptable world peace'. Claiming that the success of 'global bioethics' as a peace-building enterprise depends on the doctors' commitment—Gillon's focus is indeed iatrogenic<sup>29</sup>—to the four principles and the mission statement he formulates misses the point that healthcare practitioners may simply be powerless to act according to the principles, or that acting according to the principles is useless in, for example, situations of drastic health disparities, devastating natural disasters, armed conflicts, or extreme poverty.

Second, it is difficult to argue that it would be either better or worse if healthcare practitioners did not commit to any one of the principles. Tuija Takala—admitting, perhaps not in all seriousness, that her critique grew out of a boredom that

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<sup>28</sup> Gillon, "Ethics Needs Principles," 311. Gillon even suggests a Nobel Prize for Beauchamp and Childress. Gordon argues for a similar mediating role between relativism and universalism for the four principles, see below.

<sup>29</sup> Gillon writes only of doctors (understandably because he is also a general practitioner and may feel unqualified to speak for other healthcare practitioners). A peace-building global ethics, or any ethics that aims at some common goal not specific to the skill set of the medical staff, however, cannot merely stand on the shoulders of doctors and their duties or efforts.

arises in response to the recurrent claim that the four principles are universal—replies to Gillon’s challenge:

To be sure, we have the four principles—autonomy, justice, beneficence, and nonmaleficence—that we all agree upon. We all think that autonomy is good, that justice is good, that it is good to do good, and that it is good not to inflict harm. In short, by definition, we think that good is good.<sup>30</sup>

I agree with Takala’s criticism: the four principles and their ‘goodness’ have become an empty tautology. The problem is, as Takala argues, that the four principles approach assumes a singular common morality without recognising that although we might use similar moral language, we might mean different things; what constitutes the ‘good’ in various circumstances is exactly what we cannot agree upon, and so we need more than just some common words upon which to build an ethics with global reach.<sup>31</sup>

This brings us to the third problem of the global applicability thesis. Are the four principles globally shared? As a matter of sociological fact, as Holm and Williams-Jones demonstrate, there is no such thing as ‘global bioethics’ in the sense of a global set of principles or a globally unified field.<sup>32</sup> Claiming anything otherwise about the putative transcultural and atemporal universality of the four principles (or any other approach) raise suspicion: the insensitivity towards other cultures and their local ethical conceptions leads to the danger of moral imperialism or moral neocolonialism.<sup>33</sup> Huntington argues in the wider context of criticism of western-

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<sup>30</sup> Tuija Takala, “What is Wrong with Global Bioethics? One the Limitations of the Four Principles Approach,” *Cambridge Quarterly of Healthcare Ethics* 10, no. 1 (2001): 73.

<sup>31</sup> Takala, “What is Wrong,” 73; see also Leigh Turner, “An Anthropological Exploration of Contemporary Bioethics: The Varieties of Common Sense,” *Journal of Medical Ethics* 24, no. 2 (1998): 127–133.

<sup>32</sup> Søren Holm and Bryn Williams-Jones, “Global Bioethics—Myth or Reality?” *BMC Medical Ethics* 7, no. 1 (2006). <https://doi.org/10.1186/1472-6939-7-10>.

<sup>33</sup> See e.g. Jacquineau Azétsop, “New Directions in African Bioethics: Ways of Including Public Health Concerns in the Bioethics Agenda,” *Developing World Bioethics* 11, no. 1 (2011): 4–15;

centredness that it is deeply flawed to think that the culture of the West is and ought to be the culture of the world: “What is universalism to the West is imperialism to the rest.”<sup>34</sup> Huntington’s criticism of western-centredness, including the hypocrisy and double standards when it comes to the gap between western values and western practices, should be given careful consideration when claiming that a set of explicitly liberal moral principles is universal. While liberal values and the achievements of western civilization may be in some regard commendable—freedom and self-determination, for example—the narrative of western modernity, as Mignolo argues, always hides coloniality as its constitutive darker side.<sup>35</sup> In the context of bioethics, Hellsten warns us that there should be caution about exporting or importing cultural values as if they were universal. Another danger, she continues, lies in stereotyping, for example, when contrasting ‘Asian values’ or ‘African values’ with ‘western values’.<sup>36</sup> The danger of imposing western values is that it reproduces the power relations between the West and the rest. As Dunford argues, with reference to Quijano’s seminal work on the colonial matrix of power, individualistic and

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Jacquineau Azétsop and Stuart Rennie, “Principlism, Medical Individualism, and Health Promotion in Resource-poor Countries: Can Autonomy-based Bioethics Promote Social Justice and Population Health?” *Philosophy, Medicine, and Humanities in Medicine* 5, no. 1 (2010), <https://doi.org/10.1186/1747-5341-5-1>; Fan Ruiping, “Confucian Reflective Equilibrium: Why Principlism is Misleading for Chinese Bioethics Decision-making,” *Asian Bioethics Review* 4, no. 1 (2012): 4–13; Sirkku K. Hellsten, “Global Bioethics: Utopia or Reality?” *Developing World Bioethics* 8, no. 2 (2008): 70–81; Harry R. Moody, “Cross-Cultural Geriatric Ethics: Negotiating our Differences,” *Generations* 22, no. 3 (1998): 32–39; Takala, “What is Wrong?”; Daniel Fu-Chang Tsai, “How Should Doctors Approach Patients? A Confucian Reflection of Personhood,” *Journal of Medical Ethics* 27, no. 1 (2001): 161–166; Mbih Jerome Tosam, “Global Bioethics and Respect for Cultural Diversity: How do We Avoid Moral Relativism and Moral Imperialism?” *Medicine, Health Care, and Philosophy* 23, no. 4 (2020): 611–620; Daniel Fu-Chang Tsai, “Personhood and Autonomy in Multicultural Health Care Setting,” *American Medical Association Journal of Medical Ethics* 10 (2008): 171–176; Turner, “An Anthropological Exploration”; Widdows, “Is Global Ethics Actually Moral Neo-colonialism?”

<sup>34</sup> Samuel P. Huntington, “The West Unique, Not Universal,” *Foreign Affairs* 75, no. 6 (1996): 28–46. <https://doi.org/10.2307/20047828>. Huntington is not a bioethicist, but the argument is pertinent in this context. He argues that since the collapse of communism, it seemed that western democratic liberalism won and was now universally valid. Thus, the rest should commit themselves to the western values: democracy, free markets, limited government, separation of church and state, human rights, individualism, and the rule of law. However, such attitude is a form of ‘moral imperialism’.

<sup>35</sup> Mignolo, *The Darker Side of Western Modernity*, 1–24.

<sup>36</sup> Hellsten, “Global Bioethics,” 70.



universalising cosmopolitan global ethics occlude and reproduce a power matrix, which consists in different intersecting political, economic, epistemic, cultural, racial, gender and other hierarchies that persist beyond the formal end of colonial rule.<sup>37</sup> Although, as Widdows argues, it is possible to find some common ground between different culturally specific bioethical theories, the danger of globalising ethics that arise from specific value-systems is that it ends up being nothing but a form of moral neocolonialism: a ‘new’ colonialism that replaces the open aims of conversion and enforcement of ‘superior’ moral ideas with a covert enforcement of moral ideas as a universally recognisable value-system.<sup>38</sup> Dawson and Garrard argue that some form of moral imperialism is indeed the only option for the four principles approach if it is to maintain its *prima facie* and universal status.<sup>39</sup>

Finally, Gillon’s liberal cosmopolitan attitude offers a fine example of how the four principles approach falls roughly into what Geuss calls the rubric of modern ethics in which the interests are human reason and generating some set of universal laws, rules or principles that can be used to make predictions and rational prescriptions for action.<sup>40</sup> Although Gillon might not be mistaken to have a utopian hope for a better future world, the four particular principles—as a putatively universal means of attaining a more compassionate medicine with more compassionate doctors (or other healthcare practitioners)—do not attend to issues of social justice in public health in a world in which sickness and health often depend on destitution and affluence.<sup>41</sup> No healthcare practitioner can solve the issues of social injustice by simply following the

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<sup>37</sup> Dunford, “Toward a Decolonial Global Ethics,” 382. See also Mignolo, *The Darker Side of Western Modernity*; Quijano, “Coloniality of Power and Eurocentrism in Latin America.”

<sup>38</sup> Widdows, “Is Global Ethics Actually Moral Neo-colonialism?” 312.

<sup>39</sup> Angus Dawson, and Eve Garrard, “In Defence of Moral Imperialism: Four Equal and Universal *Prima Facie* Principles,” *Journal of Medical Ethics* 32, no. 4 (2006): 200–204.

<sup>40</sup> Raymond Geuss, *Outside Ethics* (Princeton: Princeton University Press, 2005), 2–3.

<sup>41</sup> Patricia Marshall and Barbara Koenig, “Accounting for Culture in Globalizing Bioethics,” *The Journal of Law, Medicine & Ethics* 32, no. 2 (2014): 253.

four principles. However, Gillon's very definition of the goal of global medicine excludes any consideration that people might not have a choice when it comes to the provision of healthcare. According to Gillon, the goal of global medicine, as we saw above, is to provide health benefits with minimal harm while, at the same time, respecting people's deliberated choices for themselves that are just or fair to others, whether in distributing scarce resources, respecting people's rights, or respecting morally acceptable laws.<sup>42</sup> This goal describes an ideal situation in which the parties are privileged enough to deliberate and choose while already enjoying health benefits since they are in a material position to do so. Because Gillon argues that all the other principles presuppose and can be reduced to respect for autonomy,<sup>43</sup> his statement of the goal of medicine assumes that choice and deliberation enter the (assumed) doctor-patient relationship in the first place. But what if they do not? As Azétsop and Rennie argue, in resource-poor situations matters of social justice are often most pressing. These include, for example, income disparities that contribute to health inequities, restricted access to healthcare, the impact of poverty and underdevelopment on population health, biomedical research that does not address problems in resource-poor settings, and the impact of gender discrimination on women's health.<sup>44</sup> The four principles approach cannot properly attend to social justice if it insists on the unrealisable promise of rational deliberation and choice, universal values, and a future-oriented solution-based approach: it glosses over the particularity of past, present and future suffering—suffering, as Silberbusch puts it, that is “so enormous that it becomes authoritative in itself.”<sup>45</sup>

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<sup>42</sup> Gillon, “Ethics Needs Principles,” 111.

<sup>43</sup> Ibid.

<sup>44</sup> Azétsop and Rennie, “Principlism, Medical Individualism.”

<sup>45</sup> Oshrat C. Silberbusch, *Adorno's Philosophy of the Nonidentical* (Cham: Palgrave, 2019), 64.

## 2.2 Applying or adapting?

If the application of liberalism globally can be considered problematic, on account of its incipient coloniality, would adaptation of the principles offer a less coercive approach? The four principles, because they are located at a mid-level between universal and particular, or so it is said, have been claimed to act as mediators between moral relativism and universalism.<sup>46</sup> Gordon, for instance, has attempted to show that the four principles approach is a “mixed particularism” in which the “dialectical” relationship between universal normativity and case-based particularity is able to “bridge the gap between universalism and relativism in a way that enriches the debate in global ethics with regard to the challenges of ethical relativism and how to deal with it.”<sup>47</sup> The bridging, Gordon suggests, is achieved through balancing and specification of the norms of common morality, which offer an “inner dynamic that compels the different particular moralities to strive for perfection in order to come as close as possible to common morality.”<sup>48</sup> The specifications, enriched by empirical knowledge, then putatively feed back into universal common morality and dialectically refine our understanding of it.<sup>49</sup> Gordon suggests both an adaptation of the four principles to particular global contexts and the maintenance of a connection to the putative universal morality that gives the principles their global authority. But I am not convinced that

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<sup>46</sup> John-Stewart Gordon, “Global Ethics and Principlism,” *Kennedy Institute of Ethics Journal* 21, no. 3 (2011): 251–276.

<sup>47</sup> Gordon, “Global Ethics and Principlism,” 253.

<sup>48</sup> *Ibid.*

<sup>49</sup> *Ibid.* Gordon argues that the dialectical process of a particular morality moves in the following manner: first, it is in line with common morality, then by adding empirical content to the norms of common morality it starts to effect the common morality (as empirical information is integrated into the universal norms), and finally this newly shaped and developed particular morality gains empirical information that is again integrated into common morality. In this process, the particular morality approximates common morality by recurrent judgements. The suggested relationship of common morality to the particular, however, is not dialectical but top-down because common morality is still the unchangeable authority against which all other moralities are measured. Specification does not affect common morality, as Gordon claims, but it is the unchangeable common morality that is specified toward particular moralities (one cannot “enrich” a general rule without it ceasing to be a general rule).

Gordon's approach is helpful: if the most acceptable particular morality is the one that best approximates to common morality, then Gordon in effect argues, not for an ethics that is culturally sensitive to particular moralities, but for an *ideal* particular morality that is ideal because it is *like* common morality: abstract, coercively universalistic, and explicitly American rather than global.<sup>50</sup>

On the other hand, it has been suggested that the four principles could be useful if they were revised or replaced according to culture-specific conceptions.<sup>51</sup> However, to take just one example, Confucian bioethics, as Fan argues, flatly contradicts Beauchamp and Childress' common morality which, from a Confucian standpoint, is a particular morality belonging to a post-traditional liberal worldview with its emphasis on individualism. In contrast, Confucian bioethics understands individuals as relational and altruistic actors within the context of family and common activities based on traditional rituals and conventions.<sup>52</sup> Azétsop and Rennie also suggest that instead of the unrealistic promises of individualistic liberal autonomy—a concept of autonomy that excludes people by their inability to pay—bioethics in resource-poor settings should be oriented around values such as relational autonomy, partnership, trust and solidarity, as these better promote equitable access to healthcare and broaden the goals of medicine and public health.<sup>53</sup> Western secular bioethics, with its emphasis on individual autonomy, is considered a poor fit for cultures and communities in which medical decision-making involves the family, sometimes even

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<sup>50</sup> Søren Holm, "Not just Autonomy—the Principles of American Biomedical Ethics," *Journal of Medical Ethics* 21, no. 6 (1995): 332–338.

<sup>51</sup> E.g. Kevin G. Behrens, "A Critique of the Principle of 'Respect for Autonomy', Grounded in African Thought," *Developing World Bioethics* 18, no. 2 (2018): 126–134; Aasim I. Padela, Aisha Y. Malik, and Raymond DeVries, "[Re]considering Respect for Persons in a Globalising World," *Developing World Bioethics* 15, no. 2 (2015): 98–106.

<sup>52</sup> Fan, "Confucian Reflective Equilibrium," 6; See also Tsai, "How Should Doctors Approach Patients?" 161–166.

<sup>53</sup> Azétsop and Rennie, "Principlism, Medical Individualism," 5. For a relational and situated conception of autonomy, see also Rachel Haliburton, *Autonomy and the Situated Self: Challenge to Bioethics* (Lanham: Lexington Books, 2014).

the whole community, and in which deciding for the patient or not disclosing all information to them might be the culturally-informed morally right thing to do. In such cultures or communities, the larger social body also takes care of the sick as a collective according to the ideals of solidarity and social responsibility.<sup>54</sup> It might be argued that taking account of the specific needs and customs of a society does not *necessarily* require abandoning the four principles approach, if the principles can be either revised or replaced with similar ones to better reflect a specific culture.<sup>55</sup> However, there is no reason to accept the approach as universal either.

### 3. The vulnerability of the body as a moral remainder

If there is anything universal that might be retained in a physiotherapy ethics with global reach? I turn to Adorno's somatic philosophy to argue that the body and its very capacity to suffer offers a way to anchor physiotherapy ethics in something that is universally shared. Unlike the four principles, the bodily fact of suffering is a universal facet of human experience, and it is not dependent on adopting any explicit philosophical or ideological standpoint. The priority of the object, as I have argued throughout, is central to Adorno's thinking. It is critical also for Adorno's thinking on theory and practice. He argues that praxis must respect the priority of the object because the object decides the form of praxis that is needed: "praxis follows the

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<sup>54</sup> See e.g. Fan Ruiping, "Critical Care Ethics in Asia: Global or Local?" *The Journal of Medicine and Philosophy* 23, no. 6 (1998): 549–562; Yoshinori Nakata, Takahisa Goto, and Shigeho Morita, "Serving the Emperor without Asking: Critical Care Ethics in Japan," *The Journal of Medicine and Philosophy* 23, no. 6 (1998): 601–615; Ashwani Kumar Peetush and Arjuna Maharaj, "Individual Autonomy: Self, Culture, and Bioethics," *Bioethics UPdate* 4, no. 1 (2017): 24–34; John W. Traphagan, *Rethinking Autonomy: A Critique of Principlism in Biomedical Ethics* (Albany: SUNY Press, 2013).

<sup>55</sup> Behrens, "A Critique of the Principle"; Padela, Malik, Curlin and DeVries, "[Re]considering Respect for Persons."

object's neediness."<sup>56</sup> The neediness of the object, in turn, is mediated through the total societal system and for that reason we return to the importance of theory: what the object needs, Adorno argues, "can be determined critically only by theory"<sup>57</sup>—that is to say, only by rigorous analysing, by theory as a form of praxis. The priority of the object is not the be-all and end-all of morality; it is not a system, nor an absolute theory. It is important to note that prioritising the object does not imply that there can be no binding moral principles. Adorno is not a relativist, despite the context-bound moral reasoning that the priority of the object implies. Adorno is not advocating a refusal to acknowledge anything determinate or firmly established, but rather that such mobile thinking "proceeds precisely by taking what is determinate and firmly established even more seriously."<sup>58</sup> Bernstein argues that Adorno's "consistent focus on the priority of the object entails that the validity of any moral norm, moral principle, or concept is *dependent* on the validity of its application to a particular instance."<sup>59</sup> The object-prioritising dialectic between established norms and their application forces us to take a critical look at that which is established by focusing on the material moral situation, and thinking the mutually mediating dialectical relationship between the general and the particular, rather than first establishing certain norms, as the four principles approach has it, with which to focus critically on material moral situations.

There is one explicit statement of a moral norm in Adorno's texts, as Bernstein points out,<sup>60</sup> in the course of Adorno's 'Never again!' concerning Auschwitz.<sup>61</sup> Adorno formulates this moral demand in *Negative Dialectics* with a Kantian echo:

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<sup>56</sup> CM 265 (Marginalia to Theory and Praxis). The original German for neediness, *Bedürftigkeit*, has connotations of being in need in terms of indigence and poverty.

<sup>57</sup> Ibid.

<sup>58</sup> ID 158.

<sup>59</sup> Bernstein, *Adorno*, 362. Original emphasis.

<sup>60</sup> Ibid. 385.

<sup>61</sup> Here we find parallels with both Agamben and Arendt, who have reflected on the experience of Auschwitz. See Hannah Arendt, *The Origins of Totalitarianism* (New York: Meridian, 1958); Giorgio

A new categorical imperative has been imposed by Hitler upon unfree mankind: to arrange their thoughts and actions so that Auschwitz will not repeat itself, so that nothing similar will happen.<sup>62</sup>

This imperative is absolute for Adorno and trying to find a justification for it discursively, Adorno insists, is “an outrage”.<sup>63</sup> Adorno confesses that his own thinking tends to react idiosyncratically, as it were with his nerves, which means that the “so-called theoretical thought is to a great extent no more than the attempt to pursue intellectually the path taken by these instinctive reactions through the mind.”<sup>64</sup> This is important. It is the reason he abhorred the idea of rationalising or contemplating the reaction to suffering, even if the intention to formulate a moral principle against suffering was admirable. Pain and suffering are not fully communicable or discursively graspable. Expression of suffering, Edgar argues, is best captured through the “persistent and radical disruption of any illusion of meaning and coherence that might be imposed upon the experience”, which disrupts the possibility of fully communicating suffering.<sup>65</sup> For Adorno, the claim that ‘no one should be tortured’ is true as an impulse in the face of news about torture going on somewhere. But to rationalise such an impulse would deny the urgency of on-going torture. The impulse, Adorno insists, is immanent to morality: the feeling of solidarity with “torturable bodies”—an expression he borrowed from Brecht—the naked physical fear in the face of abhorrence.<sup>66</sup> The body and the somatic, as Pritchard argues, lend Adorno’s

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Agamben, *Remnants of Auschwitz: The Witness and the Archive*, trans. Daniel Heller-Roazen (New York: Zone, 1999). For an exploration of the convergences, see J. M. Bernstein, “Intact and Fragmented Bodies: Versions of Ethics ‘After Auschwitz’,” *New German Critique* 97 (2006): 31–52.

<sup>62</sup> ND 365.

<sup>63</sup> *Ibid.*

<sup>64</sup> LND 29.

<sup>65</sup> Andrew Edgar, “The Art of Useless Suffering,” *Medicine, Health Care, and Philosophy* 10, no. 4 (2007): 395–405.

<sup>66</sup> ND 285–286.

“morality its imperative aspect.”<sup>67</sup> The physical moment that tells us that suffering ought not to be, she further argues, is for Adorno “the will to protect other humans from harm and seek justice of their behalf” and it is “motivated not by rationalization but by a visceral form of solidarity.”<sup>68</sup>

In the everyday physiotherapy context, Adorno’s ‘new categorical imperative’ may seem an exaggeration, but the imperative nonetheless has implications for physiotherapy ethics: the imperative is somatic. Dealing with it discursively would be an injustice to what happened, and the *moral* injury follows from the somatic one. Adorno’s comments must also be understood in the context of his style: he often exaggerates because “[o]nly the extreme has a chance to escape the mush of mainstream opinion.”<sup>69</sup> The claim of the ‘new categorical imperative’ is that morality itself is inescapably somatic: “the practical abhorrence of the unbearable physical agony to which individuals are exposed”<sup>70</sup> renders it so. For “[i]t is in the unvarnished materialistic motive only”, as Adorno argues, “that morality survives.”<sup>71</sup>

In the secularised landscape of modern ethics, however, there is nothing rationally compelling within the ‘new categorical imperative’.<sup>72</sup> In late modernity, as Bernstein reminds us, “ethical actions and experiences ... are enclosed on all sides in rationalized institutional structures and social practices” and in such a situation, “modernist ethical experience, if there is any, is the experience of the promise of a form of life escaping nihilism.”<sup>73</sup> Adorno rejects the idea of grounding the ‘good’

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<sup>67</sup> Elizabeth A. Pritchard, “*Bilderverbot* Meets Body in Theodore [sic] W. Adorno’s Inverse Theology,” *The Harvard Theological Review* 95, no. 3 (2002): 315.

<sup>68</sup> Ibid.

<sup>69</sup> Theodor W. Adorno, “*Graeculus* (II): Notizen zu Philosophie und Gesellschaft 1943–1969,” in *Frankfurter Adorno Blätter VIII* (München: text + kritik, 2003), ed. Rolf Tiedemann, 19. Quoted in and translated by Silberbusch, *Adorno’s Philosophy*, 50.

<sup>70</sup> ND 365.

<sup>71</sup> Ibid.

<sup>72</sup> Bernstein, *Adorno*, 415.

<sup>73</sup> Ibid. 420.



because the reality in which the ‘bad’ dominates, which renders our lives ‘damaged’ and ‘unfree’, is inadequate: to express and pinpoint the good in this context would be a betrayal of the yet unknown hope and potential of the good.<sup>74</sup> The somatic moment in ethics should not be rationalised into a contemplative form because it would mock the urgency of counteracting the bad. Rather, Adorno argues that “what hope clings to ... is the transfigured body.”<sup>75</sup> This passage, as Lee notes, is both enigmatic and compelling: the transfiguration of the sensuous body is the “site where the history of oppression, suffering, pain and injustice are experienced”<sup>76</sup> and, on the other hand, the task of philosophy is answering the “need to lend a voice to suffering [which] is the condition of all truth.”<sup>77</sup> The body is the critical locus of all injury, whether physical or moral: suffering is the condition of all truth because it “is objectivity that weighs upon the subject; its most subjective experience, its expression, is objectively conveyed.”<sup>78</sup> Lee argues that the body is for Adorno

the site where even in the anesthetized world of glossy magazines and sugar substitutes, pain and suffering still leave their indelible traces. The ability to truly experience suffering becomes the condition of critical and moral consciousness. Tapping into this pain and expressing suffering is the first step of resistance, and perhaps the only one possible.<sup>79</sup>

The physical and social body, as Fritsch puts it, is for Adorno the site of “the history of oppression, pain, and injustice”; but also a site in which that which “has been glossed over, forgotten, or manipulated into identical equivalence can be transformed

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<sup>74</sup> Silberbusch, *Adorno's Philosophy*, 98

<sup>75</sup> ND 400.

<sup>76</sup> Lee, *Dialectics of the Body*, 9.

<sup>77</sup> ND 17–18.

<sup>78</sup> *Ibid.* 18.

<sup>79</sup> Lee, *Dialectics of the Body*, 137.

by difference.”<sup>80</sup> The body is thus a site both of suffering and of hope. Abhorrence in the face of its suffering, as Bernstein reminds us, is most straightforwardly understood as moral injury; but such abhorrence also implies that “all moral injury is akin to or modelled by embodied moral injury.”<sup>81</sup>

How might such modelling of moral injury and the ‘Never again!’ concerning unfathomable suffering and injustice help in thinking about ethics with global reach? Kate Schick defends the importance of taking vulnerability into consideration in international politics and ethics, because modern international ethics tends to be too quick to skim over concrete human experience.<sup>82</sup> Drawing on the works of Adorno and Gillian Rose, Schick proposes a dialectical approach to suffering in international ethics that pays attention to particular suffering—both suffering in itself and suffering as the indicator of the objective social conditions and social processes which gave birth to that suffering. Such an approach does not offer easy answers or prescribe solutions. Rather it points towards *education*—Schick’s argument follows Adorno’s insistence on the importance of education<sup>83</sup>—to better enable skills of critical reflection and social critique.<sup>84</sup> Schick’s Adornian approach is more fruitful for physiotherapy ethics than the four principles approach inasmuch as it avoids the pitfalls of moral neocolonialism, and instead turns attention to the *res extensa*, the body and its capacity to suffer that is shared universally. The critical model of moral injury helps to extend bodily suffering as a moral category into everyday clinical occurrences. Vulnerability

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<sup>80</sup> Kelly Fritsch, “On the Negative Possibility of Suffering: Adorno, Feminist Philosophy, and the Transfigured Crip to Come,” *Disability Studies Quarterly* 33, no. 4 (2013), <https://dsq-sds.org/article/view/3869>.

<sup>81</sup> Bernstein, *Adorno*, 448.

<sup>82</sup> Kate Schick, “‘To Lend a Voice to Suffering is a Condition for all Truth’: Adorno and International Political Thought,” *Journal of International Political Theory* 5, no. 2 (2009): 138.

<sup>83</sup> See especially Adorno’s essay “Education After Auschwitz” in CM 191–204.

<sup>84</sup> Schick, “To Lend a Voice,” 154–155.

has in fact become a central concept in bioethics, biolaw, and medical research ethics.<sup>85</sup> Henk ten Have, for example, has conceptualised vulnerability as an ethical and bioethical notion, arguing that vulnerability is a general predicament of humans and interpreting it in the socio-economical context of a globalised world.<sup>86</sup> The concept of vulnerability is of course contested, not least because it is often vague.<sup>87</sup> So instead of arguing for such-and-such criteria of being vulnerable—and thus deserving of special attention, care, and protection—moral injury modelled by embodied injury focuses on vulnerability in a more fundamental sense: as the capacity of each corporeal, sentient being to suffer, not only because others can inflict bodily and moral injury, but because all corporeal beings in their bare neediness are vulnerable; not only to physical and moral injury but, as Vaittinen puts it, to *life itself*.<sup>88</sup>

Vulnerability cannot be fully grasped using a framework of individual autonomy.<sup>89</sup> It is rather something that makes bioethics a global enterprise in the sense that attention to the torturable body reminds us that our very vulnerability is something that we can be absolutely certain about all of us sharing it. It is also something that we can be certain about with respect to universal morality: we share universally the fact

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<sup>85</sup> See e.g. Dearbhail Bracken-Roche, Emily Bell, Mary Ellen Macdonald, and Eric Racine, “The Concept of ‘Vulnerability’ in Research Ethics: An in-Depth Analysis of Policies and Guidelines,” *Health Research Policy and Systems* 15, no. 1 (2017), <https://doi.org/10.1186/s12961-016-0164-6>; Martha Albertson Fineman, “Vulnerability in Law and Bioethics,” *Journal of Health Care for the Poor and Underserved* 30, no. 5 (2019): 52–61; Martin Huth, “The Dialectics of Vulnerability: Can we Produce or Exacerbate Vulnerability by Emphasizing it as a Normative Category?” *Philosophy Today (Celina)* 64, no. 3 (2020): 557–576; Ruth Macklin, “Bioethics, Vulnerability, and Protection,” *Bioethics* 17, no. 5 (2003): 472–486; Jacob Dahl Rendtorff, “Basic Ethical Principles in European Bioethics and Biolaw: Autonomy, Dignity, Integrity and Vulnerability – Towards a Foundation of Bioethics and Biolaw,” *Medicine, Health Care, and Philosophy* 5, no. 3 (2002): 235–244.

<sup>86</sup> Henk ten Have, *Vulnerability: Challenging Bioethics* (London: Routledge, 2016).

<sup>87</sup> See e.g. Nicolas Tavaglione, Angela K. Martin, Nathalie Mezger, Sophie Durieux-Paillard, Anne François, Yves Jackson, and Samia A. Hurst, “Fleshing Out Vulnerability,” *Bioethics* 29, no. 2 (2015): 98–107.

<sup>88</sup> Vaittinen, “The Power of the Vulnerable Body,” 104. Drawing attention to the vulnerability of embodied subjects has been defended in global politics and international relations. E.g. Beattie and Schick argue that the vulnerable subject must be taken seriously to find alternatives for the rationalist thinking of global politics. See Amanda Russel Beattie and Kate Schick, eds. *Vulnerable Subject: Beyond Rationalism in International Relations* (New York and Basingstoke: Palgrave Macmillan, 2013).

<sup>89</sup> ten Have, *Vulnerability*.

that we are embodied beings with the capacity to suffer. So Adorno's notion of the somatic impulse in the face of suffering—thinking that holds on to the horror of the torturable body, to lend a voice to suffering, which cannot be turned into a norm—can offer a critical model for physiotherapy ethics. Paying attention to the vulnerability of the body reminds us that vulnerability and the very capacity to suffer are universal facts, and that the suffering body is both the starting point and the *terminus ad quem* of morality.

How about the normativity of Adorno's focus on the somatic? Adorno argues that the place for morality today lies in a contradiction between two extremes: the somatic impulse that is impatient with argumentation and that does not want horror to continue, and the theoretical consciousness that is not coerced by practical commands and that shows us why the horror goes on regardless and without an end in sight.<sup>90</sup> Materialism and criticism—social change in practice—Adorno argues, converge in the “physical moment [that] tells our knowledge that suffering ought not to be, that things should be different.”<sup>91</sup> Hulatt tries to ‘tame’ Adorno's point by reconstructing it to argue that the body has an intrinsic capacity in the physical moment to disclose a normatively binding form of resistance, a normative impulsivity, to the things that are wrong.<sup>92</sup> Assigning normativity to Adorno's somatic impulse is, however, problematic: Adorno did not and could not rationalise the somatic reaction “to the news that somewhere some are tortured” because turning the reaction into abstract principles “would fall promptly into the bad infinities of derivation and validity.”<sup>93</sup> Is Adorno's somatic impulsivity, then, a credible basis for ethics? Peters argues that

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<sup>90</sup> ND 286.

<sup>91</sup> *Ibid.* 202–203.

<sup>92</sup> Owen Hulatt, “Normative Impulsivity: Adorno on Ethics and the Body,” *International Journal of Philosophical Studies* 22, no. 5 (2014): 685.

<sup>93</sup> ND 285.

Adorno's moral philosophy is famously problematic and untranslatable into a moral theory because it revolves around a vague notion of the somatic impulse as a moral 'addendum' [*das Hinzutredende*], an impulse of solidarity with the suffering body that philosophy struggles to put into words that cannot and should not be rationalised. Peters further argues that Adorno's moral philosophy is in this respect rather weak; however, this weakness reflects, he suggests, the reality that is 'wrong', and in this sense the moral addendum has critical value.<sup>94</sup> I agree with Peters that basing moral philosophy on Adorno is doomed to fail in a certain respect—Adorno's "extremely negative diagnosis of the world as a whole has a devastating effect on any attempt to construct a moral philosophy"<sup>95</sup>—but also that sacrificing the possibility of constructing a moral theory does not show that Adorno is unable to offer anything useful by way of moral orientation. Perhaps Adorno's pessimism and hope are, in cases of extreme suffering and injustice at least, the only possible reactions. Adorno reminds us, as Peters notes, that morality consists in resistance against a world in which suffering prevails, that violence must be rejected categorically, and that a concern with the vulnerability of human and non-human bodily beings may "result in an experience of warmth between creatures" even in a wrong life.<sup>96</sup>

#### 4. Towards an object-prioritising ethics

The discussion above suggests that, because Adorno's moral notions cannot be turned into explicit norms, we need another way of approaching an 'Adornian' ethics; one

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<sup>94</sup> Mathijs Peters, "'The Zone of the Carcass and the Knacker'—On Adorno's Concern with the Suffering Body," *European Journal of Philosophy* 23, no. 4 (2015): 1238–1258.

<sup>95</sup> *Ibid.* 1246.

<sup>96</sup> *Ibid.* 1255.

that binds with moral urgency but refrains from rationalising any particular reaction to moral issues. Here we can return to the relationship between theory and practice. I want to suggest that physiotherapy ethics should begin with the object rather than the rationally choosing subject, in order not to keep the opposites of the subject-object dichotomy absolutely separate. Instead of the rationalist problem-solving approach that the four principles offer, physiotherapy ethics starts with, to use Beauchamp and Childress' language, the 'objectives of morality' to counteract suffering. The priority of the object shifts the emphasis of the normative project for physiotherapy ethics from formulating explicit norms towards the particularity and materiality of counteracting whatever obstructs the 'right thing to do'—whatever that might be in different situations. In other words, morality is not merely about doing the right thing according to some norm or another, but rather about giving priority to both the particular object of moral analysis and the objective conditions in which morality is analysed, and in both of these the body as a universally shared attribute is central. If my argument about the need to shift attention from conceptual analysis of norms towards the object of moral analyses is right, then the question of physiotherapy ethics cannot be resolved by the identification of some supposedly universally shared norms. This is not to claim, however, that there is no universality in morality, but rather that the kind of universality that claims that some particular values of western liberalism ought to be adopted worldwide is mistaken, if not dangerous. Instead, attention to the object and to particular suffering—indeed, modelling moral injury according to embodied moral injury, as Bernstein suggests<sup>97</sup>—helps to draw attention back to the universal in a different sense: both the historical, political and social global structures that create suffering and the body as the locus of that suffering. To put it in another way, instead

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<sup>97</sup> Bernstein, *Adorno*, 448.

of future-oriented cosmopolitan bioethics, the priority of the object in physiotherapy ethics demands a long and uncoercive gaze, as Adorno put it,<sup>98</sup> to both past and present suffering.

The priority of the object also blurs the lines between philosophy, the social sciences, and the political sciences. The priority of the object forces philosophy out of the hyper-rationalistic traditional bioethical argumentation that ‘philosophy’ itself is taken to be by some social scientists, as we saw in Chapter 2, and creates fruitful common ground. For example, Azétsop and Rennie argue from the social scientific perspective for turning global bioethical attention towards the particular conditions of health and sickness, which is in effect an argument for the priority of the object. The goals of medicine, they argue, cannot focus merely on the biomedical model of the alleviation of suffering in the clinical setting. Instead, the goals of medicine need to adopt a sociological model of understanding health and sickness, which concentrates on the social determinants of health and risk of illness outside the clinical setting to contribute to both effective interventions and to health education.<sup>99</sup>

Another useful instance of common interdisciplinary ground can be found in the concept of ‘structural violence’, which refers to the social injustices built into social structures that restrict people in trying to fulfil their potentialities: power imbalances, scarcity of resources, lack of income or education, lack of medical services can all lead to incapacitation that would be avoidable.<sup>100</sup> Azétsop argues that the concept of structural violence helps to focus attention on structural interventions in clinical medicine and public health that need to take place if there is to be a more equitable society. He writes:

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<sup>98</sup> CM 130 (Notes on Philosophical Thinking).

<sup>99</sup> Azétsop and Rennie, “Principlism, Medical Individualism,” 3.

<sup>100</sup> Johan Galtung, “Violence, Peace and Peace Research,” *Journal of Peace Research* 6, no. 3 (1969), 171.

It is very difficult to practice ethical medicine and distribute social goods fairly when social structures are unjust. It is even more difficult to institutionalize the view of medicine that promotes social justice within the context of inequitable society. The task of bioethics is to critically engage values that shape social institutions including the practice of medicine and provide alternative values to inform institutions of a just society. In doing so, bioethics underscores the importance of its structural pole ... [that] emphasizes the need for structural intervention and highlights the importance of achieving social equity ...<sup>101</sup>

Paul Farmer also uses the concept of structural violence to describe the social determinants of health and risk of illness, injury, and death. For Farmer, structural violence refers to the mechanisms by which social and political forces that range from grinding poverty to racism, sexism and political violence become embodied as individual experience and structure risk for most forms of extreme suffering. The victims of structural violence, he argues, share the experience of living in inegalitarian societies occupying the bottom rung of the social ladder—not as a result of some grand force that makes them victims, but as a result of human agency: there are usually political decisions behind many tragedies that lead, directly or indirectly, to structural violence.<sup>102</sup> Even Beauchamp and Childress, although they do not use the concept of structural violence, make a plausible case for it—certainly more plausible than Gillon’s defence of universalism—when they argue for structural and institutional reform in the face of suffering. Beauchamp and Childress think that there is a global moral urgency to prevent unnecessary death and suffering, and that there are already

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<sup>101</sup> Azétsoy, “New Directions in African Bioethics,” 9. Johan Galtung has defined structural violence for the purposes of peace research. According to Galtung, if peace is regarded as the absence of violence, then ‘violence’ and ‘peace’ need to be linked so that this definition holds true. Therefore, to be able to think and research peace, and perhaps even address the issues through action, Galtung argues for an extended concept of violence as the avoidable incapacitation that affects human beings in a way that their “actual somatic and mental realizations are below their potential realizations”. Galtung, “Violence, Peace and Peace Research,” 168.

<sup>102</sup> Paul Farmer, *Pathologies of Power: Health, Human Rights, and the New War on the Poor* (Berkeley: University of California Press, 2005), 30–31, 40, 50.



inexpensive and available means to help the world's destitute—even though the exact means to help them remains unclear.<sup>103</sup> The example of structural violence thus offers a compelling case for shifting the focus of bioethics and physiotherapy ethics towards concrete suffering: it is the cause of suffering that requires urgent attention in ethics rather than perfecting some moral concept or norms, such as 'person-centredness' or the four principles of biomedical ethics.

There is no reason why philosophy should not be interested in such material and concrete questions as structural violence. Philosophy can say much about substantive matters such as extreme suffering. Indeed, 'structural violence' is akin to Adorno's more general notion of suffering, which is not merely the explicit experience of physical agony but the more general human experience of a loss of self-realisation and happiness through the restriction of rational capacities.<sup>104</sup> Both structural violence and Adorno's account of suffering share the body as their locus, which is why I suggest that physiotherapy ethics must be anchored ethically in the body. Furthermore, as a distinctively philosophical project, attention to the body's capacity to suffer helps to disrupt the promise that liberal normative ethics will provide a universal rulebook for physiotherapy ethics. Instead, because suffering transgresses national borders as well as history, it must not be ignored by arguing that all will be well if only the principles of biomedical ethics were applied correctly. It is exactly this future-oriented 'if only' of principlism that makes it unable to address morality with sufficient urgency. The cosmopolitan future-oriented ethics shared by Beauchamp and Childress and by Gillon is right to focus on solutions to lessen human suffering, and find a perhaps surprising convergence with Adorno's insistence on turning our attention to suffering, but the

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<sup>103</sup> *Principles*, 279.

<sup>104</sup> Axel Honneth, "Physiognomy of the Capitalist Form of Life: A Sketch of Adorno's Social Theory," *Constellations*, vol 12, no. 1 (2005): 50–65.

solution they propose—the rational codification of ethical healthcare conduct in the pursuit of some liberal consensus on global moral matters—is misplaced. It is misplaced because it maintains the *status quo* of global suffering by rationalising and abstracting the response it offers to concrete suffering, rather than addressing that concreteness, and thereby it does not pay sufficient attention to inequitable global economic, social, and political structures. As Azétsop and Rennie write, health is inseparable from the economic and political system that distributes and exchanges resources in a way that it favours rich countries and reinforces the poverty of the poor ones.<sup>105</sup> The task of philosophy and physiotherapy ethics is thus to criticise the power imbalances and structures that cause and maintain injustices, and analyse why injustices persist, while at the same time maintaining hope that things might yet change.

The critical question for such an approach, as Bernstein suggests, is whether the discontinuity between emancipatory theory and (deferred) emancipatory praxis (which Adorno argues leaves us no other option than to criticise and resist) also suspends ethics in a backward-looking and eternally redemption-seeking ethics?<sup>106</sup> To agree with Silberbusch's reading, Adorno's ethics is as much forward-looking as it might be backward-looking because, as Adorno insists, it remains hopeful about things being right, that senseless suffering will end.<sup>107</sup> By no means does such an ethics remain idly waiting for an 'if only'. Rather, it must direct a long and uncoercive gaze at the object *now*, and this is why theory as practice is important. It does not have methods, explanations, or quick answers to hand. Rather, any praxis that such ethics

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<sup>105</sup> Azétsop and Rennie, "Principlism, Medical Individualism," 8.

<sup>106</sup> Bernstein, *Adorno*, 188.

<sup>107</sup> LDN 53. Silberbusch, *Adorno's Philosophy*, 66/fn11.

initiates must follow the object's priority as much as it is itself a practice initiated by the object's neediness.

## 5. Conclusion

While offering an account of ethics in the context of physiotherapy, I am not suggesting that this is a special area with its own particular ethics, isolated from other social practices. My argument for prioritising the object in ethics is not at all restricted to physiotherapy or bioethics but is applicable quite generally and it has repercussions beyond healthcare: it offers a way to address questions of universalism in ethics. I have argued that the four principles approach is a fundamentally liberal one, and that its liberal basis is taken for granted. Given liberalism's actual non-universality, it cannot be taken to be *the* ethical framework for ethics globally. I have offered in this chapter an alternative approach to ethics, in which the torturable body is the start and the end of its focus. The vulnerability of the body is a universally shared attribute of every living thing. This universality—a less ambitious universality than the one offered by the four principles approach—makes the body the anchor of morality. To anchor morality in the body, however, the body's nonidentity must be acknowledged and the conventional identitarian view of the body challenged. Physiotherapy is organised around the body and depends on it—indeed, without the body there would be no physiotherapy—but the conventional identitarian focus on the body as an observable subject-object with categorizable deficiencies ignores the body as the utterly material but also unutterable in its capacity to suffer. This tension between inescapable materiality and impossibility to fully rationalise it offers critical physiotherapy ethics a universal material expression.

# Afterword: Adorno and critical physiotherapy?

## 1. A theory-practice constellation

In the introduction to this thesis I asked: Why Adorno? I have tried to demonstrate why Adorno's thinking offers a particularly useful perspective into physiotherapy and why it is a welcome addition to the growing body of critical physiotherapy literature. This thesis is the first extended investigation that analyses Adorno's thinking in the context of physiotherapy, and as the first extended investigation, I have only managed to scratch the surface of how thinking with Adorno might be useful in physiotherapy ethics. I have concentrated on the question of theory and practice because, as we saw in Chapter 2, the question lies at the very heart of bioethics and physiotherapy ethics. The survival of philosophy within these applied and 'hands-on' fields of ethics, to put it rather dramatically, relies on the successful defence of the role of philosophy against the increasingly empirical backdrop of ethical research within healthcare. Adorno's formulation of the role of philosophy and thinking offers one such defence, but one that does not lead to the abandonment of empirical ethics. Through each of the chapters, I tried to show that Adorno's thinking about theory and practice offers a useful perspective into the questions about physiotherapy ethics, in particular in regard to ethical concepts (Chapters 3 and 4) and the role of the somatic in ethics (Chapter 5). In this afterword, I summarise my overarching argument that theory is a form of practice and that recasting theory as practice helps us to move beyond bridging the often-unbridgeable gap between theory and practice. I also address some omissions and future directions for thinking with Adorno in critical physiotherapy research.

How do the chapters fit together to serve the overall argument about theory and practice? Chapter 1 served as the main platform to assemble Adorno's thinking about theory and practice to think critical physiotherapy ethics with Adorno. Adorno's argument about theory as a form of practice emphasizes that theory cannot always give direct directions to practice, nor should it, which is why theory is all the more important as the analysis of society and possible social change. Chapters 2–5 served as platforms to exemplify theory as practice to demonstrate how it might be more 'practically useful' than certain established ethical concepts or principles. These chapters further argued that critical and ongoing analysis of ethical concepts and theories in physiotherapy are needed. In Chapter 2, I argued that philosophy is needed in physiotherapy to facilitate critical practice that sees beyond the merely given and to resist the call of an un-reflected practicality. The relationship between theory and practice should be understood as a process in which subjectivity and thinking are the animating forces of theory, but always considering the object's priority: the object renders theory materialistic. In Chapter 3, I focussed on the critique of identity thinking. Adorno's point was never to eradicate identity thinking, but to acknowledge that things are always more than their concepts: critical thinking does not arrive at definitions; rather, arriving at 'definitions' prompts further critical analysis. In Chapter 4, I argued through immanent criticism that physiotherapy ethics cannot take the four principles of biomedical ethics for granted. The contradictions within the approach tell us about the prevailing injustices within healthcare, but the framework does not give us tools to mitigate them. I suggested that the priority of the object that is central to Adorno's metaphysics offers a practically relevant idea for ethics that is committed to social justice. Finally, Chapter 5 continued with the criticism of the four principles approach to turn the attention to the body. I argued that the one thing that is universally

shared is the vulnerability of the body. Modelling moral injury akin to an embodied one may fail to motivate as much as any moral theory. However, the failure does not invalidate the urgency of suffering. Neither is the question of why someone fails to be moved by injustice simply an ethical question; it is also political.

The relationship between theory and practice should be understood in physiotherapy dialectically without conflating one with the other. Adorno's thinking is helpful in offering a non-polarising approach to the theory-practice problem: it helps to clarify and reconfigure the relationship by recasting theory and practice as closely intertwined rather than binary opposites. This understanding of the relationship between theory and practice helps in advancing a critical understanding of physiotherapy in the following ways: avoiding simplifications and acknowledging that simplifications have merely an operational role in explaining complex things; having means to approach complexity to avoid being overwhelmed by it; promoting critical thinking within physiotherapy; resisting conditions that worsen the ethical landscape rather than having to take it for granted; and acknowledging the importance of social and political considerations for ethics both locally and globally. The range of ethical issues analysed in this thesis—person-centredness, the four principles, suffering—are but a few possible directions the chapters could have taken. The constellation of four chapters exemplify ways in which Adorno's ideas might be rethought also in other contexts related to physiotherapy.

The implications of reconfiguring the relationship between theory and practice are transformative: they aim at affecting the way physiotherapists understand ethics and how they practice physiotherapy ethically. My argument has implications for cultivating political maturity, for example, in terms of thinking critically about established frameworks instead of letting the framework 'decide' what might be the

best action to take. Such thinking aims at offering a critical moral agency to the practitioner. Moreover, challenging positivism widens the horizon of physiotherapy theory and practice by offering insight into the issues that positivistic research does not address, thereby challenging and reconfiguring the very foundations of mainstream physiotherapy. My argument, most importantly, shifts ethical attention from abstract norms and concepts into concrete and particular objects. I have defended an approach to physiotherapy ethics that is inescapably materialist, but also retains elements of critical theoretical thinking, which I suggest can best address the theory-practice problem without maintaining the binary opposition between the two.

## 2. From omissions to new directions

The difficulty of not having any previous research on Adorno and physiotherapy to draw on means that I have not had space for criticism that drastically disagrees with Adorno. For example, Adorno's former assistant and colleague Jürgen Habermas has written a notable extended critical discussion on theory and practice, and his well-known book *Philosophical Discourse on Modernity* also engages in criticism of his late teacher.<sup>1</sup> It became apparent in the writing stage of this thesis that I had to omit works critical of Adorno due to the scope of this research: my task was not to argue, as I noted in the Introduction, what was dead or alive in Adorno, but what the present—physiotherapy ethics—would mean facing Adorno. However, a future project might engage more with Adorno criticism—especially in terms of issues that Adorno did not

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<sup>1</sup> Jürgen Habermas, *Theory and Practice*. trans. John Viertel (London: Heinemann, 1974); Jürgen Habermas, *The Philosophical Discourse of Modernity: Twelve Lectures* (Cambridge: Polity, 1987).

address sufficiently—and complement Adorno’s blind spots with parallel and comparative readings, for instance, of decolonial or feminist literature.

There is also the question of whether I have succeeded in addressing Adorno’s work in a narrow context such as physiotherapy ethics, which requires a somewhat eclectic approach to his work. The most straightforward task was to explain what Adorno wrote about theory and practice. I sought to read through Adorno’s whole oeuvre closely enough to find the scattered pieces I needed for my argument. The more difficult task was to argue what might be relevant in Adorno without simplifying his thinking too much. I see my work as a kind of translation: Adorno addressed topics that might not seem relevant to physiotherapists, but my argument aimed at making Adorno’s thinking relevant to physiotherapy without distorting it. Due to the scope of Adorno’s oeuvre, I have concentrated on theory and practice and a few related, but central, ideas in Adorno’s thinking. This of course means that there is still a lot in Adorno’s thinking that can be further analysed in a physiotherapy context. Adorno wrote from the 1920s through to the 1960s, and even at the time of his death one of his major books, *Aesthetic Theory*, remained unfinished. He wrote widely on topics ranging from musicology and sociology to philosophy and aesthetics. While my selection of primary sources, although eclectic, was sufficient in the context of critical physiotherapy ethics, what I have omitted might well constitute another research project that thinks physiotherapy with Adorno. In these remaining remarks, I briefly look into these omissions to see whether Adorno’s thinking might be taken further in future critical physiotherapy research.



The obvious omission in Adorno's late work is aesthetics and aesthetic experience, especially because art was central to Adorno's writing about resistance.<sup>2</sup> Does aesthetics have anything to do with physiotherapy? Using art as a therapeutic means is not unheard of in physiotherapy.<sup>3</sup> Art can be used, for example, in conveying emotions and understanding in chronic pain; to give pain as the ineffable an expression.<sup>4</sup> Given recent interest in art-based therapies, a more robust understanding of aesthetics, especially from a political point of view, would be in order. Adorno offers one such approach, among others, that would emphasize the dimension of understanding the experience of late capitalism through art.<sup>5</sup> Adorno's aesthetics might help to explain that there is a possibility of finding refuge in the resistance of art against the marketized backdrop of modern society, because art is 'useless'—it resists the commercialisation and translation to exchange value with which Adorno thought late capitalism was permeated, and this discussion might engage in criticism of neoliberalism within rehabilitation.<sup>6</sup> The clinical implications of Adorno's aesthetics might have more to do with mental health physiotherapy, for instance, in which arts-based methods are often used.

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<sup>2</sup> There are many decent books written on Adorno's aesthetics, e.g. Geoff Boucher, *Adorno Reframed: Interpreting Key Thinkers for the Arts* (London: I.B. Tauris, 2013); Espen Hammer, *Adorno's Modernism: Art, Experience, and Catastrophe* (Cambridge: Cambridge University Press, 2015); Peter Uwe Hohendahl, *The Fleeting Promise of Art: Adorno's Aesthetic Theory Revisited* (Ithaca: Cornell University Press, 2013); Fredric Jameson, *Late Marxism: Adorno, Or, the Persistence of the Dialectic* (London: Verso, 1990). For an argument critical of the political reach of Adorno's aesthetics, see Lambert Zuidervart, *Social Philosophy after Adorno* (Cambridge: Cambridge University Press, 2007).

<sup>3</sup> See e.g. Carmen Caeiro, Eduardo Brazete Cruz, and Carla Mendes Pereira, "Arts, Literature and Reflective Writing as Educational Strategies to Promote Narrative Reasoning Capabilities among Physiotherapy Students," *Physiotherapy Theory and Practice* 30, no. 8 (2014): 572–580; Kicki Nordström, Annika Ekhammar, and Maria EH Larsson, "Physiotherapist-Guided Free Movement Dance for Patients with Persistent Pain is Empowering in Everyday Living. A Qualitative Study," *European Journal of Physiotherapy* 22, no. 1 (2020): 2–13.

<sup>4</sup> Jen Tarr, Flora Cornish, and Elena Gonzalez-Polledo, "Beyond the Binaries: Reshaping Pain Communication through Arts Workshops," *Sociology of Health & Illness* 40, no. 3 (2018): 577–592.

<sup>5</sup> Theodor W. Adorno, *Aesthetic Theory*, trans. Robert Hullot-Kentor (London: Continuum, 2004).

<sup>6</sup> For a criticism of neoliberalism in physiotherapy, see e.g. Praestegaard, Jeanette, Gunvor Gard, and Stinne Glasdam, "Physiotherapy as a Disciplinary Institution in Modern Society—a Foucauldian Perspective on Physiotherapy in Danish Private Practice," *Physiotherapy Theory and Practice* 31, no. 1 (2015): 17–28.

The second notable omission is the critique of culture industry that Adorno engaged in the *Dialectic of Enlightenment* and other essays.<sup>7</sup> The analysis of the culture industry and mass culture does not sit as comfortably with clinical physiotherapy as the resistance of the aesthetic to exchange value might. In critical physiotherapy research, however, issues outside the clinical context are relevant. So a culture industry analysis might be useful for analysing physiotherapy advertising and imagery, which has not been studied extensively to my knowledge.<sup>8</sup> Other areas of physiotherapy-related research in the culture industry might include a variety of topics such as reification, commercialisation, body image, mental health, social media, eating disorders, and instrumental reason.<sup>9</sup> The approach would have less direct use in clinical situations, but it might help to understand the underlying processes of consumer capitalism that affect both practitioners and patients.

### 3. Restrictions

In addition to these omissions, there are a few other restrictions to the thesis. One has to do with reach. It has become clear to me during the process of this work and also while engaging in other critical physiotherapy projects, that although critical work in physiotherapy is gaining a wider engaged audience consisting of patients, academics

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<sup>7</sup> DE; Theodor W. Adorno, *The Culture Industry: selected essays on mass culture*, trans. J. M. Bernstein (London: Routledge, 2001). See also Deborah Cook, *The Culture Industry Revisited* (Lanham, MD: Rowman & Littlefield, 1996).

<sup>8</sup> Tim Morris and Catherine Morris, "The Image of Physiotherapy as Portrayed in Advertisements," *Physiotherapy* 81, no. 5 (1995): 293–294.

<sup>9</sup> Instrumental reason, the form of rationality that is concerned with effective means to ends, is relevant for clinical work. To address instrumental reason, it would be useful to engage Adorno's joint work with Horkheimer in *Dialectic of Enlightenment*. See also Max Horkheimer, *Eclipse of Reason* (London: Bloomsbury Academic, 2013); Max Horkheimer, *Critique of Instrumental Reason*, trans. Matthew O'Connell (London: Verso, 2013). See also Darrow Schecter, *The Critique of Instrumental Reason from Weber to Habermas* (London: Continuum, 2012).

and clinicians, it is hopelessly optimistic to think that such work will someday permeate the physiotherapy profession as a whole. As I have noted elsewhere, it is not for the critic to demand that all physiotherapists be interested in philosophical and political issues.<sup>10</sup> Physiotherapists are clinicians working often within a biomedical paradigm and although they ought also be ethical (and political) practitioners, their primary interest in clinical effectiveness—helping the patient with their immediate ailments—is understandable. However, I do think there are also unnecessary barriers between clinicians and critical theory. A major barrier, one that was also mentioned in Chapter 3 on ‘person-centredness’, is time constraint: if clinicians barely have time to keep up with clinical research, which is produced in such large quantities, it is likely that they do not have time for philosophy. This barrier can perhaps be overcome if it is addressed on both sides, the clinical and the critical—although this rough distinction is obviously simplistic and should not be interpreted as a claim that there cannot be any overlap between the ‘sides’. For the critic the challenge is to convey ideas that are relevant to clinical work and communicate them in a manner which does not alienate clinicians unfamiliar with complex philosophical ideas. On the other hand, widening the perspective from biomedical issues to the ethical and critical may help non-philosophically trained clinicians in finding support to improve their everyday clinical work. I have claimed elsewhere that not everything can be researched via biomedical quantitative methods, and therefore to resist the call of positivism and not simply disregarding topics that biomedical research has little or nothing to say about, can be useful for physiotherapists.<sup>11</sup> I am of course referring to topics such as ethics,

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<sup>10</sup> Anna Ilona Rajala, “What can critical theory do for the moral practice of physiotherapy?” in *Manipulating Practices: A Critical Physiotherapy Reader*, eds. Barbara E. Gibson, David A. Nicholls, Jenny Setchell, and Karen Synne Groven (Oslo: Cappelen Damm Akademisk, 2019), 55–77.

<sup>11</sup> Jenni Aittokallio and Anna Ilona Rajala, “Perspectives on ‘person-centeredness’ from neurological rehabilitation and critical theory: toward a critical constellation,” *Journal of Humanities in Rehabilitation* 6 (Spring 2020).

experience, affect and emotions to a large extent, politics, power relationships, and many other non-biomedical areas of interest. It is also important to abandon the idea of having to take one theoretical standpoint: although this thesis has been about Adorno's thinking, it should not be understood as advocacy of 'Adornian' critical physiotherapy, let alone as arguing that such 'Adornian' critical physiotherapy is the only worthwhile approach.

Another possible restriction is the question of whether drawing on Adorno's work means working top down rather than bottom up? If so, is it potentially a counterproductive approach? Does Adorno's thinking guide the selection of topics or would it be better first to select physiotherapy topics and then work from the clinical reality to choose which theorist might offer the most useful approach? Engaging with Adorno's thinking does of course guide one towards the kind of criticism that he addresses such as criticism of positivism and identity thinking. However, I do not perceive a problem with letting theoretical ideas point towards practice because, as I have argued in this thesis, Adorno's priority of the object renders such theoretical work materialistic. This means that although Adorno's criticism might be a guide to *how* to approach the matters arising from material reality, *what* is studied still arises from material reality. Here theory and practice are mutually mediated, rather than either strictly top-down or bottom-up. The practice of thinking with Adorno also raises considerations specific to his thinking that would not have been thought of if physiotherapy were approached from the point of view of empirical methodology alone. If Adorno is correct to criticise Marx's eleventh thesis on Feuerbach, that the reason the world has not changed is perhaps because it has not been interpreted enough, then an approach that draws on philosophical ideas and concepts is justified. As I argued in Chapter 2, polarisation between theory and practice should be avoided; the

idea that either a top-down or a bottom-up approach is better leads to such a division. The advantage of thinking through a theorist who has not been analysed in physiotherapy and whose work says nothing about physiotherapy is that it forces one to think how to intertwine practice and theory, rather than simply taking a theory familiar to physiotherapy—be it person-centredness, the four principles approach, the biopsychosocial model (which was not addressed in this thesis), or anything else—and ‘applying’ it in a procedural manner.

A final restriction—a rather common one when it comes to Adorno—is treating the English translations as uncomplicated texts. As briefly mentioned in the Introduction, Adorno’s work translates rather poorly to other languages, and he himself thought German was a language fit for philosophy with which it is possible to express more complex thoughts. Despite not making it explicit by meticulously explaining every translation that misses its mark or simply does not translate well into English—wonderful examples of such meticulous work are Richter’s and Silberbusch’s recent books on Adorno—I have nevertheless tried to compare all quotations to the original German, often having to admit that I simply have to work with the standard English translations in a thesis written in English because of space restrictions. No matter how uncomfortable I am with the lack of philological accuracy of some passages, I also think it was necessary to restrict the details not to get too distracted from the main topic of physiotherapy. However, that means that while the thesis is perhaps clearer to the ‘non-Adornian’, it may fall short of some of the nuances and complexity of Adorno’s thinking to those familiar with Adorno.

## 4. The ongoing challenge

Finally, some self-reflection is in order on the process having to do with the theory and practice of writing this thesis. My personal challenge has been constantly to fall between physiotherapy and philosophy; between practice and theory; between ‘high-touch’ clinical work and ‘low-touch’ research.<sup>12</sup> Without any previous work on Adorno and physiotherapy to draw upon, I have had to make my way through from scratch, and it has been challenging. But everything has to start from somewhere. Given the lack of physiotherapy research that engages with Adorno, some of the secondary investigations of his thinking have been extremely helpful, especially Silberbusch’s recent book on the nonidentical—so much so that in the end this thesis would not have been that much different even had there been physiotherapy colleagues who had engaged with Adorno’s work and from whose work it had been possible to benefit. If anything, the constant reminder that critical physiotherapy colleagues are not familiar with Adorno has—I hope—helped me to maintain a certain clarity.

Explaining to philosophers (Adornian or not) what physiotherapy has to do with Adorno or what Adorno has to do with healthcare at all, is perhaps even more difficult than explaining to physiotherapists why Adorno might matter. To the philosophy audience, physiotherapy matters might seem irrelevant, too applied, and too far removed from Adorno’s original objects and aims. However, the very reason why I wanted to look at Adorno was to analyse the relationship between philosophy

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<sup>12</sup> I am borrowing the terms from sociology of the body, in which high-touch refers to the hands-on clinical work and low-touch to the work that is distanced from the everyday clinical work, such as research or management. See Lisa Brush, “Gender, work, who cares?! Production, reproduction, deindustrialization, and business as usual,” in *Revisioning Gender*, eds. Myra Marx Ferree, Judith Lorber, and Beth B. Hess (Walnut Creek: Altamira, 2000), 161–191. See also Anna Ilona Rajala, “Pitkäaikaishoivan ruumiillisuuden arvosta,” in *Ruumiillisuus ja työelämä*, eds. Jaana Parviainen, Taina Kinnunen, and Ilmari Kortelainen (Tampere Vastapaino, 2016), 132–145.

and clinical practice, and I maintain that Adorno's account of the relationship is useful for an understanding of theory and practice.

While it is difficult to reach an audience beyond those who are already interested in philosophical and critical ideas,<sup>13</sup> an extended investigation into critical theory can be transformative to clinical practice. Herein lies the true relevance of the overall argument as theory in the form of practice. It is not to insist that everyone should now suddenly read Adorno; it would be far too naïve to think that all physiotherapists are interested in critical theory of any kind, and that reading critical theory would alone suffice to transform the material world for the better—or indeed that reading critical theory would necessarily make anyone critical of anything. Transformation is an ongoing process, not a one-night revolution. I can only hope that those who do engage with this work find it practical for thinking about 'thinking about' physiotherapy. If the reader succeeds in challenging that which is merely given in their own thinking about physiotherapy—be it positivism, the body-as-machine, or ethical concepts—and reaches beyond any deep-seated ways of thinking that persist in the profession, to resist and criticise the given and narrow assumptions of current physiotherapy theory and practice, that would be to commit oneself to what I have called theory as practice. This kind of thinking, a thinking that commits to ongoing thinking against the grain,<sup>14</sup> but also acknowledges the nonidentical, can transform physiotherapy—incrementally at least—in a critically informed direction. If anything of this sort happens in the reader, my argument has moved a step closer to fulfilling its purpose.

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<sup>13</sup> Rajala, "What Can Critical Theory Do," 73.

<sup>14</sup> This expression is borrowed from Barbara Gibson, *Rehabilitation: A Post-critical Approach* (Boca Raton: CDC Press, 2016).

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