

# **Relational Agents and Autonomy: A Lesson from Anorexia**

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## *Abstract*

The thesis starts from the practical issue of how value-neutral policy fails patients with anorexia nervosa and aims to articulate what anorexia can teach us about autonomy. English law adopts a value-neutral approach to mental capacity and usually evaluates anorexic patients as competent to refuse treatment. However, in English law force-feeding can be used even if anorexic patients prove to be competent in decision-making. This solution is ethically problematic because it presumes that anorexics lack the capacity to refuse treatment, and because it discriminates against them on the ground of their diagnosis. My aim is to resolve this problem by taking into account both the peculiar oppressive situation faced by anorexics and the concerns around autonomy of the value-neutral standpoint itself. I try to do this by radically rethinking ‘autonomy’; and to do so “from the bottom up”. I shall argue that the value-neutral approach cannot take account of the relational issues that constitute both the lack of autonomy of anorexic patients and some central features of the disorder. The idea of autonomy endorsed by English law refers to a human agent who is constitutively private. According to this conception, no one can truly understand if the reasons and values governing a person’s choices are authentic except for their “owner”. My purpose is to show that this conception is fundamentally mistaken, since the very idea of an “owner” of reasons and values cannot be sustained without

running into hopeless epistemological and ethical problems. Reasons and values, I claim, are relationally constituted. Even our most private aspects, such as our identity and what really matters to us, are intrinsically linked to others. People's "privacy" is fundamentally relational: it exists in a dialogical space, and is articulated and exercised in dialogue and in relation with others. In order to be in a position to identify the peculiar kind of oppression in which the anorexic is embroiled, it is necessary to overcome the purely neutral current conception of autonomy and to endorse a relational perspective that does not imply a normative model of good reasons. In this way, my account serves to undermine the liberal framework on which the standard conception of personal autonomy is based, and to help construct a non-discriminative and more responsive approach to anorexic patients' refusal of treatment.

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## *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.

Signed

Jacopo Condò



## *Acknowledgements*

Just as I recognise my signature on my mistakes, I see the dedication of my loved ones in the positive things I manage to accomplish. If there is something in this thesis that falls into the latter category, it is because my family, friends and colleagues have done many positive things for me. I would like to effectively express my gratitude towards these people, but I have neither enough space nor am I able to do so. For these reasons, please take my words as a little, shy hint of thanks. I thank my supervisors, Bob Brecher and Arianne Shahvisi, for their steadfast commitment, for the irreplaceable support they offered me, and for their contagious intellectual honesty. I have too many reasons to thank Bob, so I will just say that I feel truly lucky to have had the opportunity to constantly confront myself with such resolute, elegant, and flexible way of thinking. Further thanks goes to my colleagues in the School of Humanities and to the people of CAPPE, all of whom have consistently helped me in developing and testing my ideas. I am particularly grateful to Zeina Maasri, Tobi Lovat, Ian Sinclair, Tom Bunyard, and Michael Neu for their support and friendship. A special thanks goes to my ex-flatmates and friends of a lifetime, Alessio Colantoni and Alessio Castorrini, for the endless debates we had during the years of our

cohabitation, and to my friend, Matteo Falomi, who has encouraged and helped me in the period preceding the start of my Ph.D. Further thanks go to all my students, for giving me so many opportunities to become a more attentive listener. I am extremely fortunate to have a large, loving family – in which my friends are *de facto* included – whose steady moral and concrete support constitute the real foundations of this thesis. Without any order, I deeply thank my parents, Claudio and Stefania; my brother and my sisters, Ivano, Monica (you are always close to me), and Francesca; my love and comrade Chiara; my dearest friends Alice, Antonio, Davide, Elio, Emma, Francesco, Gab, Gari, Giovanni, Meg, Simone, Stefano.

*To my younger sister,  
whose virtues bestow a certainty on me.*

## *Introduction*

*The difficulty in philosophy  
is to say no more than we know.*

LUDWIG WITTGENSTEIN, Blue Book.

This thesis aims to analyse, contextualise, and overcome the limits of the *value-neutral* conception of autonomy endorsed by the Mental Capacity Act 2005 (MCA) in the context of anorexia through an interdisciplinary philosophical examination of this eating disorder that allows us to understand the shortcomings of the conception of autonomy underlying liberalism and reflected in the MCA. By starting from concrete examples of how value-neutral policy fails anorexic patients, I construct a solution by taking into account both the peculiar oppressive situation faced and described by anorexics and post-anorexics, and the concerns around autonomy of the value-neutral standpoint itself. My main claim is that the practical inadequacies and theoretical inconsistencies of the value-neutral conception of autonomy – which are paradigmatically exemplified by the way in which the application of this notion fails anorexic patients who refuse

life-saving treatment – cannot be solved without taking into account what anorexia can teach us about autonomy and by adopting a *relational* account of agents.

(1) Aims and Research Questions

This thesis aims to understand the conception of autonomy endorsed by the MCA through a multifaceted examination of anorexia. More specifically, I examine the notion of autonomy from the point of view of the medico-legal applications articulated within the philosophical framework of liberalism and in relation to the specific issues that it raises in relation to anorexia. Does value-neutrality guarantee a non-discriminatory approach to decisional capacity? To what extent can any notion of autonomy be described as value-neutral? Can irrational decisions be autonomous? Why do value-neutral notions of autonomy fail anorexic patients? In order to answer these questions it is necessary to analyse the idea of the human agent and, more specifically, the notions, in this context, of *knowledge* and *self-knowledge*. From this point of view, the fundamental questions I raise have an epistemological nature: are agents epistemologically independent? Are reasons and values private? These questions are important, first, because they address the key points of the contemporary debate about the notion of autonomy, in both its liberal and feminist instantiations; second, because they respond to value-neutral concerns about non-discrimination and pluralism; third, because they emphasise the vital role that relations, culture, history, and language have for self-knowledge and for autonomy; and fourth,

because the answers to these question can help lay out the conceptual ground required for a more responsive and less oppressive approach. In a nutshell, answering these question will allow me to develop a notion of autonomy that is *applicable in real-life contexts, logically and legally viable, and non-discriminatory*.

I have explicitly adopted the constraints of *immanent critique*, developing my argument by assuming the terminology and concerns articulated by the liberal tradition and maintaining the parameters of what is acceptable to that tradition. This approach allows me to expose the inherent limits of the philosophical framework of liberalism and to identify its specific contradictions. This strategy is crucial for my argument in terms both of addressing liberal ‘autonomy’ without in principle losing adherents of that position and of addressing directly the realities of the MCA and the intellectual tradition in which it is embedded

(2) Contribution to Research: Values, Reasons, the Dialogical Conditions of Autonomy, and the Limits of Value-Neutrality

The primary contribution of this thesis is an articulation of *what anorexia can teach us about autonomy*. It does not offer a *finalised* theory of autonomy, but rather a set of minimal conditions for a legally sound and ethically viable approach to autonomy in the concrete context of anorexia, and thus in principle in other real-world contexts. In particular, the work demonstrates that value-neutrality fails to secure a non-discriminative approach to decisional capacity; that the idea of *private* values and reasons is

logically and pragmatically unsustainable; that the exercise of self-knowledge and, more broadly of autonomy, are *relationally* conditioned; and finally, that even if anorexics *master* the capacities associated with the liberal notion of autonomy (being extraordinarily committed, relentless, self-directed, and disciplined) they can often remain non-autonomous due to the nature of the symptoms of anorexia (oppressiveness, lack of self-worth, dialogical unanswerability). These findings are crucial both for medico-legal notions of autonomy and more broadly for the idea of *relational autonomy*. Concerning the former, these findings provide strong confirmation that the notion of autonomy embedded in the MCA is inadequate and discriminatory, and needs to be replaced with a notion of the agent that allows for our vulnerable, relational and interdependent nature. These outcomes illustrate that the ideas of relational theories of interdependence, oppression, and social embeddedness cannot be adequately defended and articulated without taking a radically relational approach to the human agent, that is, without understanding agency as *dialogically constituted*.

I offer also a contribution to our understanding of the decisional capacity of patients with anorexia, and, more generally, to studies directed at the protection and enhancement of autonomy in people with mental disorders, disabilities, and/or living in condition of oppression. I show, first, that the insights into anorexics' decisional capacity of psychiatrists, anorexic patients, and post-anorexics are structurally neglected by the value-neutral framework; and, second, that a responsive approach to their capacity to refuse treatment requires a wider and more fine-grained understanding of the conditions of exercise of the autonomy as extending beyond the

functional capacities represented in the MCA, requiring that we incorporate relational conditions such as self-worth and dialogical accountability.

Finally, this study provides a new articulation of the work of Charles Taylor and Ludwig Wittgenstein in relation to medical ethics and practical philosophy. Their focus on the dialogical constitution of language, reasons and values, assisted by their practical and pluralist approach to the notions of identity and freedom, allows one to make conceptual space for a wider and more fine-grained analysis of the dialogical constitution of the agent, to overcome the impasses of the debate on autonomy, and to develop a notion of autonomy able to recognise lack of decisional capacity without resorting to discriminatory resolutions.

(3) Autonomy in Practice: Value-Neutrality and the Discrimination Against Anorexic Patients

In medical ethics, the notions of “mental capacity” and “decisional capacity” are generally used as synonyms for “autonomy”,<sup>1</sup> and refer to the capacity of the patient to make an informed, uncoerced decision about their own medical treatment. Understood in this way, autonomy seems to have a plainly *defensive* role: it protects agents from external interference and it safeguards their capacity to self-govern. According to the MCA and to the Convention on the Right of Persons with Disabilities 2006 (CRPD), patients must be considered able to decide about their medical treatment unless it is

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<sup>1</sup> G. S. Owen et al., ‘Mental Capacity and Decisional Autonomy: An Interdisciplinary Challenge’, *Inquiry*, 52.1, (2009), pp. 79–107.



proven otherwise. Patients who lack mental capacity, however, are not in any appropriate condition to decide about their own treatment, and they need to be treated on the basis of to their best interests. According to the value-neutral notion of autonomy adopted by the MCA, the assessment of mental capacity must not focus on the *content* of the values and reasons underlying a patient's decision, but on the decision-making *procedure* applied. As judges of the Court of Protection have affirmed,<sup>2</sup> it does not matter if a decision is made on the basis of “irrational reasons” or on the basis of no reasons at all (whatever that might mean) insofar as the patient is able to (a) understand, (b) remember, (c) “weigh” information about the proposed treatment, and (d) communicate her decision. If one or more of these four capacities are absent, the patient cannot be considered autonomous.

As earlier studies have demonstrated,<sup>3</sup> the approach of the MCA implies that the majority of anorexic patients should be allowed to refuse life-saving treatment, given that they generally do not lack any of the four functional capacities outlined. However, given the clear incompatibility of this outcome with relevant empirical evidence, psychiatric indications, and post-anorexic insights, the judges of the Court of Protection have always concluded that anorexic patients are actually unable to refuse life-saving treatment (nasogastric feeding) because anorexics are *by definition* unable to make decisions about food. But this conclusion is indefensible. It discriminates morally against anorexic patients on the basis of their diagnosis of mental disorder. From a legal point of view, it contradicts the most basic principles articulated in the MCA and in the CRPD: that everyone must be

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<sup>2</sup> *Re T (Adult: Refusal of Medical Treatment)* (1992) 4 All ER 649 at 669

<sup>3</sup> S. Giordano, *Understanding Eating Disorders. Conceptual and Ethical Issues in the Treatment of Anorexia and Bulimia Nervosa*, Oxford, Oxford University Press, (2005a).

considered autonomous unless it is *proven* otherwise, and no one should be considered non-autonomous on the basis of a diagnosis of mental disorder. And finally, from an epistemological point of view, it impedes the understanding of the reasons – if there are any – for which anorexics’ decisional capacity is impaired.

Simona Giordano has offered an extensive critique of the MCA’s approach in her work on eating disorder and decisional capacity,<sup>4</sup> underlining the inadequacy and discriminatory nature of compulsory treatment conducted on the basis of the diagnosis of mental disorder. My approach to Giordano’s work, however, is not entirely confirmative. While I fully agree with her critique of how the MCA is applied to anorexic patients, I am critical of her solution to the problem, namely that anorexic patients who respond positively to the assessment of mental capacity should be allowed to refuse treatment.<sup>5</sup> According to Giordano, only a procedural approach to capacities, such as that endorsed by the MCA, can actually deliver a consistently value-neutral approach: any approach directed at assessing the *content* of the patient’s decision will inevitably be partial and not fully responsive to the patient’s authentic values and reasons. For these reasons, considering *what we can reasonably and legitimately know about* others, Giordano concludes that there is no need to extend the conditions of autonomy in order to offer a non-discriminatory approach to anorexic patients. The only

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<sup>4</sup> Giordano (2005a); S. Giordano, ‘Anorexia Nervosa and Its Moral Foundations’, *International Journal of Children’s Rights*, 13.1-2, (2005b), pp. 149-160; S. Giordano, ‘Anorexia Nervosa: A Case for Exceptionalism in Ethical Decision Making’, *Philosophy, Psychiatry & Psychology*, 26.4, (2019), pp. 315-331.

<sup>5</sup> In her last paper, Giordano does not defend her *brave claim* anymore, and she argues for a position more compatible with my account. I analyse her last proposal in the conclusive chapter. Giordano (2019).

possible thing to do, in her view, is to apply the MCA consistently and to accept that anorexic patients are, after all, fully autonomous and able to refuse life-saving treatment – a conclusion that she describes as a *brave claim*.<sup>6</sup> Contrary to the position of the judges of the Court of Protection, Giordano's has the advantage of fulfilling the principles expressed by the MCA and CRPD. But it nevertheless contradicts the insights of psychiatrists, anorexics, and post-anorexics, as well as the empirical data available on anorexia. After having analysed a wide range of data, interviews, autobiographies, and narratives about anorexia, I conclude that, in some cases,<sup>7</sup> anorexic patients can actually have decisional capacity to refuse life-saving treatment. However, this belief does not entail that Giordano's conclusion is nonetheless not hurried, based on false assumptions, and irresponsible to a wide group of issues underlying anorexics' refusal of treatment. As I argue, despite its apparent legal soundness, Giordano's solution turns out to be no less problematic than the problem it tries to resolve.

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<sup>6</sup> “This is what I call the brave claim: people with anorexia nervosa who competently decide not to be artificially fed should be respected because everybody is entitled to the exercise of their autonomy, not only ‘in the middle’ of their life, but also at the end of it, or when their own life is at stake. The principle of autonomy binds us to respect people’s competent decisions about their life and its termination, precisely because autonomy extends also to the most difficult moments of our life, and, ultimately, ‘stretches far out into the distance’, to the end of it”. Giordano (2005a), p. 246.

<sup>7</sup> I am referring in particular to cases of Severe and Enduring Anorexia Nervosa. The last section of this thesis is dedicated to this topic.

(4) Autonomy and Ordinary Life: Vulnerability, Interdependence, and Socio-Cultural Embeddedness.

These complications do not concern anorexic patients exclusively. Remaining in the domain of medical ethics, the problems of the value-neutral approach to autonomy can also impact on patients with depression, schizophrenia, bipolar disorder, DIID, dementia, and more generally all those patients suffering from medical conditions affecting – from an internalist point view – their motivational set. These issues extend even beyond the framework of medical ethics, into contexts in which questions of multiculturalism, pluralism, oppression, and vulnerability are pivotal. Since the publication of Catriona Mackenzie’s and Natalie Stoljar’s *Relational Autonomy* in 2000,<sup>8</sup> the debate on “relational autonomy” has systematically tackled these issues and attempted a reformulation of the notion of autonomy so as to render it responsive to the main claims of feminist philosophy about agency and relationality. According to these scholars, the notion of autonomy is historically and theoretically grounded in the mistaken idea that humans are independent, fully rational, and atomistic entities. On the contrary, as feminist studies have extensively clarified, humans are fundamentally *vulnerable, interdependent, and socially, culturally, as well historically embedded.*<sup>9</sup>

According to relational theorists, a workable notion of autonomy, compatible with a feminist critique and with a non-idealist conception of the agent, must be able to take account of the relational embeddedness of the

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<sup>8</sup> C. Mackenzie and N. Stoljar (eds.), *Relational Autonomy: Feminist Perspectives on Autonomy, Agency, and the Social Self*, Oxford, Oxford University Press, (2000).

<sup>9</sup> Mackenzie and Stoljar (2000).

agent, of the pervasive and structural quality of oppression, and of the constitutive vulnerability and interdependence characterising human life. All relational theorists agree that the protection of agents' autonomy cannot be limited to the safeguarding of their decisional capacities against the *direct* impediments of others, but that it also requires some form of coherent responsiveness to the many ways in which relational and cultural contexts can have an *indirect* and deleterious influence on agents' autonomy. However, despite this shared commitment, relational theorists disagree about the conditions in which autonomy can be *effectively* relationally impaired. "Relational autonomy" is explicitly described as an *umbrella term*, as a notion that is not univocally shaped and that encompasses a wide range of different and, in some cases, radically conflicting perspectives.<sup>10</sup> This thesis offers an extensive topography of the philosophical terrain of relational autonomy that illustrates, first, how the main conflicts driving the debate are ultimately ascribable to differences in the conceptualisation of the agent, and second, that only a very restricted "area" of this philosophical territory is actually able to offer a consistent and responsive approach to anorexics' decisional capacity.

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<sup>10</sup> At a very basic level, all relational scholars think that oppressive social contexts can impair autonomy, but there is no agreement on the conditions governing this possibility. Furthermore, scholars agree that human agents are vulnerable, dependent on others, and reliant on the practical availability of goods and opportunities, but they diverge about the details of a notion of the human agent characterized by these characteristics.

(5) Retrieving Language and Rethinking Relationality: Self-Knowledge and Dialogical Conditions

My argument contributes to the debate on relational autonomy by applying a strategy that has not been followed by other relational theorists. Rather, I articulate a multi-layered defence of the dialogical and value-laden constitution of autonomy by underscoring the *dialogical structure of self-knowledge* and its relation to the notion of human agency. In this regard, and following the work of Taylor and Wittgenstein, I argue that self-knowledge is unavoidably inscribed in a dialogical framework. Even the most *private* aspects of the agent, such as her identity and motivational set, are relationally constituted and dialogically articulable. In this sense, the idea of *direct, unmediated, private access* to one's own mental contents – assumed by defenders of value-neutrality as an *obvious fact* characterising the human agent – turns out to be basically unsound, as well as being pragmatically inadequate. On the contrary, by acknowledging the dialogical nature of self-knowledge it becomes possible to offer a hermeneutically and logically sound account of autonomy and to lay the conceptual ground for understanding the role played by relational factors – such as dialogical answerability and self-regarding attitudes – in the *exercise* of autonomy. These factors are value-laden and presuppose an investigation into the *contents* of the agents' motivational set; however, they do not have the paternalistic consequences feared by advocates of value-neutrality.

(6) Theoretical and Medico-Legal Framework

This thesis is chiefly about understanding autonomy within the context of liberalism, using the example of anorexia to rethink it: and it is my hope that such rethinking – in terms of a relational account of autonomy – can offer us a way of not simply rejecting the liberal understanding of autonomy altogether. In this regard, I identify four sets of factors as theoretical background: (1) the two principles expressed by the MCA and by the CRPD (everyone must be considered autonomous unless is proven otherwise and mental disorders do not imply lacks of autonomy); (2) the concerns articulated by defenders of value-neutrality about the discriminatory implications of value-laden conceptions of autonomy; (3) the insights expressed by anorexic and post-anorexic patients in regard to their lack of autonomy regarding refusal of treatment; and (4) empirical evidence and epidemiological data available about anorexia. My strategy is to tackle the reasons underlying the failure of the value-neutral approach to anorexic patients while accepting these four factors and avoiding any conclusion that might undermine them. In this regard, my main claim is that value-neutrality cannot be understood by endorsing an *epistemologically independent* notion of the agent *without violating the principles stated above*. Indeed, if we maintain the value-neutral belief according to which non-discrimination can be guaranteed only by avoiding taking account of the reasons and values endorsed by the agents, as well as the content of their decisions, we inevitably end up discriminating against anorexic patients (MCA) *or* abandoning them (Giordano's *brave claim*). *Both* these approaches, I shall argue, are profoundly unresponsive to the empirical data available on

anorexia and to the insights offered by anorexics and post-anorexics. Moreover, they both imply a denial of the value-laden and relational factors necessary for the construction of a practicable and coherent notion of autonomy.

(7) The Role of Value-Ladenness, Self-Regarding Attitudes and Dialogical Answerability in Autonomy

My findings can be divided into two overall categories: *critical* and *constructive*. The first half of the thesis concerns the first. Here, I offer an extensive analysis of the reasons underlying the failures of the value-neutral approach that allows me to highlight what *cannot* legitimately and reasonably be said about autonomy, specifically: that it can be understood from a purely value neutral point of view, and that it pertains to the agent's ability to act on the basis of their private reasons and values. I come to this conclusion by analysing value-neutrality in the context of a wide range of data, insights, interviews, autobiographical accounts, as well as in terms of its legal and theoretical contradictions, highlighting the aspects of this approach that make it problematic. The second half offers a constructive approach. Here, within the boundaries of the four factors above, I develop a notion of autonomy by analysing in depth the feasibility of relational accounts of autonomy regarding the case of anorexic patients and by integrating into the analysis the insights articulated by Taylor and Wittgenstein about the dialogical constitution of knowledge. In order to avoid Giordano's conclusion, however, I argue that *any* theory of autonomy is *intrinsically*



grounded in values and normatively limiting, and thus that agency requires *constitutive* relationality. This shift of perspective is inseparable from the recognition of value-neutrality as an asymptote indicating a *tendency*, and not as a quality that can be “fully” attained. Just like the functional capacities assumed by the MCA, values are a structural and inescapable aspect of the exercise of autonomy.

In order to understand *which* the relevant value-laden conditions for the exercise of autonomy are, I take into account the literature on *weak substantivism*, a theory that links the agent’s autonomy with a group of dialogical attitudes, values, and dispositions that do not predict, nor place a direct constraint on, the agent’s decisions. The basic postulate of weak substantivism is that the meaning of “autonomy” is inherently dependent on a moral framework and irreducible to purely value-neutral terms.<sup>11</sup> At a very basic level, this means that “autonomy” is *intrinsically important*, or, in other words, that the importance of autonomy is a structural aspect of its meaning. In this sense, the recognition of the value of autonomy must be considered as a prerequisite for its exercise. Autonomous agents understand themselves as *worthy of* taking responsibility for their lives and acting in accordance with their values and reasons, while agents who do not consider themselves worthy are unable to engage their reasons and values as something that merits defence and expression. *Self-worth*<sup>12</sup> is, following this line of reasoning,

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<sup>11</sup> P. Benson, ‘Free Agent and Self-Worth’, *The Journal of Philosophy*, 91.12, (1994), pp. 656-7.

<sup>12</sup> I consider self-esteem a subcategory or a synonymous of self-worth. See also footnote 91 (chapter five).

a very significant condition of the exercise of autonomy.<sup>13</sup> How can an act undertaken without such a background be considered an *act* at all? The fact that self-worth is a *self*-regarding attitude does not imply that it is neutral: on the contrary, self-worth is largely conditioned by the importance that others accord to us, directly or indirectly, through social and cultural expectations related to gender, race, ethnicity, disabilities, religion, and sexual orientation. Self-worth is developed, enhanced, or diminished within relational frameworks. Importantly, these frameworks can be more or less apt to attribute worth to agents in accordance with factors – such as gender, race, etc. – that are not connected with the agents’ actual worth. From this point of view, the relational stance I develop can underscore aspects of the relation between oppression and autonomy that are undetectable from a value-neutral viewpoint: oppressive circumstances can be seen as instituting a set of dialogical conditions that can erode the self-worth of those agents who are normatively devalued. Oppression is not a *sufficient* condition of heteronomy, but given the function that social contexts have for the development and exercise of self-worth and, consequently, for autonomy, it is crucial to be extremely careful in the assessment of self-worth for those agents who are (or have been) entrenched in relational and normative frameworks devaluing their worth as agents.

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<sup>13</sup> Self-worth is not only a necessary condition for the exercise of autonomy, but also for the development and sustainment of other self-regarding attitudes connected to autonomy, such as *self-respect* and *self-trust*. Both these self-regarding attitudes overlap in many ways with self-worth, but they have their specific focus on other aspects of the agent’s self-consideration. In the fourth, sixth, and especially fifth chapter, I analyse in depth the relations between self-worth, self-esteem, self-respect, and self-trust.

As I argue, the relational conditions of the exercise of autonomy do not lie exclusively in the self-regarding attitudes of the agent, but also in the agent's disposition to interact dialogically with others. Autonomous agents are, to some degree, answerable to external critiques and able to articulate their decisions and acts on the grounds of their values and reasons. Agents do not possess a private language, nor are they able to understand themselves in solitude. On the contrary, agents develop and constitute their identities, as well as their values and reasons, in accordance with and/or in contrast to others. Agents who are not dialogically accountable and/or responsive to others' critiques do not engage the relational domains in which central features of agency, such as identity and motivational set, are constructed and expressed. In this sense, agents who are not dialogically answerable are structurally separated from the relational domain in which people articulate the intelligible forms of active commitment, defence, or expression of their agency. On the contrary, agents who are dialogically answerable effectively show that they have an *active* relation with their values and reasons. As a consequence, a practical application of the notion of dialogical answerability must take into account the fact that in an assessment of autonomy one of the parties holds more authority and power than the other. Thus it becomes crucial to ensure that the party holding more authority is effectively committed to understanding the other's reasons, even when these reasons have a subversive, unusual, or disturbing appearance. It is also crucial to pay attention to, and take account of, what is shown, claimed, articulated, or done by those agents who feel excluded by their relational context. Normative structures cannot be entirely free of the risk of being oppressive: yet it is surely possible to lower that risk. The focus on

dialogical answerability is designed to help do exactly that. As Mackenzie writes, “it provides grounds for criticizing social structures as unjust and reforming them, and it provides reasons for providing targeted social support and resources to scaffold the persons’ capacities for self-governance”.<sup>14</sup>

(8) Thesis Structure

Chapter 1

The thesis is divided into six chapters. The first, entitled *Ethereal Anorexia*, offers a multifaceted perspective on anorexia. Its purpose is to highlight the intrinsic complexity of the phenomenon, drawing on the broad range of data available. I reconstruct the psychiatric perspective, focusing on epidemiological data about the incidence, prevalence and mortality of the disorder. I also provide a brief history of anorexia, both from a psychiatric point of view and from a religious point of view. I then sketch a picture of the anorexic and post-anorexic perspective on anorexia, taking as a guideline the interviews conducted by Tan, Hope, and staff in more than 15 years of work with anorexic patients. In doing so, my aims are two fold: on the one hand, I indicate that the psychiatric perspective can fail to acknowledge the relations between anorexia, morality, and personal identity; and, on the other hand, I emphasise that the anorexic’s view on anorexia is constitutively

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<sup>14</sup> C. Mackenzie, ‘Three Dimension of Autonomy: A Relational Analysis’, in A. Veltman and M. Piper (eds.), *Autonomy, Oppression, and Gender*, Oxford, Oxford University Press, (2014), p. 38.

conflicted, sometimes contradictory, and irreducible to a single, fixed perspective. I then reconstruct two influential perspectives on anorexia, namely “familiar” and “socio-cultural”, in order to analyse the notion of anorexia as a form of adaptive behaviour to oppressive environmental conditions. Finally, I introduce Giordano and Chardland’s alternative accounts of anorexia: “moral” and “passionate”.

## Chapter 2

The second chapter, *Anorexic Patients and Normative Gaps*, considers current UK legislation concerning anorexics’ refusal of treatment and reconstructs its legal and ethical bases. This analysis allows me to address the inadequacies of the strategies adopted by the law to deal with anorexics’ refusal of treatment. I shall follow Giordano’s critique of English law, claiming that the current application of the Mental Capacity Act is problematic with regard to the reduction, discrimination, and recognition of anorexics’ autonomy. Focusing on English Law’s presumptions about anorexics’ incapacity to use and weigh information about food and their body, I re-contextualize Giordano’s critique, taking into account the most recent work on anorexics’ body perception and alimentary behaviour. I criticise Giordano’s *brave claim*, arguing that it cannot solve the dilemmas involved in anorexics’ refusal of treatment because it sidesteps, rather than resolving, the problems manifest in the MCA. Following Meyer’s theory of the Double Axis, I underscore how the procedural framework endorsed by Giordano, despite its focus on anorexics’ moral domain, is embedded in an

inadequate conception of values and structurally unable to take account of the most fine-grained claims made by anorexics and post-anorexics about their decisional capacity. My claim in this chapter is that both the defects of the current application of the MCA and of Giordano's solution are a clear sign of a deeper and wider problem related to the reductive, value-neutral approach to the agent. In sum, my analysis indicates the need to reconsider the role that reasons and values play in the exercise of autonomy.

### Chapter 3

In the third chapter, *The Separation Between Autonomy and Reasons: Internalism, Externalism, and the Value of Autonomy*, I articulate the reasons sustaining the separation between reasons/values and autonomy adopted both in the MCA and in Giordano's account. I describe two influential conceptions of reasons: internalist – the conception assumed by the MCA and Giordano – and externalist. While I maintain that externalism is incompatible with the liberal framework, I also affirm that internalism is no more able than externalism to take into account the relevant questions regarding anorexics' reasoning and values outlined in the previous two chapters. I argue that in order not to get stuck between the contradictions of internalism and externalism, autonomy must be conceptualized beyond this dichotomy. My strategy is to make use of Charles Taylor's notion of monologicity and to emphasise the monological structure of Giordano and the MCA's perspective. The MCA assumes that agents are so detached from others and the world that they can be autonomous even when their

conclusions are irrational, while Giordano thinks that this idea – precisely because it is valid – should be applied also to patients with anorexia. In order to develop a conception of mental capacity responsive to anorexics’ reasoning, however, it is necessary to abandon the monological framework and to reconstruct the notion of autonomy taking into account the relational constitution of agents.

#### Chapter 4

In the fourth chapter, *Overcoming the Monological Framework (Pt. 1): Relational Autonomy and Monological Agents*, I introduce and explore the notion of relational autonomy, regarding both its history and its basic assumptions and questions. Following Mackenzie and Stoljar, I take into account the notion of relational autonomy as an “umbrella term” designating a broad range of linked (and sometimes conflicting) ideas. My purpose here is to investigate if and how relational notions are connected to the monological conceptions of autonomy previously analysed. I articulate the reasons offered by feminist theory for reconfiguring the concept of autonomy in the form of a “relational” concept, and after having introduced the distinction between substantive and procedural conception of autonomy, I analyse the main critiques addressed by relational theorists to the individualist conception of autonomy. I investigate the basic assumptions concerned and the major divergences within the debate, which chiefly concern different understandings of the notions of oppression, vulnerability, and relational embeddedness of the agent: my argument is that the interpretations of

oppression and vulnerability depend largely on the conception of relational agent endorsed, and that, as a consequence, the structure of particular notions of relational autonomy depends primarily on the way in which the relational embeddedness of the agent is understood. I then analyse the implicit links between causally relational notions of autonomy, proceduralist accounts, and the monological conception of the agent, questioning the compatibility of causally relational accounts with the critiques advanced by feminist philosophers and relational theorists. I argue that the conception of the agent assumed by causally relational theories is ascribable to the monological framework and is incompatible with the idea of an interdependent and socially embedded agent as advanced in the feminist literature. Finally, I analyse the relation between proceduralism and causally relational theories, focusing on the manner in which proceduralism understands oppression and vulnerability. In this way, I criticise proceduralism both on the grounds of its incapacity to deal with the phenomena of internalized oppression, false beliefs, and adaptive preferences, and of its commitment to both a causally relational perspective and to a monological conception of the agent.

## Chapter 5

In *Overcoming the Monological Framework (Pt. 2): The Conditions of the Exercise of Autonomy*, I offer a map of the philosophical terrain of relational autonomy and construct my own conception of relational autonomy drawing on the analysis developed in the previous chapter and on the work of Taylor



and Wittgenstein. I start by arguing that a *coherent* and *viable* value-neutral notion of autonomy must ultimately be understood as *value-laden* since any theory of autonomy is intrinsically grounded in values and is thus normatively constraining. In this regard, I claim that value-neutrality must be understood as an asymptote indicating a tendency, rather than a fully attainable quality. I then offer my final critique of the idea of an agent who is *owner* of their reasons and values and able to gain an *unmediated* and *privileged* access to their content – what I call the *epistemologically independent agent*. This approach to the agent is severely problematic: it cannot offer an explanation of what an error in the understanding of one’s mental might content look like; it does not explain how mental contents are directly intelligible; it presupposes that humans naturally possess the ability to understand something as standing for something else; it does not explain how humans can understand the meaning of a sign before they develop language; it does not say anything about the human capacity to understand and operate with signs. As Wittgenstein and Taylor argue, framing mental contents as something directly and instinctively intelligible makes it impossible to understand how human knowledge is connected to language. In order to offer a more consistent explanation, it is crucial to take account of the fact that human knowledge is based in a *background* that is *partially articulable*, and, at the same time, *structurally unarticulated*. This perspective – which I refer to as the *dialogical conception* – radically overturns monological epistemology: the *primary* form of human knowledge – that kind of knowledge that distinguishes human understanding from possible others’ – is not private, but common; we learn to understand our own mental contents only because we first learn a language in which this possibility is realised. Relationality is

thus an integral part of the defining conditions of autonomy, and the agent's capacity to self-govern and self-determine are not only relationally developed, but also – and more fundamentally – *relationally exercised*. In very general terms, this means that autonomy is intrinsically dependent on a set of conditions that do not pertain *exclusively* to the agent's capacities and psychological faculties: in order to exercise autonomy agents have to be embedded in a relational context that affords the possibility of their autonomy *and* that makes this possibility intelligible and practicable. Finally in this chapter, I analyse the relational conditions that qualify an agent as autonomous. Following my analysis, these conditions (1) focus on the content of the agent's motivational set; (2) are grounded in a set of values that do not place a direct limitation on the agent's outcomes and preferences; and (3) are necessary, but not sufficient, conditions of autonomy. Adopting a category used by relational theorists, I claim that these conditions are ascribable to *weak substantivism*, which is the view that connects the agent's autonomy with a set of dialogical attitudes, values, and dispositions that do not predict the agent's outcomes.

## Chapter 6

In the concluding chapter, *Anorexic Patients and Relational Conditions: Practices of Dialogical Responsibility*, I apply the dialogical conception of autonomy previously developed to the ethical-legal problems related to anorexic refusal of life-saving treatment investigated in chapter two. First, I criticise the liberal notion of *intervention*. From a monological point of view,

autonomy is considered an agent's private property that must be protected from any kind of external interference, social scaffolding included. But intervention does not necessarily constitute an interference with agents' autonomy. If, as I have shown, relational interactions are an inherent aspect of agents' lives, then intervention can be also configured as a form of support and enrichment of autonomy. In this sense, I claim that intervention should not be described as justified violence, but as a practice of *relational responsibility* that aims not only to protect, but also to support and enhance, autonomy. I then articulate the role that relational autonomy, and more specifically, the notions of self-regarding attitudes and dialogical answerability have in the assessment of mental capacity for anorexic patients refusing treatment. Considering the constitutive role I have attributed to self-worth, the result is that a decision cannot be considered autonomous if it is performed by an agent who does not consider herself worthy to make that decision. This framework can be applied to anorexia, but only by taking account of the data gathered in the first chapter. Anorexic patients can have different "configurations" of self-worth, self-trust, and self-respect, depending chiefly on the way in which the egosyntonic traits of anorexia are manifested. As I argue, patients with egosyntonic forms of self-worth should not automatically be considered unable to refuse treatment. Still, this does not mean that their reasons for anchoring their self-worth in low food intake, body shape, and loss of weight are defensible or viable: all cases of egosyntonic self-regarding attitudes should be assessed taking account the dialogical answerability of the patient. As regards the assessment of dialogical answerability, I take into account two paradigmatic examples: a hypothetical case of a patient who has *never* received treatment for anorexia,

and a case of a patient who has been unsuccessfully treated for more than ten years. Regarding the former, even if it is not possible to offer a universal model for the assessment of dialogical answerability, I show that the patient will in fact undertake life-saving treatment. In most cases patients develop a non-egosyntonic conception of anorexia only *after* treatment and with the help of others. Furthermore, post-anorexics and anorexics in treatment generally recognise that some of their decisions were not autonomous, and that intervention was ultimately the best option. However, the conclusion is that patients who have never received treatment should not be allowed to refuse life-saving measures. The situation can be different for patients with severe and enduring anorexia. These patients may have a more articulated understanding of their disorder and quality of life, as well as a clearer capacity to refuse treatment. On the one hand, they can have reasonable motives for refusing treatment, and, although difficult to accept, these can be understandable in the framework of the patients' values, histories, and concerns. On the other hand, it is important to emphasise that severe and enduring anorexia is not a terminal and chronic disease: patients have recovered even after 20 years, and therapies can always improve. I argue, however, that these considerations cannot be considered sufficient to overcome the patient's refusal of treatment. Finally, I draw attention to two crucial aspects necessary for the development of a more responsive, functional, and purposeful approach to anorexics' refusal of treatment. First, further research is necessary to investigate the role that self-trust and self-respect have in the onset, maintenance, and recovery of anorexia; and second, intervention should not be limited to life-saving contexts since *early interventions* are ultimately the most efficient treatments available for anorexia.



# 1

## *Ethereal Anorexia*

*You must always be puzzled by mental illness.  
The thing I would dread most, if I became mentally ill,  
would be your adopting a common sense attitude;  
that you could take it for granted that I was deluded.*

LUDWIG WITTGENSTEIN, Conversation of 1947 or 1948.

### Introduction

The treatment of anorexia nervosa is problematic. Anorexic self-starving can lead to a wide set of serious physical damage such as heart and kidney failure, osteoporosis, amenorrhea, and irreversible changes in the brain.<sup>1</sup> It can cause hair loss, lanugo, infertility, persistent headaches, and abdominal pains.<sup>2</sup> The mortality rate is the highest of any mental disorder (4-

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<sup>1</sup> N. T. Burkert, *Psychological and Neurobiological Aspects of Eating Disorders. A Taste-fMRI Study in Patients Suffering from Anorexia Nervosa*, New York, Springer, (2016), p. 34.

<sup>2</sup> R. Lemberg, *Eating Disorders – a Reference Sourcebook*, Phoenix, Oryx Press, 1999.

20%)<sup>3</sup>. Nevertheless, anorexics often deny having a problem; they defend their anorexia as a positive way of life, and refuse treatment.

The functional approach to capacities usually takes into account anorexics as able to refuse treatment, but in English law force-feeding can be used even if anorexic patients prove to be competent in decision-making. The priority accorded by the Mental Capacity Act (2005) to patient capacities is overridden by the diagnosis of anorexia: anyone who has an eating disorder is incapable of deciding on nutrition, and therefore refusing force-feeding. This solution is ethically problematic because it *presumes* that anorexics lack capacities to refuse treatment. This measure also conflicts with the UN Convention on the Rights of People with Disabilities and *de facto* discriminates against anorexic patients, overriding their right to choose.<sup>4</sup> This does not mean that anorexics should always be considered competent to refuse treatment on the base of the functional test, but rather that the value-neutral framework of the functional test is not able to grasp the status of anorexic's autonomy.

My aim in this chapter is to detect and contextualise the inadequacy of this value-neutral approach to decisional capacity through a multi-faceted

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<sup>3</sup>J. Arcelus et al., 'Mortality Rates in Patients with Anorexia Nervosa and Other Eating Disorders. A Meta-Analysis of 36 Studies', *Archives of General Psychiatry*, 68.7, (2011), pp. 724–31; F. R. E. Smink, D. Van Hoeken, and H. W. Hoek, 'Epidemiology of Eating Disorders: Incidence, Prevalence and Mortality Rates', *Current Psychiatry Reports*, 14.4, (2012), pp. 406–14; P. K. Keel and T. A. Brown, 'Update on Course and Outcome in Eating Disorders', *International Journal of Eating Disorders*, 43.3, (2010), pp. 195–204; A. Crisp et al., 'Death, Survival And Recovery in Anorexia Nervosa: A Thirty Five Year Study.', *European Eating Disorders Review*, 14.3, (2006), pp. 168–75.

<sup>4</sup>D. W. L. Wang, 'Mental Capacity Act, Anorexia Nervosa and the Choice Between Life-Prolonging Treatment and Palliative Care: A NHS Foundation Trust v Ms X', *Modern Law Review*, 78.5, (2015), pp. 871–82.

examination of anorexia. I shall argue mainly – following Giordano’s critique of the Mental Capacity Act – that the functional test cannot take into account the emotional, relational, imaginative and delusional issues that constitute both the lack of autonomy of anorexic patients and some central features of the disorder. Despite anorexics master the capacities associated with the liberal conception of autonomy (independence, relentlessness, self-directedness, and self-discipline), their decisional capacity is very often crucially damaged by the symptoms of anorexia. In the last part of the chapter, I shall criticise the solution offered by Giordano – what she calls the *brave claim* – to the inadequacies of the Mental Capacity Act.

#### (1) The Psychiatric Perspective and Some Data.

According to the *International Classification of Diseases, ICD-10* and the *Diagnostic and Statistical Manual of Mental Disorders, DSM-V*, the main characteristic of anorexia is deliberate weight loss (lower than 85% of that expected).<sup>5</sup> Low weight is pursued through a strong restriction of food intake and compensatory practices such as self-induced vomiting, excessive physical exercise, and the use of laxatives and/or appetite suppressants. Anorexia is also associated with a severe and intrusive dread of putting on weight and distorted experiences of body weight and shape. Most anorexics

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<sup>5</sup> World Health Organization, *The ICD-10 classification of mental and behavioural disorders: Clinical descriptions and diagnostic guidelines*, Geneva, World Health Organization, (1992); American Psychiatric Association, *Diagnostic and Statistical Manual of Mental Disorders: Diagnostic and Statistical Manual of Mental Disorders, Fifth Edition*, Arlington, American Psychiatric Publishing, (2013).



manifest anxiety, depression, mood disorders, personality disorders, low self-esteem, low self-worth, guilt, perfectionist attitudes,<sup>6</sup> and compulsive and/or self-harming behaviours.<sup>7</sup> Unlike many other mental disorders, anorexia has a defined clinical picture that makes the diagnosis very efficient.<sup>8</sup> There is no definitive evidence that certain treatment forms are better than others; however, early interventions are usually more effective.<sup>9</sup> In recent years, the results of medical treatment for anorexic patients have shown some significant improvement, especially regarding relapse rates and weight recovery in adolescent patients.<sup>10</sup> Ordinarily, the treatment of anorexia is organized in three steps: first, restoring normal weight; second, psychological treatment; third, management of the behaviours and thoughts that sustain anorexia.<sup>11</sup>

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<sup>6</sup> S. C. Norris, D. H. Gleaves, and A. D. Hutchinson, ‘Anorexia Nervosa and Perfectionism: a Meta-Analysis’, *International Journal of Eating Disorders*, 52.3, (2019), pp. 219-229.

<sup>7</sup> J. P. and C. P. Herman, ‘Causes of Eating Disorders’, *Annual Review of Psychology*, 53, (2002), pp. 187–213; E. E. Walters and K. S. Kendler, ‘Anorexia Nervosa and Anorexic-like Syndromes in a Population-Based Female Twin Sample’, *American Journal of Psychiatry*, 152.1, (1995), pp. 64–71.

<sup>8</sup> Giordano (2005a), p. 137.

<sup>9</sup> K. K. Fitzpatrick and J. Lock, ‘Anorexia Nervosa’, *J Shoulder Elbow Surg*, 20.6, (2011), pp. 1008–15.

<sup>10</sup> K. K. Lindstedt and S. A. Gustafsson, ‘Adolescent with Full or Subthreshold Anorexia Nervosa in a Naturalistic Sample – Characteristics and Treatment Outcome’, *Journal of Eating Disorders*, 5.4, (2017), pp. 1-13; S. Zipfel et al., ‘Anorexia Nervosa: Aetiology, assessment and treatment’, *Lancet Psychiatry*, 2.12, (2015), pp. 1099-1111.

<sup>11</sup> S. Kakhi and J. McCann, ‘Anorexia Nervosa: Diagnosis, Risk Factors and Evidence-Based Treatments’, *Progress in Neurology and Psychiatry*, 170.4, (2016), pp. 24–29c.

The mortality rate of anorexia is the highest of any mental disorder (4-20%),<sup>12</sup> mainly due to suicide<sup>13</sup> and heart failure.<sup>14</sup> The prognosis is 50% of complete recovery, 30% of partial recovery, and 20% of treatment failure.<sup>15</sup> According to current statistics anorexia has a prevalence of 0,9-4,3%,<sup>16</sup> is mainly present in western and westernized<sup>17</sup> countries<sup>18</sup> and affects for the most part young women<sup>19</sup> between 15 and 19 years old.<sup>20</sup> It occurs at higher

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<sup>12</sup> See footnote 3.

<sup>13</sup> Burkert (2016), p. 39

<sup>14</sup> Crisp (2006).

<sup>15</sup> Keel (2010).

<sup>16</sup> Smink (2012).

<sup>17</sup> According to some scholars, anorexia is not a disorder strictly connected to western culture but to cultures in transition to urbanization and globalization. D. N. Mendhekar et al., 'Anorexia Nervosa: An Indian Perspective', *National Medical Journal of India*, 22.4, (2009), pp. 181–82; M. Nasser, 'Eating Disorders across Cultures', *Psychiatry*, 6.9, (2009), pp. 347–50.

<sup>18</sup> An increasing occurrence of anorexia has been found in non-western country as such India, China, Japan, South Africa, Tanzania and Malaysia; J. Wardle et al., 'Culture and Body Image: Body Perception and Weight Concern in Young Asian and Caucasian British Women', *Journal of Community & Applied Social Psychology*, 3.3, (1993), pp. 173–81; A. Nishizono-Maher, 'Eating Disorders in Japan: Finding the Right Context.', *Psychiatry and Clinical Neurosciences*, 52 Suppl., (1998), pp. S320–23; D. le Grange, C. F. Telch, and J. Tibbs, 'Eating Attitudes and Behaviors in 1,435 South African Caucasian and Non-Caucasian College Students.', *The American Journal of Psychiatry*, 155.2, (1998), pp. 250–54; K. T. Eddy, M. Hennessey, and H. Thompson-Brenner, 'Eating Pathology in East African Women: The Role of Media Exposure and Globalization', *J Nerv Ment Dis*, 195.3, (2007), pp. 196–202; J. O.A. Tan et al., 'Cultural and Ethical Issues in the Treatment of Eating Disorders in Singapore', *Asian Bioethics Review*, 5.1, (2013), pp. 40–55; K. M. Pike and P. E. Dunne, 'The Rise of Eating Disorders in Asia: A Review', *Journal of Eating Disorders*, 3.1, (2015), p. 33.

<sup>19</sup> Even if anorexia has been considered a typical feminine disorder it also affects the male population, but with a lower incidence (0,2-0,3%). S. B. Murray et al., 'The Enigma of Male Eating Disorders: A Critical Review and Synthesis', *Clinical Psychology Review*, 57, (2017), pp. 1–11.

<sup>20</sup> Smink (2012).

rates in people involved in practices in which thinness is especially valued such as modelling and dancing.<sup>21</sup> Epidemiological data on the incidence, prevalence and mortality of anorexia are, however, not fully reliable due to the difficulty of screening a large population for many years and to the reluctance of anorexics to seek help.<sup>22</sup>

The causes of anorexia are unknown.<sup>23</sup> Twins studies have shown that the concordance rate of anorexia is higher among monozygotic twin (44%) than dizygotic (12,5%), underlining genetic factors in the onset of the disorder.<sup>24</sup> Contextual components, especially social, cultural, and familial, are generally considered highly relevant.<sup>25</sup> Even considering these factors, some scholars insist that anorexia is not a simple social or familial effect, but a personal and moral articulation of the relation between the individual and the environment.<sup>26</sup>

The first medical report of anorexia – described as a ‘nervous consumption’ – was made by the English physician Richard Morton in

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<sup>21</sup> A. Preti et al., ‘Eating Disorders among Professional Fashion Models’, *Psychiatry Research*, 159.1–2, (2008), pp. 86–94; J. Arcelus, G. L. Witcomb, and A. Mitchell, ‘Prevalence of Eating Disorders amongst Dancers: A Systemic Review and Meta-Analysis’, *European Eating Disorders Review*, 22.2, (2014), pp. 92–101.

<sup>22</sup> H. W. Hoek, ‘Distribution of Eating Disorder’, in K. D. Brownell and C. G. Fairburn (eds.), *Eating Disorders and Obesity: A Comprehensive Handbook.*, New York, The Guilford Press, (1995), pp. 233-238.

<sup>23</sup> E. Attia, ‘Anorexia Nervosa: Current Status and Future Directions’, *Annual Review of Medicine*, 61.1, (2010), pp. 425–35.

<sup>24</sup> A. Kipman et al., ‘Genetic Factors in Anorexia Nervosa’, *European Psychiatry*, 14.4, (1999), 189–98.

<sup>25</sup> American Psychiatric Association (2013).

<sup>26</sup> Giordano (2005a); P. Saukko, *The Anorexic Self. A Personal, Political Analysis of a Diagnostic Discourse*, New York, State University of New York, (2008); S. Gooldin, ‘Being Anorexic: Hunger, Subjectivity, and Embodied Morality’, *Medical Anthropology Quarterly*, 22.3, (2008), pp. 274–96.

1689,<sup>27</sup> but the appearance of the term ‘anorexia nervosa’ dates back only to October 1873 with the publication of two articles written respectively by Ernest-Charles Lasègue and William Withey Gull.<sup>28</sup> In 1914 the German pathologist Morris Simmonds found damage in the pituitary glands of some anorexic patients and for more than twenty years the disorder was associated with ‘Simmonds’ disease’ or ‘pituitary cachexia’ (a syndrome ascribed to damage of the hypophysis).<sup>29</sup> Between 1945 and 1960 psychoanalytic studies framed anorexia as a mental disorder chiefly connected to an unconscious fear of oral incorporation.<sup>30</sup> A very important change in the clinical and public consideration of anorexia is related to the work of Hilde Bruch, who focused on anorexia as a disorder characterized by low self-esteem, distorted body image and rigorous pursuit of thinness.<sup>31</sup> In 1983, the death at 32 of the popular singer and drummer Karen Carpenter due to heart failure caused by anorexia induced widespread public awareness of eating disorders.

At least until 1973 (the year of publication of Bruch’s *Eating Disorders: Obesity, Anorexia, and the Person Within*) the psychiatric perspective on anorexia – in accordance with the neutral perspective of scientific positivism – was dominated by the idea that anorexia was mechanistically caused, and consequently objectifiable independently by the values and ideas of the anorexic individual. This idea has a long lineage in studies and legislation on

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<sup>27</sup> J. M. S. Pearce, ‘Richard Morton: Origins of Anorexia Nervosa’, *European Neurology*, 52.4, (2004), pp. 191–92.

<sup>28</sup> W. Vandereycken, ‘History of Anorexia Nervosa and Bulimia Nervosa’, in Brownell and Fairburn (1995), pp. 151-155.

<sup>29</sup> *Ibid.*

<sup>30</sup> *Ibid.*

<sup>31</sup> *Ibid.*

anorexia and, although appropriate in certain domains of research (e.g. neurobiology, biology, biochemistry), it is highly problematic when applied in legal and ethical contexts. The definition of anorexia in terms of “causes” has had the effect of depriving the person of her moral and personal agency in account of phenomena labelled “anorexia” and it is responsible for a discriminatory and paternalistic approach to anorexics. In a nutshell, this approach regards anorexia as a condition caused by certain states of things that has the effect of expropriating the person of her autonomy, especially regarding food choice and bodily weight.<sup>32</sup>

It is important to consider that for past centuries in Europe, self-starving was not considered a pathological practice but an essential part of the ascetic ideal of religious life. One of the first examples of self-starving in western culture can be found in the practices of bodily purification of the Hellenistic Era, while one of the first documented deaths from self-starving dates back to 383AD, when a Roman woman starved herself to death following the ascetic precepts of St. Jerome.<sup>33</sup> During the Middle Ages the phenomenon of *inedia prodigiosa* (today called *anorexia mirabilis*) referred to women and girls who “miraculously” fasted in the name of God’s purity.<sup>34</sup> Saint Catherine of Siena (1347-1380) looked at starving as a path to God,<sup>35</sup>

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<sup>32</sup> (I will point out in Chapter 2 how this idea is still at the core of the current UK legislation on anorexic refusal of treatment)

<sup>33</sup> Pearce (2004).

<sup>34</sup> F. E. Forcen, ‘Anorexia Mirabilis: The Practice of Fasting by Saint Catherine of Siena in the Late Middle Ages’, *American Journal of Psychiatry*, 170. 4, (2013), pp. 370–71.

<sup>35</sup> C. Weinberg, ‘From the Ascetic Ideal to the Esthetic Ideal: The Historical Evolution of Anorexia Nervosa’, *Revista Latinoamericana de Psicopatologia Fundamental*, 13.2, (2010), pp. 224–37.

while Saint Theresa of Avila fasted and used olive twigs to vomit.<sup>36</sup> In the UK, during the Victorian age, gender ideology was so grounded on the aesthetic ideal of a thin, ethereal, asexual, and self-disciplined woman that some scholars have looked upon this period as one that made the widespread development of anorexia possible.<sup>37</sup> Contemporary Western societies still continue to promote – especially in the world of fashion and through the media – unsustainable models of female beauty/thinness. I will analyse the relation between anorexia and these socio-cultural factors in section 4.

## (2) Anorexics' Perspectives.

Anorexic patients have severe difficulties with medical care. Even if they prove to have full insight into their disorder and of the consequent risk to their health, they nonetheless resist the treatment that could save their life. Jacinta Tan, Tony Hope et al have analysed in depth the relation between anorexia and the refusal of treatment, finding that identity and authenticity questions are central components of the anorexic's refusal.<sup>38</sup> Their work has

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<sup>36</sup> Pearce (2004).

<sup>37</sup> A. K. Silver, *Victorian Literature and the Anorexic Body*, Cambridge, Cambridge University Press, 2002; E. Domínguez-Rué, 'Sins of the Flesh: Anorexia, Eroticism and the Female Vampire in Bram Stoker's *Dracula*', *Journal of Gender Studies*, 19.3, (2010), pp. 297–308.

<sup>38</sup> T. Hope et al., 'Anorexia Nervosa and the Language of Authenticity.', *The Hastings Center Report*, 41.6, (2011), pp. 19–29; J. O. A. Tan et al. 'Anorexia Nervosa and Personal Identity: The Accounts of Patients and Their Parents', *International Journal of Law and Psychiatry*, 26.5, (2003a), pp. 533–48; J. O. A. Tan et al., 'Attitudes of Patients with Anorexia Nervosa to Compulsory Treatment and Coercion', *International Journal*

been developed with the collaboration of anorexic patients and their families, and thanks to their many interviews it is possible to offer an insight into the anorexic perspective on anorexia.

My selection of the interviews is not intended to furnish a categorical version of the anorexic perception of anorexia, but rather to give a picture of the multifaceted – and in some aspects contradictory – anorexic perspective. In doing this, my purpose is to underline the idea that anorexics' standpoints on anorexia conflict and are irreducible to a single perspective,<sup>39</sup> and that they are associated with questions of identity and morality that are not taken into account by the medical perspective. Acknowledging anorexia on the sole ground of certain behaviours (deliberative weight loss, compensatory practices) and in presence of the fear of putting on weight, the medical perspective does not consider the role of those behaviours in the wider framework of the moral domain of the person. Anorexics look at anorexia as something inseparable from their identity and autonomy, and they acknowledge this relation as a central and fundamental feature of anorexia.

I divide my discussion of anorexics' perspectives on anorexia into four groups: (A) egosyntony, (B) divided self, (C) positive and (D) negative relations with anorexia. In the first two groups I have selected interviews

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*of Law and Psychiatry*, 33.1, (2010), pp. 13–19; T. Hope et al., 'Agency, Ambivalence and Authenticity: The Many Ways in Which Anorexia Nervosa Can Affect Autonomy.', *International Journal of Law in Context*, 9.1, (2013), pp. 20–36; J. O. A. Tan et al., 'Control and Compulsory Treatment in Anorexia Nervosa: The Views of Patients and Parents', *International Journal of Law and Psychiatry*, 26.6, (2003b), pp. 627–45; J. O. A. Tan et al., 'Competence to Make Treatment Decisions in Anorexia Nervosa: Thinking Processes and Values', *Philosophy, Psychiatry, & Psychology*, 13, (2006), pp. 267–82; J. O. A. Tan et al., 'Competence to Refuse Treatment in Anorexia Nervosa', *International Journal of Law and Psychiatry*, 26.6, (2003c), pp. 697–707.

<sup>39</sup> Hope (2011).

that focus on the relation between identity and anorexia. In (A) anorexia is considered an integral and essential part of the self, while in (B) it is experienced as a distinct entity that conflicts and/or usurps the self. In the last two groups I have chosen the interviews that underline how anorexia can be considered in (C) positive and (D) negative terms.

(A) It is quite common for anorexics, especially when they are still not decisively underweight, to experience anorexia as their authentic self or as part of a single integrated self:

Interviewer: What does your anorexia nervosa mean to you?

Participant A: *It is quite a lot. It feels like my identity now, and it feels like... I suppose I worry that people don't know, they don't know the real me.*<sup>40</sup>

Interviewer: Let's say you've got to this point, and someone said they could have a magic wand and there wouldn't be anorexia any more.

Participant I: *I couldn't*

Interviewer: You couldn't.

Participant I: *It's just a part of me now.*

Interviewer: Right. So it feels like you'd be losing a part of you.

Participant I: *Because it was my identity.*<sup>41</sup>

Participant 17: *Quite often, people with anorexia, they don't say, "I have anorexia", they say "I am anorexic". And I think that's kind of, that explains it*

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<sup>40</sup> Tan (2003a).

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



*really, that shows what is is, people BECOME anorexic, they, and then they start saying, “I am anorexic”, and it’s this kind of, it becomes who you are, it defines who you are, as opposed to just an illness that you have.*<sup>42</sup>

Participant A underlines how anorexia can be experienced as the *real* self. She is worried that people will not know who she really is, and in her words – and in the words of participant I – she is indistinguishable from her anorexia. Participant 17 affirms that anorexia is not experienced as *just an illness*, but as something that cannot be changed without losing oneself. For patients with egosyntony, the idea of accepting treatment is particularly difficult and painful because it involves an essential loss of identity:

Participant C: [...] *I could be happy [without anorexia] – but it would be a completely different me, it would be a completely different way of thinking, because I don’t think I could be the person I want to be, at the moment, without anorexia, because it’s a part of it.*<sup>43</sup>

Participant 18: *If [anorexia] almost does become part of you and so in order to get it out of you I think you do have to kind of hurt you in the process, I think it’s almost inevitable.*<sup>44</sup>

(B) However, egosyntony constitutes only a part, or a period, of the experience of anorexia. Anorexics can be ambivalent regarding their identification with anorexia, and there are cases – more commonly among

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<sup>42</sup> Hope (2011).

<sup>43</sup> Tan (2003a).

<sup>44</sup> Hope (2013).

patients in treatment – in which anorexia is experienced or considered as a distinct entity that harshly conflicts with the self. These patients usually consider the capacity to distinguish between the “anorexic” self and the “real” self as an important, even if fragile, achievement:

Participant 36: *It feels like there's two of you inside, like there's another half of you, which is my anorexia and then there's the real K [own name], the real me, the logic part of me and it's a constant battle between the two... So there's always the real me still there because, well, if the real me wasn't there, then I'd be dead, because the real me is what I use to fight against it and to motivate me to want to beat it and get well. I truly believe that, that if there wasn't any me left, if there was none of me inside of me then I would have let it kill me by now. [... The idea of the real me] is very helpful. If I didn't have that, then – I mean, I know people who haven't got that, and they're very much stuck in their recovery, perhaps won't ever recover, yet I know people who have recovered who, like me, very know the difference between the two. I definitely know the difference between the two.<sup>45</sup>*

Participant 38: *I don't think it [anorexia] does feel alien. I think it is part, it feels like it's part of me, but I like to now believe that it's not part of me, it's just something else that I can get out and it's just some other thing... I think with it being part of me, I still do feel it is part of me to some degree, and I, that makes me still want to hold on to it... but then at the same time I can see that I don't want it to be part of me and the only way to get rid of it is to really hate it and be really angry with it and get it way from me.<sup>46</sup>*

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<sup>45</sup> Hope (2011).

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

Participant 36 identifies her real self with her logical thinking in opposition to anorexia; the “other” half that would lead her to die. In contrast, Participant 38 does not perceive anorexia as something different from her; but nevertheless she does not desire this identification: she struggles to detach her self from anorexia. Both participants accord great value to the capacity to distinguish between the anorexic and true part of their selves. It is quite common for these patients to experience one of the two parts of the self as more intense, according to their weight.

Participant 36: *When it takes control, particularly when I'm at a very low weight, its voice if you like is loud, very, very loud, and I can't, the real me can't battle against it. [...] When I start to get better and put on weight and get well, then the real me gets stronger and so it goes down, and then I'm like 75/25, 50/50, and I'm hoping eventually 100/nothing.*<sup>47</sup>

The conflict experienced by anorexics can be overwhelming and lead to serious difficulties in recognising and expressing what they really think. The contradiction between the severe fear around food and the wish to recover can be so burdensome as to urge the anorexic to give up resisting and continuing their self-starving.

Participant 20: *So I didn't really want treatment, but then there's this little voice deep down inside, which is kind of the complex part, that's saying "you know you do want treatment really", but then there's this kind of overriding big THING*

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

*which is just like “no, you’re FAT” (laughs), “you don’t need to put on weight!”<sup>48</sup>*

*Rachel: I would describe anorexia as a little person in the back of your head screaming at you. It is a little person that tells you that you want to be alone, that you don’t need friends, that you don’t need family, that you need to eat as little as possible, and you need to exercise this certain amount. And it’s this little thing that puts demands on you and says that “you will be accepted. You are the winner or you’re the best. You are better than anyone or anything if you don’t eat.” And it is this little voice that is trying to kill you. But you don’t see it. I don’t see it. I don’t see this voice as killing me sometimes. I see it as my best friend. So in some ways it’s a security blanket. It’s my best friend, but my best friend is trying to kill me.<sup>49</sup>*

The loss of control experienced by anorexics can be seen as inscribed in a wider issue about control. Paradoxically, for most anorexics self-starving is a way of gaining self-control.

*Participant D: I think [anorexia] begins with a need to control when individuals feel that various areas of their life are out of control, and they’re not happy about other areas of their lives, and so they look for another way to feel in*

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<sup>48</sup> *Ibid.*

<sup>49</sup> *Battling Chronic Anorexia for Over a Decade (But Still Fighting for Recovery)* [online video], Special Books by Special Kids, (2 November 2018), <https://www.youtube.com/watch?v=NOoNYdhYOWY>, (accessed 22 January 2019).

*control, to feel happiness, and a way you can guarantee it is by food, by weight, by exercise.*<sup>50</sup>

Interviewer: *You mentioned that anorexia is a symptom of something else. What is it a symptom of for you?*

Rachel: *For me, I think my whole life I wanted control. And I want sameness and control and an identity and to feel accepted in some way. And I think at some point my anorexia became my identity.*<sup>51</sup>

(C) Anorexia has positive aspects, such as offering self-control and distracting from other problems. Since the late 90s<sup>52</sup> pro-anorexia websites, blogs and forums appeared on the web specifically to promote these positive aspects and to support anorexic behaviours with thinspirations (pictures, songs and videos encouraging thinness), stories of weight loss, and advice on extreme diets, drugs and exercises.<sup>53</sup> Pro-ana (as these are commonly known) communities do not usually consider anorexia as a disorder, but as a beneficial life-style based on self-control and self-discipline.

*We [anorexics] are “thrivers”! We thrive upon challenge, upon competition, upon the raw stimulation of life, keenness of our senses, strength and artistry in our bodies, alertness and clarity in our minds. We thrive upon the fact that while all religions, philosophies, ideologies upon the earth extol the virtues of self-control and*

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<sup>50</sup> Tan (2003b).

<sup>51</sup> Special Books by Special Kids, (2018)

<sup>52</sup> L. R. Shade, ‘Weborexics: The Ethical Issues Surrounding Pro-Ana Websites’, *ACM SIGCAS Computers and Society*, 33.4, (2003), p. 2.

<sup>53</sup> A. Gwizdek, K. Gwizdek, and A. Koosowska, ‘Pro-Ana, Murderous Face of the Internet’, *Progress in Health Sciences*, 2.1, (2012), pp. 158–61.

*self-government, our path alone holds the key to unlock the most secret chambers of these mysteries in something so seemingly simple as an empty plate, in something so seemingly shallow as a desire to be thin.*<sup>54</sup>

*If I keep losing weight I would master self control and have more dignity and respect for myself. I wouldn't self harm over hating my body anymore.*<sup>55</sup>

*If I become thin I can prove myself that I am strong enough to do anything.*<sup>56</sup>

The anonymous context of the internet and the comfort offered by a friendly community supports pro-ana members in expressing their view of anorexia in a blameless manner that is difficult to find in interviews.<sup>57</sup> Notwithstanding that, even in the formal context of interviews, appreciations of the positivity of anorexia are not uncommon:

Participant F: *It [anorexia] takes control of you, but it can also feel very safe. It's a very confusing illness, because at the moment it's probably got a lot of control over me, in certain ways, and I just want to get away from it, I'm just sick and*

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<sup>54</sup> S. Roberts Strife and K. Rickard, 'The Conceptualization of Anorexia: The Pro-Ana Perspective', *Affilia*, 26.2, (2011), pp. 213–17.

<sup>55</sup> MPA, [web forum], [www.myproana.com](http://www.myproana.com), Message posted, (accessed 2 February 2018).

<sup>56</sup> *Ibid.*

<sup>57</sup> N. D. Schott and D. Langan, 'Pro-Anorexia/bulimia Censorship and Public Service Announcements: The Price of Controlling Women', *Media, Culture & Society*, 37.8, (2015), pp. 1158-73.

*tired and I'm exhausted, but then it kind of protects you as well, I think, from coping with other things.*<sup>58</sup>

Participant 16: *There's this little emotion that seems to accompany being thin, and I can't it, I can't really, I don't really have the language to explain it, it's a very um, but you sort of, you have this sort of, I don't know, sort of like serenity and calm. You know you feel very, very calm and comfortable and sort of I guess safe, a mixture of all those sort of things. And sort of security and sort of just RIGHTEOUSNESS as if this is the right thing... it's a very nice way to feel.*<sup>59</sup>

The appreciation of anorexia as something beneficial is not limited to the first stages of the disorder. In some cases, anorexics continue to commend anorexia's benefits in late stages of the disorder and even in presence of serious physical dangers.

Participant D: *I remember getting some tests back saying how my liver was really damaged and all this, and I thought it was really rather good! I can't imagine that I thought it, it felt like really quite an accomplishment!... [...] I'd just done something that I knew hardly anyone else could do... I can remember when I had difficulty walking upstairs, or I had such pain bending down, at the back of my legs, and I loved it, I used to bend down as much as I could to feel the pain! And I felt so in control.*<sup>60</sup>

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<sup>58</sup> Tan (2003b).

<sup>59</sup> L. C. Charland et al., 'Anorexia Nervosa as a Passion', *Philosophy, Psychiatry, & Psychology*, 20.4, (2013), pp. 353–65.

<sup>60</sup> Tan (2006).

(D) However, even if a significant number of anorexics start to struggle against anorexia only after recovery, there are periods in the history of every anorexic in which the benefits offered by self-starving and compensatory practices appear to them as dreadful hindrances: the feeling of self-control offered by anorexia disappears and turns into its opposite, a terrifying sense of loss of control; the thoughts “covered” by anorexic practices inexorably emerge, and usually stronger than in the past. In these cases anorexia is described as connected with loss of control, self-punishment, guilt, and low self-esteem.

Participant 21: *I think you feel you can control um, have extra control in your life by controlling what food you eat very, very strictly but in the end it doesn't end up you controlling it, it's kind of more it controlling you because I found in the end um, I found in the end that if I had wanted to make any choice, different choices that I couldn't do it so it wasn't, it wasn't really my own choice any more.*<sup>61</sup>

Participant 17: [Anorexia] *is a prison, it's not just about food, it's about life I think 'cos I find that it's made me want to control everything.*<sup>62</sup>

Participant F: *It kind of protects you as well, I think, from coping with other things. It just distracts you the whole time. Basically punishing you all day long, bullying you about something. It just fills your mind. It distracts you so completely about things you don't want to think about, to lose that is quite scary.*<sup>63</sup>

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

<sup>62</sup> Hope (2013).

<sup>63</sup> Tan (2003c)



Janet: *I don't feel I deserve [to eat...]. I don't feel I deserve nice clothes. When my sister died I thought it should have been me.*<sup>64</sup>

Anorexia turns out to be highly problematic for anorexic patients. Social life becomes unsustainable due to the difficulty of following strict alimentary regimes and compensatory practices in the presence of friends and family. Heart, kidneys, bones and stomach become weak due to starving and compensatory practices. One aspect of the issue is the conflict between the desire to avoid physical and social problems caused by anorexia and the fear of putting on weight. For some anorexics the conflict dissipates: they no longer think that is possible to stop their anorexic behaviours, especially due to unbearable feelings associated with food.

Participant 21: *Well I always THOUGHT that I could, like before I tried it I thought all the time well I could easily eat more and stop this if I wanted. But when I came to try to do that I couldn't.*<sup>65</sup>

Participant 13: *When I was lying in the hospital my mum would bring over a bowl of melon and say "Melon OK, it's just water"... Id' thinking, "oh I really want to eat that, I want to eat, I just want to eat."... And then when it came to it, my hands would start shaking and I'd just want to throw it across the room, I just couldn't do it, no matter how hard I tried I just couldn't physically do it... I don't even know what was stopping me, it was obviously the anorexia but my thought just changed, like one minute I would, and the next minute I just wen "NO" I*

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<sup>64</sup> L. Theroux, *Louis Theroux: Talking to Anorexia*, BBC documentary, BBC, (2017).

<sup>65</sup> Hope (2013).

*couldn't do it, at all.*<sup>66</sup>

Patients overwhelmed by anorexia can refer to it as a distinct entity that ensnares their life. Their estrangement from anorexia is however troublesome and ambivalent. On the one hand, they conceptualize anorexia as something alien and harmful; on the other, they find themselves at its mercy, or continue to defend their anorexic behaviours or refuse to accept that they are ill. For many of them, anorexia, in addition to being pivotal to their life, is considered an essential part of their identity.

Anorexics' standpoints on anorexia are substantially conflicting, ambiguous, and variable.<sup>67</sup> However, there seem to be at least two axes that can orient our understanding of anorexics' standpoint on anorexia: the unified/divided-self axis, and the positive/negative consideration axis. The anorexic point of view can usually cover wide spaces and be situated across the poles, i.e. experiencing contradictory feelings or expressing contradictory desires. The positive side of the point of view generally refers to anorexics in the early stages of the disorder, while the divided-negative and the unified-negative points of view usually report patients in treatment struggling against anorexia; but only the former can reasonably represent a "transitional" point of view towards recovery.

### (3) Post-anorexics' Perspectives

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<sup>66</sup> *Ibid.*

<sup>67</sup> Hope (2011; 2013); Tan (2003a; 2003b; 2003c; 2006).

Generally, post-anorexics don't feel they have *completely* recovered from anorexia.<sup>68</sup> Some retain a subtle identification with anorexia, while others believe that anorexia is still present in their life – even if not in a harmful manner.<sup>69</sup> Almost every post-anorexic considers her history as one in which anorexia is fundamental for her self-understanding.

Anne: *If you have something that is a part of your personality, it's a part of you, it's got to be... it's in your blueprint somewhere... Otherwise you wouldn't have taken it onboard in the first place.*<sup>70</sup>

Participant 31: *[Anorexia is] quite an important factor in sculpting who I am. I am not really it anymore, but what it's left behind has sort of made me.*<sup>71</sup>

The persistence of anorexia has two main aspects: on the one hand, it persists as a sort of temptation; post-anorexics are indeed usually aware of the possibility of a relapse. In these cases, they can talk about anorexia in the language of addiction.

Jane: *There's always going to be warning bells, the same as an alcoholic will still get those triggers.*<sup>72</sup>

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<sup>68</sup> J. E. Conti, 'Recovering Identity from Anorexia Nervosa: Women's Constructions of Their Experiences of Recovery from Anorexia Nervosa Over 10 Years', *Journal of Constructivist Psychology*, 31.1, (2018), pp. 72-94.

<sup>69</sup> Hope (2011).

<sup>70</sup> Conti (2016).

<sup>71</sup> Hope (2011).

<sup>72</sup> Conti (2016).

Naomi: *I still am always cautious that I could fall into the trap again... in the same way that an alcoholic is always an alcoholic.*<sup>73</sup>

On the other hand, anorexia persists as a crucial experience that has shaped post-anorexic identity, values and capacities.

Naomi: *It's like anorexia is always in there, it's part of who I am, it's part of my fabric, it's part of what I value, it's part of what I think of my morals, my ethics, all those type of things that flavour who I am.*<sup>74</sup>

Susan: *That experience that you've had also definitely shape you... Being more empathetic and more accepting of other people... I would like to stay more in touch with it actually.*<sup>75</sup>

The first-person experience of anorexia differs from the picture offered by the psychiatric perspective, especially regarding its values and its empirical features. Both anorexic patients and post-anorexics consider anorexia as something *more* than a disorder. According to them, anorexia involves a complex mixture of moral and identity issues that are not formalized in the psychiatric and medical framework.<sup>76</sup> In *The Anorexic Self*, Paula Saukko conceptualizes the struggles of anorexics' identity as a dialogue

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<sup>73</sup> *Ibid.*

<sup>74</sup> *Ibid.*

<sup>75</sup> *Ibid.*

<sup>76</sup> *Ibid.*; Giordano (2005a); Saukko (2008).

between different and contradictory social claims.<sup>77</sup> She argues that the experience of the dichotomy between a true and a false (anorexic) self is a direct consequence of the hegemony of the psychiatric discourse of anorexia:

The aim of my autoethnography is [...] to address the fact that my experience [of anorexia] is only accessible to me through the discourses on eating disorders, which I have both violently resisted and incorporated into my self-image. I seek to illuminate, from the inside out, the occasionally illuminative but also limiting and misleading effects that psychiatric and public discourses on anorexia had for my treatment and self-understanding.<sup>78</sup>

Saukko makes an important claim: the recognition of anorexia is essentially grounded in psychiatric and public discourses that do not adequately grasp anorexics' experience. According to Saukko, what these discourses are missing is the moral and personal elements present in anorexia:

The anorexic experience is often driven by a desire to create a “new”, better self [...], as well as to destroy an unacceptable self.<sup>79</sup>

In Saukko's perspective, anorexics' resistance is not only a feature of the disorder, but an active response to the “monologue” of the psychiatric and

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<sup>77</sup> Saukko (2008), p. 6. I will return on Saukko's feminist conceptualization of anorexia in section 4.

<sup>78</sup> *Ibid.*, p. 9.

<sup>79</sup> *Ibid.*, p. 105.

public standpoints. Even if the discourses are crucially important in framing and shaping anorexic experience in an illuminating manner, they nonetheless exclude *a priori* the possibility that anorexics' voices could have something meaningful to say. The understanding of anorexics as persons subjugated by a disorder, or as individuals with a "false" self, leads to a reductive picture of anorexics' claims and experiences. Saukko underlines the connection between this lack of space for anorexics' voices and the spread of pro-ana communities: the sentiment of not being understood, and the awareness of the inaccuracy of psychiatric and public discourses, lead anorexics to look for environments hospitable to the articulation of their experiences and feelings. Saukko notices that the image of pro-ana communities should be reconsidered:

Participants in the pro-ana communities [...] define starving in more ambivalent and aspirational terms and view it as a response to deep-seated or serious life disturbance [...]. They should not be denounced as dangerous, but they should not be romanticized as resistance either.<sup>80</sup>

[...] Analyses of posts on pro-ana Web sites have revealed that anorexics often experience their condition as simultaneously empowering and damaging.<sup>81</sup>

Whether or not pro-ana communities should be considered dangerous is a

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<sup>80</sup> *Ibid.*, p. 60.

<sup>81</sup> *Ibid.*, p.82.

thorny question;<sup>82</sup> nonetheless, they constitute a practicable, alternative space in which anorexics' experiences can be articulated as something both positive *and* negative, empowering *and* damaging.

Both anorexics and post-anorexics claim that anorexia is somehow linked to issues that overstep the psychiatric definition of the disorder, and that these issues are deeply relevant for their own moral self-understanding and identity. Post-anorexics ordinarily retain some subtle relations with anorexia, and they do not perceive recovery as complete. Anorexia is deeply embedded in questions of autonomy, identity, and morality, and anorexic perspectives are constituted in part by positive and beneficial considerations of anorexia that are not taken into account by the medical perspective. Sociological and feminist approaches to anorexia take into account those elements, focusing on the role of relational dimensions in anorexia and trying to grasp those aspects disregarded by psychiatric discourses. These perspectives will be detailed in the following section.

#### (4) Perspectives on Anorexics' Environments

Social, cultural and familial factors are generally considered highly relevant in the development of eating disorders.<sup>83</sup> Anorexia effects for the most part young women growing up in families that frequently share

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<sup>82</sup> Schott (2015); Gwizdek (2012); Strife (2011); Shade (2003).

<sup>83</sup> American Psychiatric Association (2013); Dring (2015).

contradictory values and lack affective connections.<sup>84</sup> Sociological and feminist scholars agree that anorexia cannot be adequately described without taking into account the relevance of contextual factors. Some stress this claim to affirm that anorexia can actually be *explained* by these contexts. In these accounts anorexia is represented as an *expression* of social, cultural and/or familial issues.

Let me briefly reconstruct two contextual perspectives on anorexia – familial and socio-cultural – in order to articulate their accounts of the resistance of anorexic and post-anorexic experience to psychiatric discourses. Within the field of the studies on anorexia, the contextual approaches are mainly focused on the role of the family, society and culture, and a large proportion of these are part of feminist studies. For the familiar perspective, I shall deal with the recent studies of Goodman, McClelland and Crisp, together with the classic studies of Bruch e Palazzoli. For the social and cultural perspectives, I shall consider two of the most representative texts of the social and cultural feminist studies on anorexia: *The anorexic Self*, by Angela Saukko, and *Unbearable weight: Feminism, Western Culture, and the Body*, by Susan Bordo.

Epidemiological data on the incidence and prevalence of anorexia are still not completely reliable, due mainly to the issue of screening a broad spectrum of people for many years. However, the difficulty of the enterprise has not prevented scholars from undertaking extended research to develop more accurate statistics. Anna Goodman et al, for instance, have screened

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<sup>84</sup> M. S. Palazzoli et al., *Ragazze Anoressiche E Bulimiche: La Terapia Familiare*, Milano, Cortina, (1998).



for 4 years a multi-generational group of 2 million Swedish males and females born in 1973-1998,<sup>85</sup> continuing and improving the results of previous large studies conducted in Britain and Sweden<sup>86</sup>. Their study tries to clarify the incidence of familiar socio-economic positions in the development of eating disorders. According to their results, anorexia is present at higher rates in families with a high education level, whereas parental incomes and social class seem to be statistically irrelevant.<sup>87</sup> This data refines and corrects the outcomes of the “classic” studies on anorexics’ families, such as those of Bruch and Palazzoli, according to which anorexia is connected to the expectations of upper class parents.<sup>88</sup> Anorexia is actually not restricted to certain social groups (the “upper class” of Bruch and Palazzoli), but the educational level of the family seems to play an important role in its development. Goodman et al. claim that this data is explained by the cultural value accorded to education. This suggestion matches the results of other studies of anorexics’ families, underlining how parental expectations

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<sup>85</sup> A. Goodman, A. Heshmati, and I. Koupil, ‘Family History of Education Predicts Eating Disorders across Multiple Generations among 2 Million Swedish Males and Females’, *PLoS ONE*, 9.8, (2014), pp. 1-9.

<sup>86</sup> L. McClelland and A. Crisp, ‘Anorexia Nervosa and Social Class.’, *The International Journal of Eating Disorders*, 29.2, (2001), pp. 150–56; L. Lindberg and A. Hjern, ‘Risk Factors for Anorexia Nervosa: A National Cohort Study’, *International Journal of Eating Disorders*, 34.4, (2003), pp. 397–408; J. C. Ahrén et al., ‘We Are Family - Parents, Siblings, and Eating Disorders in a Prospective Total-Population Study of 250,000 Swedish Males and Females’, *International Journal of Eating Disorders*, 46.7, (2013), pp. 693–700.

<sup>87</sup> The results of this study cannot be valid only in those countries in which the education is free and, as a consequence, where the level of incomes are not crucially related to the level of education.

<sup>88</sup> H. Bruch, *Eating Disorders: Obesity, Anorexia Nervosa and the Person within*, London, Routledge and Kegan Paul, (1974), p. 262 ; Palazzoli (1998), pp. 22-23, 122.

and familial pressures are relevant factors in anorexia's development.<sup>89</sup> The importance accorded by families to scholastic and social success, and the social comparison that is implied in these competitions, may lead to frustration and dissatisfaction with one's own appearance, conditions that are associated with an increased risk of eating disorder.<sup>90</sup> Furthermore, Goodman et al. also confirm the statistical relevance of negative or absent affectivity, childhood sexual abuse, and parental perfectionism as risk factors for anorexia.<sup>91</sup> Despite the centrality given by psychiatric discourses to weight and shape control, families and individual histories of problems with dieting are less significant in predicting the development of anorexia.

The pioneering research of Mara Selvini Palazzoli underlines that the parents of anorexics usually deny responsibility for the negative aspects present in the family.<sup>92</sup> Palazzoli also indicates an element of anorexics' family that is commonly accentuated in feminist approaches: female children generally receive contradictory and conflicting training about their role in

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<sup>89</sup> Ahrén et al. read the data in a different way, claiming that anorexia is found more commonly between families with higher level of education since increased knowledge makes the parents more aware of mental disorders and more prompt to ask for medical help. J. C. Ahrén et al., 'Psychosocial Determinants and Family Background in Anorexia Nervosa-Results from the Stockholm Birth Cohort Study', *International Journal of Eating Disorders*, 45.3, (2012), pp. 362-9; K. M. Pike et al., 'Toward an Understanding of Risk Factors for Anorexia Nervosa: A Case-Control Study', *Psychological Medicine*, 38.10, (2008), pp. 1443-53; G. Dring, 'Anorexia Runs in Families: Is This due to Genes or the Family Environment?', *Journal of Family Therapy*, 37.1, (2015), pp. 79-92; I. Eisler et al., 'Family Therapy for Adolescent Anorexia Nervosa: The Results of a Controlled Comparison of Two Family Interventions', *Journal of Child Psychology and Psychiatry, and Allied Disciplines*, 41.6, (2000), pp. 727-36.

<sup>90</sup> *Ibid.*

<sup>91</sup> *Ibid.*

<sup>92</sup> Palazzoli (1998).

family and society. They are expected to be both good caregivers and independent, at once ready to sacrifice themselves and yet to be successful.

Clinical studies are ordinarily prudent when interpreting these data; however, they generally display anorexia as a response to issues of the family. According to research on anorexics' families, anorexia is a sort of defensive/(mal)adaptive strategy adopted to challenge the unsustainable and contradictory demands of the familial environment. In order to gain self-control in a context in which expectations are high and conflicting, affective support low, and comparison with others is stressed, sufferers develop anorexia.<sup>93</sup>

Even if the data obtained by familial studies are consistent from a statistical point of view, they nevertheless remain limited to the domain of probability rather than that of causal connection. Research on anorexia is still unreliable due to anorexics' reluctance to seek medical help, to the necessity of screening them for a long period of time, and to the lack of sufficient data. Furthermore, the positing of a causal connection between familiar context and anorexia is problematic in itself, given the practical impossibility of isolating the presumed causal factors from the complex net of elements in which they can be found. The recognition of the effects of the presumed causes is also questionable, since the same presumed causes of anorexia may lead to other mental disorders, such as unipolar depression,

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<sup>93</sup> Interestingly, this argument parallels to the 1960 literature on mental illness and Bateson's account of schizophrenia. R. D. Laing and Esterson A., *Sanity, Madness, and the Family*, London, Penguin Books, (1964); G. Bateson, *Steps to an Ecology of Mind*, Chicago, University of Chicago Press, (1972), Part III.

bipolar disorder and anxiety disorder.<sup>94</sup> Gregory Bateson, for example, argued in his *Steps to an Ecology of Mind* that familiar conflicting expectations (what he called *double bind* situations) are necessary conditions for the development of schizophrenia.<sup>95</sup> In conclusion, the recognition of a relation between familial factors and the onset of anorexia can be useful in a preventive and therapeutical approach, but it does not furnish any proof of a causal connection.

Feminist studies approach anorexia as a gender problem. In her study on the relation between female vampire characters and their relationship with anorexia, Domínguez-Rué analyses how Western culture (in an emblematic way during the Victorian age) idealises women “as angelic beings, [while] they are simultaneously feared a sexually voracious monsters”.<sup>96</sup> During the Victorian age, the “True Womanhood” ideal was connected to the angelic image of a fragile and delicate body, suggesting her spiritual, rather than carnal (masculine), nature. At the same time, the Victorian culture associated the fat body and the femine appetite with a counter-nature, carnal, and sexual appetite. The “True Woman” was expected to control her behaviour and appetite in order to dominate her “diabolic” tendencies and to assume the form of the ethereal woman. Female hunger turned into a symbol of transgressive and dangerous desires, and it was seen as opposed to the traditionally masculine capacity for self-control, will power, and intelligence. In one of the most representative texts in this

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<sup>94</sup> B. J. Blinder, E. J. Cumella, V. A. Sanathara, ‘Psychiatric Comorbidities of Female Inpatients with Eating Disorders’, *Psychosomatic Medicine*, 68.3, (2006), pp. 454–62.

<sup>95</sup> Bateson (1972), Part III.

<sup>96</sup> Domínguez-Rué (2010).

regard, *Unbearable Weights: Feminism, Western Culture, and the Body*, Susan Bordo writes:

The mythology/ideology of the devouring, insatiable female [...] is the image of her female self the anorexic has internalized. [...] Hungering, voracious, extravagantly and excessively needful, without restraint, always wanting too much affection, reassurance, emotional and sexual contact, and attention. [...] Anorexia nervosa [...] can be seen at least in part a defence against the “femaleness” of the body and a punishment of its desires. Those desires have frequently been culturally represented through the metaphor of female appetite. The extremes to which the anorexic takes the denial of appetite (that is, to the point of starvation) suggest the dualistic nature of her construction of reality: she transcends body totally, becoming pure “male” will, *or* she capitulates utterly to the degraded female body and its disgusting hungers.<sup>97</sup>

Western and westernised countries accord a high value to women’s capacity to control and transcend the body. Following Foucault’s critical approach, Bordo looks at the social practices of “discipline” of the body (as such the representation of female appetite as transgressive and inappropriate) as a form of control of individuals, underling how the development of identities

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<sup>97</sup> S. Bordo, *Unbearable Weights: Feminism, Western Culture, and the Body*, Berkeley, California University Press, (1993), p. 8 and 160-161.

are unavoidably “in the grip” of cultural practices.<sup>98</sup> Bordo underlines how in the case of women, the cultural grip on the body and food intake is notably more pressing than in the case of men: women are embedded in an environment which highly values thin female bodies, and the cultural narrative also associates the female body with a natural inclination to disorganization and indiscipline. The cultural ideal of self-control is associated with the masculine tendency to self-control and discipline, while women are characterized by a lack of control of the appetite and emotions. Within this cultural framework, the only way accessible to women to develop their moral and social status depends chiefly on the capacity to dominate their appetite and body (their *femininity*, in the terms of the social narration) in order to achieve those capacities that are “naturally” property of men. As a result, both women who endorse and those who resist such gender-ascriptions unavoidably engage in a self-struggle for the domination of their own body that involves control of their appetite. According to Bordo, the alien self experienced by anorexics is not an externalisation of the disorder, but a culturally shaped experience of the very female body that conflicts with the culturally dominant male ideals:

The anorexic’s *other* self – the self of the uncontrollable appetites, the impurities and taints, the flabby will and tendency to mental torpor – is the body [...]. But it is also (and here the anorexic’s associations are surely in the mainstream of Western culture) the *female* self. These two selves are perceived as at constant war. But it is clear that it is the male side – with its associated values of greater spirituality, higher

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<sup>98</sup> *Ibid*, p. 142.

intellectuality, strength of will – that is being expressed and developed in the anorexic syndrome.<sup>99</sup>

Bordo deploys a “hard”<sup>100</sup> explicative approach towards the cultural aspects of anorexia: anorexics *surely* associate femininity with the unmanageable aspects of the body because of the widespread and deep integration of this association in Western culture. If the (female) body is culturally constituted by instability, impurity and indolence, *it is clear* that anorexia should be considered a way of achieving the (male) ideals of will and intelligence. According to Bordo, anorexia is a way to exercise those powers and controls that Western culture make accessible only to men, rather than a way of fulfilling the aesthetic expectations of women. Through the practice of self-starving, anorexics manage the unmanageable (the female body) and transcend their cultural role, merging their identity with a sublimation of the male ideal of pure will. Bordo concludes, in accordance with the familial approach, that anorexia is an adaptive strategy actualised to obtain control in a hostile environment.

As we have seen in the previous section, Saukko – in accordance with Bordo – highlights the role of gendered societal factors in anorexia’s aetiology taking into account the contradictory position awarded to women in Western culture:

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<sup>99</sup> Bordo (1993), p. 155.

<sup>100</sup> I distinguish between “soft” and “hard” explicative approaches. A “hard” explanation claims to have identified the causal elements (x) of a determinate phenomenon (k) (x causes k), while a “soft” explanation looks at the relation between the variable identified and the phenomenon in terms of probability (k is present at higher rates in presence of x).

Both psychiatry and feminism concluded that anorexia articulates women's (feminine) inability to live up to the ideal, healthy (masculine) autonomous or independent self [...]. Perfectionism is the only available strategy for attaining success for many women, who are pushed to extreme trying by the structural imperative, sugarcoated by the ideology of equal opportunities, that tells women and blacks that they can succeed as well as white men if they just try hard enough.<sup>101</sup>

It is not only the gendered structure of Western societies that creates the unsustainable conditions that make anorexia possible; Western societies also foster those strategies that are structurally connected to anorexia, such as extreme perfectionism. According to Saukko, anorexics' experience of a divided self is explained by these contradictory demands of Western society on women and it is not reducible to psychiatric terms due to its emancipatory and moral strand. What is at stake in the anorexics' struggle is indeed the practical realization of the ideal of autonomy.<sup>102</sup> Anorexia can turn out to be the best way to exercise self-control if self-control is structurally unachievable by the female body: extreme self-starving does not only aesthetically testify to the power of a will that is able to transcend the body, it also expresses an ethical standpoint that – consistently with the ideal of the autonomous man – gives absolute priority to a pure, disembodied capacity to self-govern oneself.

According to Saukko, psychiatric and public discourses do not take into account two fundamental aspects of anorexia: first, that anorexia has

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<sup>101</sup> Saukko (2000), pp. 4 and 103.

<sup>102</sup> *Ibid.*, p. 108.



moral and emancipatory strands that are often widely inarticulated by the anorexic – even if they are still inclined to be retained;<sup>103</sup> and second, that these strands are glorified in Western culture.<sup>104</sup> This implies both that anorexia *emanates* from complex social issues as a problematic but meaningful manner in which to fulfil cultural ideals, and that these very ideals sustain both emancipatory and oppressive practices.<sup>105</sup>

Both Bordo and Saukko stress the relation between the gendered framework of Western societies and the onset of anorexia, but while Bordo looks at the alien self experienced by anorexics as sublimation of the “male” ideal of the pure will, Saukko thinks that the experience of the alien self, even if culturally shaped, retains elements of moral self-determination that testify an active participation (as a form of political resistance and/or social self-affirmation) of the individual in development of anorexia. But despite Saukko’s emphasis on the relation between anorexia and autonomy, it remains unclear how anorexics can have an active role if anorexia is *de facto* (in Saukko’s account) the consequence of an unfair and oppressive social structure that demands what is rendered unachievable.

In the following section I will reconstruct Giordano and Chardland’s alternative perspectives on anorexia – namely “moral” and “passionate” – retracing their critique of the explicative forms of the contextual perspectives on anorexia and looking at the way in which they attempt to take into account the active role of individuals in the development and

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<sup>103</sup> *Ibid.*

<sup>104</sup> *Ibid.*, pp. 59-76, 80-81, 106-110.

<sup>105</sup> *Ibid.*, pp. 3 and 108.

maintenance of anorexia.<sup>106</sup>

### (5) Moral and “Passionate” Perspectives

In *Understanding Eating Disorders*, Giordano disagrees with the aetiology of anorexia proposed by contextual perspectives. Her critique is conducted in three main steps and aims to indicate the necessity of a perspective able to grasp the moral and personal elements that are at the heart of anorexia.

- 1) *Unverified assumption: it is not true that inappropriate expectations directly cause suffering.*

It is not the expectation itself that causes suffering, but the feeling of being wrong (the person considers herself guilty) or to be misunderstood (the person considers others guilty). The expectation cannot lead to suffering without a framework that displays what is expected as important and morally good, and the suffering is connected to the moral relation of the individual with society and its ideals. The expectation-disappointment dynamic is morally grounded and subjectively endorsed: the person suffers because she has accepted and exercised a set of values that renders failed expectations undesirable and morally charged. In other words, the contextual circumstances cannot explain the outcome of anorexia due to the active role of the person in the recognition

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<sup>106</sup> Giordano (2005a-2005b); L. C. Chardlan et al., 'Anorexia Nervosa as a Passion', *Philosophy, Psychiatry, & Psychology*, 20.4, (2013), pp. 353-365.

and development of those moral frameworks that contribute to the outcome of anorexia.

- 2) *Failure of the neutral approach: contextual perspectives fall into the same moral logic of anorexia.*

If anorexia is the result of social problems, then anorexics are “victims” of these environments. Even if this approach avoids morally judging the person, it nonetheless judges others in a manner that retraces, and implicitly approves, the moral logic of guilt that is at anorexia’s core.<sup>107</sup>

- 3) *Logical fallacy: anorexia is not caused by contextual factors.*

The variables identified by the contextual perspectives cannot explain the decisions, behaviour, and values endorsed by the anorexic because they are not their cause. The recurrence of the correlation between contextual variables and anorexia encourage the impression that the first is the cause of the second, but there is no evidence to establish a causal relation. The variables can contribute to our understanding of anorexics’ experience, to improve current therapeutical strategies and to develop new ones, but not to grasp the causes of anorexia.<sup>108</sup>

According to Giordano, anorexia is not a product of familial, social, and/or cultural environments, but of the moral dimension of the individual. Giordano takes into account the role of personal origin in the development of the moral and ethical dimension in a different way than contextual

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<sup>107</sup> *Ibid.*, pp. 164-169.

<sup>108</sup> *Ibid.*, pp. 169-171.

perspectives. The postmodern background of Saukko and Bordo renders the very “active” role of the person as socially and culturally constructed, i.e. as essentially reactive. The explicative shift from the person to the environment *de facto* relieves the active role of the person in the development of anorexia and impedes investigation of the moral claims that connect the person to the ideals of Western culture, and thus to anorexia. In Giordano’s account, the person, *at some level, directs and controls* the dynamics that make her an interpreter of the culture and of her role in society. The main purpose of this approach is not to attribute guilt and/or responsibility to the individual, but to retrieve the role of the person in the development of anorexia and to articulate a perspective more responsive to her identity and moral sensibility.<sup>109</sup> Anorexia is a strategy to achieve self-control, purity, and will power, and is grounded in the recognition that autonomy is morally good.<sup>110</sup> Furthermore, anorexia is also a way to obtain power *over* the environment, taking advantage of the moral idea that causing suffering is morally wrong:

The [anorexic] person is saying ‘do you see how much you are making me suffer?’ - and expects others to change accordingly. It is in fact a rather common belief that people should feel sorry for other people’s suffering and do something about it. Therefore, it is common for people to try to achieve a change in others by displaying their misery to them and maybe blaming them for it (an illustrative case is that of hunger-strikers).<sup>111</sup>

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<sup>109</sup> Giordano (2005a), pp. 158-160, 172.

<sup>110</sup> Giordano (2005b).

<sup>111</sup> Giordano (2005a), p. 258.

Morality – and not environment – is at the core of anorexic behaviours, values and identity. According to Giordano, anorexia is a consistent manner of expressing and articulating certain moral values that are strongly endorsed by the individual. Even if these moral values are not reducible to mere “reactions” to society, they are nonetheless interpretations of Western morality. In this sense, anorexia constitutes an articulation of Western culture that reveals how its moral ideals can be both empowering and weakening, liberating and oppressive. In Giordano’s account, anorexia cannot be adequately grasped without taking into account the moral dimension of the anorexic *and* the critique that her interpretation of social morality raises.<sup>112</sup>

In order to acknowledge the role of the individual in the development of anorexia, Chardland proposes an alternative reading of the disorder. In his terms, anorexia is a *passion*. The choice of the word corresponds to the necessity to cluster those features of anorexia that are misrepresented in other conceptions of the disorder:

A *passion* is relatively stable, lasting months or years; it plays a significant role in motivating, determining, and organizing a person’s long-term behaviour around a fixed idea, and in how the person evaluates experience and comes to form beliefs. [...] A Passion is like a normative filter through which a substantial proportion of transactions with the environment are interpreted, evaluated,

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<sup>112</sup> *Ibid.*, pp. 262-264.

processed, and responded to.<sup>113</sup>

Understood in these terms, Chardland's conception of passion fits with many characteristics of anorexia: most anorexics struggle with anorexia for more than ten years;<sup>114</sup> pursuit of thinness, self-starving and self-control constitute fixed ideas around which the person's behaviour is regulated; anorexia shapes and directs the affective, emotional, and practical aspects of an individual's life, but also her cognition and motivation. Like jealousy, anorexia leads to evaluations and interpretations that can turn objective facts against the assumptions sustaining the passion into elements that, on the contrary, confirm them.<sup>115</sup>

According to Chardland, one of the main advantages in framing anorexia as a passion is that it takes into account the dominant effect that affective states and emotions can have over someone overwhelmed by a passion. Trying to overcome anorexia using a cognitive and/or rationalistic approach is not just inadequate, but also counter-productive, since the focus on evidence and belief can reinforce the way in which the passion alters the objective data. Chardland's account downgrades the role of personal beliefs about weight and self-control and emphasizes the importance of those affective components such as love, repulsion, and terror. From his point of view, the emotions related to anorexia are not the consequences of distorted and/or delusional beliefs, but rather the ground on which those beliefs are constructed. Chardland's account describes anorexia as a passion, but it does not explain it in causal terms since the emotional and affective response is

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<sup>113</sup> Chardland (2013).

<sup>114</sup> Keel (2010).

<sup>115</sup> Chardland (2013).

different for each individual person and cannot be predicted. Furthermore, a causal account would be counter-productive, given the need to deal with emotional and affective responses that require *ad hominem* arguments, i.e. approaches focused on facts and values that are considered important by the person.<sup>116</sup>

The difference concerning contextual perspectives is subtle but important: in Saukko and Bordo's account, anorexic beliefs are shaped by the environment, while in Chardland's and Giordano's perspective these are constructed on the basis of the relation between the person *and* the environment. The affective dimension is phenomenologically prior both to the formation of the beliefs and to the dichotomy subject/environment.<sup>117</sup> Through a critique of the contextual perspectives and through the notion of "passion", Giordano and Chardland attempt to construct a conception of anorexia in which the social context is taken into account to the extent that it is individually endorsed, or, in other words, to the extent that the agent is

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<sup>116</sup> Charles Taylor distinguishes between *ad hominem* and *apodictic* arguments. He claims that only the former can acknowledge the moral issues experienced by the individual because it takes into account the connection between individual reasoning and morality. In contrast, *apodictic* arguments cannot resonate with the individual moral claims since they are grounded in facts and elements that are beyond dispute. C. Taylor, *Philosophical Arguments*, Harvard, Harvard University Press, (1995), pp. 34-60.

<sup>117</sup> *Ibid.*; H. Bowden, 'Is Anorexia Nervosa a Passion?', *Philosophy, Psychiatry, & Psychology*, 20.4, (2013), pp. 367–70, 381. This topic will be further analysed in depth in chapter 5. For the phenomenological priority of the affective dimension from a philosophical, neurobiological, and anthropological point of view see respectively: C. Taylor and H. Dreyfus, *Retrieving Realism*, Cambridge, Harvard University Press, (2015); J. Panksepp and L. Biven, *The Archeology of the Mind: Neuroevolutionary Origins of Human Emotions*, London, W.W. Norton and Company, (2012); M. Tomasello, *Origins of Human Communication*, Cambridge, MIT Press, (2008).

morally active in her participation in that context. Even if Bordo, and more explicitly Saukko, attempt to retrieve the role of the individual in her relation with anorexia, their conception of the coercive effect of the social framework, depicting the person as essentially reactive in her rebellion or submission to the cultural narrative, leaves no space for anorexics' autonomy. Giordano and Chardland recognise that there are no sufficient reasons to claim that anorexia is caused by conflicting expectations and in oppressive cultural frameworks. Anorexics consistently express and articulate their moral ideals through an interpretation of the culture that responds to their identity and sensibility, and in this sense they are active participants in their endorsement of the cultural ideals and of the development of their "anorexic" identity and morality. As a result, this approach rejects the presumption of anorexics' non-autonomy and lays the ground for an articulation of a perspective more responsive to their identity and moral perspective.

In the next section, I shall summarise current legislation concerning anorexics' refusal of treatment, underlining the legal and ethical issues it raises. This reconstruction will be useful for identifying the characteristics of anorexia acknowledged by the law, and which not. I shall follow Giordano's critique of English law, trying to understand if and to what extent the solutions she offers are sustainable and respectful of the different aspects of anorexia analysed in the previous sections.



## *Anorexic Patients and Normative Gaps*

*If you use a trick in Logic,  
whom can you be tricking other than yourself?*

LUDWIG WITTGENSTEIN, *Culture and Value*.

### (1) The Troubled Relation Between Anorexia and Law.

As I showed in the previous chapter, the anorexic's view of anorexia is substantially conflicted, ambiguous and variable. It is very improbable that a person who strongly identifies with anorexia can approve medical treatment, and almost impossible that a person without a negative attitude to of anorexia can even ask for help. A person considering her anorexia a beneficial lifestyle will not recognise it as a disorder or even as a problem, and the same is true of anorexics who experience it as an essential part of their identity. In general, anorexics are unwilling to modify their eating behaviours and to undertake therapeutic treatment on account of multiple factors: terror of food, egosyntony with anorexia, false beliefs, low self-

worth and self-esteem, obsessive and/or compulsive behaviour, high value accorded to thinness, overwhelming emotions and affective states. Anorexics' attitude towards health-care can become very problematic in the case of refusal of life-saving treatment (usually naso-gastric feeding). In such cases, health-care professionals and families are understandably uncertain whether or not paternalistic intervention is the best option, especially when anorexics' mental capacity is recognised by the functional test. Anorexics appear generally able to defend and argue for their decisions; furthermore they perceive force-feeding as an abuse of power, an attack on their autonomy and an intolerable violence.

But what governs English law about anorexics' refusal of treatment? There is an explicit – and ambiguous – reference to anorexia in the *Mental Capacity Act 2005: Code of Practice*:

A person with the eating disorder anorexia nervosa may understand information about the consequences of not eating. But their compulsion not to eat might be too strong for them to ignore.<sup>1</sup>

According to the Mental Capacity Act 2005 (MCA)<sup>2</sup> a person may lack mental capacity if she cannot (1) understand, (2) remember, or (3) weigh up the information needed to make a decision, or if she cannot (4) communicate her decision. A person must not be considered unable to decide for herself if her decisions are unwise or irrational.<sup>3</sup> Having a mental

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<sup>1</sup> Department for Constitutional Affairs, *Mental Capacity Act 2005: Code of Practice*, London, TSO, (2007), p. 48.

<sup>2</sup> *Mental Capacity Act 2005*, London, HMSO - Hereafter referred to as the “MCA”.

<sup>3</sup> *Re T (Adult: Refusal of Medical Treatment)* (1992)

illness does not imply that the person lacks decisional capacity, and the MCA explicitly affirms that “a person must be assumed to have capacity unless it is established that he lacks capacity”.<sup>4</sup> Competences are generally assessed by the MacCAT-T, a functional test<sup>5</sup> that puts the emphasis on the cognitive and rational aspects of mental capacity.<sup>6</sup> Ordinarily, the MacCAT-T finds that anorexics’ mental capacity respects the four requirements established by the MCA;<sup>7</sup> this anorexics’ decisional capacity is *intuitively* considered impaired due to the eating disorder itself.

*A Local Authority v E et al* reports a 32-year-old intelligent woman suffering from anorexia nervosa, personality disorder, alcohol abuse, and prescribed opiate dependency. In the 6 years before the citation she was detained under sections 2 and 3 of Mental Health Act 1983<sup>8</sup> ten times, and she had twice requested to refuse life-saving treatment. The Court of Protection affirmed that even if E was able to understand and retain the relevant information and to communicate her decisions, she could not refuse

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<sup>4</sup> MCA (2005), c. 2.

<sup>5</sup> According to the functional test a person’s decisional capacity is determined by her understanding of the matter, and not by the content of her outcome. This can be considered a procedural, value-neutral approach to a person’s capacities, as opposed to a substantial, value-laden approach.

<sup>6</sup> T. Grisso, P. S. Appelbaum, and C. Hill-Fotouhi, ‘The MacCAT-T: A Clinical Tool to Assess Patients’ Capacities to Make Treatment Decisions’, *Psychiatric Services*, 48.11 (1997), pp. 1415–19.

<sup>7</sup> Tan (2003a; 2003b; 2006; 2013).

<sup>8</sup> “Under a section 2 (s2), you are detained in hospital for assessment of your mental health and to get any treatment you might need. [...] Under a s2 you can’t refuse treatment. [...] Under a section 3 (s3), you are detained in hospital for treatment. Treatment might be necessary you health, your safety or for the protection of other people. [...] Under a s3 you can’t refuse treatment. You can be treated against your will.” *Mental Health Act 1983*, London, HMSO - Hereafter referred to as the “MHA”.

treatment since “her obsessive fear of gaining weight made her incapable of meaningfully weighing the advantages and disadvantages of eating”.<sup>9</sup> As Wang points out, this case highlights the way in which the MCA is interpreted and applied: the incapacity to weigh information about food is proved by the refusal of food; i.e. the diagnosis of anorexia nervosa *already* implies the incapacity to refuse naso-gastric treatment.<sup>10</sup> As a result, the functional test becomes redundant, the priority given to mental capacities is overridden and anorexics’ decisions regarding treatment are reduced to a decision only on food. This also conflicts with the UN Convention on the Rights of People with Disabilities (CRPD) since the document excludes any discrimination based on mental impairments. In short, the current legal approach presumes that patients with anorexia are not autonomous enough to act like other adults with sufficient mental capacity.

Even if very much interrelated, the problems of the current interpretation of the MCA can be divided into three groups:

1) *Reduction*: if the reason for which anorexics lack decisional capacity regarding life-saving treatment is their incapacity to weigh the consequences of eating, the decision to refuse treatment is reduced to a decision regarding only food. Notably, the Royal College of Psychiatrists, Physicians and Pathologists affirms that force-feeding cannot be considered only a nutritional issue since it involves pain,

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<sup>9</sup> *A Local Authority v E et al.* (2012) EWCOP 1639

<sup>10</sup> Wang (2015).

coercion, and mental and physical risks.<sup>11</sup>

2) *Discrimination*: the competence to refuse treatment is determined by the functional test for all patients, but anorexic incompetence is determined by a different and unusual procedure: a recourse to the very definition of anorexia. The conflict between the MCA and the CRPD focuses precisely on English law's prejudice regarding anorexics' mental capacity.

3) *Recognition*: if anorexics' lack of decisional capacity is assessed through recourse to the "special justification" of mental disorder, the "real" capacity impairment – if existent – cannot be grasped by the functional test. More generally, it can be said that the current framework does not acknowledge the complexity of anorexics' moral, affective and emotional circumstances.

Before discussing the current interpretation of the MCA, I would like to add two further points regarding the relation between anorexics' refusal and English law. The first (A) will help historically and legally to contextualise current legislation; the second (B) will focus my emphasis on the contradictions within the law.

A) Before the MCA (2005), people with anorexia nervosa were ordinarily detained and treated under section 2 and 3 of the MHA (1983),

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<sup>11</sup> Royal College of Psychiatrists and Royal College of Physicians, *MARSIPAN: Management of Really Sick Patients with Anorexia Nervosa* (2nd Edition)', College Report CR189, (2014), pp. 51-52.

but the application of the Act was problematic.<sup>12</sup> Section 63 of the MHA affirms that “the consent of a patient shall not be required for any medical treatment given to him for the mental disorder from which he is suffering”. The question that this section leaves open is this: is force-feeding a treatment for the mental disorder, anorexia? The *Guidance on the Treatment of Anorexia under the Mental Health Act 1983* concludes that force-feeding can be applied under section 63 of MHA, i.e. that naso-gastric feeding is a “symptomatic” treatment for anorexia.<sup>13</sup> This conclusion conflicts with the *Code of Practice: Mental Health Act 1983*,<sup>14</sup> since it affirms that the presence of a mental disorder necessarily affects decisional capacity, and that a person with a mental disorder should not be presumed incompetent to refuse treatment. Nonetheless, anorexics’ refusal of force-feeding is considered incompetent due to the very diagnosis of anorexia.

B) The case *A NHS Foundation Trust v Ms X*<sup>15</sup> has recently renewed discussion regarding the interpretation of the MCA in cases of anorexia. Ms X was a young woman who suffered from severe anorexia nervosa and alcohol dependence, which caused an irreversible liver disease. She had been frequently treated under sections 2 and 3 of MHA, but after the achievement of an adequate BMI through force-feeding she increased her consumption of alcohol to mitigate the huge stress caused by naso-gastric treatment. She was found lacking capacity to make decisions about food due to anorexia,

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<sup>12</sup> Giordano (2005a), pp. 179-210.

<sup>13</sup> Mental Health Act Commission, *Guidance on the Treatment of Anorexia under the Mental Health Act 1983*, London, HMSO, (1997).

<sup>14</sup> Department of Health and Welsh Office, *Code of Practice: Mental Health Act 1983*, London, The Stationery Office, (1999).

<sup>15</sup> *A NHS Foundation Trust v MS X* (2014) EWCOP 35

but able to decide about alcohol. Her request to refuse treatment could not be accepted, but the NHS Trust declared that

It was not in Ms X's best interests to be subject to further compulsory detention and treatment of her anorexia nervosa, whether the Mental Health Act 1983 or otherwise, notwithstanding that such treatment may prolong her life. It was in her best interests, and should be declared lawful, for her treating clinicians not to provide Ms X with nutrition and hydration with which she does not comply.<sup>16</sup>

Even in this case the patient was found unable to decide about food due to her mental disorder, but her unaccepted decision and the judge's declaration substantially coincide: force-feeding is not an acceptable treatment. According to the judge – and to Ms X – the reason for which the refusal of treatment is in her best interest is that it will only cause additional suffering and further alcohol consumption, exacerbating Ms X's liver disease. It could be argued that Ms X's decision to refuse force-feeding coincides with the decision taken by the court in her best interest only contingently due to the peculiar (exceptional?) circumstances of her case. I think that this argument cannot be defended without rejecting the very possibility that mentally impaired persons might be autonomous in some relevant way. Ms X's and the court's decisions coincide both regarding the outcomes and the arguments given. Furthermore, Ms X's decisional capacity was considered valid by the functional test, but she was considered incapable of deciding due to the diagnosis of anorexia. This case clearly indicates that the current

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

application of the MCA is inadequate in its grasp of more fine-grained states of autonomy and non-autonomy.

## (2) Food Refusal, Perceptual Disorders, and Maladaptive Habits.

As I have outlined, the MCA recognises the patient's decisional capacity through a functional test of mental capacity, but even when anorexics' capacity is considered valid, their decision is not accepted due to the diagnosis of anorexia.

Criticism of this constitutes one of the main themes of Giordano's *Understanding Eating Disorder*. According to Giordano, in the majority of cases a mental illness is not explicative of certain behaviours. She admits that solid scientific data can reveal a correspondence between certain behaviour and mental impairments (e.g. the brain deterioration that causes loss of memory in Alzheimer's disease), but in most cases the diagnosis of mental disorder is "only a short cut to describe a pattern of disturbance: it has no explanatory value".<sup>17</sup> In such cases – anorexia included – the mental disorder should be understood as a description of a phenomenon that is not related to a person's autonomy. Behavioural disorder can indicate a need to investigate carefully whether the person lacks autonomy, but the behaviour itself cannot be simply considered as *caused* by the mental disorder since the definition of mental disorder coincides with the behavioural disorder.<sup>18</sup> As Giordano

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<sup>17</sup> Giordano (2005a), p. 70.

<sup>18</sup> "Why do you manifest the following disturbances? [...] Because you suffer from anorexia. (tautological answer) = You manifest the following disturbances because



points out:

Arguments that people diet and vomit ‘because they have an eating disorder’ is fallacious. Arguments that we are justified in intervening against the eating-disordered person because her behaviour is ‘the result of a mental illness’ are fallacious. Paternalism should not be based on such fallacious grounds.<sup>19</sup>

The presumption that anorexics’ decisional capacity is impaired is generally sustained by the claim that they have problems in weighing and using information about their body and food.<sup>20</sup> Other disorders that share with this feature of anorexia such as the body dysmorphic disorder (characterized by the obsessive idea that parts of the body are defective) or, more emblematically, body integrity identity disorder (BIID) (a disorder in which individuals perceive one or more of their limbs as alien and request amputation), but only anorexics are presumed to be incompetent to decide about their body despite the results of a functional test. For example, UK law does not explicitly deny to individuals with BIID the right to amputate legally their limbs, and in January 2000 a surgeon at the Falkirk and District Royal Infirmary of Scotland amputated the legs of two patients with BIID.<sup>21</sup>

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you manifest the following disturbances (having anorexia nervosa, in fact, means that you are manifesting the following disturbances)’; *Ibid.*, p. 68.

<sup>19</sup> *Ibid.*, p. 71.

<sup>20</sup> It should be noticed that if this is the case, the functional test should be able to detect any inability to use and weight information about food.

<sup>21</sup> ‘Surgeon defends amputation’, *BBC News*, 31 January 2000, <http://news.bbc.co.uk/1/hi/scotland/625680.stm>. For an argument against the demands of amputation by persons with BIID see: D. Patrone, ‘Disfigured

Recent neurological studies on the role of self-perception in anorexia claim that there are no sufficient scientific grounds to state that anorexics' behaviour is caused by perceptual disorders. Instead, it has highlighted – in accordance with Giordano and Chardland's accounts of anorexia – the connection between emotional and affective areas of the brain and neurological dynamics of body image perception, body satisfaction rating, and body size estimation.<sup>22</sup> Furthermore, it has been proved that anorexics can estimate their own body as unrealistically healthy or fat, while their evaluations of others' bodies are accurate.<sup>23</sup> These results underline that the peculiar self-perception of anorexics cannot be explained by a simplistic “perceptual disturbance” relative to, or caused by, anorexia. Rather, if the perception of body image is a process grounded in optative, emotional, and affective responses<sup>24</sup> – as emerging evidences point out – anorexics' self-perception should be considered a consequence or a part of their moral and affective state:

In the way they *look at* their body and *perceive* their body, people

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Anatomies and Imperfect Analogies: Body Integrity Identity Disorder and the Supposed Right to Self-Demanded Amputation of Healthy Body Parts', *Journal of Medical Ethics*, 35.9, (2009), pp. 541–45. For a defence of the right to self-demanded amputation see: C. J. Ryan, 'Out on a Limb: The Ethical Management of Body Integrity Identity Disorder', *Neuroethics*, 2.1, (2009), pp. 21–33.

<sup>22</sup> R. Esposito et al., 'The Role of Body Image and Self-Perception in Anorexia Nervosa: The Neuroimaging Perspective', *Journal of Neuropsychology*, 12.1, (2016), pp. 1–12.

<sup>23</sup> A. Phillipou et al., 'Body Image in Anorexia Nervosa: Body Size Estimation Utilising a Biological Motion Task and Eyetracking', *European Eating Disorders Review*, 24.2, (2016), pp. 131–38.

<sup>24</sup> *Ibid.*; Esposito (2016); Panksepp (2012); Giordano (2005).

express not only what they *see*, but also how they *think* they look, how they *feel* they look, and how they *want* to look.<sup>25</sup>

In order not to conflict with a patient's autonomy, the claim that anorexics are incapable of weighing and using information about their body due to perceptible disorders would have to be proved on a case-by-case basis, and not be presumed by an oversimplified conception of anorexia.

But what about anorexics' capacity to weigh information about food? Anorexics are usually very well informed about food, calories, and nutritional properties, but it is generally claimed that they are unable to apply this knowledge to themselves.<sup>26</sup> Even when anorexics are perfectly aware of the minimum amount of calories required by the human body, they can nevertheless affirm that they need only an inadequate number of calories. It is not uncommon for anorexics to consider themselves as an "exception", as if the evidence valid for everyone else does not apply to them.<sup>27</sup>

Recent neurological research on food choices in anorexia nervosa has consistently found consistent proofs of a connection between an abnormal functioning of the dorsal striatum and the persistent selection of low-calorie

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<sup>25</sup> Giordano (2005a), p. 217.

<sup>26</sup> Bruch originally developed this argument. Recently, Duker and Slade have argued that the cognitive dysfunctions experienced by anorexics, especially those connected to food and eating, can be explained by brain damage and/or alterations caused by malnutrition. Bruch (1974); M. Duker and R. Slade, *Anorexia and Bulimia: How to Help*, Buckingham, Open University Press, (2003).

<sup>27</sup> See Chapter 6.

foods.<sup>28</sup> The role of the striatum is mainly connected to processes of habit learning and actions initiation, and it is ordinarily activated by stimuli associated with reward and aversion. It has been found that anorexics who make maladaptive food choices show a consistent irregular activity of the dorsal striatum during the choices of meals. Researchers suggest that these irregularities could have an important role in anorexics' difficulty to adapt their food choice in different circumstances or to different goals, as for instance when they need a treatment to gain weight.<sup>29</sup>

This finding seems strongly to support a presupposition of anorexics' incapacity to decide about food. If anorexics have severe difficulties in altering their choice regarding food due to an abnormal functioning of the dorsal striatum, their decisional capacity could be considered impaired by the structural absence of practicable choices regarding food. I think, however, that this conclusion is problematic and hurried. Anorexics' abnormal dorsal striatum functioning is not the cause of their ability or inability to use and weigh information about food, even if it is an important indicator of their difficulties in altering alimentary habits. Some anorexics can be trapped in a Catch-22 situation – and the functional test should be able to detect this – but there is no need to presuppose that this is true of *all* anorexics only because they have anorexia. Some anorexics are in fact able – especially if supported by family, friends, and health-care professionals – to alter their eating habits and/or to accept the treatment.<sup>30</sup> Others (especially those with

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<sup>28</sup> K. Foerde et al., 'Neural Mechanisms Supporting Maladaptive Food Choices in Anorexia Nervosa', *Nature Neuroscience*, 18.11, (2015), pp. 1571–73.

<sup>29</sup> Foerde et al. (2015).

<sup>30</sup> In Theroux's documentary on anorexia there is a young girl, Ifzana, who is having treatment against her will. She initially resists the therapy (for example, she stands up

enduring and severe anorexia), can be deeply aware of their incapacity to choose food and decide to refuse force-feeding. Cases such as *A NHS Foundation Trust v Ms X* show how anorexics' decisions about food refusal can be substantially correct (in their best interests) even if they are not considered valid.<sup>31</sup>

Giordano makes an important distinction about anorexics' attitude to food: "instead of being used for improving health and well-being, [the information] is utilized *as a justification* for an unhealthy and clearly harmful lifestyle".<sup>32</sup> But this cannot be said for every case. Anorexics can use information to justify a way of life that aims to fulfil certain values or moral concerns, rather than to justify a harmful lifestyle; the malaise could indeed be considered a price worth paying for the achievement of what are considered high ideals.<sup>33</sup>

Self-starving is not simply *caused* by the anorexics' incapacity to use and weigh information about food, and the refusal of food cannot be explained as a "symptom" of the "illness" or of certain anomalies of the

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for most of the time in order to burn calories), but thanks to the continuous care of medical staff she starts to be more engaged with the treatment and recognises that her anorexic behaviour is not related to her authentic self. Ifzana affirms: "I'm always in two minds I guess. The eating disorder part of me is obviously not thrilled, but the other side of me knows that it has to and I don't really have a choice". Theroux, (2017).

<sup>31</sup> Wang (2015).

<sup>32</sup> Giordano (2005a), p. 221.

<sup>33</sup> Here I stress the relevance accorded by English law to unwise and irrational desires. Within the MCA's functional and value-neutral approach, competent decisions are recognised by the correct *procedure* of thought applied, and not by the *content* of the reasons and desires involved. From this point of view, there is no reason to discriminate anorexics' desire to maintain their "unwise or irrational" relation with food. I shall criticise this approach in Chapter 3.

dorsal striatum. As pointed out in the previous chapter, almost every post-anorexic considers her experience of anorexia intrinsic to her self-understanding and identity. In presuming incapacity to weigh and use information about food, English law discriminates against anorexic patients, misrecognising anorexics' "defects" of deliberation as a constitutive part of the person herself.

### (3) Anorexia and Decisional Capacity: Giordano's *Brave Claim*.

It is important to point out that the general claim that anorexic behaviour is not caused by mental disorder does not imply that anorexic behaviour is necessarily autonomous, or that paternalistic intervention is always never justified. Some anorexics can be deeply unaware of their disorder and think that their condition is normal or even positive. Some of them cannot weigh and use any information about food that goes against their habits or values. Others can show strong ambivalence towards medical treatment, and/or be willing to receive treatment but remain paralysed by the terror of food. As we have seen in the section on anorexic perspectives, such cases can correspond to certain configurations of anorexia, but they do not correspond with anorexia *in toto*. Furthermore, these kinds of impairment can be recognised by the functional test and do not need recourse to the definition of eating disorder.

But what about anorexic patients aware of their disorder who refuse treatment? Should they be free to refuse force-feeding since their capacities

are considered valid by the MacCAT-T?

Giordano affirms that “cases in which [weak] paternalism may be acceptable towards people with eating disorders are very limited”.<sup>34</sup> The main argument that sustains her conclusion is that anorexic behaviour is not *caused* by dysfunctions or defects in the deliberation. Rather, anorexics’ peculiar deliberations are an integral part of the moral and subjective standpoint of the person concerned. Giordano adds two further arguments to criticise paternalistic intervention towards anorexics that do not lack functional decisional capacities:

1) A person can be treated against her will if her behaviour is non-autonomous and harmful. Leaving aside the question of anorexics’ autonomy, it remains unclear which anorexic behaviours constitute a clear case of harm, and when they are harmful enough to justify coercion. Repeated vomiting and severe self-starving have direct and dangerous consequences for health, and can be considered clear cases of harmful behaviour. But anorexics behaviour is not reducible to self-starving and vomiting, since it involves a wide pattern of non-harming acts, e.g. checking weight, exercising, and food selection. Furthermore, in many cases anorexic acts are neither *immediately* nor *sufficiently* dangerous to health, and there is no clear measure to assess the amount of harm caused by those acts that are not directly life threatening.

2) If anorexics experience anorexia as a way of achieving autonomy

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<sup>34</sup> According to Giordano, English Law endorses a weak form of paternalism since it accords the possibility to prevent the *harmful* behaviour of a person against her desires if her choices and actions lack autonomy in some important way (i.e. if the *process of thinking* that leads to that decision does not correspond to a correct process of thinking); Giordano (2005a), p. 226.

and self-control, coercive interventions will lead to an exacerbation of the eating disorder itself. The patient will be more determined to retrieve through anorexic behaviours the autonomy that paternalistic intervention has violated. From this point of view, force-feeding has a counter-productive and self-defeating effect even from a therapeutic point of view.

Giordano's perspective leads her to make a (in her own term) *brave claim*;<sup>35</sup>

people with anorexia nervosa who competently decide not to be artificially fed should be respected *because* everybody is entitled to the exercise of their autonomy. [...] The principle of autonomy binds us to respect people's competent decisions about their life and its termination, precisely because autonomy extends also to the most difficult moments of our life.<sup>36</sup>

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<sup>35</sup> Giordano calls her claim *brave* in opposition to Draper's account of anorexics' refusal of life-saving treatment. Draper affirms that anorexic's refusal can be considered competent if the refusal is grounded in judgments about her quality of life rather than on the basis of her fear of food or cognitive dysfunctions, but she does not specify if force-feeding is unjustifiable because it does not respect person's autonomy, or because it can be a form of useless violence towards certain patients. According to Giordano, Draper avoids claiming that *all* competent patients' refusal should be respected due to her *precautionary* approach; according to Draper, the competent refusal of force-feeding should be respected only in *some* (unspecified) cases. Even while according to anorexic patients the possibility of refusing treatment, Draper hares the prejudice of English law *presuming* that anorexia requires a different, *out of the norm* assessment; Giordano (2005a), pp. 248-253; H. Draper, 'Anorexia Nervosa and Respecting a Refusal of Life-Prolonging Therapy: A Limited Justification.', *Bioethics*, 14.2, (2000), pp. 120–33.

<sup>36</sup> Giordano (2005a), p. 246.



Giordano concludes that every patient whose decisional capacity is considered valid by the MacCAT-T should be free to decide for herself what to do because the law accords to every competent person the freedom to self-govern. Her conclusion recognises the inadequacies of current legislation,<sup>37</sup> and aims to be practicable and non-discriminative towards eating-disordered patients.

#### (4) The Limits of Value-Neutral Approaches.

Despite Giordano's legitimate critique of English law, I believe that her *brave claim* is problematic and ultimately inadequate. In an important passage, Giordano states that there are two options for the law on treatment of anorexic patients:

The first option is to assess patients' competence to decide on force-feeding. This would have the advantage of guaranteeing respect for people's real competence. The downside is that lawyers and health-care professionals may risk embarking on *interminable* discussions of the nature of competence, mental illness, and autonomy of behaviour. The second option is to show that force-feeding is a treatment for the mental disorder. The advantage is a practical one. Ethical or not, the treatment for the mental disorder is enforceable by law. Thus the

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<sup>37</sup> Giordano wrote her book *before* the application of the MCA (in the framework of the MHA); notwithstanding that, her critique of the legal approach towards anorexia remains valid.

patient's life is saved and health-care professionals are protected. The downside here is the difficulty to show that food is a psychiatric therapy.<sup>38</sup>

Criticising the second option, she constructs a third way out, the *brave claim*. Much less space is dedicated to the discussion of the first option, which is essentially dismissed due to the “interminable” discussion that it entails. In another passage Giordano writes:

The fact that a person has received a diagnosis of mental illness does not give us reason to assume that she is incompetent. It may instead give us reason to investigate further her capacity to consent. [...] However, this position is hard to defend [...]. Saying that we should assess the capacity of eating-disordered people to refuse treatment gives rise to a number of difficult questions, and may give rise to an *interminable* debate on the nature of competence. What does it mean to be competent to refuse treatment? The law has provided an answer, but one that is open to discussion and that may sometimes raise more problems than it resolves.<sup>39</sup>

She rightly notes that lawyers and health-care professionals cannot deal with epistemological issues on the nature of capacities and autonomy before deciding on the best treatment for the patient. In order to avoid this

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<sup>38</sup> Under the MCA the second option should be reformulated in this way: the second option is to show that anorexic patients lack capacity to decide about food due to their anorexia; Giordano (2005a), p. 197. My emphasis.

<sup>39</sup> *Ibid.*, pp. 193-4. My emphasis.

impasse, she formulates a practicable solution that remains within the limits settled by the legislation and avoids its current inadequacies: anorexics who are found competent by the functional test should be allowed to refuse treatment. Making this claim, she contests the answer given by the law, but makes no attempt to criticise the value-neutral background sustaining the law's view. In particular, she overlooks two important possibilities: a purely functional test could be inadequate to grasp more fine-grained states of autonomy, and it might be necessary to consider reasons and values in order to assess autonomy. In light of these possibilities, anorexia might reveal the structural limits of the procedural and value-neutral approach of the MCA.

Why does Giordano avoid taking into account this possibility? The answer can be found in her own commitment to a procedural conception of autonomy. She affirms that the procedural conception of autonomy – an action is autonomous if the process of deliberation is correct – “guarantees respect both for a person's welfare and for the way in which she wishes to shape her life autonomously”,<sup>40</sup> whereas the substantive one – an action is autonomous on the base of the rationality of its outcome – “leads to the justification of an authoritarian attitude towards the patient and disregard for patient autonomy”.<sup>41</sup> According to Giordano, health-care professionals may legitimately prevent the harmful conduct of a person if she lacks autonomy regarding that particular action or choice, but the assessment of autonomy should focus only on the process of thinking, not its content.

Despite the emphasis given by Giordano to the moral and value-related components of anorexia (chapter 1, section 5), she avoids taking

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<sup>40</sup> *Ibid.*, p. 54.

<sup>41</sup> *Ibid.*, p. 48.

them into account in the process of assessment of their mental capacity. More precisely, Giordano's interest in the moral constitution of anorexia has a different outcome: the protection of the anorexics' values and reasons through the recognition of their right to choose about their life. According to her, autonomy cannot be assessed taking into account values and reasons because this approach implies the introduction of a pattern of "good" reasons and values that has to be fulfilled in order to be considered autonomous. In her view, the substantive approach leads to an authoritarian approach to reasons and values, and for this reason it cannot be endorsed without disregarding patients' autonomy.

In the last decade, many scholars have argued that the refusal to take into account values and reasons in the assessment of mental capacity is the consequence of an undervaluation of their role in the philosophical account of autonomy. Diana Meyers, for example, affirms that any conception of autonomy, included value-neutral conceptions, has some values "explicitly or implicitly invoked to explicate the reflective procedure or motivational structure that renders choices and actions autonomous".<sup>42</sup> In order to obtain a more fine-grained image of the different ways in which values can be included or excluded in a theory of autonomy, Meyers distinguishes two axes. Along the first axis – the *Directivity Axis* – the account of autonomy is framed by different degrees of prescribed values, ranging from value-neutral theories (no prescription of values) to value-saturated theories (prescription of certain values), with various degrees of value-laden conception (limitation

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<sup>42</sup> D. T. Meyers, 'The Feminist Debate over Values in Autonomy Theory', in A. Veltman and M. Piper (eds.), *Autonomy, Oppression, and Gender*, Oxford, Oxford University Press, (2014), p. 120.

of certain oppressive conditions) in the middle; along the second axis – the *Constitutivity Axis* – the account of autonomy is framed by a pattern of qualitatively distinct sets of values that establish the particular notion of autonomy in question (what Meyers calls “*constitutive value sets*” of a theory<sup>43</sup>).

According to Meyers’ mapping of theories of autonomy, the very dichotomy between procedural and substantive conception of autonomy used by Giordano turns out to be misleading:

Even rational choice theory – a paradigm of value neutrality – rests on a constitutive set of epistemic values including consistency, transitivity, and knowledge of pertinent facts.<sup>44</sup>

Despite her commitment to a value-neutral approach to decisional capacity, Meyers claims that a coherent theory of autonomy must take into account its own position along the *Constitutivity Axis*, i.e. considering the function and the conditions of existence of its own constitutive set of values. Discussion of the relation between values and autonomy is not *interminable*, as Giordano claims, but *perfectible*. Any theory of autonomy always and unavoidably assumes certain values that – if articulated – are open to discussion and revision, but they are notwithstanding operative, even in the current legal approach. Meyers – following Andrea Westlund<sup>45</sup> – argues that, for instance, the moral values of interpersonal answerability “do not predict

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<sup>43</sup> *Ibid.*, p. 116.

<sup>44</sup> *Ibid.*, p. 120.

<sup>45</sup> A. C. Westlund, ‘Selflessness and Responsibility for Self: The Implications of Deference for Autonomy, Shared Agency and Love’, *ProQuest Dissertations and Theses*, (2001), pp. 483-523; A. C. Westlund, ‘Rethinking Relational Autonomy’, *Hypatia*, 24.4, (2009), pp. 26–49.

what autonomous people will choose to do or become other than being autonomous”.<sup>46</sup> According to Meyers’ argument, even maintaining a value-neutral approach towards the content and outcomes of an autonomous choice is insufficient.

Along the Directivity Axis, as we have seen, can be found a graduated scale of positions ranging from value-neutral (no prescription of values) to value-saturated (prescription of certain values). Meyers affirms that there are various degrees of value-laden positions (limitation of the agent’s conditions of oppression) in the middle, but, whereas the value-saturated position has various degrees in itself (depending on the rigidity and the demands of the prescriptions) the value-neutral position is a sort of “level zero” or asymptote. In fact, following Meyers’ argument, even the most value-neutral theories are sustained by – and sustain – certain values and reasons. A coherent value-neutral theory of autonomy – a theory that reflect on its own moral commitments, such as Meyers’ – would be arranged on the value-laden side of the Directivity Axis because it would – in some way – consider values and reasons in the assessment of autonomy, and so it would no longer be value-neutral. Meyers, instead, stresses the idea that a coherent value-utilising theory can still be value-neutral: value-neutral theories consider that it is possible autonomously to conform to oppressive norms, while value-laden theories do not. I think that this kind of distinction tends to generate incomprehension since the important data – at least from a bioethical point of view – is that *value-utilising theories of autonomy recognise the role of values and reasons in the assessment of decisional capacity*. Given the pervasiveness of values in any theory of autonomy, the label “value-neutral”

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<sup>46</sup> Meyers, (2014), p. 126.

itself is misleading. My proposal is to reconfigure the Directivity Axis with value-saturated (prescription of values), *intermediary* value-laden (prescription of social condition), and *dialogical* value-laden positions (prescription of condition of existence of values).<sup>47</sup>

In order to assess anorexics' autonomy taking into account reasons and values, it is not necessary to judge the content or the outcome of their choices and actions and to ascribe certain values to them; not to presuppose that certain social condition necessarily impair autonomy. Rather, it is necessary to admit that values and reasons have certain conditions of existence, and that those conditions can have important consequences for autonomy. From this point of view, the MCA shows a troubling inadequacy in respect of the moral and rational roots of autonomy.

Giordano's *brave claim* cannot resolve the dilemma of anorexics' refusal of force-feeding because it disregards the problems highlighted by law: the functional test is inadequate, and reasons and values are pivotal features not only of autonomy, but also of any theoretical approach to autonomy. Giordano's recourse to the *brave claim* is drastic and potentially harmful, especially if considered that scholars have developed – especially in the last two decades – broader and more fine-grained accounts of autonomy and human agency that could enable lawyers and health-care professionals to gain a deeper insight into anorexics' decisional capacity without producing any undesirable impasse.

The defects of both current application of the MCA and of Giordano's *brave claim* are a clear sign of a deeper and more fine-grained

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<sup>47</sup> I shall deepen this topic in the first section of chapter 5.

error related to a reductive, value-neutral idea of human agency and of its capacities.<sup>48</sup> In the next chapter, I shall extend my critique of value-neutral and procedural approaches to autonomy, underscoring its structural defects while noting its strengths. This critical task will introduce the first relational conditions required for autonomy and will help show how the failure to recognise adequately anorexics claims is connected to an unsustainable epistemological background that denies the possibility of acknowledging others' reasons. In particular, I will employ Taylor's critique of monologicity in order to show how the current epistemological framework is embedded in a flattened conception of the human agent and is unable to grasp her most fine-grained claims, such as those made by anorexics.

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<sup>48</sup> A reductive conception of capacities does not necessarily leads to a reduced conception of the *power* of certain particular capacities. The procedural approach reduces anorexics' power to decide on treatment, but it also strengthens and expands the power to formulate and defend procedural theories.



*The Separation Between Autonomy and Reasons:  
Internalism, Externalism, and the Value of Autonomy.*

*Contradiction is to be regarded, not as a catastrophe,  
but as a wall indicating that we can't go on here.*

LUDWIG WITTGENSTEIN, Zettel.

Introduction

As we have seen, there is, according to English law, no correlation between mental capacity and the content of decisions. In the paradigmatic case of the English Court of Appeal *Re. Miss T*, Lord Donaldson affirmed that “[a competent adult’s] right of choice [...] exists notwithstanding that the reasons for making the choice are rational, irrational, unknown or even non-existent”.<sup>1</sup>

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<sup>1</sup> L. Donaldson, *Re T (Adult)* (1992) 4 All ER 649; See also: *Sidaway (Appellant) v Bethlem Royal Hospital and the Maudesley Hospital Health Authority and Others* (1985) 1 All ER 643

If the functional test is the sole means of assessing anorexics' capacities,<sup>2</sup> then this results in their full capacity to refuse treatment; and to do so for just any "reason", or indeed none. In the preceding chapters, I have dealt with two approaches to this: the official approach of English law and the approach articulated by Giordano. I rejected both of these approaches, arguing that they are grounded in a misunderstanding both of the role of reasons and values in the exercise of autonomy. I followed Meyers' line of reasoning, assuming that any theory of autonomy is – explicitly or implicitly – constituted by certain reasons and values, and that a coherent theory must take into account its commitment to such reasons and values.

My aim in this chapter is to articulate the reasons sustaining the separation between reasons and autonomy assumed both in the MCA and in Giordano's view. I shall proceed by describing two influential conceptions of reasons, internalist and externalist, arguing that externalism is inapplicable in a liberal framework because it presupposes paternalistic interventions for patients refusing to follow the course of action determined by 'external' reasons; but that even if we accept internalism, that does not solve the problem, since it is no more able than the externalist understanding to take into account the relevant questions regarding anorexics' reasoning and values. For even internalism fails to safeguard anorexics' mental capacity because its conception of autonomy relies on a misleading picture of the human agent and its capacities. Finally, then, I shall claim that in order not to get stuck between internalism and externalism, autonomy must be conceptualized in an

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<sup>2</sup> The functional test (MacCAT-T in English law) takes into account the sole procedural aspects of reasoning such as the capacity to understand and remember information, to use and weigh them, and to communicate the decision. See Chapter 2.

altogether different way. In this chapter, I will make extensive use of the language and terminology adopted by defenders of liberalism (in particular with reference to terms such as “motivational set”, “motivation”, and “motives”). This is not intended as an acceptance of the liberal framework, but is rather a direct consequence of my aim of criticising liberalism “from within”; that is, by assuming what is acceptable to liberalism in order to expose the inherent limits of this philosophical framework and to make clear its specific contradictions as a means of carving out a space in which it might be possible to achieve a conception of autonomy that constitutes a development rather than a replacement of the liberal idea of autonomy.

### (1) Why Internalism?

‘Internalism’ is a term used to describe a manner of explaining a variety of phenomena, such as meaning, truth, motivation, and reasons. The term has different meanings depending on the subject of analysis, and in each area of debate it raises a different set of questions and philosophical problems. But it is not my aim here to discuss all these; rather, I shall use the term ‘internalism’ exclusively in relation to *reasons*.

In his famous article ‘Internal and External Reasons’,<sup>3</sup> Bernard Williams defines the internalist conception of reasons as a way of interpreting propositions of the form: “A has reasons to  $\phi$ ” thus: “A has some motive which will be served or furthered by his  $\phi$ ing.”<sup>4</sup> To have a

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<sup>3</sup> B. Williams, *Moral Luck: Philosophical Papers 1973-1980*, Cambridge, Cambridge University Press, (1981).

<sup>4</sup> *Ivi*, p. 101.

reason for an action, from an internalist point of view, is to have a subjective motivational set that can be served by that action. Williams underlines that reasons articulate the relation between the subjective motivational set of agency and the action performed. Actions are, in this sense, *explained* by reasons, and reasons are in turn grounded in subjective motives. He introduces an example to clarify the internalist approach and the role played by objective knowledge in relation to reasons: B has a desire to drink the gin that is supposed to be in the bottle, but B does not know that there is in fact petrol in the bottle. Williams explains that this shows that it is incorrect to say that “B has a reason to drink the content of the bottle”, because if B knew that the content of the bottle was petrol and not gin, she (presumably) would not have had any motive to drink it. She wants gin, not petrol. Thus, according to Williams, a correct understanding of the relevant information about possible actions and decisions is a necessary condition of having a reason. Even if B is motivated to drink gin, she has no genuine reason to drink the content of the bottle.<sup>5</sup> If the agent has access to the relevant information regarding the proposed action, her reasons for that action are explained by her motives and by the place that her reasons have in her motivational set. B could have a reason to drink the petrol if she were motivated to commit suicide, for example. And Hume has a reason to prefer the destruction of the whole world to the scratching of his finger, insofar as he wishes for

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<sup>5</sup> In a later paper, ‘Internal Reasons and the Obscurity of Blame’, Williams formulates the same point in a slightly different manner: B “does not have a reason to drink what is in the [bottle], though he thinks he has. This is because there is not a *sound deliberative route* from his motivational set to this glass of petroleum: what he wants is a drink of gin and tonic” - B. Williams, *Making Sense of Humanity: and Other Philosophical Papers 1982-1993*, Cambridge, Cambridge University Press, (1995), p. 36 (my italics).

that to take place.<sup>6</sup> Looking at Hume's formulation, it is clear that 'internal reasons' are not understood in terms of rational conditions, but in terms of desires: on this view, (as I attack the view, rather than endorsing it!) "morality is not a matter of reason, but of contingent wants".<sup>7</sup>

Clearly, then, one of the ethical and political implications of the internalist conception of reasons is the establishment of moral subjectivism.<sup>8</sup> For if the ultimate ground of reasons is the motivational set of the agent, there are no reasons independent of what the agent happens to want. On this view, moral rules and imperatives apply only for those agents who are already motivated to join the moral domain in which those rules and imperatives are valid; agents who *want* to do so. A card sharper, for example, cannot have reasons not to defraud people if his motivational set does not encompass the importance of not defrauding people. From an internalist point of view, there is no correlation between responsiveness to moral demands and reasons:<sup>9</sup> the card sharper is not irrational in his defrauding (or, he has reason to defraud people) because he does not care about the whole moral dimension in which not defrauding is understood as important. The internalist account regards agents' motives as *final*, one might say.<sup>10</sup> Different motivational sets generate different and sometimes

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<sup>6</sup> D. Hume, *A Treatise of Human Nature*, D. F. Norton and Mary J. Norton (eds), Oxford, Oxford University Press, (2000), 2.3.3.6.

<sup>7</sup> R. Brecher, *Getting What You Want? A Critique of Liberal Morality*, London, Routledge, (1997), p. 42.

<sup>8</sup> Rationality, on this view, "is the following of perceived self-interest" - P. Foot, 'Does Moral Subjectivism Rest on a Mistake?', *Oxford Journal of Legal Studies*, 15.1, (1995), pp. 1-14, p. 6.

<sup>9</sup> Goldman (2005).

<sup>10</sup> The alternative, for Williams, and more generally for the internalist, is to ground the moral demands in some sort of Humean empathy.

incompatible reasons; and moral reasoning is inescapably *internal* to shared moral commitment.

The connection between the internalist understanding of reasons and the MCA – and liberal<sup>11</sup> legislation more generally– is explicit.<sup>12</sup> Liberal accounts of autonomy, as endorsed by the MCA, stress the normative neutrality of the concept, stating that only those reasons that the person accepts – even if irrational or inconsistent<sup>13</sup> – can be taken into account in assessing mental capacity. And the same is true of Giordano’s *brave claim*. As we have seen, reasons are not always intelligible, from an internalist point of view, because they presuppose a certain motivational set internal to the agent in question. Furthermore, reasons depend on agent’ beliefs, motives, interests, and desires; and these are not susceptible to moral reasoning. *De facto*, the primacy of the motivational set of the agent renders inquiry into reasons in relation to mental capacity impossible.

However, the internalist perspective has the apparent advantage of guaranteeing a value-neutral and non-discriminative approach to autonomy. This is why internalism is so closely compatible with liberal legislation and appealing in relation to questions of multiculturalism,

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<sup>11</sup> I use the term ‘liberalism’ in a very broad sense, referring to all those political and philosophical approaches that understand the idea of *right* (domain of *justice*) as prior to and independent of the idea of the *good* (the domain of *morality* and *ethics*).

<sup>12</sup> Fabian Freyenhagen – ‘The Philosophical Terrain’, YouTube video, posted by “*EssexAutonomyProject*”, (26 April 2012), <https://www.youtube.com/watch?v=F4-B6JH91dM&t=989s>.

<sup>13</sup> “An adult patient who [...] suffers from no mental incapacity has an absolute right to choose whether to consent to medical treatment [...]. This right of choice is not limited to decisions which others might regard as sensible. It exists notwithstanding that the reasons for making the choice are rational, irrational, unknown or even nonexistent.” *Re T (Adult: Refusal of Medical Treatment)*, (1992).

pluralism, and ethical disagreement: reasons are all equal because they are all valid, just inasmuch as they happen to be grounded in individuals' motivational sets. The self-normative power of the agent is connected to her motivations, and these can assume forms that are otherwise unrecognisable as moral reasoning. From an internalist point of view, it is not only legitimate, but also *more prudent*, not to consider reasons at all, given that their understanding is ultimately grounded on a particular – and therefore potentially discriminatory – shared moral commitment. In short, internalism is the formal conclusion of Hume's sophisticated subjectivism.

But as we have seen in the previous two chapters, this approach can generate macroscopic contradictions once it is applied in practice. There are many reasons why anorexic patients tend to refuse medical treatment: some of them are in the grip of egosyntonic symptoms and/or false beliefs, others cannot conceive their life without anorexia or do not consider themselves worthy enough to be helped, and yet others think that anorexic behaviours cannot be interrupted due to unbearable feelings associated with food. In all these cases, anorexic patients' reasoning is consistent with the MCA's conception of mental capacity: they are indeed able to understand and 'weigh'<sup>14</sup> the relevant information connected to

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<sup>14</sup> The capacity to 'use' and 'weigh' information during the process of decision-making is understood in terms of cognitive processes. Given the reasons and the values that the person accepts, the capacity to use information is positively assessed if the reasoning applied can be interpreted as a correct series of inferences. Making a decision is not properly a question of 'reasoning', but more a question of making a procedurally correct 'use' of the information. As Owen underlines, the semantic choice of the verbs 'use' and 'weigh' and the omission of the term 'reason' in the MCA is indicative of the radical disassociation in UK law between rationality and mental capacity. An alternative formulation - developed by Grisso and Applebaum, and adopted in the USA – states instead that what has

medical decisions. Notwithstanding this, the English Law concludes that they are unable to decide about medical treatment involving nutrition since their anorexia impedes their capacity to make autonomous choice about food. As we saw in Chapter 2, this conclusion is deeply problematic because 1) it conflates medical decisions regarding food with a decision regarding *solely* food; 2) it discriminates against anorexic patients, assuming that they lack autonomy despite positive assessment of their mental capacity; and 3) it is not able to offer a justification for the paternalistic intervention consistent with liberal principles assumed by the law such as equality of opportunity and respect for personal freedom.<sup>15</sup> The problems with anorexics' decisional capacity are connected with their moral reasoning, with some properties of their identity, and/or with some of the values they endorse or reject. The abstract, amoral, point of view of the MCA excludes the roles of values and reasons, and is therefore unable to understand impairment in anorexics' mental capacity without having recourse to a discriminatory connection between anorexia and incapacity. In order to overcome these problems, internalism's opposite, *externalism*, is often brought into play.

## (2) Why Externalism?

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to be assessed is “the ability to *reason* with the relevant information so as to engage in a logical process of weighing treatment options”. According to the MCA, mental capacity is structurally dissociated from rationality, and the only reasons and norms that can be presupposed in the assessment of decisional capacity are those accepted by the person: G. S. Owen et al., ‘Mental Capacity and Decisional Autonomy: An Interdisciplinary Challenge’, *Inquiry*, 52.1, (2009), pp. 79–107; T. Grisso and P. S. Appelbaum, *Assessing Competence to Consent to Treatment: A Guide for Physicians and Other Health Professionals*, Oxford, Oxford University Press, (1998). My italics.

<sup>15</sup> See chapter 2, section 1.



According to Williams, the externalist conception of reasons reads propositions structured in the form of ‘A has reasons to  $\phi$ ’ as *not* implying that ‘A has some motive which will be served or furthered by his  $\phi$ ing’.<sup>16</sup> From an externalist point of view, therefore, having a reason for action does not presuppose a motivational set that can be served or furthered by that action. The attractiveness of externalism relies on the idea that reasons are reflect objective truths or statements of facts, so that it is possible to assess the legitimacy of actions, beliefs, and motives on the ground of this correspondence. In this account, an agent ‘has a reason’ when she or he is acting in the light of a *correct* understanding of the context.

Williams rejects the externalist account on the grounds that it cannot in fact offer a straightforward explanation of actions performed in the light of external reasons. Agents, Williams claims, act for reasons, and their reasons must therefore be able to explain their actions. But external reasons are supposed to explain an action in the light of something that is not “within” the agent (i.e., in the agent’s motivational set). So how can they explain an agent’s action? A’s decision (let’s say) to share his food with B cannot be explained by the fact that B is starving. That “B is starving” is an objective state of things external to the agent, and, as such, it cannot *cause* A’s action or *motivate* him to act in a certain way.

Williams introduces an example:

Owen’s family urge on him the necessity and importance of his joining the army, since all his male ancestors were soldiers, and

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<sup>16</sup> Williams (1981), p. 101.

family pride requires him to do the same. Owen Wingrave has no motivation to join the army at all, and all his desires lead in another direction: he hates everything about military life and what it means. His family might have expressed themselves by saying that *there was a reason for Owen to join the army*.<sup>17</sup>

The central feature of external reasons is that they can be true independently of the agent's motivational set. But if we hold with Williams that "nothing can explain an agent's (intentional) actions except something that motivates him so to act",<sup>18</sup> external reasons are not able to explain actions since they lack any psychological connection to the agent that would render an action intelligible. Owen's family's external reason would not explain Owen's actions even if he did join the army because it would not be *Owen's* reason. There is no connection to his motivational set. Williams argues that if Owen joins the army, it is because he "now believes that it is a reason *for him* to do so that his family has a tradition of military honour",<sup>19</sup> or, in other words, Owen joins the army because he has an internal reason to join the army.<sup>20</sup> There is now a connection between the reason and the agent.

Especially if described in a general form<sup>21</sup> – as I have done – the externalist conception of reasons not only appears implausible since it cannot explain action; it is also problematic from an ethical and political

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<sup>17</sup> *Ibid.*, p. 106

<sup>18</sup> *Ibid.*, p. 107

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

<sup>20</sup> D. Sobel, 'Explanation, Internalism, and Reasons for Action', *Social Philosophy and Policy*, 18.2, (2001), pp. 218-235.

<sup>21</sup> For a broader perspective on externalism see: J. A. Carter et al., 'Varieties of Externalism', *Philosophical Issues*, 24.1, (2014), pp. 63-109.

point of view, particularly if considered from a liberal stance.<sup>22</sup> For if reasons can be independent of the motivational set of the agent, the normative power of reasons shifts from the individual to some external domain that it is not under his or her direct control. For example, a jurisdiction might claim that there is a reason to make physical activity compulsory, given that exercise decreases the possibilities of a wide cluster of health problems.<sup>23</sup> On this view, moral rules and moral imperatives apply indiscriminately to all agents, independently of the fact that they are not motivated to subscribe to the moral framework in which those rules and imperatives hold sway. From an externalist point of view, then, the normative power of an external reason (e.g. it is wrong to defraud) is not invalidated by the absence in the card sharper of some motivational set regarding the importance of not defrauding. On the contrary, the fraudulent actions of the card sharper are irrational because they are not responsive to the moral background in which not defrauding is important. But then ‘*where*’ is the reason for the card sharper to desist, or for Owen to join the army?

It is not surprising that the externalist conception of reasons is decisively unattractive to Giordano and the MCA. For the insistence that reasons are disconnected from the agent’s motivational set clearly conflicts with liberal conceptions of normative neutrality and interferes with the idea of an autonomous agent acting on the ground of her own beliefs and motives. An agent could be indifferent to the benefits offered

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<sup>22</sup> For a more fine-grained internalist critique of externalism see: A. H. Goldman, ‘Reason Internalism’, *Philosophy and Phenomenological Research*, 71.3, (2005), pp. 505-532.

<sup>23</sup> For a defence of this approach, see: S. Conly, *Against Autonomy: Justifying Coercive Paternalism*, Cambridge, Cambridge University Press, (2013).

by physical activity and have a reason to refuse compulsory exercise because (let's say) for her it is important to have a lazy lifestyle and spend her time accordingly. Even if external reasons are not connected to a moral background (mathematical reasons, for example) participation in a domain external to the motivations of the individual is a necessary condition of rational agency. Externalism reconfigures the conditions of exercising autonomy in light of the normative primacy of objective reasons at the expense of agents' *desires*. From a liberal point of view, this conclusion is unacceptable because it violates the autonomy of the agent, and her capacity to act in accordance with her ideas and values.

The incompatibility of externalism with liberalism seems dependent on a deeper connection between internalism and liberalism. In the liberal tradition, autonomy is understood as the capacity of the agent to follow *her own* reasons, *her own* beliefs.<sup>24</sup> But if reasons for action are external, it is presumably right to follow them even in those cases in which the agent is not even *able* to recognise their normative authority. The liberal problem with externalism is that insofar as it is applied in practice it presupposes a strong form of paternalism. For these reasons, externalism cannot fulfil the liberal idea of a *self-determining* individual. If Owen joins the army without wanting to, his life would be determined by an external imposition instead of his own *desires and motives*.

In the next two sections I will look at what both internalism and externalism show – and miss – about anorexic reasoning. This analysis will allow me to lay the groundwork, in the concluding section, for a

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<sup>24</sup> “Every man has a ‘property’ in his own ‘person’. This nobody has a right to, but himself”. J. Locke, *The Second Treatise on Civil Government*, Yale University Press, Yale, (2003), Chapter V §26.

critique of internalism that does not rely on adopting externalism; and thus to develop a different approach to anorexic reasoning.

### (3) Internalism and Egosyntony.

As we have seen, internalism connects reasons to the motivational set of the agent. Reasons are essentially grounded in the agent's desires, beliefs, inclinations and motivations. At first sight, this approach can appear intuitive and straightforward. Indeed, *how can an action be autonomously performed if the agent does not have a motive to perform that action?* The question implies some assumptions that need to be investigated. First, the question *already* presupposes that an autonomous action requires a motive.<sup>25</sup> Second, the question presupposes that an autonomous agent must have some kind of identifiable – even if not intelligible – mental content corresponding to a reason (motives, beliefs, desires). But are these assumptions true? Are reasons something that can

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<sup>25</sup> According to Richard Norman, the appeal to the concept of motivation derives from the assumption of a misleading picture of the agent: “the picture is of human beings as essentially static, beings whose natural condition is one of inaction, and who need some kind of motivating force to effect the transition from inaction to action”. Norman instead suggests that “as long as we are conscious, and not asleep, under a general anaesthetic, comatose or dead [...] we are always acting”. From this point of view, the concept of motivation becomes redundant because it does not add anything to reasons; there are no reasons for acting, but only reasons for doing something instead of something else. “Insofar as we are rational beings we just *do* act on our beliefs about what we have reasons to do. If A believes that he has a good reason to  $\phi$ , and he does  $\phi$ , nothing else is needed to bridge the gap between his believing he has the reason and his  $\phi$ -ing, or between his believing he has the reasons and his being motivated to  $\phi$ ; R. Norman, ‘Practical Reasons and the Redundancy of Motives’, *Ethical Theory and Moral practice*, 4, (2001), pp. 3-22.

be found in the mind of the individual? In assuming that actions ‘start from the inside’, internalism assumes an internal domain in which the individual is free to develop and manage the source of her intentional actions. The ‘internalist’ agent is a sort of *black box* with an input – the information – and an output – the decision. Inside the black box, the information is processed in the light (in the shadow?) of the personal motives and beliefs of the agent. If the external ‘structure’ of the box – the ability to make correct inferences in light of one’s motives – is intact, the outputs will be ‘rational’, given that they ‘come from’ a functioning black box. On this view, we cannot know the genuine motives of another person and how they would be applied in practice. We can only know if the black box is functioning – is the person able to understand and process information? Can she communicate her decision? – not what happens ‘inside’. The individual is the only administrator of this internal domain, and the self-determined objects that she develops here can be considered reasons if she acts in accordance with them. I claim that this perspective is inadequate, firstly, because it generates a series of inescapable problems once it is applied in practice; and, secondly, because it is unable to distinguish between what is rational and what it is not rational.

Let’s start with the first problem: the application of internalism in a clinical context, namely, in respect of anorexic patients who are reluctant to accept medical treatment. According to anorexic patients under treatment and to post-anorexics, one of the most severe, intrusive, and blurred aspects of anorexia is the coherence of its symptoms with the beliefs and values of the person. In short, one of the symptoms of anorexia is the presence of egosyntonic values, feeling and beliefs.<sup>26</sup> As

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<sup>26</sup> Tan (2003a); Hope (2011); Hope (2013).

we saw in the first chapter, many anorexic patients emphasise their difficulty in achieving and maintaining a form of non-anorexic identity, and many patients underline their struggle in abandoning what they perceive as their ‘real’ self. The motivational set of the anorexic patient can be in agreement with the symptoms of anorexia, and, especially in the early stages of the disorder, anorexics consider their actions and decisions to be in full accordance with their beliefs. Furthermore, anorexics might well not consider anorexia a disorder at all, but rather a beneficial and positive lifestyle that is reflectively endorsed:<sup>27</sup> one of the conclusions offered in Chapter 1 was that only those patients able to recognise anorexia as a ‘distinct entity’ that conflicts with their ‘authentic self’ could reasonably be considered in a ‘transitional stage’ towards recovery.<sup>28</sup> In all other cases (patients in the early stages of the disorder, anorexics without medical and psychological support, patients resistant to medical treatment) anorexics are generally unable to distinguish that self from the symptoms of anorexia and/or to develop a ‘negative’ idea of the disorder.<sup>29</sup> Furthermore, it is very unusual for anorexics to endorse a ‘negative’ and ‘non-egosyntonic’ conception of anorexia *in solitude*. Generally, they come to understand anorexia as a mental disorder thanks to the help of others (family, friends, health carers).

How exactly does internalism understand anorexic patients with egosyntonic symptoms? Considering that anorexic patients generally have positive results in the functional test (they are able to understand, remember, weigh up the information needed to make a decision, and to communicate their decision) and that their actions and decisions are in agreement with their motivational set, on an internalist view one is forced

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<sup>27</sup> *Ibid.*

<sup>28</sup> See chapter 1, section 2.

<sup>29</sup> Tan (2003a); Tan (2003b); Hope (2011); Hope (2013);

to conclude that anorexic outcomes are rational. Indeed, this is exactly what Giordano endorses, claiming that anorexic patients whose functional test is positive should be allowed to refuse treatment.

But as I argued earlier, such a conclusion is deeply problematic. Psychiatrists, post-anorexics, and some anorexics agree that anorexia interferes with personal identity and with the moral and motivational set of the agent in manner that cannot be detected by the functional test.<sup>30</sup> In the words of Participant 36:

*[Anorexia] feels like there's two of you inside, like there's another half of you, which is my anorexia and then there's the real [Self], the real me, the logic part of me and it's a constant battle between the two... [...] The real me is what I use to fight against it and to motivate me to want to beat it and get well. I truly believe that, that if there wasn't any me left, if there was none of me inside of me then I would have let it kill me by now. [... The idea of the real me] is very helpful. If I didn't have that, then – I mean, I know people who haven't got that, and they're very much stuck in their recovery, perhaps won't ever recover, yet I know people who have recovered who, like me, very know the difference between the two.<sup>31</sup>*

I do not want here to investigate the philosophical and psychological questions underlying the issue of the unity/multiplicity of the self, nor do I want to make use of such concepts. Rather, my aim is to focus on a recurrent manner in which the question of anorexics' decisional capacity is articulated. Taking into account the words of anorexics and post-anorexics, anorexia manifests as a modality of self-

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<sup>30</sup> Saukko (2008); Giordano (2005a); Tan (2006); Hope (2011).

<sup>31</sup> Hope (2011).



control and self-management that – at least temporarily – can get out of control.<sup>32</sup> Anorexics and post-anorexics agree that it is very likely for an anorexic to be overwhelmed by egosyntony up to the point where they lose contact with their rationality. Some patients experience anorexia as the conflicting copresence of two distinct ‘selves’, the ‘anorexic self’ and the ‘true self’; others do not perceive anorexia as something separated from their identity, but struggle to detach their selves from the disorder.<sup>33</sup> In such cases, anorexics’ psychological functions can be intact, but their actions and decisions cannot be considered fully rational and authentic. Persons with anorexia, especially if they are not helped, can be at the mercy of their own motives and beliefs, and they can lose the capacity to reflect autonomously on their own actions in a way that is not traceable by the functional test. The problem of anorexics’ mental capacity does not rely exclusively on the functioning of their brain or their psychological functions, but on the manner in which they deal – and ‘lose the deal’ – with their own identity, morality, beliefs and motives. If this is the case – and psychiatrists, post-anorexics, and anorexics in treatment think it is<sup>34</sup> – then internalism is structurally unable to recognise the cluster of problems that render some anorexics’ decisions – at least partially – problematic and irrational.<sup>35</sup>

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<sup>32</sup> Tan (2003a; 2003b; 2006; 2013); Giordano (2005; 2005a)

<sup>33</sup> *Ibid.*

<sup>34</sup> See Chapter 1.

<sup>35</sup> I use the term ‘irrational’ here with reference to the dichotomy of rational/irrational implied in the internalist conception of reasons. I would not define anorexic decisions and actions as irrational. On the contrary, I think that an honest account of reasons should be able to recognise what kind of rationality is operative in anorexic reasoning. Anorexics’ reasons articulate a perspective on values and identity that can be very fruitful for the understanding of the relation between morality and rationality. I go into this in subsequent chapters.

(4) Internalism, Delusional Beliefs, Lack of Self-Esteem and Self-Worth.

From an internalist point of view, an agent with functioning neurological capacities to understand the relevant information necessary to make an informed decision cannot be mistaken in the recognition and the application of her own motives. Motives are understood by internalism as internal forces driving the actions that constitute the originality and identity of the agent: their content in this respect is ‘private’ and accessible only to their ‘owner’ – in the first person. Only the agent is in a position to understand correctly and weigh her motives; others can know if her psychological and neurological functions are suitable from a procedural point of view, but they do not have access to the *content of these motives*. If only the agent can authentically recognise or acknowledge her motives, how is it possible to know that an agent is acting under the influence of delusional beliefs? How would an agent’s autonomy be assessed if that agent is not motivated to appraise her actions and decisions? In his *Free Agent and Self-Worth*, Paul Benson offers this example:

Imagine a [woman that falls into] helplessness and disorientation as a result of a profound change in her view of herself. [...] The husband [has] his wife's interests in mind. The trouble is that he is a physician, and although he has kept up with the best medical science of his day (the latter decades of the nineteenth century), that science does not understand women's health very well. He

regards women who are excitable, who have active imaginations and strong passions, and who are prone to emotional outbursts in public as suffering from a serious psychological illness [...]. The protagonist has the suspect traits, her husband makes the standard diagnosis, and the "hysterical wife" ends up isolated, feeling rather crazy. [...] The woman [does not] resist the process by which her beliefs and desires were altered in the wake of her diagnosis, if she were to attend reflectively to that process. For she arrives at her sense of incompetence and estrangement from her conduct on the basis of reasons that are accepted by a scientific establishment which is socially validated and which she trusts.<sup>36</sup>

Benson introduces an example of *gaslighting*,<sup>37</sup> a form of psychological abuse in which a person induces cognitive dissonance, low self-esteem, and psychological dependency in the victim by weakening their confidence in their own mental capacity.<sup>38</sup> It is worthy to underline that from an internalist point of view there is nothing wrong with the

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<sup>36</sup> P. Benson, 'Free Agent and Self-Worth', *The Journal of Philosophy*, 91.12, (1994), pp. 656-7.

<sup>37</sup> Benson draws his example from George Cukor's movie 'Gaslight' (1944): "Ingrid Bergman plays a character married to an evil man, played by Charles Boyer. The Boyer character has murdered Bergman's aunt and has married Bergman just so that he can find and steal the valuable jewels that the aunt hid before her death. Bergman, who knows none of this, believes that her husband really loves her. Boyer's scheme is to reduce Bergman to a state of such apparent confusion and disorientation that she will be unlikely to realize what he is up to. He isolates her from other people, not by force but through suggestions that seem innocent enough to Bergman. He makes her think that she is losing things, that she cannot remember things she recently has done, that she is subject to hallucinations." *Ibid.*, p. 655.

<sup>38</sup> A. D. Spear, 'Epistemic Dimension of Gaslighting: peer-disagreement, self-trust, and epistemic injustice', *Inquiry: An Interdisciplinary Journal of Philosophy*, 0.0, (2019), pp. 1-24.

beliefs and motives of the woman in Benson's example. Everyone is free to act following her own motivational set, and 'good' or 'right' reasons for actions are simply and solely those recognised by the agent. But what happens if – as in Benson's example – the agent is embedded in a context in which the only beliefs and motives available to her are autonomy-devaluing?<sup>39</sup> Internalism connects the capacity of reasoning to the agent's correct understanding of the information, but it does not take into account the relevance of the agent's relational and cultural context, nor the manner in which this context interacts with the development of her motives and beliefs. As Benson's example shows, the agent's capacity to recognise the 'goodness' or 'rightness' of her motives does not depend exclusively on her neurological or psychological capacities; the capacity to understand one's own motivational set, as well as the content of the motives and beliefs, is constitutively connected to the relational context in which that agent is embedded. The woman is embedded in a relational context in which she is regarded as incapable of controlling her life. She learns to consider herself in accordance with the framework available, and so she starts to distrust her own beliefs and to be suspicious of her own motivations. From an internalist point of view, this would mean that she is motivated not to follow her motivational set, and so, has reasons not to have reasons for what she does. But this is a contradiction. The presence of the motivational set alone – sustained by correct information and functional neurological capacities – does not secure the decisional capacity of the agent: motives, values, reasons, beliefs, can be self-defeating and impair the agent's capacity to develop and apply her motivational set.

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<sup>39</sup> I analyse the relation between oppressive social contexts and autonomy in Chapter 4.

On an internalist view, only the agent is in a position to grasp, appreciate and weigh her motives. So an internalist might object that it is not legitimate to conclude that the woman's motivational set is incompatible with her autonomy, given that only she can understand her motives – she can, after all, choose to live in a subordinate manner for some “private” reason.<sup>40</sup> But what kind of knowledge is a knowledge that can be obtained only by one agent in the world? What, furthermore, would a *misunderstanding* in relation to this knowledge look like? And how could it be recognised by the only agent in possession of that knowledge? These questions point to a basic and deep-rooted assumption of internalism: *the idea of a direct, unmediated, and infallible access to motives and the possibility of private knowledge.*<sup>41</sup> Internalism assumes that informed agents

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<sup>40</sup> Levin offers this line of reasoning: “whether the assignment of sex roles is a device to keep women in thrall depends on how this assignment came about and how it is sustained. It is not an oppressive device if it came about because men and women for the most part innately prefer things the way they are, or as an unintended consequence of preferences.” M. Levin, *Feminism and Freedom*, New Brunswick, Transaction Books, (1987), p. 38.

<sup>41</sup> The philosophical roots of this idea can be found in Hume: “since reason alone can never produce any action, or give rise to volition, I infer that the same faculty is as incapable of preventing volition, or of disputing the preference with any passion or emotion. [...] Nothing can oppose or retard the impulse of passion, but a contrary impulse; and if this contrary impulse ever arises from reason, that latter faculty must have an original influence on the will, and must be able to cause, as well as hinder any act of volition. [...] Reason is, and ought only to be the slave of the passions, and can never pretend to any other office than to serve and obey them. [...] A passion is an original existence, or, if you will, modification of existence, and contains not any representative quality, which renders it a copy of any other existence or modification. When I am angry, I am actually possest with the passion, and in that emotion have no more a reference to any other object, than when I am thirsty, or sick, or more than five foot high. ’Tis impossible, therefore, that this passion can be oppos’d by, or be contradictory to truth and reason; since this contradiction consists in the disagreement of ideas, consider’d as copies, with those objects, which they represent.” Hume (2000), 2.3.3.5.

with functioning cognitive capacities cannot make a mistake in understanding their own motives. But this is false, as Benson's example and the case of anorexics with egosyntonic symptoms proves. If we hold that agents have access to their motives in a direct and unmediated way, then, it is not possible to explain what an error in understanding one's motives looks like. If only the agent can be in an epistemic position to understand her motives, everyone whose understanding of their own motives is problematic – which is precisely the case with anorexics – is helpless in regard to their own misunderstanding. But, again, this is simply not true. The acknowledgment of one's own motives takes place in a dialogical process: agents reflect and understand their own motives and develop their own reasons and beliefs in dialogue with, or against, 'significant' others.<sup>42</sup>

We don't just learn the languages in dialogue and then go on to use them for *our own purposes*. We are of course expected to develop our opinions, outlook, stances towards things, and to a considerable degree through solitary reflection. But this is not how things work with important issue, like the definition of our identity. We define our identity always in dialogue with, sometimes in struggle against, the things our significant others want to see in us. Even after we outgrow some of these others – our parents, for instance – and they disappear from our lives, the conversation with them continues within us as long as we live.<sup>43</sup>

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<sup>42</sup> G. H. Mead, *Mind, Self and Society*, Chicago, Chicago University Press, (1934).

<sup>43</sup> C. Taylor, 'Politics of Recognition', in *Multiculturalism. Examining the Politics of Recognition*, Princeton, Princeton University Press, (1994), pp. 32-33.

Personal reasons are accessible to others insofar as they are constituted in relation to, or against, the relational context in which the agent is embedded. Furthermore, certain values, such as self-worth and self-esteem, are indissoluble from the capacity to develop and apply a motivational set.

In understanding the motivational set of an agent as their private property, internalism cannot but miss the constitutive relation between personal motives and relational contexts. This in turn makes impossible the recognition of malfunctioning in decisional capacity related to the content of the motivational set or to the relational context in which the agent is embedded. These problems – both theoretical and practical – cannot be solved by internalism.

#### (5) Externalism, Irrationality, Paternalism.

As we have seen in section (2), externalism disconnects reasons from the motivational set of the agent. Having a reason for an action does not mean having a motivational set that can be furthered or served by that action. In other words, actions and decisions are not expressions of an individual's motivational set, but a sign of their capacity or incapacity to *recognise* and follow reasons. Moral rules and moral imperatives, then, apply to all agents, independently of whether or not they are motivated to follow such reasons, and whose validity is entirely independent of any particular agent and their dispositional state. More precisely, the agent can act autonomously “if and only if she is able to form her actions on the basis of her values *and* she is able to form her

values on the basis of what is True and Good”.<sup>44</sup> For externalism, then, being a self-governing agent means essentially being able to calibrate one’s actions in the light of the set of reasons implicated in the context in which the action takes place. If, for example, a person faints on the street (and if the situation is not characterized by an extraordinary fact – e.g. there is a bombing in the city and everyone is hurrying trying to seek shelter) there is a reason for whoever happens to see her to help her. From an externalist point of view, the motivation of an agent to help is irrelevant because the action derives from the agent’s *responsiveness* to the reason, “human life is important”. Someone might not think that “human life is important” is a reason for action, but for externalism this would constitute a proof of the agent’s incapacity to be responsive to that reason and, therefore, of her capacity to act rationally and autonomously in that context.

What, then, does externalism show about anorexic reasoning? Assuming that mental disorders are impairments in the functioning of the mind (and that these impairments can be treated), it is correct – from an externalist point of view – to conclude that there is a reason to treat agents with mental disorders regardless of what those agents finally think about treatment. Regardless of what the individuals think about what is good for them, for their own mind, body, and life, any reasoning deviating from the ‘rails’ of external reasons is invalid. Anorexic patients generally refuse treatment: so they cannot recognise and understand the reason for which a person with a malfunctioning mind (or body) should be treated. According to externalism, then, their reasoning is irrational;

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<sup>44</sup> S. Wolf, *Freedom Within Reason*, New York, Oxford University Press, (1990), p. 75.



and as such it cannot be taken into account when making a medical decision.

From this it is clear that externalism's conclusion about anorexic reasoning is problematic on many levels.

- 1) The validity of the reason for which a person with a malfunctioning mind should be treated depends also on the probability of success of the therapy. Currently, the treatment for anorexia fails in 20% of cases. Some patients – such as Ms E<sup>45</sup> – have been treated for more than ten years without success. Psychiatrists agree that ordinary treatment is much less likely to work for those patients who did not develop a non-anorexic identity during the first years of treatment.<sup>46</sup> For these patients, given the failure of the medical procedure applied, refusal of treatment can be reasonably considered a valid option for the patient from an *objective* point of view. Indeed, with forced-feeding being a very invasive treatment, it constitutes a source of suffering and coercion for the patient.
  
- 2) Many psychiatrists think that coercive approaches to anorexia can worsen the already problematic issues that anorexic patients have with self-control and self-worth.<sup>47</sup> While considering anorexic patients' refusal (especially in the early stages of the disorder) as straightforward is

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<sup>45</sup> Chapter 2, section 1.

<sup>46</sup> Hope (2001).

<sup>47</sup> See Chapter 1, and Chapter 2 section 2.

equally problematic, looking at their decisions and reasoning as simply irrational is dangerous from a therapeutic point of view. As we saw in the first chapter, there is no single and stable manner in which anorexic patients consider anorexia; anorexic reasoning is a complex, variable, and sometimes ambiguous phenomenon, and it is reductive to consider it as simply irrational, as simply one particular instance of an agent's inability to recognise a reason as such.

- 3) Many anorexic and post-anorexic patients consider anorexia a beneficial lifestyle. The extent and manner in which anorexic reasoning is integrated in the life of the patient may vary considerably; while in some cases (generally for post-anorexic patients) the integration of anorexic reasoning in the life of the patient permits a 'good' life (both according to the patients and to their friends and families) in other cases anorexic reasoning is integrated in a self-destructive and overwhelming manner (even if, especially in the early stages of the disorder, the patient may not accept such a description). It is not clear where the threshold between 'good' and 'bad' integration should be set; and similarly, it is not clear under which conditions it is possible to affirm that anorexic behaviours constitute a clear case of harm, or when they are harmful enough to justify coercion. Furthermore, anorexic behaviour is not simply reducible to self-harm, since it includes also a wide pattern of non-harming acts

(checking weights, exercising, food selection). To assume that anorexic reasoning is necessarily irrational is highly problematic.

- 4) According to externalism, correct decisions are those which are in accordance with reasons independent of the motivational set of the individual concerned. From a liberal point of view,<sup>48</sup> an externalist approach constitutes a strong form of paternalism, given that the limitations that it sets to individual liberty do not take into account the will of the agent. The prescription of values implied by externalism, as well as the coercive implication of its paternalism, cannot be reconciled with the ideas of personal autonomy and non-interference characteristic of liberalism.

The problems described above underline the unsuitableness of externalism for an understanding of anorexic reasoning. Both anorexics and post-anorexics claim that anorexia is linked to questions that go beyond the psychiatric definition of the disorder, and that these issues are crucially relevant for their own moral self-understanding and identity.<sup>49</sup> These aspects of anorexics' morality and identity are excluded by the spectrum of "good" reasons assumed by externalism. Neither externalism nor internalism, then, are satisfactory models of reasons whether in theory or in practice. If my analysis of the relation between these two

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<sup>48</sup> There is no single "liberal" point of view, and within the liberal tradition it is possible to find different interpretations of the relation between autonomy and paternalism. For a clarification on my use of the term "liberalism", see note 13.

<sup>49</sup> Saukko (2008); Giordano (2005a); Conti (2016); Hope (2011).

models of reasons and anorexic reasoning is correct – and if we do not want to endorse an entirely sceptical, subjectivist, or relativist stance – then we must conclude that the dichotomy between internal and external reasons is badly formulated. Reasons, it turns out, are neither internal nor external; they are neither ‘in the mind’ nor ‘out there’. If we want to develop a viable conception of reasons that is able to deal with more fine-grained practical cases of reasoning, such as the reasoning of anorexics and post-anorexics, we have to take into account the idea that reasons are neither “in the world” nor “in the mind” in the same sense in which a table is in the world or the visual field is in the mind. As Wittgenstein and Taylor argue, human agents are *constitutively* embedded in a *space of reasons*. Reasons are not a *private property* of the individual or an *aspect* of the world. Reasons constitute the domain in which human agents act: they are pervasive.

In the next section, I shall develop this suggestion by thinking further about the internalist account of reasons.

#### (6) Internalism’s Constitutive Values Set.

While both the MCA and Giordano rely on an internalist conception of reasons, internalism, as we have seen, does not in fact guarantee the advantages that its value-neutrality promises; and when applied in practice it generates contradictions. So how else might we approach our problem? Earlier, in Chapter 2, I used Meyers’ *double axis* theory<sup>50</sup> to criticise Giordano’s *brave claim*. According to Meyers, any

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<sup>50</sup> Meyers (2014).

theory is always normative, whether explicitly or implicitly. Value-neutral accounts, in denying this, are inevitably misleading. Let us think about this in more detail.

What would internalism look like when examined through the lens of Meyers' scheme? Internalism denies having a constitutive set of values. The capacity to develop and apply a motivation set is not understood as implying any moral background; on the contrary, morality is a product of the motivational set of the agent. So what might actually be the moral background of internalism? What might be the values constituting it? What I want to explore here is the possibility that, in attending closely to internalism's normative requirements, it might be possible to come to a better understanding of the causes of its contradictions – and perhaps even to avoid them.

So let me start with the obvious question: what sort of conception of autonomy is in play in the constitutive set of values of internalism? The conception of autonomy assumed – and endorsed – by internalism is strongly characterised by the centrality of the *epistemological independence* of the agent. According to internalism, the moral and rational life of the human agent is essentially disengaged from the world and from others. More precisely, agents' epistemological faculties are independent of the social normativity and disconnected from the dynamics that render others' claims significant.<sup>51</sup> According to this framework, the world and individuals belong to two different causal domains: the *public* domain of facts, and the *private* domain of individual self-chosen norms. From an internalist point of view, defending autonomy means granting priority to the latter domain and protecting the agent's moral and rational

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<sup>51</sup> Kant's "Dare to know!" is aimed at atomic individuals, we might say.

independence against any external influence.<sup>52</sup> Within this conception of autonomy, a self-governing agent is not only able to make decisions and act in light of her reasons, but is also able to constitute *her own* reasons and values in the private and independent domain of her mind.

### (7) Monological Autonomy.

Let me develop these initial thoughts by following Taylor's formulation of autonomy as connected to internalism by calling it *monological*.<sup>53</sup> According to Taylor, there are three fundamental notions correlated to a monological conception of autonomy:<sup>54</sup>

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<sup>52</sup> Macpherson claims that the private conception of motivations and desires is the source of the political and ethical problems of liberalism: "The difficulties of modern liberal-democratic theory lies [...] in its conception of the individual as essentially the proprietor of his own person or capacities, owing nothing to society for them. The individual [is] seen neither as a moral whole, nor as a part of a larger social whole, but as an owner of himself." For an in-depth analysis of the private conception of reasons endorsed by liberalism, see Brecher (1997): "For something to count as a reason for an action, it has to have some conceivable justificatory connection with that action. I can no more think that just anything can constitute a reason 'for me' than I can want just anything at all: there has to be a context within which its constituting a reason is conceivable." C. B. Macpherson, *The Political theory of Possessive Individualism*, Oxford, Oxford University Press, (1962), p. 3; Brecher (1997), p. 104.

<sup>53</sup> C. Taylor, 'Language and Human Nature', in *Philosophical Papers 1: Human Agency and Language*, Cambridge, Cambridge University Press, (1985a), pp. 215-292; C. Taylor, 'Lichtung or Lebensform: Parallels Between Heidegger and Wittgenstein', in Taylor (1995), 61-78; C. Taylor, 'The Importance of Herder', in *Ibid.*, 79-99; C. Taylor, 'To Follow a Rule', in *Ibid.*, 165-180.

<sup>54</sup> More precisely, in *Sources of the Self*, as well in *The Ethics of Authenticity*, Taylor investigates the sources of the concept of the self, especially regarding its relation with the ideal – born at the end of the eighteen-century, and based on the conceptions of individualism that arose in the seventeen century – of authenticity. On Taylor's view, the concept of autonomy, as well as the concept of freedom, is

- 1) Subjects are ideally detached.
- 2) Reason is fundamentally instrumental.
- 3) Society is essentially atomistic.

The first, central, notion concerns the autonomy of the subject: the agent is autonomous in so far as she is able to see and understand herself as independent of others and of the world. The second, which derives from the first, concerns the ‘nature’ of the reasoning of an autonomous agent: being detached from others and from the world, the agent has an *instrumental* relation to them. This does not mean that the agent necessarily relates to others in an egoistic way, but rather that the agent is always in an *indirect* relation with them – as opposed to the *direct* relation that the agent has with herself. The manner in which agents act responds to their motivational set, and in this sense any relation with others and the world is always traced back to the interests of the agent. The third notion is the result of the application of the first two in a social context: a society composed of subjects ideally detached, whose actions respond to an instrumental model of reason, can be formed only by a heterogeneous set of individual purposes.<sup>55</sup>

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articulated on the ground of the relation between the self and the ideal of authenticity; in very general terms, being autonomous means essentially being able (and being allowed) to be oneself. For the sake of my argument, I shall make reference to a monological conception of autonomy even if Taylor does not use this precise formulation. C. Taylor, 'What's wrong with negative liberty', in C. Taylor, *Philosophy and the Human Sciences. Philosophical Papers 2*, Cambridge, Cambridge University Press, (1985b); C. Taylor, *Sources of Self. The Making of the Modern Identity*, Harvard, Harvard University Press, (2001); C. Taylor, *The Ethics of Authenticity*, Harvard, Harvard University Press, (2003).

<sup>55</sup> Taylor, *Philosophical Arguments*, cit., p. 7.

This cluster of notions characterises the monological conception of autonomy at the heart of the constitutive value set of internalism. Despite the claims of impartiality and universality advanced by internalism, it is clear that internalism is fundamentally committed to defending and promoting the value of autonomy. As Taylor underlines, this kind of value is inseparable from a moral interest in identifying and articulating our authentic self. Even if partially implicitly, one of the main purposes of internalism is exactly to support this enterprise. But, as we have seen, the strategy adopted is not entirely successful: the epistemological independence of the agent assumed by the monological conception of autonomy is considered a condition, both sufficient and necessary, for the articulation of the agent's identity, but comparison with the case of anorexic patients shows otherwise. First, in some crucial cases it is not possible to understand and articulate one's own identity and reasons without the help of others; and second, the development of the capacity to understand and articulate the self, as well as the capacity to acknowledge and follow reasons, is, as Taylor claim, dialogically constituted:

We become full human agents, capable of understanding ourselves, and hence of defining an identity, through our acquisition of a rich human language of expression. [...] But we are inducted into language in exchange with others. No one acquires the languages needed for self-definition on their own. We are introduced to them through exchanges with others who matter to us [...]. The genesis of the human mind is in this sense not “monological”, not something each accomplishes on his or her own, but dialogically. Moreover, this is not just a fact about *genesis*, which can be ignored



later on. It's not just that we learn the languages in dialogue and then can go on to use them for our own purposes on our own. [...] We define [our identity] always in dialogue with, sometimes in struggle against, the identities our significant others want to recognise in us.<sup>56</sup>

Furthermore, the ideas of private reasons and private motives are no less implausible than their externalist contrary. As I have indicated, how could an error in reasoning transparent to only one person be *recognised* as such? Is it possible to speak of errors in such cases? It seems not. But then, how could we speak of reasons at all, in the absence of the possibility of error? If it is not possible to understand what it is excluded by the reasons (i.e., error) it becomes impossible to understand the reason too; and, a reason that cannot be understood cannot be a reason.

As Wittgenstein reminds us, *contradiction is to be regarded, not as a catastrophe, but as a wall indicating that we can't go on here*. It is possible to go beyond the impasse generated by internalism, but also necessary to understand *where* we cannot go, and *why* we desire to go where we cannot go.<sup>57</sup> Internalism, as a monological conception of autonomy and of the agent, aims to guarantee autonomy through a value-neutral and functional account of the agent. This approach promises two important results: 1) securing a purely neutral approach to values and reasons; and 2) assuring

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<sup>56</sup> Taylor (2003), pp. 47-48.

<sup>57</sup> From a Wittgensteinian perspective, the questions “*What* do we want when we aim at something nonsensical?” and “*Why* we aim at something nonsensical?” are basically the same. The understanding of a contradictory approach to reality corresponds to the disappearance of the (alleged) motive underlying it; or, in other words, the acknowledgment of a contradiction is inseparable from the liberation from its influence (and from the idea that there is a *content* in the nonsense). J. Conant, ‘Elucidation and Nonsense in Frege and Early Wittgenstein’, in A. Crary and R. Read (eds.), *The New Wittgenstein*, London, Routledge, (2000), pp. 174-218.

the individual the possibility of self-government. The central problem is not that these two promises are not kept, but rather that they are not sustainable. As Meyers' idea of the constitutivity of value sets underlines, there is no 'purely detached' approach, regarding either the theoretical approach to values and reasons, or the 'private' domain of the agent's self. It is not possible to secure a purely neutral perspective because the constitution of any perspective presupposes the presence of a background in which certain elements are understood as relevant and others not. Nor it is possible to give assurance that a proper functioning of the psychological/neurological is sufficient for the autonomy of agents. Autonomy is related not only to the functioning of the brain or to the capacity to remember and make inferences; it is also connected to the manner in which the agent is related to the dialogical contexts in which she acts. As Paul Benson puts it, an autonomous agent is able not only to express her interests and motives in her actions, but also to regard "herself as being in an appropriate position to speak for her decision and actions in response to potential criticisms, irrespective of whether her actions actually issue from her deepest or reflectively acceptable motives or values".<sup>58</sup> In a similar manner, Andrea Westlund holds that autonomy depends on the relational capacity to consider oneself answerable to critics regarding one's reasons for actions.<sup>59</sup> The kind of relational conditions advanced by Benson and Westlund do not imply any substantive moral and rational commitments (they are not externalists), but they permit the agent to act in a way that secures both her dialogical accountability and her status as a moral and a political agent.<sup>60</sup> In short,

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<sup>58</sup> P. Benson, 'Feminist Commitments and Relational Autonomy', in Veltman (2014), p. 109.

<sup>59</sup> Westlund (2009).

<sup>60</sup> Benson (2014);

such values do not predict what the agent will choose or how she will act, but they allow the agent exercise autonomy in a relational context. If Benson's and Westlund's claims are solid, and if the critique conducted in this chapter is correct, it follows that autonomy's proper functioning is connected to some conditions that cannot be understood within the monological framework. In order to overcome the contradictions of internalism, then, it is not only necessary to abandon the dichotomy between internal and external reasons, but also, and crucially, the monological conception of the agent.

Both Giordano and the MCA hold to a monological conception of autonomy. In fact, the MCA assumes that agents are so ideally disconnected from the world that they can be autonomous even when their conclusions appear irrational, while Giordano thinks that this idea – precisely because it is true – should be applied also to patients with anorexia. Looking at the constitutive value set of internalism it is possible to understand how the contradictions of the conception of mental capacity endorsed by the MCA stem, to a large extent, precisely from an inarticulate and clumsy commitment to the value of autonomy. In order to overcome such contradictions and to develop a conception of mental capacity responsive to anorexics' reasoning, it is necessary to abandon the monological conception and to rethink autonomy, taking into account the relational constitution of the agent. This is, in short, what I shall do in the next two chapters; and in doing so, I will make use of the conceptions of relational autonomy developed in the last two decades since the publication of Mackenzie and Stoljar's *Relational Autonomy*, paying particular attention to the distinction between *causally* and *constitutively* relational conceptions of autonomy.

*Overcoming the Monological Framework (Pt. 1):  
Relational Autonomy and Monological Agents.*

*But if you say: "How am I to know what he means,  
when I see nothing but the signs he gives?"  
then I say: "How is he to know what he means,  
when he has nothing but the signs either?"*

LUDWIG WITTGENSTEIN, *Philosophical Investigations*.

Introduction

In chapter 3 I articulated the motives sustaining the separation between reasons and autonomy assumed both in the MCA and in Giordano's account, showing that this separation does not protect individual autonomy as the defenders of such approach claim. Internalism, the conception of reasons assumed by the MCA - and more generally by liberal legislations - fails to guarantee the advantages that its value-neutrality promises, and when applied in practice - as we have seen in relation to anorexia - it generates inescapable contradictions. Externalism, however, appears implausible from an explanatory point of view and it raises severe ethical and political problems once applied in a

liberal framework. In short, neither externalism nor internalism are satisfactory.

But then, how can we proceed? Following the insights of Charles Taylor, I have shown that internalist conceptions of autonomy generate contradictions because they are embedded in a *monological framework* in which agents are understood as the bearers of an *absolute epistemological independence*, securing both their *exclusive* self-transparency, and their capacity to judge values and reasons from a purely neutral point of view. “Monological” agents are ideally disconnected from the world (they are a sort of “world in itself”) and they can be autonomous even when their actions’ outcome is irrational: the “ground” of their action is not accessible to others, but only to themselves. As Diana Meyers explains, internalism does not acknowledge its own commitment to the value of autonomy; the monological framework displays internalism as *purely* value-neutral, and therefore exempt from any kind of value commitment. In order to overcome this contradiction, I claim, it is necessary, as I have suggested, to rethink autonomy outside the monological framework and to take into account the relational constitution of the human agent.

My purpose here is to analyse the debate about relational autonomy in order to understand if and how any relational conception of autonomy might retain some elements from the monological framework. I shall continue to explore this question within the boundaries of the philosophical framework of liberalism, maintaining its language and concerns, and attempting to show its own limits and contradictions “from within” (a method that can be defined as “immanent critique”). After having investigated a range of conceptions of relational autonomy developed by feminist theorists, I shall proceed by articulating the core tension animating such debate, focusing first on the role of oppression

and human vulnerability, and second on the role of the distinction between *causal* and *constitutive* conceptions of relational autonomy.

(1) Why Relational Autonomy? The umbrella term: Genesis and Basic Questions.

Between the late 70s and the 90s, the concept of autonomy was subject to a wide ranging critique by feminist scholars such as Lorraine Code<sup>1</sup> and Alison Jaggar.<sup>2</sup> These critiques share the conviction that “it is certainly true that the earliest feminists were inspired by the liberal ideal of autonomy [... but also that] the liberal conception of human nature and of political philosophy cannot constitute the philosophical foundation for an adequate theory of women’s liberation”.<sup>3</sup> Code emphasised that the concept of autonomy is connected to a conception of the person characterized by the masculine ideals of self-sufficiency and instrumental rationality that conflates “autonomy with individualism”.<sup>4</sup> As a consequence, the concept promoted a state of things in which relations of interdependence and care were considered incompatible or in conflict with the autonomous, “atomistic” life of the individual. The problem is not only that such a conception of autonomy is more difficult to achieve for women, given that in gender unequal societies they are often expected to be the first caregivers, but also because individualism is incompatible with the feminist idea that persons are socially embedded, vulnerable, and

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<sup>1</sup> L. Code, “Second Persons”, in *What Can She Know? Feminist Theory and the Construction of Knowledge*, New York, Cornell University Press, (1991).

<sup>2</sup> A. M. Jaggar, *Feminist Politics and Human Nature*, Totowa, Rowman & Allanhead, (1983).

<sup>3</sup> Jaggar (1983), pp. 47-48.

<sup>4</sup> Code (1991), p. 78.

exposed to oppression and discrimination. Neither Code nor Jaggar rejected the concept of autonomy altogether, but they both emphasized the necessity of a reconfiguration of the concept so as to be able take account of their critiques and to understand the relation between oppressive contexts and the effective exercise of autonomy.

The edited volume *Relational Autonomy*, published in the 2000 by Catriona Mackenzie and Natalie Stoljar, gathered together studies of scholars working on the reconfiguration of the concept of autonomy as promoted by Code, Jaggar, and others. The book aimed to challenge “the conviction that the notion of individual autonomy is fundamentally individualistic and rationalistic” and to “draw on aspects of the feminist critique of autonomy to reconceptualise and refigure the concept of individual autonomy from a feminist perspective”.<sup>5</sup> According to relational theorists, the concept of autonomy should not be simply rejected because it is an essential issue in feminism: women’s emancipation from patriarchy cannot be achieved without protecting and promoting their capacity to live according to their values and reasons. Furthermore, the concept of autonomy can and should be reconfigured taking into account a conception of agency responsive to feminist critiques. Autonomy, is not incompatible with the idea of a relational, interdependent, socially embedded agent proposed by feminist philosophers. On the contrary, scholars of relational autonomy, as well as other philosophers,<sup>6</sup> claim that interpersonal relations and social contexts are *necessary conditions* for the development and/or maintenance of agents’

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<sup>5</sup> Mackenzie and Stoljar (2000), pp. 3-4.

<sup>6</sup> C. Taylor, *The Language Animal: The Full Shape of Human Linguistic Capacity*, Cambridge, Harvard University Press, (2016); Taylor (1989); A. K. Sen, *The Idea of Justice*, London, Penguin, (2010); A. MacIntyre, *After Virtue*, Notre Dame, University of Notre Dame Press, (1988).

autonomy:<sup>7</sup> not only do we learn what it means to be responsible and able to choose within particular socio-cultural contexts, but we also develop and shape our identity, desires, and values, in accordance or in disagreement with others.<sup>8</sup> Moreover, the exercise of autonomy itself relies on a complex net of social structures composed by persons, values, norms, institutions, and common goods<sup>9</sup> that cannot simply be taken for granted. Autonomy is thus grounded in a relational framework. The protection of agents' autonomy cannot be limited to the "classical" safeguard of their capacity to self-govern against the illegitimate, *direct* impediments of others,<sup>10</sup> but it also requires a consistent responsiveness to the numerous manners in which human relations and social contexts have an *indirect* impact on the agents' autonomy.

Relational theorists do not claim only that the concept of autonomy is compatible with feminism, but also that it is necessary in articulating two fundamental and intertwined ideas of contemporary feminist philosophy: the relational constitution of the agent and the systemic nature of social oppression.<sup>11</sup> The feminist idea of a socially

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<sup>7</sup> As I will show in this chapter, some scholars think that interpersonal relations and social contexts are necessary only for the development of autonomy, while others claim that this applies also to its maintenance and exercise.

<sup>8</sup> C. Diamond, 'Losing Your Concepts', *Ethics*, 98.2, (1988), pp. 255-77; Taylor (2001; 2003).

<sup>9</sup> C. Taylor, 'Irreducibly Social Goods', in Taylor (1995), 127-145; A. K. Sen, *Development as Freedom*, Oxford, Oxford University Press, (1999); M. Nussbaum, 'Symposium on Amartya Sen's Philosophy: 5 Adaptive Preferences and Women's options', *Economics and Philosophy*, 17.1, (2001), pp. 67-88.

<sup>10</sup> This conception is generally labelled *negative* conception of freedom; it contrasts with a *positive* conception of liberty; I. Berlin, 'Two Concepts of Liberty', in I. Berlin, *Liberty. Incorporating Four Essays on Liberty*, Oxford, Oxford University Press, (2002), pp. 166-217.

<sup>11</sup> Mackenzie and Stoljar (2000), pp. 21-22; Veltman and Piper (2014), pp. 2-3.



embedded agent aims to explain how, to what extent, and under what conditions, women are able to live according to their values and reasons in social contexts that are inimical to self-government and self-determination. One of the paradigmatic questions that relational theorists address is this: how can we distinguish between women who authentically choose to conform to subordinate roles imposed by society?<sup>12</sup> The literature of relational autonomy does not offer a single and unified answer, but scholars agree that the question cannot be resolved – or even formulated – without taking into account the concept of autonomy.<sup>13</sup>

The explanations offered by relational scholars are generally traced back to two different clusters of answers: those ascribable to a *procedural* conception of autonomy, and those attributable to a *substantive* conception. According to procedural conceptions of autonomy, the capacities of self-governance and self-determination do not depend on the content or the outcome of an agent's choice, but on her capacity to apply a *correct procedure of thought* in evaluating her preferences, motives, and desires. Defenders of the procedural approach do not agree on the criteria needed to evaluate the correctness of the procedure of thought applied by the agent, but they all acknowledge that it is possible to exercise autonomy under oppressive conditions and to authentically choose to conform to subordinate roles.

Substantive conceptions of autonomy, on the other hand, claim that self-governance and self-determination are guaranteed by the compatibility of the individual choices with a set of “good” values and reasons. Substantive accounts come in different forms, but they are usually divided into *strong* and *weak* substantive theories. *Strong* substantive

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<sup>12</sup> A. Cudd, ‘Oppression by Choice’, *Journal of Social Philosophy*, 25.1, (1994), pp. 22-44.

<sup>13</sup> Mackenzie and Stoljar (2000), pp. 3-5.

conceptions claim that certain actions and decisions are *a priori* excluded from the domain of autonomy due to their content, while *weak* substantive theories connect the agent's autonomy with certain relational capacities, such as the disposition to "hold herself answerable, for her action-guiding commitments, to external critical perspectives",<sup>14</sup> or/and with a set of self-regarding attitudes such as self-respect and self-worth.<sup>15</sup> Weak substantive theories maintain a degree of value-neutrality, since their incorporation of normative contents does not imply a direct constraint on the agents. Such theories do not assess the agent's autonomy on the ground of the "goodness" or "badness" of her decisions or actions, but they acknowledge that certain self-regarding attitudes and interpersonal dispositions are necessary conditions for the exercise of autonomy. Both strong and weak substantive conceptions emphasise that oppressive conditions can impair autonomy, but while defenders of strong conceptions are more inclined to think that oppressive conditions are incompatible with autonomy, those who endorse a weak conception claim that choices and actions antithetical to autonomy are generally suspect and have to be assessed with particular care – but they also admit that they could be autonomous.

While procedural conceptions emphasise the capacity of the agent to achieve autonomy in unjust circumstances, substantive theories highlight the impact that oppressive relational conditions can have on autonomy. In doing so, both approaches try to offer a sustainable approach to one of the central concerns of feminist theory: the structural

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<sup>14</sup> Westlund (2009), p. 35.

<sup>15</sup> P. Benson, 'Taking Ownership. Authority and Voice in Autonomous Agency', in J. Anderson and J. Christman (eds), *Autonomy and the Challenges of Liberalism: New Essays*, Cambridge, Cambridge University Press, (2005), pp. 101-126; Benson (1994); C. McLeod, 'Relational Autonomy, Self-Trust and Health Care for Patients who are Oppressed', in Mackenzie and Stoljar (2000).

and pervasive nature of oppression. Relational accounts emphasise that oppression should not be understood only as a form of explicit, intentional dominance of a group over another: oppression is a wide, heterogeneous, often invisible, socio-cultural dynamic that is connected to a set of unquestioned norms, practices, habits, and linguistic registers sustaining and perpetrating social injustice and inequality.<sup>16</sup> As Veltman and Piper write:

Oppression presents multiple faces, including marginalization, exploitation, and powerlessness, and extends beyond economic and political forces to include psychological barriers that reduce, limit, or mold people as members of certain groups.<sup>17</sup>

Oppression is an integral part of the social context itself and even if it does not necessarily have a direct impact on the autonomy of the oppressed, its indirect effects can be decisive for the development and/or exercise of those capacities associated with autonomy. One classical example of the indirect implications of oppression are the phenomena of *adaptive preference formation*<sup>18</sup> and *internalized oppression*,<sup>19</sup> in which agents living in oppressive circumstances can come to desire what is oppressive to them or to stop desiring what is denied to them, adapting their

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<sup>16</sup> Veltman and Piper (2014), p. 3.

<sup>17</sup> *Ibid.*

<sup>18</sup> J. Elster, *Sour Grapes: Studies in the Subversion of Rationality*, Cambridge, Cambridge University Press, (1983); S. J. Khader, *Adaptive Preferences and Women's Empowerment*, Oxford, Oxford University Press, (2011).

<sup>19</sup> Cudd (1994); A. Cudd, *Analyzing Oppression*, Oxford, Oxford University Press, (2006).

preferences to what they understand to be the options available.<sup>20</sup> Defenders of substantive conceptions of autonomy claim that in such cases the agent cannot be autonomous,<sup>21</sup> while defenders of proceduralism think that such phenomena are indicators of a possible lack of capacity to self-govern, but that their presence is not sufficient to infer that the subject is not autonomous.<sup>22</sup> Despite the different conception of autonomy endorsed, in both cases there is a shared assumption about the relation between oppressive context and autonomy: in order to understand autonomy it is necessary to take into account the context in which autonomy is developed and exercised, and, conversely, the analysis of the phenomenon of oppression requires a focus on the concept of autonomy – given that one of the characteristics of oppression is to harm a group of agents, eroding their capacities to self-govern.

(2) Relational Autonomy: Basic Assumptions and Disagreements.

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<sup>20</sup> The title of the book *Sour Grapes* – Jon Elster’s pioneering study on adaptive preference formation – is a reference to the Aesop’s fable *The Fox and the Grapes*. In this fable, a fox wants to eat some grapes on a vine, but he cannot reach them. Instead of acknowledge that he cannot attain them, he claims that they are unwanted because due to their sourness.

<sup>21</sup> M. Oshana, ‘A Commitment to Autonomy Is a Commitment to Feminism’, in Veltman and Piper (2014), p. 152; M. Oshana, *Personal Autonomy and Social oppression*, New York, Routledge, (2015); N. Stoljar, ‘Autonomy and the Feminist Intuition’, in Mackenzie and Stoljar (2000), p. 95; N. Stoljar, ‘Autonomy and Adaptive Preference Formation’, in Veltman and Piper (2014).

<sup>22</sup> A. Mele, *Autonomous Agents: From Self-Control to Autonomy*, Oxford, Oxford University Press, (1995); M. Friedman, *Autonomy, Gender, Politics*, Oxford, Oxford University Press, (2003); J. Christman, *The Politics of Persons. Individual Autonomy and Socio-Historical Selves*, Cambridge, Cambridge University Press, (2009).

## Pt. 1 – On Oppression

As we have just seen, relational theorists have different perspectives on autonomy and on the relation between oppression and the agent's capacity to self-govern. Relational autonomy literature does not offer a unified account, but, as Mackenzie and Stoljar underline, a *family* of accounts:

The term “relational autonomy”, as we understand it, does not refer to a single unified conception of autonomy but is rather an *umbrella term*, designating a range of related perspectives. These perspectives are premised on a shared conviction, the conviction that persons are socially embedded and that agents' identities are formed within the context of social relationship and shaped by a complex of intersecting social determinants, such as race, class, gender, and ethnicity. Thus, the focus of relational approaches is to analyse the implications of the intersubjective and social dimension of selfhood and identity for conceptions of individual autonomy and moral and political agent.<sup>23</sup>

At a basic level, all scholars think that oppressive social contexts can impair autonomy, at least from the point of view of the development of the capacities associated with it.<sup>24</sup> The general idea is that oppression *can* damage autonomy, but, as we have seen in the previous section, there is no agreement on the *conditions* for which this possibility is effective.

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<sup>23</sup> Mackenzie and Stoljar (2000), p. 4. My emphasis.

<sup>24</sup> Veltman and Piper (2014), pp. 1-6.

Defenders of *strong* substantive conceptions of autonomy claim that motivations formed in, and in accordance with, oppressive contexts are not compatible with autonomy. Marina Oshana, for example, affirms that “the practical control autonomy demands draws both from sources internal to the agent and from external authority of a variety that mandates the absence of domination”.<sup>25</sup> Similarly, Natalie Stoljar claims that a relational account of autonomy must take into account the idea that “preferences influenced by oppressive norms of femininity cannot be autonomous”.<sup>26</sup>

Discussing Kristin Luker’s book *Taking Choices*,<sup>27</sup> a study of women who took contraceptive risks during the 70s, Stoljar insists that women who choose not to use contraception are “overly influenced in their decisions by stereotypical and incorrect norms of femininity and sexual agency” and that “women who accept [these norms...] accept something *false*”.<sup>28</sup> The women interviewed by Luker chose to not use contraception for reasons inimical to women’s autonomy and ultimately false. For some, the use of contraception can prove to their partner that that they are “planning” their sexual life, and therefore that they are acquainted with premarital sex. For others, contraception is incompatible with certain cultural or religious norms. Still others chose to take risks in order to appear as sexually active and desirable agent, or to obtain some benefits that the pregnancy is supposed to offer (proving fertility and true womanness, forcing the partner to stabilise the relationship, attracting the attention of significant others). The problem with these women’s

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<sup>25</sup> Oshana (2014).

<sup>26</sup> Stoljar (2000).

<sup>27</sup> K. Luker, *Taking Choices: Abortion and the Decision Not to Contracept*, Berkeley, University of California Press, (1975).

<sup>28</sup> Stoljar (2000), p. 98 and 109.

decisions, according to Stoljar, relies essentially in their internalization of *false* norms of femininity and motherhood. Women who have internalized oppressive norms lose the capacity to understand and perceive the falseness of these norms, and therefore they are unable to reflect rationally on their acts and decisions. In Stoljar's view, oppressive norms are incompatible with autonomy due to their *content*; accepting such norms means endorsing a perspective on the self in which the wrongness of the decisions influenced by those norms, and the unjustness of the norms themselves remains invisible.

But an agent endorsing a false norm is not necessarily impeded in the exercise of her autonomy. The role that that norm might play in an agent's decisions, with regard to her identity, and in relation to other norms, is not entirely deducible from the norm itself.<sup>29</sup> Both defenders of proceduralism and *weak* substantivism have criticised strong substantive conceptions of autonomy. Meyers<sup>30</sup> and Christman<sup>31</sup> have argued that agents *can* actually exercise autonomy in oppressive conditions, while Benson<sup>32</sup> has claimed that strong substantive accounts incorporate a notion of morality that is essentially conflated with autonomy and that could lead to paternalistic interventions. Strong substantive accounts are not fine-grained enough to discriminate between cases in which oppression is actually impeding the exercise of autonomy, and cases in which it is not.

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<sup>29</sup> D. Meyers, 'Feminism and Women's Autonomy: The Challenge of Female Genital Cutting', in *Metaphilosophy*, 31.5, (2000), pp. 469-491.

<sup>30</sup> *Ibid.*

<sup>31</sup> J. Christman, 'Relational Autonomy, Liberal Individualism, and the Social Construction of Selves', *Philosophical Studies*, 117.1/2, (2004), p. 143-164.

<sup>32</sup> P. Benson, 'Feminist Intuitions and the Normative Substance of Autonomy', (2005b), in J. S. Taylor (ed.), *Personal Autonomy: New Essays on Personal Autonomy and its Role in Contemporary Moral Philosophy*, Cambridge, Cambridge University Press (2005), pp. 124-142.

Defenders of *procedural* conceptions of autonomy offer an argument that can be seen as diametrically opposed to Oshana, and Stoljar's accounts, namely, that actions conducted on the grounds of oppressive norms do not lack autonomy if those norms are reflectively endorsed. According to John Christman, for instance, "insofar as a person has authentically embraced even (what we might call) oppressive social status or subservient roles, that person deserves respect insofar as her judgment about those roles has the same formal features as our own judgment about our own lives".<sup>33</sup> A decision is *authentic*, Christman affirms, if the agent considers it as *her own*,<sup>34</sup> and if the agent has not resisted – or would not have resisted<sup>35</sup> – the process and the context in which the motivational set leading to the decision was developed.<sup>36</sup> These conditions, together with the agent's capacity to weigh alternative reasons, guarantee the functioning of the agent's reflective capacities, and, therefore, of her capacity to self-govern and self-determine:<sup>37</sup>

[The reflective capacities of an autonomous agent] must contain sufficient flexibility that she could imagine responding appropriately to alternative reasons (where "appropriately" and

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<sup>33</sup> Christman (2004), p. 153.

<sup>34</sup> J. Christman, *Coping or Oppression. Autonomy and Adaptation to Circumstance*, in Veltman and Piper (2014), p. 221.

<sup>35</sup> Christman takes into account both the effective reflections operated by the agent during the period of the development of the motivational set, and the retrospective reflections that the agent can make if she was too young (or unaware) during that period; Christman (2009), pp. 155-6.

<sup>36</sup> J. Christman, 'Autonomy and Personal History', *Canadian Journal of Philosophy*, 21.1, (1991), pp. 1-24.

<sup>37</sup> On the same lines, Marilyn Friedman writes that a woman who "chooses or acts in accord with wants or desired that she has self-reflectively endorsed [...] is behaving autonomously"; Friedman (2003), p. 5.



“reasons” are understood from her own point of view). Adequate reflection requires that a person can see herself doing otherwise, under at least some imaginable conditions; otherwise she is not manifesting a true capacity to consider her own internal states.<sup>38</sup>

Oppressive conditions are not *a priori* incompatible with autonomy because agents can have a point of view in which these conditions appear good even in comparison with alternative reasons. If the agent is able to reflect on her motivational set, if her motivational set has been – or would have been – developed without resistance, and if she is able to weigh alternative options, then she is autonomous and there is no reason to impede or question her choices, even if they undermine and devalue her capacities of self-determination and self-government. Thus, Marilyn Friedman, a defender of content-neutrality and proceduralism, claims that professional caregivers should not try to persuade abused women who choose to remain in abusive relationships if their choice is self-reflective;<sup>39</sup> as for any other autonomous agent, these women require professional *uncritical* support for “whatever choices they make”.<sup>40</sup>

This approach appears problematic to defenders of substantivism,<sup>41</sup> because agents living in oppressive contexts who accept coercive norms or subordinate roles could apply a reflective process led by a set of adaptive preferences and/or internalized oppressive norms. Adaptive preferences and internalized oppressive norms are perceived as authentic. Furthermore, they do not *practically* impede reflection on alternative options; but they render all the other options less desirable

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<sup>38</sup> Christman (2004), p. 154.

<sup>39</sup> Friedman (2004), p. 152-159.

<sup>40</sup> *Ibid.*, p. 152.

<sup>41</sup> Benson (1991); Oshana (2006)

than those ascribable to the norms internalized or compatible with the adaptive preferences developed. The “appropriateness” of the reasoning about alternative “reasons”, as well as the authenticity of the motivational set, cannot be understood from the sole point of view of the agent because her reflective process could be grounded on false assumptions, or be the result of an insufficient availability of practicable options and perspectives. But, according to Christman, and more generally to those who defend a procedural perspective on autonomy, it does not matter if the motivational set endorsed by the agent is autonomy-devaluing and in line with the coercive norms offered – or imposed – by the social contexts if the agent is able to reflect – in her own terms – on her decisions and on the norms that she accepts.

In other words, proceduralist and substantivist accounts reply in different ways to the question: “can an agent autonomously choose oppression?” Oshana and Stoljar’s answer is negative, while Christman’s and Friedman is positive. Despite the heterogeneity, and in some cases, the opposition of the different accounts gathered under the umbrella term “relational autonomy”, there are three important shared assumptions that justify their philosophical coalition:<sup>42</sup>

- A) Oppression can impede the development and/or the exercise of autonomy.
- B) Even if autonomy is connected to a masculinist and individualist framework, its exercise is nonetheless central for emancipation. Still, the concept must be reconfigured taking

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<sup>42</sup> C. Mackenzie, ‘Three Dimension of Autonomy: A Relational Analysis’, in Veltman and Piper (2014), p. 20.

into account human vulnerability and interdependence rather than assuming self-sufficiency, independency, and complete rationality as the agent's fundamental characteristics.

C) Agents are embodied and socially, historically, and culturally embedded. Their identities and capacities cannot be understood without making reference to these frameworks.

All accounts of relational autonomy share these three assumptions, but only in very general terms. As we have seen, assumption A) is interpreted in radically different ways depending on how the relation between oppressive contexts and agents' autonomy is understood: substantive accounts assume that oppression can interfere with the decisional process and the identity of the agent, while procedural accounts are more concerned with defending the capacity of the subject to decide and act on the ground of her own reasons and motives despite the influences of the oppressive environment in which these are developed.

### Pt. 2 – On Vulnerability and Dependence

Regarding point B, scholars agree that the norm for human agents is not to be independent, rational, and in “full possession” of their capacities, but, on the contrary, to be vulnerable, dependent on others, and reliant on the practical availability of goods and opportunities. However, they diverge on the definition of a conception of the human agent characterized by vulnerability and interdependence. In offering a characterization of vulnerability able to encompass a variety of perspectives, Mackenzie, Rogers, and Dodds write:

Human life is conditioned by vulnerability. By virtue of our embodiment, human beings have bodily and material needs; are exposed to physical illness, injury, disability, and death; and depend on the care of others for extended periods during our lives. As social and affective beings we are emotionally and psychologically vulnerable to others in myriad ways: to loss and grief; to neglect, abuse, and lack of care; to rejection, ostracism, and humiliation. As sociopolitical beings, we are vulnerable to exploitation, manipulation, oppression, political violence, and rights abuses.<sup>43</sup>

Since this takes into account a very wide spectrum of phenomena ascribable to human vulnerability, Mackenzie suggests that the set should be divided in two subsets, depending on the different sources of vulnerability involved:<sup>44</sup> on one hand, humans are considered *inherently* vulnerable by virtue of their bodily existence; on the other hand, being

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<sup>43</sup> C. Mackenzie, W. Rogers, and S. Dodds, 'Introduction: What Is Vulnerability, and Why Does It Matter for Moral Theory?', in C. Mackenzie, W. Rogers, and S. Dodds (eds.), *Vulnerability: New Essays in Ethics and Feminist Philosophy*, Oxford, Oxford University Press, (2014), p. 1.

<sup>44</sup> Mackenzie proposes a taxonomy of three, and not two, sources of vulnerability, but for now I will take into account only the first two since the third— *pathogenic* sources of vulnerability, regarding the vulnerability caused by interpersonal relationships and institutions – can be considered as a specification of the second— *situational*, context-dependent sources of vulnerability. Furthermore, it is important to underline that this differentiation of sources of vulnerability is not a categorical distinction but a way of identifying “the variety and context – specificity of sources of vulnerability, [... the] responsibilities owed to the ‘more than ordinarily vulnerable, and the potential interventions to mitigate the effects of various forms of vulnerability’”. Mackenzie, Rogers, and Dodds (2014), pp. 7-8.

embedded in a social and historical environment, agents are susceptible to a *context-dependent* form of vulnerability that Mackenzie calls *situational*.<sup>45</sup>

The concept of inherent vulnerability highlights that, independently of the particular contexts in which agents are embedded, they are conditioned by the fragile and mortal constitution of their bodies as well as by their material and caring needs. In *Dependent Rational Animal*, Alasdair MacIntyre explores this aspect of human vulnerability and its relation to the concept of autonomy. He argues that it is a mistake to assume that the capacity to make autonomous choices is disconnected from our embodied existence, since this assumption obscures the bodily and animal aspects of human rationality. According to MacIntyre, the human capacity of being rational cannot be completely separated from our animality: “we remain animal selves with animal identities”,<sup>46</sup> and despite the differences between other animals and humans, “we never separate ourselves entirely from what we share with them”.<sup>47</sup> Thus our capacity to think and make choices is constitutively subject to the conditions of embodied and animal existence: vulnerability, affliction, dependence, disability, decadence, and death. Many philosophers – especially those belonging to the empiricist-liberal tradition – have thought that these aspects of human existence are accidental and independent of ‘true’ rationality,<sup>48</sup> but in MacIntyre’s view this perspective is an impediment to a correct understanding of human

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<sup>45</sup> *Ibid.*

<sup>46</sup> A. MacIntyre, *Dependent Rational Animals: Why Human Beings Need the Virtues*, Chicago, Open Court, (1999), p. 49.

<sup>47</sup> *Ibid.*, p. 8.

<sup>48</sup> For an analysis of the manner in which the conditions imposed by vulnerability are avoided by liberal philosophers see: M. Nussbaum, *Hiding from Humanity: Disgust, Shame, and the Law*, Princeton, Princeton University Press, 2004; For an analysis of the empiricist approach to disembodied rationality see: Taylor (2016).

rationality, of the conditions in which it is exercised, and of the role that relations play in human life. A central thesis of *Dependent Rational Animals* is that the capacities necessary for the exercise of rationality are entangled with the capacities needed to be responsive to vulnerability and care:

the virtues of independent rational agency needed for their adequate exercise [are] accompanied by [...] the virtues of acknowledged dependence, [so] that a failure to understand this is apt to obscure some features of rational agency.<sup>49</sup>

Mackenzie and MacIntyre agree that an adequate understanding of the notion of autonomy cannot overlook the fact that the capacities to make choices and to self-govern are exercised by humans who are *inherently* conditioned by their bodily and relational existence. In MacIntyre's words: "acknowledgment of dependence is the key to independence".<sup>50</sup>

Humans are inherently vulnerable because they need shelter, food, clothing, social interaction, care, and practical opportunities to develop and exercise the capacities that make them autonomous agents. Furthermore, the functioning and the state of these capacities is always exposed to disruption, decay, and collapse, due to their embodied condition. However, even if the notion of inherent vulnerability implies that some forms of vulnerability are inescapable, it does not affect all humans in the same way because it also depends on their particular bodily constitution and on their socio-cultural situation. The notion of *situational* vulnerability has been developed by Mackenzie to focus on such

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<sup>49</sup> MacIntyre (1999), p. 8.

<sup>50</sup> *Ibid.*, p. 81.

variables, and it focuses on those aspects of human life that “may be caused or exacerbated by personal, social, political, economic, or environmental situations”<sup>51</sup> and that are connected to a wide “range of factors, such as age, gender, health status, and disability”.<sup>52</sup> In contrast to the notion of inherent vulnerability, the notion of situational vulnerability acknowledge situations of vulnerability that can be short-term, intermittent, or enduring:

For example, a person who has just lost his job is situationally vulnerable. This vulnerability may be short-lived if he has educational qualifications and skills that are in demand in the marketplace. But if the loss of a job leads to long-term unemployment, his vulnerability may be enduring and its consequences quite catastrophic, resulting not only in loss of income but also possibly loss of secure housing, marital breakdown, and ill health.<sup>53</sup>

This means that the loss of a job, for instance, can lead to short-term vulnerability, but it can also cause an inherent and enduring form of vulnerability: people who lose their job can slip into depression and experience chronic tiredness, loss of energy, and difficulties in concentration and decision-making. Conversely, some forms of inherent vulnerability increase the chances of running up against situational vulnerability. A person with depression, for example, can have serious difficulties in finding and keeping a job.

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<sup>51</sup> Mackenzie, Rogers, and Dodds (2014), p. 7.

<sup>52</sup> *Ibid.*, p. 38.

<sup>53</sup> *Ivi*, p. 39.

Scholars of relational autonomy claim that the recognition of inherent and situational vulnerability is central for the development of a concept of autonomy responsive to the needs of corporeal agents embedded in social and relational contexts. Humans are not only constitutively dependent and vulnerable, but they also need support and care in order to develop and exercise autonomy. The capacity to self-govern, depends on a wide net of social relations, institutions, and availability of goods; furthermore, oppressive relations, and unjust social and political norms can hinder it. For these reasons, Mackenzie claims that “the obligations arising from vulnerability extend beyond the *protection* from harm to the provision of the social support necessary to *promote* the autonomy of the persons who are ‘more than [inherently] vulnerable’”.<sup>54</sup> In this sense, the relational focus on vulnerability provides a perspective on the social and political contexts that allows the understanding of the effects of norms and institutions on vulnerability. Social and political policies can indeed intensify some forms of inherent vulnerability or contribute to the development of situational vulnerabilities, rather than promoting the development and exercise of autonomy.

Relational theorists agree that the obligation to protect vulnerable individuals needs to be inseparable from promoting of their autonomy,<sup>55</sup> but there is no substantial agreement, either on the typology of autonomy that should be promoted and protected, or on the kind of vulnerable agent – or on the typology of vulnerability – that should be supported. Theorists also agree that an approach to vulnerability grounded in the enhancement of autonomy limits the possibility that “vulnerability may be

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<sup>54</sup> *Ibid.*, p. 16-17. My emphasis.

<sup>55</sup> C. Mackenzie, ‘The Importance of Relational Autonomy and Capabilities for an Ethics of Vulnerability’, in Mackenzie, Rogers, and Dodds (2014).



used to sanction unwarranted paternalistic forms of intervention”,<sup>56</sup> but the threshold separating protection of autonomy from paternalism is not fixed, so that an act aiming to protect/promote the agent’s autonomy in a situation of vulnerability can be regarded as effective by some relational theorists, while being considered paternalistic and discriminative by others.

There is a connection between the different interpretations of relational premises about oppression and questions raised by the concept of vulnerability: those who think that autonomy is not incompatible with oppressive norms and values (defenders of proceduralism) support normative-neutrality and value-neutrality, so they tend to limit as much as possible interpersonal interventions for vulnerable agents; those who think that oppression is antithetical to autonomy (defenders of substantivism) are committed to relational conceptions of values, and are therefore keener to allow interventions establishing the conditions to exercise of autonomy. Relational theorists assess the relation between oppression and autonomy, and between autonomy and vulnerability in different ways, depending on the notion of autonomy endorsed. To this extent, the interpretation of assumption C – regarding the social, historical, and cultural embeddedness of the agent – becomes crucial not only for the understanding of A and B – those regarding, respectively, the relation between oppression and autonomy, and between autonomy and the vulnerable and interdependent nature of human agents – but also, and more fundamentally, for the definition of the notion of relational autonomy itself.

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<sup>56</sup> *Ibid.*, p. 35.

Pt. 3 – On the Necessary Conditions for Autonomy

In the literature on relational autonomy, this difference in interpreting the relational nature of agents is generally articulated through the distinction between *causal* and *constitutive* conceptions of autonomy. According to causal views of autonomy, the social, cultural, and historical contexts have a direct impact on the *development* of the capacities associated with autonomy, but they are not a constitutive part of the defining conditions of autonomy.<sup>57</sup> From the point of view of the causally relational conception, the context in which agents are embedded does not constitute a *necessary* condition of the *exercise* of autonomy, but only of its *development*. Thus, “social relationships are merely causal conditions that are required for autonomy but are no part of what autonomy specifically *is*”.<sup>58</sup> According to constitutively (or intrinsically) relational conceptions, however, contexts are an integral part of the conditions of the existence of autonomy, and, in this sense, they do not pertain *only* to the development of the capacities of self-government and self-determination, but also their *maintenance, enhancement, and exercise*.<sup>59</sup> According to these accounts, then, social contexts and relationships are constitutive parts of autonomy, no less than the individual to whom autonomy is attributed.

Procedural notions of autonomy are generally *causally* relational: according to these theories, the self-reflective capacities of the agents can remain functional even when they endorse subordinate roles and/or unjust norms. Once agents develop – thanks to the help of others, and within a particular culture – the capacity to self-reflect, they can exercise it

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<sup>57</sup> Mackenzie and Stoljar (2000), p. 22.

<sup>58</sup> Friedman (2003), p. 96.

<sup>59</sup> Mackenzie and Stoljar (2000), p. 23.

in any context, even in presence of norms and social relations that appear inimical to autonomy. Substantive theories, in contrast, are generally *constitutively* relational because they assume that “a person’s ability to be a self-governing agent is a function of that person’s socio-relational status”.<sup>60</sup> On this view, autonomy does not depend exclusively on the agent’s reflective capacities, but also on factors ascribable to the social, cultural, and relational frameworks in which the agent acts.<sup>61</sup>

Arguably, the distinction between causally and constitutively relational theories represents the most irreconcilable disagreement within the literature on relational autonomy. The differences between these two perspectives, do not concern exclusively the role and relevance attributed to the social context of autonomy, but they also present, and more fundamentally, a disagreement *about the very concept of human agent*. Causally relational theories look at human agents as beings able to make decisions and act independently of the relational frameworks in which they have acquired the capacity of self-government. Constitutively relational theories, in contrast, affirm that relational contexts continue to interact with agents’ autonomy even when they have developed the capacities of self-government and self-reflection. The central difference is that constitutive approaches assume that relations, society, culture, and history

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<sup>60</sup> K. Hutchison, C. Mackenzie, M. Oshana, *Social Dimensions of Moral Responsibility*, Oxford, Oxford University Press, (2018), p. 12.

<sup>61</sup> The relation between oppression and autonomy is differently interpreted by defenders of constitutively approaches to autonomy, and its assessment usually depends on the typology of values assumed by the theory. Constitutive conceptions incorporating strong substantivism are keener to directly deduce heteronomy from oppression, while notions subsuming weak substantivism are more concerned with investigating the state of agents’ self-regarding attitudes and dialogical capacities within contexts of oppression. For a constitutively relational conception based on strong substantivism, see Oshana (2006). For a constitutively relational notion grounded in weak substantivism, see Benson (1994).

are essential aspects of the exercise of the autonomy, while causal approaches look at these elements as necessary conditions for the development of autonomy, but not for its maintenance and sustainment.

As we have seen, the philosophical terrain of relational autonomy is not fixed. Each of the three main assumptions shared by relational theorists is understood in different ways, and there is no agreement on the defining conditions of autonomy. In the next section, I shall analyse the implicit connections between causally relational theories and the monological conception of agent, showing how this relation concerns also the procedural notions of autonomy. Through this analysis, I aim to criticise causally relational and proceduralistic approaches to autonomy on the basis of their incompatibility with a relational conception of the human agent and the critiques of feminist scholars.

(3) Which Relational Autonomy? Narrowing the Umbrella: Causally Relational Autonomy, Internalism and Normative Neutrality.

According to causally relational accounts, autonomous agents are *epistemologically independent* of the relational contexts in which they are embedded.<sup>62</sup> In this framework, agents who choose to conform to subordinate roles, or who follow self-defeating beliefs, have *their own reasons* to do so. From a causally relational point of view, becoming

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<sup>62</sup> L. Code, 'The Perversion of Autonomy and the Subjection of Women. Discourses of Social Advocacy at Century's End', in Mackenzie and Stoljar (2000), p. 185-186.

autonomous means in fact learning to manage the private domain of individual self-chosen norms and to act following individual preferences. If the agent is able to reflect on her preferences, following her own reasons and values, then there is no reason to question her capacity of self-government, no matter how inimical to her autonomy her decision and acts can appear.

The idea of human agency endorsed by causally relational accounts is grounded in an internalist conception of reasons.<sup>63</sup> The internalist perspective is philosophically attractive due to the guarantees it offers in terms of normative neutrality: autonomy is secured by the correct functioning of the capacity of self-reflection, and the correct functioning of this capacity is indifferent to the contents of the reflection. Consequently, autonomous agents are free to decide for themselves without being constrained by any moral requirement. This perspective on the agent is not – at least not explicitly<sup>64</sup> – committed to any particular conception of “good”; it does not prescribe any action for given contexts, it avoids paternalism and supports pluralism of reasons and values. Unfortunately, we have seen in the previous chapter that the normative neutrality promised by the internalist approaches is illusory: its affirmation is not value-neutral but grounded in a particular set of values.<sup>65</sup> As a consequence, internalist approaches do not reflect on its

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<sup>63</sup> M. Oshana, ‘Personal Autonomy and Society’, *Canadian Journal of Philosophy*, 29.1, (1998), pp. 81-102.

<sup>64</sup> John Christman admits that normatively neutral accounts of autonomy cannot be disconnected by values, but he explains this relation from a causal, and not constitutive, point of view: “certain value commitments are required for autonomy because the core conditions of autonomy (reflective, competent, self-acceptance) cannot be *achieved* without those commitments *but not because such commitments are inherently valid or justified*”. My italics. Christman (2014), p. 216.

<sup>65</sup> Meyers (2014).

foundational values offering a limited understanding of the role of values and an atomistic approach to individuals.

(4) Relational and Monological?

The question at this point is this: can a causally relational conception of autonomy be considered *relational* if it has an atomistic conception of the agent and an internalist notion of reasons at its core? Let's try to reply making reference, again, to the previous chapter. In Section 4, I showed that internalism is a *monological* conception. Let's pause and reflect for a moment on the fact that, on the one hand, causally relational theories understand autonomous agents as epistemologically and morally independent of the social context in which they live; while, on the other hand, agents *need* a social framework to develop their autonomy. More precisely, agents do not require *just any* social contexts to learn how to be autonomous, but a *specific* kind of relational framework in which autonomy and the capacities associated with it are exercised and sustained as *social and cultural norms*. Furthermore, agents can develop autonomy only within a relational context in which people *introduce* agents to those activities and social practices involving the exercise of autonomy. But if agents are fundamentally disengaged from the social context, and their rationality is constitutively committed to fulfil their desires and motivations, so that they have no intrinsic moral commitment towards others, they can develop autonomy only if there are individuals who – using the monological lexicon – are motivated to introduce pre-autonomous agents to autonomy. Now, this implies that autonomy is

sustained by the particular, accidental preferences of individuals, and that neither singular agents, nor society as whole, are intrinsically committed to autonomy. From the point of view of instrumental reason, the fact that agents are autonomous does not imply that they should have, or that they actually have, a motive to protect, enhance, and promote autonomy.

Causally relational theories are defined as *relational* due to their understanding of autonomy as a socially developed capacity. Nevertheless, the conception of the agent endorsed by those theories implies that autonomy is not actually developed through society, but by virtue of personal, instrumental reasons. Can a theory of autonomy be defined as *relational* if it understands society in terms of a set of subjective and relativistic purposes? I think it cannot. As we have seen, a theory of autonomy that relegates the role of relations to the development of autonomy implies the assumption of a conception of the human agent that is radically subjectivist, self-sufficient, and atomistic, and therefore incompatible with the idea of a non-individualist agent claimed by relational theorists and feminist philosophers. As Taylor argues:

Social freedom is based on the notion, first, that developed freedom requires a certain understanding of self, one in which the aspirations to autonomy and self-direction become conceivable; and second, that his self-understanding is not something we can sustain on our own, but that our identity is always partly defined in conversation with others or through the common understanding which underlies the practices of our society. [...] The identity of the autonomous, self-determining individual requires a social matrix,

one for instance which through a series of practices recognizes the right to autonomous decision.<sup>66</sup>

According to Taylor, the role that relational contexts play for autonomy pertains both to its *causal, temporary limited* functions, and to its *intrinsic, ongoing* aspects.<sup>67</sup> Society, relations, culture, and history are all conditions of the existence of agents' autonomy, not only in terms of its development, but also, and more fundamentally, in terms of its *exercise* and *sustenance*. As Taylor underlines, agents define their identity in dialogue with others and within a framework of shared (or contrasting) practices, ideas, and values; their capacities for self-government and self-determination are profoundly dependent on the role agents have, or are supposed to have, in their relations, on the attitudes that agents develop towards themselves, and on the kind of belief, preference, and value that society and culture make available for them.<sup>68</sup>

(5) Monological Agents and Procedural Interpretations of Oppression and Vulnerability.

As we have seen, relational theorists share three assumptions about of autonomy: A) oppression can interfere with autonomy; B) autonomy must be reconfigured taking into account vulnerability; and C) agents are relationally embedded. Scholars interpret these assumptions in different, sometimes incompatible ways, but I have pointed out that these interpretations can be divided into two groups: proceduralist, and

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<sup>66</sup> Taylor (1985b), p. 209.

<sup>67</sup> Taylor (1995), pp. 92-99.

<sup>68</sup> *Ibid.*, pp. 181-203;



substantivist (three, if we further distinguish between strong and weak substantivist accounts); furthermore, the interpretations of A and B are connected; and the interpretations of A and B depend chiefly on how C is understood. Again, scholars interpret C in two different ways: agents can be seen as socially embedded in the sense that they need relations to develop autonomy (the causally relational approach), or in the sense that their exercise of autonomy is conditioned by relational conditions (the constitutively relational approach). I have criticised the former approach on the basis of its incompatibility with the idea of a non-individualist agent proposed by feminist philosophers and relational theorists. Now I shall investigate the connections between *procedural* interpretations of the assumptions A and B and the monological understanding of C. This analysis will allow me to further narrow the spectrum of relational conceptions of autonomy that are effectively responsive to the critiques made by feminist theorists to individualist notions of autonomy.

From the point of view of the relation between oppression and autonomy, proceduralism differs from substantivism in claiming that agents can autonomously choose subservience or endorse oppressive norms. Marilyn Friedman writes:

Women [who are] motivated to stay in abusive relationships by questionable normative commitments [...] are living their lives in accord with norms that are evidently very important to them. [...] On content neutral accounts of autonomy, these women might well qualify as autonomous. [...] On these accounts, someone is autonomous as long as her choice meets certain non substantive criteria, such as being the result of reflection on her deeper values

and commitments. [...] Someone's self-reflections and choices under [coercive] conditions are less likely than otherwise to be reliable reflections of what she really cares about. Yet it is not impossible to discern or act according to one's deeper concerns under coercive conditions.<sup>69</sup>

According to Friedman, the autonomy of the decision to chose coercion is guaranteed by the fact that the agent reflectively endorses a set of motivations, preferences, values and beliefs displaying that decision as worth being pursued. Christman agrees with Friedman, and emphasises that the agent's motivational set and evaluative structure must be *authentic* and *historically* (or autobiographically) grounded, that is, they must be "seen as *mine*"<sup>70</sup> and accompanied by a critical reflection on the historical processes surrounding their development.<sup>71</sup> Autonomy, then, can be exercised in oppressive contexts if three conditions are respected:

- 1) the agent must possess adequate self-reflective capacities;
- 2) the agent's motivational set must be authentic;
- 3) the agent must have not resisted – or would have not resisted – the process of development of the motivational set.

The distinctive feature of these conditions is content-neutrality: autonomy is conditioned by formal aspects of agent's reasoning and identity that are unconnected to the content of the motivational set endorsed. If the agent is able to act in accordance with a motivational set – whatever it is – that she perceives as her own, then she is essentially

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<sup>69</sup> Friedman (2003), p. 146.

<sup>70</sup> Christman (2014), p. 221.

<sup>71</sup> Christman (1990).

autonomous in performing that action. It does not matter that a decision is autonomy-devaluing and based on oppressive values if the procedure of thought applied by the agent reflects her identity in a way that is acceptable *for her*. In one of his recent articles, Christman writes:

We must coordinate our acts and reasons with others, either by being called on to account for our actions and values in ways that force us to reflect on them or by listening to the reflections of others in acting with them or in response to them. But *deliberate action for the self-governing agent* may well be passionate, committed, unflinching, and hence *nonreflective* in any given instance. This does not mean, however, that such action is unthinking or not underwritten by one's basic values (often quite the contrary). But it does mean that in acting one engages the value orienting function of one's practical identity and in so doing reaffirms that identity as worth having and acting upon.<sup>72</sup>

Christman emphasises that autonomous decisions, for the very reason that they are autonomous, can be made regardless of the relational context in which they are embedded. This is a typical causally relational perspective: once agents have relationally developed autonomy, they “obtain” the capacity to disengage themselves from the relational context and acting on the sole base of their capacities of self-determination and self-government. But it is not a contingency that Christman's account is causally relational; proceduralist accounts, in fact, are *necessarily* committed to a causally relational perspective. The idea of assessing autonomy without taking into account the content of the agent's values and reasons

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<sup>72</sup> Christman (2014), pp. 217-218. My italics.

can be justified only on the basis of the agent's capacity to self-determine their motivational set independently of the relational context.

When defenders of proceduralism claim that “oppression can interfere with autonomy” they are actually affirming that “oppression can interfere with the *development* of autonomy”. The first and second conditions of autonomy required by procedural theories – possession of self-reflective capacities and authenticity – should not even be regarded as genuine *relational* requisites; agents acting in the light of private values perceived as authentic are considered autonomous despite their dialogical accountability and regardless of the content of their motivational set. The third condition, though, is relational, but only from a causal point of view: the processes of development of the motivational set concerns the period of time in which the basis for autonomy has been laid, not the actual exercise or maintenance of autonomy.

I have claimed that the interpretation of the relation between oppression and autonomy depends chiefly on how the social embeddedness of the agent is understood: proceduralism is grounded on a causally relational conception of autonomy, and, as we have seen in the previous section, this conception endorses a monological conception of the agent that is incompatible with feminist claims about relationality, self-sufficiency, and interdependence. Moreover, procedural theories have severe difficulties in dealing with the phenomena of internalized oppression and adaptive preferences. As Paul Benson underlines, norms and values can be so deep-rooted that it is not reasonable to claim that an agent could resist – or would have resisted – the process of development of the set of preferences that leads her to make an autonomy-devaluing decision:

Feminine socialization gains much of its power by operating to deceive many women about the significance that cultivating an appearance which is pleasing to men has for women's worth as persons. Women's autonomy is reduced to the extent that they are socially trained to be blind to the reasons there are for them to regard their appearance differently than the norms of femininity recommend.<sup>73</sup>

Internalized norms and adaptive preferences are problematic for autonomy precisely because they are endorsed without resistance and perceived as their own by individuals.<sup>74</sup> Agents develop autonomy-devaluing motivational sets because they are embedded in social contexts in which it is necessary to accept oppressive values or subordinate social roles in order to be considered worthy as a person.<sup>75</sup> Unjust norms come together with a devaluation or even an obscuring of the reasons there are

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<sup>73</sup> Paul Benson, 'Autonomy and Oppressive Socialization', *Social Theory and Practice*, 17.3, (1991), p. 403.

<sup>74</sup> The literature on autonomy and adaptive preferences tackles similar problems to the literature on ideology and false consciousness. Both are focused on the relation between agency and oppression, but while the latter is interested in the role of material, ideological, cultural and institutional in the agent's self-understanding, the former is concerned with the function of options available for the development of preferences. I have decided to dedicate more space to the literature on adaptive preferences because, on the one hand, I aim to criticise the MCA on the basis of its understanding of autonomy – which is articulated in terms of choices and preferences, more than of identity and reasons – and, on the other hand, because I aim to analyse and highlight the function of ideology by investigating the wider role of language and dialogicity for autonomy. U. Narayan, 'Minds of Their Own: Choices, Practices, Autonomy, and Other Women', in L. M Anthony and C. E. Witt (eds.), *A Mind of One's Own: Feminist Essays on Reason and Objectivity*", London, Routledge, (2002), pp. 418-432.

<sup>75</sup> Mackenzie (2014), 37-39.

for agents to resist oppression.<sup>76</sup> As Christman writes, there are agents “who never cave in to the oppressiveness of their conditions either by losing their oppression-independent self-understanding or by losing their will to resist”,<sup>77</sup> but this does not imply that those who have not resisted – or would have not resisted – are autonomously choosing to conform their lives to the demands of the oppressive context. On the contrary, as Benson underlines, the fact that agents do not oppose resistance to the processes of development of the motivational set that leads them to make autonomy-devaluing decisions can be explained by the effects of the life conducted within oppressive contexts, such as the internalisation of oppressive values, or the adaptation of the preferences to the restricted range of options available within a context regulated by unfair norms.<sup>78</sup>

At the end of section 2, I indicated the connection between interpretations of the relational assumptions about oppression and vulnerability, emphasising that procedural approaches to oppression are committed to a non-interventionist attitude towards vulnerable agents. Proceduralism is ascribable to a causally relational conception of autonomy, and, as a consequence, it is grounded in a monological conception of the human agent. This means that in spite of the relational conditions required for the development of autonomy, proceduralism understands agents as atomistic entities able to self-determine and self-

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<sup>76</sup> Diamond (1988); S. Cavell, *Condition Handsome and Unhandsome: The Constitution of Emersonian Perfectionism. The Carus Lectures 1988*, Chicago, University of Chicago Press, (1990), pp. 101-126; C. Taylor, *Dilemmas and Connections*, Cambridge, Harvard University Press, (2011), pp. 39-55.

<sup>77</sup> Christman (2014), p. 209.

<sup>78</sup> Elster (1983); Benson (1991; 2014); Nussbaum (2001); Oshana (2006); Manuel R. Vargas, ‘The Social Constitution of Agency and Responsibility. Oppression, Politics, and Moral Ecology’, in Hutchison (2018), pp. 110-136.

govern in ways that are virtually incomprehensible to others. Given such a conception of the human agent, defenders of proceduralism are constitutively inclined to interpret intervention as a *justified* form of *violation* of liberty (paternalism); that is, as an act that is justified, but that is also fundamentally violent and coercive.

In my view, the proceduralist perspective on intervention demonstrates an insufficient consideration of the vulnerable and interdependent constitution of human agents. As Mackenzie argues, the proceduralist commitment to non-interventionism implies an undervaluation of social injustice and a shifting of the responsibility and problems from social and institutional contexts to the individual agents:<sup>79</sup>

If autonomy is understood relationally, the apparent opposition between responding to vulnerability and promoting autonomy dissolves. Indeed, from the perspective of a relational account of autonomy, although the duties arising from vulnerability include protection from harm, the duty to protect must be informed by the

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<sup>79</sup> In a recent article, Laura Sullivan and Fay Niker argue that relational conceptions of autonomy have opened a new conceptual space for a reconfiguration of the concept of paternalism. In their view, relational notions of autonomy allow an understanding of interpersonal intervention that does not presuppose the idea of interference because, within the relational framework “our choices are already influenced by and dependent on the acts of others”. In their view, “interventions [based on relational conceptions of autonomy] fall outside the bounds of paternalism, meaning that attempts to describe them using the conceptual framework of paternalism will misconstrue their ethically salient features and may misjudge their ethical justification. To describe these interventions, we propose using the conceptual framework of maternalism.” L. S. Sullivan and F. Niker, ‘Relational Autonomy, Paternalism, and Maternalism’, *Ethical Theory and Moral Practice*, 21.3, (2018), p. 655.

overall background aim of enabling the development of, or fostering, autonomy whenever possible.<sup>80</sup>

Conceptions of autonomy incorporating a monological notion understand intervention as a form of justified interference aimed at defending autonomy, instead of an act of collaboration directed to the establishment of the conditions of development and/or exercise of autonomy. As Mackenzie claims, taking into account relationality means avoiding the conflation between intervention and violation of liberty, as well as dissolving the distinction between promoting autonomy and responding to the different forms of vulnerability affecting the agent.

Proceduralist accounts, as well as causally relational notions of autonomy, are affected by the same problems arising from the assumption of a monological framework analysed at the end of the previous chapter: they fail both to secure the value-neutral approach that they promise, and to offer a set of conditions for the assessment of autonomy consistent with the critiques of them offered by proponents of relational autonomy. Furthermore, conceptions of autonomy ascribable to monological conceptions of agents are characterized by unsolvable epistemological issues.

In order to overcome the issues of proceduralist and causally relational accounts investigated in this chapter, it is necessary to articulate the notion of relational autonomy paying particular attention to the conception of human agent endorsed. If my analysis is correct, the idea of human agent integrated in a conception of relational autonomy cannot be monological; it cannot display self-determination and self-government as

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<sup>80</sup> Mackenzie, Rogers, and Dodds (2014), p. 35



capacities exercisable independently of the relational context, and it cannot disregard the structural presence of oppression in society or the vulnerable constitution of individuals. Relationality requires a conception of the human agent as embedded, shaped, and constituted by a non-ideal relational context that is characterized by social oppression, injustice, and inequality. In the next chapter, I shall offer my own conception of relational autonomy in opposition to those accounts that retain some connection with the monological conception of the agent. In doing so, I will defend a constitutively relational approach to autonomy that incorporates some conditions ascribable to weak substantivism and that does not conflict with normative neutrality.

*Overcoming the Monological Framework (Pt. 2):  
The Conditions of the Exercise of Autonomy.*

*Giving a reason for something one did or said  
means showing a way which leads to this action.*

LUDWIG WITTGENSTEIN, Blue Book.

(1) Reframing Neutrality: Inescapable Values and Autonomy.

The debate on relational autonomy proceeds by means of three axes: the substantive/procedural axis (S/P), the causal/constitutive axis (C/C) and the value-neutral/value-laden axis (N/L).<sup>1</sup> In the previous chapter I introduced the first two axes. Here, I shall resume my earlier argument against value-neutrality (section 4, Ch. 2) by reconfiguring the third axis.

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<sup>1</sup> The first two axes are introduced in Mackenzie and Stoljar (2000); the third in F. Freyenhagen and Tom O’Shea, ‘Hidden Substance: Mental Disorder as a Challenge to Normatively Neutral Accounts of Autonomy’, *International Journal of Law in Context*, 9.11, (2013), pp. 53-70.

The positioning of a theory along the N/L axis depends on the presence or absence of values in the domain of the conditions required for autonomy. This axis does not admit differences of degree, but only differences of kind: theories of autonomy do or do not take into account values, and there is no intermediate position. Considered from this point of view, the N/L axis can be seen as coincident with the S/P axis. Procedural theories of autonomy are defined by their value-neutrality, while substantive theories are characterised by a focus on the contents of the values endorsed by the agent.

In the first section of the previous chapter, I specified that substantive conceptions of autonomy can be distinguished in terms of *strong* and *weak* notions. Strong substantive theories claim that certain values and preferences are incompatible with autonomy due to their content,<sup>2</sup> while weak substantive conceptions connect agents' autonomy with some dialogical capacities, such as interpersonal answerability,<sup>3</sup> and/or with self-regarding attitudes, such as self-worth, self-trust, and self-respect. This basic difference between strong and weak substantivism implies two distinctions: first, in assuming that some values and preferences are incongruent with autonomy, strong conceptions exclude *a priori* the set of outcomes resulting from the endorsement of values and preferences unsuitable for autonomy. Weak substantive notions, on the other hand, take into account a group of values, dispositions, and attitudes that are not supposed to predict the agents' outcomes, but secure both their dialogical accountability and their status as moral and political agent.<sup>4</sup> Second, strong substantive theories are explicitly *value-*

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<sup>2</sup> Mackenzie and Stoljar (2000), p. 19.

<sup>3</sup> R. B. Brandom, *Making It Explicit*, Cambridge, Harvard University Press, (1998); Benson (2005a); Westlund (2001; 2009).

<sup>4</sup> Benson (2014).

*saturated*, while weak substantive conceptions maintain a degree of value-neutrality. Being sustained by a *particular*<sup>5</sup> set of values, the conception of autonomy endorsed by strong substantive theories is *de facto* incompatible with value-neutrality. Weak substantive notions, on the contrary, do not assess agents' autonomy on the ground of the compatibility of their choices with an assumed set of "good" values, but acknowledge that certain value-related capacities and dialogical attitudes are necessary conditions of the exercise and maintenance of autonomy.

According to advocates of proceduralism, the necessary condition of a theory of autonomy being understood as value-neutral is that it must not take into account the content of agents' values, reasons, preferences and motives. From this perspective, the difference between a theory that takes into account values in order to prescribe a certain course of action, and a theory that takes into account values related to the self-regarding attitudes of the agent and her dialogical disposition, is fundamentally irrelevant: both weak and strong substantivism are intrinsically incompatible with value neutrality because they are value-laden. But, as I have claimed, this approach to value-neutrality is deeply inconsistent. For as Meyers<sup>6</sup> and Taylor<sup>7</sup> put it, any theory of autonomy is, explicitly or implicitly, normatively constrictive and grounded in a particular set of values. The idea of a purely neutral perspective is simply not viable because the existence of a *perspective* on agents itself presupposes the presence of a background in which some elements are understood as

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<sup>5</sup> Defenders of strong substantivism claim that the set of values required by the theory are *universal*, not *particular*. I have analysed the problems associated with this claim in the third section of chapter 3.

<sup>6</sup> Meyers (2014).

<sup>7</sup> C. Taylor, 'The concept of Person', in Taylor (1985a), 97-114; Taylor (1995), pp. 61-78; C. Taylor, *A Secular Age*, Cambridge, Harvard University Press, (2007), pp. 539-593.

more relevant than others. As Taylor writes, “we are always and inevitably thinking within such taken-as-granted frameworks”.<sup>8</sup> Furthermore, value-neutral conceptions are normatively *internalist*,<sup>9</sup> and, as we saw in Chapters 3 and 4, internalism does not secure the advantages that its value-neutrality promises.

My point is that a *coherent* value-neutral notion of autonomy – a notion that is able to articulate its own constitutive set of values and that is committed to defend the agent’s capacity to self-determine – must be considered *value-laden*. Meyers insists that her account is value-neutral because the actions of, and the decisions performed by an autonomous agent cannot be deduced from the values assumed (self-worth, self-trust, self-respect, and dialogical accountability).<sup>10</sup> However, on her account the value of self-respect<sup>11</sup> is assumed in the form of a necessary condition of the exercise of autonomy, and her conception is *de facto* ascribable to weak substantivism. Given that any theory of autonomy is intrinsically grounded in values and normatively constraining, the terms “value-neutral” and “normatively neutral” turn out to be fundamentally misleading. Moreover, the differences between strong and weak conceptions indicate that the dichotomy between value-neutral and value-laden notions of autonomy is too vague and is not responsive to the different ways in which value-neutrality can be articulated.

If, as I claim, the proceduralist distinction between value-neutral and value-laden is insufficient to take account of the role of values for the

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<sup>8</sup> Taylor and Dreyfus (2015), p. 20.

<sup>9</sup> “Neutral accounts [are] normatively internalist [because] the only values and norms they subsume within the conditions of autonomy are those of the assessed individual” – Freyenhagen and O’Shea (2013), p. 57.

<sup>10</sup> Meyers (2014).

<sup>11</sup> Meyers (1989).

concept of autonomy, it is necessary to reconfigure the philosophical terrain of relational autonomy in a way that is responsive to differences between (coherent) notions of relationality and (incoherent) conceptions grounded in monological notions of the agent. In order to do so, I propose to reconfigure the N/L axis so as to exclude purely value-neutral approaches from the domain of relational autonomy and to acknowledge the different ways in which values can be subsumed by the theory. This reconfiguration requires two adjustments:

- 4) Removing the value-neutral side of the scheme and reformulating it as an asymptote indicating a *tendency*, but not a characteristic that can be fully attained.
- 5) Dividing the value-laden side into different sectors corresponding to the various ways in which values can be incorporated in the theory.

Reconfigured in this manner, the N/L axis is still organized on the basis of differences of nature, but it becomes responsive to intermediate versions of value-ladenness. The ends of the axis will no longer be defined by value-neutral and value-laden positions, but by value-saturated and – what I propose to call – *dialogical* value-laden accounts, with an *intermediary* value-laden position in the middle. The differences addressed by these three versions of value-ladenness depend essentially on their proximity to the asymptote of value-neutrality:

- *Value-saturated* notions assume that choices have to be moral in order to be autonomous.<sup>12</sup> As a consequence, these theories place a direct constraint on the agent's choices and actions and they have to be situated in the opposite sector of the asymptote of value-neutrality.
- *Intermediary* value-laden positions claim that the domain of the necessary conditions of autonomy includes *external* requirements such as the availability of significant options<sup>13</sup> and/or the absence of forms of social oppression.<sup>14</sup> Such notions are closer to the value-neutral asymptote than value-saturated accounts because they do not take into account the contents of the values and preferences endorsed by agent. However, in insisting on the incompatibility of oppressive social context with autonomy, they still place a direct constraint on the content of the agent's choices and actions.
- *Dialogical* value-laden conceptions are characterized by the inscription of relational capacities and self-regarding attitudes amongst the conditions required for autonomy. These conceptions are closer to value neutrality than intermediary positions because the values assumed are indifferent to the contents of the choices made and responsive to the agent's reasons and preferences.

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<sup>12</sup> Many thinkers trace back the value-saturated notion of autonomy to Kant, but I think this is rather reductive. See I. Kant, 'Dignity and Self-Respect', in I. Kant, *Lectures on Ethics*, New York, Harper & Row, (1963); I. Kant, *Grounding for the Metaphysics of Morals*, Indianapolis, Hackett Publishing Company, (1981). For a value-saturated notion of autonomy grounded in Kant, see A. Superson, 'Deformed Desires and Informed Desire Tests', *Hypatia*, 20.4, (2005), pp. 109-126. For a defence of a more nuanced notion of Kantian autonomy, see Brecher (1997); R. Brecher, 'Why the Kantian Ideal Survives Medical Learning Curves, and Why it Matters', *Journal of Medical Ethics*, 32.9, (2006), pp. 511-512.

<sup>13</sup> S. J. Brison, 'Relational Autonomy and Freedom of Expression', in Mackenzie and Stoljar (2000), 280-300.

<sup>14</sup> Oshana (2006).

Values – just like the functional capacities assumed by procedural theories – are an intrinsic and inescapable aspect of autonomy. Accounts of relational autonomy can remain more or less neutral with regard to the values and preferences endorsed by the agent, depending on the typology of value incorporated by the theory; but the possibility of a coherent, purely value-neutral approach is averted. A coherent conception of autonomy, in other words, requires some sort of moral background.

(2) Epistemological Independence and Self-Knowledge:  
The Necessity of Language.

Why, despite the inescapable problems and contradictions already analysed, does the monological conception remain so attractive? Why is it so pervasive? In my view, one of the main reasons is that it *appears* as already implicated in the concept of autonomy itself. If being autonomous means being able to self-govern and self-determine on the grounds of one's own reasons and values, it appears obvious that the *owner* of those reasons and values, having a *privileged* and *direct* access to their content, should not be questioned about to their implementation. After all – we might be tempted to say – *others cannot genuinely know my values and reasons as I do, just as they cannot know better than me how to act on their basis*. The problem, as I have argued,<sup>15</sup> is that the validity of this claim is fundamentally illusory and grounded in a set of unquestioned assumptions. This model of knowledge, does not only presuppose that agents have an *unmediated* and *privileged* access to the content of their

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<sup>15</sup> See in particular section 4 of chapter 3, and section 5 of chapter 4.



motivational set, but also that their reasons and values are *inscribed* in a self-managed, private domain that can be acknowledged by others only in an indirect and incomplete manner. In my view, these epistemological assumptions constitute the bedrock of any theory of autonomy incorporating a monological conception of the agent. As a consequence, in order to formulate a coherent notion of autonomy, it is necessary to challenge these assumptions and to reformulate the concept of self-knowledge *within* a relational framework. Let's proceed in this direction.

In *Philosophical Arguments*, Taylor writes:

[The monological view] situates thought and knowledge within the mind of the individual. Of course we share things, such as bodies of knowledge and language, but these are seen as matters we converge on. It means, for instance, that my language is close to yours and to hers and to his. If I am to be a speaker, then there must be such a thing as my language, my idiolect; and if there is to be common knowledge, then it must be first of all my knowledge, and yours, and hers and his.<sup>16</sup>

From a monological point of view, agents are able to adjust their understanding in order to converge with others' perspectives and allow more complex forms of social interactions; but this form of shared knowledge is inevitably *derived* from the partial juxtapositions of the "real" form of knowledge occurring within individuals' minds. Agents are essentially *epistemologically independent*, and common knowledge, unlike

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<sup>16</sup> Taylor (1995), p. 76.

individual knowledge, is structurally *mediated* and epistemologically – as well as diachronically – *secondary*.

I have already claimed in chapter 3 that the notion of epistemological independence assumed by monological conceptions is unable to explain what an error in the understanding of one's mental content looks like: if only the agent can be acquainted with her private objects of knowledge, everyone whose understanding of their mental contents is problematic is helpless in regard to their own misunderstanding. But the problems of this model of epistemological independence are not limited to the case of agents making a mistake in how they understand their own mental contents; they show how the basic assumptions of this model are mistaken. In order to proceed with an analysis and critique of these assumptions, I shall take account of the ways in which the model of epistemological independence shapes the notions of knowledge and meaning. In this direction, I will claim we have to focus on the relation between knowledge and language to understand the limits of the model of epistemological independence and to develop a viable and relationally responsive notion of autonomy.

From a monological point of view, individuals are *epistemologically independent*: they have *their own* private language and *their own* understanding of things, and they are able to interact linguistically insofar as their private knowledge converges, overlaps, or is coordinated in a common language.<sup>17</sup> Locke, for example, claims that the meaning of a word does not lie in its connection with objects, but rather in the idea that represents the object.<sup>18</sup> Indeed, from a monological perspective, all knowledge is grounded on the capacity to link the object of knowledge – the mental

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<sup>17</sup> Taylor (2016), p. 108.

<sup>18</sup> J. Locke, *An Essay Concerning Human understanding*, London, Penguin Books, (1998), book 3. See also footnote 47.

content – to a word or a concept that represents it. But, as Taylor underlines, this epistemological model<sup>19</sup> does not explain *why* mental contents should be *directly intelligible*; it takes this hypothesis for granted, as an *obvious* fact about humans that does not need justification:

Proponents [of epistemological independence] suppose that a word can be given meaning in some ceremony of naming, or that its meaning can be imparted by pointing to the object it names. [...] Naming something seems like a primitive, self-sufficient operation.<sup>20</sup>

The capacity to understand the relation between a sign and an object of knowledge – the capacity to define something ostensively or to name it – *precedes and lays the ground* for the learning and development of language, and is an intrinsic human characteristic or faculty. As in Condillac’s fable of the two children in the desert,<sup>21</sup> or in Augustine’s picture of language offered in the *Confessions*,<sup>22</sup> humans *naturally* learn to look at (for example)

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<sup>19</sup> Taylor refers to this epistemological model as an *atomism of meaning*, but I will continue to make reference to it as the epistemological model associated with a monological conception of the agent, or, more briefly, as the model of *epistemological independence*; Taylor (1995), p. 74.

<sup>20</sup> Taylor (1995), p. 74.

<sup>21</sup> E. B. de Condillac, *Essay on the Origin of Human Knowledge*, Cambridge, Cambridge University Press, (2001), pp. 113-122.

<sup>22</sup> “When they (my elders) named some object, and accordingly moved towards something, I saw this and I grasped that the thing was called by the sound they uttered when they meant to point it out. Their intention was shown by their bodily movements, as it were the natural language of all peoples: the expression of the face, the play of the eyes, the movement of other parts of the body, and the tone of voice which expresses our state of mind in seeking, having, rejecting, or avoiding something. Thus, as I heard words repeatedly used in their proper places in various sentences, I gradually learnt to understand what objects they signified; and after I had trained my mouth to form these signs, I used them to express my

crying as a sign of pain. In learning to use and see crying as a sign of pain, agents acquire the first of the many words that will constitute their language.

This view is problematic for many reasons. First, *it presupposes what it aims to explain*: it assumes that we naturally possess the capacity to understand something as standing for something else. Second, it does not explain *how* we are able to understand the meaning of a sign *before* the development of language: it is as if someone who learnt a language for the first time “came into a foreign country and did not understand the language of the country; that is, as if he already had a language, only not this one. Or again: as if [they] could already *think*, only not yet speak. And ‘think’ would here mean something like ‘talk to himself.’”<sup>23</sup> Finally, this account does not say anything about the human capacity to understand things and to operate with signs that could not be said about pre-linguistic or non-linguistic animals. As Taylor explains:

I have the word ‘triangle’ in my lexicon. This means that I can recognise things as triangles, identify them, pick them out as such. I can say, for example, ‘this is a triangle’. But what does this capacity amount to? [...] I might train an animal (a rat), to react differentially, say, to go through a door which had a triangle painted on it, as against one which had a circle. So my rat would be in a sense recognising a triangle. But there is a crucial difference: the rat in a sense recognises the triangle, because he reacts to it. But the human language-user recognises that this is a triangle, he recognises that ‘triangle’ is the right word to use here; that this is

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own desires.” Saint Augustine, *Confessions*, Oxford, Oxford University Press, (1998), I. 8.

<sup>23</sup> L. Wittgenstein, *Philosophical Investigations*, London, Wiley-Blackwell, (2009), §32.

the right description. This capacity to recognise that X is the right description is essentially invoked in our capacity to use language.<sup>24</sup>

Our capacity to recognise and to operate with signs (what Taylor, following Herder, calls *reflection*<sup>25</sup> [*Besonnenheit*]<sup>26</sup>) is different from the capacity of pre-linguistic animals because the kind of task performed by humans is *intrinsically defined in linguistic terms*, or – in other words – because only *within* language is it possible to understand something as meaningful/signifying, to understand that a sign is ‘right’ for a certain purpose.<sup>27</sup> The rat’s capacity to recognise a triangle is defined in terms of the appropriateness of their behaviour in relation to a non-linguistically defined task (e.g. getting the cheese), but humans’ capacity to recognise a triangle is defined in terms of the rightness of this recognition *as such*. By looking at mental contents as something directly and instinctively intelligible, as something meaningful in themselves, we put ourselves in a position where the linguistic embeddedness of human understanding is disregarded; as a consequence, the entire resulting conception of knowledge is distorted.

But if, as I claim, human knowledge is grounded in language, am I not merely reproducing the problem in a different form? After all, if the problem of epistemological independence is that it takes for granted the capacity to recognise a sign, why would focusing on the capacity to recognise the *rightness* of a sign be any less problematic? But it is less problematic: for the latter capacity can be explained, rather than just

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<sup>24</sup> Taylor (1985), pp. 228-229.

<sup>25</sup> Taylor (1995), pp. 79-99.

<sup>26</sup> J. G. von Herder, *On the Origin of Language*, Chicago, University of Chicago Press, (1986).

<sup>27</sup> Taylor (1985), pp. 83-84.

presupposed. The capacity to recognise that a sign is the ‘right’ sign requires what Taylor calls a *background*.<sup>28</sup> Wittgenstein’s *Philosophical Investigations* are illuminating here:

So one could say: an ostensive definition explains the use – the meaning – of a word if the role the word is supposed to play in the language is already clear. So if I know that someone means to explain a colour-word to me, the ostensive definition “That is called ‘sepia’” will enable me to understand the word. [...] One has already to know (or be able to do) something before one can ask what something is called.<sup>29</sup>

Wittgenstein argues that in order to understand an ostensive definition, we need already to be acquainted with the language that makes that ostensive definition meaningful;<sup>30</sup> “to understand a sentence”, in fact, “means to understand a language”.<sup>31</sup> In order to understand that someone indicating something that says, “this is called ‘sepia’”, is teaching

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<sup>28</sup> Taylor (1985a), p. 23; Taylor (1985b) pp. 3-4; Taylor (1995) pp. 96-97; Taylor (2003), pp. 260-261.

<sup>29</sup> Wittgenstein (2009), §30.

<sup>30</sup> Tomasello argues that the crucial difference between the ostensive gesture of the big apes and humans relies on the fact that humans interact in the domain of a relational activity characterized by a set of common purposes and joint attention: “human cooperative communication is more complex than ape intentional communication because its underlying social-cognitive infrastructure comprises not only skills for understanding individual intentionality but also skills and motivations for shared intentionality”. Advanced primates can identify the intentions of their conspecifics, but only humans can understand and imitate others’ *communicative* intentions. Tomasello (2008), p. 321. See also: M. Konner, *The Evolution of Childhood*, Cambridge, Harvard University Press, (2010), chapter 19.

<sup>31</sup> Wittgenstein (2009), §199.

us the name of a colour, we need to be aware of a vast set of information and to be familiar with a broad range of human practices. But, as Wittgenstein writes just after what I have quoted, “what does one have to know?” For instance, we need to know that by pointing the person is referring to something (and not to draw attention to the tip of her finger), that she is pointing to a colour (and not to a shape or a sound), that she is teaching us a name (and not asking or ordering us to repeat the sound that she is uttering); we need also to be acquainted with the practice of giving and asking for names, we must know that we can refer to colours, that ‘sepia’ refers to a colour in general, and not only to the colour of that specific object, and so on.<sup>32</sup> In a manner of speaking, *we need to be acquainted with a whole contrastive dimension.*<sup>33</sup>

However, there is an intrinsic difficulty in replying to the question “what does one have to know?” On the one hand, if we consider the question in a *literal* sense, we cannot give any clear answer, since the question is badly formulated;<sup>34</sup> as I will argue, “what” we have to know

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<sup>32</sup> I am not aiming to offer a thorough “list” of the conditions required for the understanding of ostensive definitions (as I shall explain further, such an enterprise would be inconclusive by definition). My only aim here is to claim that such an understanding is *grounded* in this kind of conditions.

<sup>33</sup> The idea that singular words have meaning only within the domain of a contrastive language is defined by Taylor as *holism of meaning*. One of the most influential forms of this idea can be found in De Saussure: “In language there are differences *without positive terms*. Whether we take the signified or the signifier, language has neither ideas nor sounds that existed before the linguistic system”. F. de Saussure, *Course in General Linguistic*, New York, Philosophical Library, (1959), p. 120; Wittgenstein (2009), §30.

<sup>34</sup> There is no doubt that Wittgenstein is not only aware that the question is badly formulated, but also that he is asking the wrong question for a reason. He thinks that we can remain entangled in some misguiding or ineffective ways of using language, and that when this happens we become unable to understand what makes our questions and assertions senseless. In a way, certain forms of expressions, certain ways of talking about the world and ourselves, become part of

cannot be completely, but only partially, articulated. On the other hand, if we consider the question in a *figurative* sense,<sup>35</sup> our answer will in some ways presuppose the recognition of the role of the *background* in human knowledge and the overcoming of the model of epistemological independence and of monologicity. ‘What we have to know’ is not a ‘something’ corresponding to ‘something else’, *another* definition, or *another* sign amongst others:

When we find a certain experience intelligible, what we are attending to, explicitly and expressly, is this experience. The context stands as the unexplicited horizon within which [...] this experience can be understood. [... The background] is that of which I am not simply unaware, as I am unaware of what is now happening on the other side of the moon, because it make intelligible what I am uncontestably aware of; at the same time, I am not explicitly or focally aware of it, because that status is already occupied by what it is making intelligible. Another way of stating the first condition, that I am not simply unaware of it, is to say that the background is what I am capable of articulating, that is, what I can bring out of the condition of implicit, unsaid contextual facilitator – what I can make articulate, in other words. In this

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who we are, and it becomes very difficult not only to overcome the impediment and achieve more effective uses of language, but also to simply recognise that “a *picture* held us captive”. Wittgenstein’s use of senseless questions and assertions is directed precisely to the peculiar kind of difficulties we meet when we try to understand (or help) someone who utters nonsense.

<sup>35</sup> According to Wittgenstein, a senseless question/statement can always become sensible if it is contextualized and if its constituent terms are made intelligible. In this case, we could do by that looking at the “what” of the question as referring to a background of partially articulated assumptions instead of a strictly articulated definition.



activity of articulating, I trade on my familiarity with this background. What I bring out to articulacy is what I ‘always knew’, as we might say, or what I had a ‘sense’ of, even if I didn’t ‘know’ it.<sup>36</sup>

Thus, human knowledge is grounded in a background that is structurally *unsaid*. The success of the ostensive definition, “this is ‘sepia’” is intrinsically entrusted to the listener’s capacity to infer pragmatically a wide range of unarticulated and implicit assumptions that are taken for granted.<sup>37</sup> But as Wittgenstein underlines, the inarticulateness of the background does not depend on contingencies, on the incapacity of the speakers, or on an alleged incompleteness of the language itself:<sup>38</sup> although the background can be *partially* articulated, it is constitutively unable to be *wholly* describable because the articulation itself is made possible by what is taken for granted in the background. As Wittgenstein argues, “it is not [through] ignorance. We don’t know the boundaries because none have been drawn. [...] We can draw a boundary – for a special purpose. Does it take this to make the concept usable? Not at all! (Except perhaps for that special purpose.)”<sup>39</sup> The role of the background is to make our linguistic operations possible, to make certain experiences

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<sup>36</sup> Taylor (1995), pp. 68-69.

<sup>37</sup> Even if, in practice, humans are generally able to operate with the background required for language, communication is inevitably fallible and its efficacy cannot be simply presupposed. For an interesting analysis of this topic and its relation with scepticism see: Cavell (1990). See also footnote 75.

<sup>38</sup> “Ask yourself whether our own language is complete – whether it was so before the symbolism of chemistry and the notation of the infinitesimal calculus were incorporated in to it: for these are, so to speak, suburbs of our language. (And how many houses or streets does it take before a town begins to be a town?).” Wittgenstein (2009), §18.

<sup>39</sup> *Ibid.*, § 69.

intelligible.<sup>40</sup> The background can be only *partially* articulated in regard to specific purposes (as I am attempting to do here, for instance)<sup>41</sup> because

We can never fully dominate [the background]; and yet we are never fully dominated by it, because we are constantly reshaping it. Reshaping it without dominating it, or being able to oversee it, means that we never fully know what we are doing to it.<sup>42</sup>

(3) Dialogical Conceptions and Relationality: Against Relativism and Private Language

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<sup>40</sup> “Giving grounds, however, justifying the evidence, comes to an end; - but the end is not certain propositions’ striking us immediately as true, i.e. it is not a kind of *seeing* on our part; it is our *acting*, which lies at the bottom of the language-game.” L. Wittgenstein (1969), § 204.

<sup>41</sup> In this case, my articulation of the background is motivated by elucidatory purposes. The term “elucidation” is notoriously used by Wittgenstein in one of the very last sentences of the *Tractatus*: “my propositions serve as *elucidations* in the following way: anyone who understands me eventually recognizes them as *nonsensical*, when he has used them – as steps – to climb out through them, on them, over them. (He must, so to speak, throw away the ladder after he has climbed up it.)” It is important to underline that even if the *Tractatus*’ sentences cannot be understood without being “thrown away” (see footnote 37), this does apply to every articulation of the background: “The proposition describing the [background] might be part of a kind of mythology. And their role is like that of rules of game; and the game can be learned purely practically, without leaning any explicit rule. It might be imagined that some propositions, of the form of empirical propositions, were hardened and functioned as channels for such empirical propositions as were not hardened but fluid; and that this relation altered with time, in that fluid propositions hardened, and hard ones became fluid. The mythology may change back into a state of flux, the river-bed of thoughts may shift. But I distinguish between the movement of the waters on the river-bed and the shift of the bed itself; though there is not a sharp division of the one from the other.” L. Wittgenstein, *Tractatus Logico-Philosophicus*, London, Routledge, (2001), §6.54; Wittgenstein (1969), §95-97.

<sup>42</sup> Taylor (1995), p. 96.

The basic assumption at the basis of epistemological independence – the idea that humans are instinctively able to understand their own mental contents – is unfounded. As Wittgenstein and Taylor argue, self-knowledge is grounded in language, and language requires in turn a wide net of capacities, know-how knowledge, and acquaintances with human practices – what Taylor calls a *background*. Language cannot be described only as a set of correlations occurring between words (utterances) and things (mental states of facts about the world),<sup>43</sup> and/or as a finished product, as a set of instruments at our full disposal. Language is, first of all, a *pattern of activities*<sup>44</sup> in which the possibility of designating things is

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<sup>43</sup> This conception of language belongs to a long and influential philosophical tradition that can be seen as grounded – at least in its “modern” version – in the representational/monological epistemology constructed by Descartes. As Taylor puts it, “words are given meaning by being attached to the things represented via the ‘ideas’ which represent them. The introduction of words greatly facilitates the combinations of ideas into responsible picture. This facilitation is understood in different ways. For Hobbes and Locke, they allow us to grasp things in classes, and hence make possible synthesis wholesale where nonlinguistic intuition would be confined to the painstaking association of particulars. Condillac thinks that the introduction of language gives us for the first time control over the whole process of association; it affords us ‘dominion over our imagination.’” Taylor (2016), pp. 4-5. This conception of language is generally defended by modern and contemporary empiricists, but it is also shared – amongst others – by behaviourists like Skinner, and by defenders of an account of meaning in terms of truth-conditions such as Davidson, Rorty, and Quine. See R. Descartes, *Discourse on Method and Meditations on First Philosophy*, Indianapolis, Hackett, (1998), 11; T. Hobbes, *Leviathan*, Oxford, Blackwell, (1989), p. 20; Locke (1998); Condillac (2001); D. Davidson, ‘Radical Interpretation’, *Dialectica*, 27.3-4, (1973), pp. 313-28; W. V. Quine, ‘Epistemology Naturalized’, *Ontological Relativity and Other Essays*, New York, Columbia University Press, (1969); R. Rorty, *Philosophy and the Mirror of Nature*, Princeton, Princeton University Press, (1979); Q. Skinner, ‘Language and Political Change’, in Q. Skinner, *Political Innovation and Conceptual Change*, Cambridge, Cambridge University Press, (1989), pp. 6-23; Taylor (1989), pp. 143-177; Taylor (1985a), pp. 248-292.

<sup>44</sup> Taylor (1995), p. 96; my italics. See also: Wittgenstein (2009), §23.

only *one* of the many things we realise.<sup>45</sup> Within language, humans do much more: they continuously “recreate, extend, alter, and reshape”<sup>46</sup> language itself,<sup>47</sup> together with the forms of awareness, knowledge, and expression that it allows. But, as Taylor claims:

If language must be primarily seen as an activity, if it is what is constantly created and recreated in speech, then it becomes relevant to note that the primary locus of speech is *in conversation*. [...] Language is fashioned and grows not principally in monologue, but *in dialogue*, or better, *in the life of the speech community*.<sup>48</sup>

Taylor’s and Wittgenstein’s conceptions of language (which I describe as the *dialogical conception*) radically overturn monological epistemology: common knowledge is not *derived* from self-knowledge, and it is not epistemologically – or diachronically – *secondary*. On the contrary, language is an irreducible dialogical activity, and so the dimension in which we deal with questions of rightness, truth, and falsity, the *primary* form of human knowledge – that kind of knowledge that distinguishes

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<sup>45</sup> “We name things and then we can talk about them: can refer to them in talk.’ – As if what we did next were given with the mere act of naming. As if there were only one thing called ‘talking about things’. Whereas in fact we do the most various things with our sentences. Think just of exclamations, with their completely different functions. Water! Away! Ow! Help! Splendid! No! Are you still inclined to call these words ‘names of objects?’”. Wittgenstein (2009), §27.

<sup>46</sup> *Ibid.*, p. 97.

<sup>47</sup> “But how many kinds of sentence are there? Say assertion, question and command? There are *countless* kinds; countless different kinds of use all the things we call ‘signs’, ‘words’, ‘sentences’. And this diversity is not something fixed, given once for all; but new types of language, new language-games, as we may say, come into existence, and others become obsolete and get forgotten”. Wittgenstein (2009), §23.

<sup>48</sup> *Ibid.*, pp. 256-259; my italics.

our understanding from other animals – cannot be private, but must be common. The monological background is thus reversed: we learn to understand mental contents only because we first learn – or better, *inherit*<sup>49</sup> – a language in which this possibility is realised.

At this stage, before proceeding to an analysis of the implications of the dialogical conception for the concept of autonomy, I want to clarify two points of central relevance for my argument.

- 1) The dialogical conception avoids the relativism and subjectivism of the monological framework. On the contrary, this conception is intrinsically opposed to such philosophical drifts.
- 2) The dialogical conception does not allow the possibility of a *private* conception of language and mental contents.

Let me explain. One of the most common misunderstandings about the so-called “late” Wittgenstein concerns the foundational role that agreement and, in particular, agreement in judgement have for knowledge and language. Since Wittgenstein affirms that knowledge occurs within language, and that language is a dialogical activity grounded in a background that cannot be fully investigated, then it might seem that he is also claiming “that human agreement decides what is true and what is false”.<sup>50</sup> However, and on the contrary,<sup>51</sup> Wittgenstein argues very

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<sup>49</sup> “But I did not get my picture of the world by satisfying myself of its correctness; nor do I have it because I am satisfied of its correctness. No: it is the *inherited* background against which I distinguish between true and false”. Wittgenstein (1969), §94; my italics.

<sup>50</sup> Wittgenstein (2009), § 241.

<sup>51</sup> Wittgenstein’s later texts are characterised by the presence of multiple, contrasting “voices”. For this reason, many scholars – like Wittgenstein himself –

clearly that human agreement is dependent on a wide background of articulable conditions such as our bodily and embedded constitution, and our interdependent nature – something that he refers to as a *form of life*.<sup>52</sup> As Wittgenstein puts it:

What is true or false is what human beings *say*; and it is in their *language* that human beings agree. This is agreement not in opinions, but rather in form of life. It is not only agreement in definitions, but also (odd it may sound) agreement in judgements that is required for communication by means of language. This seems to abolish logic, but does not do so. – It is one thing to describe methods of measurement, and another to obtain and state

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have compared his texts to Plato's dialogues. On the one hand, Wittgenstein's later texts contain a lot of assertions and questions that are in disagreement with his view or that are grounded in a misunderstanding of his arguments (as the affirmation quoted in the text). Like Plato's dialogues, the presence of these "antagonistic" views allows a dialogical process that leads to an articulation of the arguments that directly faces the assumptions at the basis of the different points of views animating the dialogue. On the other hand, however, Wittgenstein's standpoint is "antithetical to the one occupied by Socrates in the Platonic dialogues". In the words of Wittgenstein: "If I were asked what knowledge is, I would enumerate instances of knowledge and add the words 'and similar things'. There is no shared constituent to be discovered in them since none exists." L. Wittgenstein, 'Dictation for Shlick', in L. Wittgenstein and F. Waismann, G. Baker (ed.), *The Voices of Wittgenstein. The Vienna Circle. Ludwig Wittgenstein and Friedrich Waismann*, London, Routledge, (2003), p. 30. According to Wittgenstein, the "similarities overlapping and criss-crossing" different uses of the same word (e.g. "knowledge") do not depend on a common essence underlying the particular differences (the *constituents* of Bertrand Russell, or the *ideas* of Plato): "I can think of no better expression to characterise these similarities than 'family resemblance'; for the various resemblances between members of a family – build, features, colour of eyes, gait, temperament, and so on and so forth – overlap and criss-cross in the same way." Wittgenstein (2009), §66-67.

<sup>52</sup> These conditions constitute a *background* in the sense articulated by Taylor (see section 2 of this chapter).

results of measurement. But what we call “measuring” is in part determined by a certain constancy in results of measurement.<sup>53</sup>

Wittgenstein makes an analogy between measurement and language to indicate the reasons why his approach does not abolish logic.<sup>54</sup> He argues that describing methods of measurement and using them are two different operations in that they work in different ways and have different goals. First, the former presupposes the latter: in order to describe methods of measurement, we have to be able to use a method of measurement.<sup>55</sup> If we are unable to measure something – that is, if we don’t have *any* method of measurement – we cannot have a criterion to distinguish or describe a method of measurement. Second, the concept of “rightness” involved in the two operations is not the same.<sup>56</sup> When we use a method of measurement, the “rightness” of the method depends on the practical aim<sup>57</sup> of the act of measurement,<sup>58</sup> while the “rightness” of

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<sup>53</sup> *Ibid.*, §241-242.

<sup>54</sup> In making this analogy Wittgenstein is not affirming that language is a method of measurement or that speaking is a sort of measuring. This analogy aims only to illustrate that language, as well as the practice of measurement, is ultimately grounded in a form of living activity, in a human *form of life*.

<sup>55</sup> “You cannot use words to do what we do with them until you are initiate of the forms of life which give those words the point and shape they have in our lives.” S. Cavell, ‘Excursus on Wittgenstein’s Vision of Language’, in Crary and Read (2000), p. 33.

<sup>56</sup> See footnote 55.

<sup>57</sup> As Wittgenstein explicitly underlines, his philosophical approach should not be mistaken for pragmatism: “But you aren’t a pragmatist. No. For I am not saying that a proposition is true if it is useful. The usefulness, i.e. the use, gives the proposition its special sense, the language-game gives it.” L. Wittgenstein, *Remarks on the Philosophy of Psychology P. 1*, London, Wiley-Blackwell, 1991, §266.

<sup>58</sup> “If I tell someone ‘Stay roughly here’ – may this explanation not work perfectly? [...] We understand what it means to set a pocket-watch to the exact time, or to regulate it to be exact. But what if it were asked: Is this exactness ideal exactness?”

the description of the method depends on the criteria we use to analyse descriptions.<sup>59</sup> Yet, neither the “rightness” of the description of the method, and the method of measurement itself, can be ideally disconnected from the practical nature of the act of measurement. To put it roughly, a method of measurement is “right” when it reaches its goal, and a description of a method is “right” when it allows a better, consistent, or sufficiently precise measurement (or when it avoids a worse, inconsistent, or insufficiently precise measurement).<sup>60</sup>

When Wittgenstein affirms that there is an “agreement in judgment”, he means that all the humans who are able to use a method of measurement *de facto* agree on what a consistent measurement is. But this agreement in judgment is not an agreement in opinions, it is not arbitrary: even if what we call “measurement” does not imply an “ideal” consistency or precision, an “ideal” method of measurement, a “model” on which we can objectively agree, this does not mean that “logic is abolished” and that we are “free” to agree on measurement as we want. What we call “measurement” is determined – at least partially – by the efficacy of our habits and by the results of our acts, which are in turn regulated by the conditions set by our bodily, relational, and contextual

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Or: How nearly does it approach the ideal? – Of course we can speak of measurements of time in which there is a difference, and as we should say a greater, exactness than in the measurement of time by a pocket-watch; in which the words ‘to set the clock to the exact time’ have a different, though related, meaning and ‘to tell the time’ is a different process.” Wittgenstein (2009), §88.

<sup>59</sup> “What counts as an adequate test of a statement belongs to logic.” Wittgenstein (1969), §82.

<sup>60</sup> “But if someone were to say ‘So logic too is an empirical science’ he would be wrong. Yet this is right: the same proposition may get treated at one time as something to test by experience, at another as a rule of testing. [...] I want to say: propositions of the form of empirical propositions, and not only propositions of logic, form the foundation of all operating with thoughts (with language).” *Ibid.*, §98, §401.



constitution. Founding rightness in human agreement does not abolish logic, but only the “*preconception* of a crystalline purity”<sup>61</sup> of logic. As Wittgenstein writes, “one might say: the inquiry must be turned around, *but on the pivot of our real need*”.<sup>62</sup>

It is not human agreement that decides what is true and what is false, but the fact that we do this and that we avoid that; that we cannot avoid doing this and that we are unable to do that; that we have a body; that we live in an environment; that we need others; and that others need us. The agreement at the basis of knowledge and language is *internal* to a pattern of dialogical activities: it is an agreement in our form of life, an agreement that is not arbitrary even if it is not articulable as a whole and not describable in the form of an external, separated object.<sup>63</sup>

2) The possibility of a *private* conception of language and mental contents is denied for the same reasons that the dialogical conception avoids relativism and subjectivism: knowledge occurs within language, and language is grounded in a non-arbitrary pattern of dialogical activities that constitutes our form of life. Furthermore, language *is* a dialogical activity, and the idea itself of a *private* language, as well as the idea of *private* knowledge of one’s own mental contents, is inconsistent. Locke’s affirmation, “every man has so inviolable liberty to make words stands

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<sup>61</sup> Wittgenstein (2009), §108.

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

<sup>63</sup> “When Wittgenstein says ‘*Essence* is expressed by grammar’ (§371), he is not denying the importance, or significance, of the concept of essence, but retrieving it. The need for essence is satisfied by grammar, if we see our real need”. Cavell (2000), p. 34.

for what ideas he pleases”<sup>64</sup>, turns out to be simply wrong. As Wittgenstein writes:

Suppose that everyone had a box with something in it which we call a "beetle". No one can ever look into anyone else's box, and everyone says he knows what a beetle is only by looking at *his* beetle. – Here it would be quite possible for everyone to have something different in his box. One might even imagine such a thing constantly changing. – But what if these people’s word “beetle” had a use nonetheless? – If so, it would not be as the name of a thing. The thing in the box doesn’t belong to the language-game at all; not even as a *something*: for the box might even be empty. – No, one can “divide through” by the thing in the box; it cancels out, whatever it is.<sup>65</sup>

The metaphor of the beetle in the box aims to show that the idea of private and direct knowledge of mental contents is fundamentally impossible: if we assume that no one can look into our box and that we cannot look into others’ boxes, the *content* of the boxes will not play any role in our references to the boxes, and the legitimacy of our claims and discourses about the boxes will be independent of their content. They could be empty, and nothing would change.<sup>66</sup> Wittgenstein’s purpose is not to deny the existence of “personal” or “internal” objects such as reasons, values, motives, and sensations, but to underline, first, that these

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<sup>64</sup> Locke (1998), Book 3, Chapter 2, Section 8.

<sup>65</sup> Wittgenstein (2009), §293.

<sup>66</sup> C. Diamond (2000), ‘Does Bismarck Have a Beetle in His Box? The Private Language Argument in the Tractatus’, in Crary and Read (2000), pp. 262-293.

objects are not *private*,<sup>67</sup> and second, that when we take into account these objects the meaning of what we say about them is *structurally independent of their content*. In other words, the content of what we “have in mind” is ultimately *irrelevant* to the meaning of “what we have in mind”.<sup>68</sup> “What we have in mind” is, no less than other kinds of meaning, determined by and inscribed within the dialogical activity in which we articulate these meanings, i.e. in language. As Cora Diamond puts it: “what objects we are thinking about is something that is shown in the language we use”.<sup>69</sup>

The dialogical conception of knowledge is able to overcome the structural problems of monological epistemology and to avoid the pitfalls of relativism and subjectivism. Furthermore, by taking account of the role of values and reasons for knowledge, we create conceptual space to analyse the relation between the moral domain and the necessary conditions of the exercise of autonomy. In the next section, I will explore this conceptual space, paying particular attention, on the one hand, to the role assumed by values within the dialogical framework, and, on the other hand, to the relation between weak substantivism and relational autonomy.

#### (4) The Dialogical Conception and Relational Autonomy

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<sup>67</sup> “The private object is one about which neither he who has it nor he who hasn’t got it can say anything to other or to himself”. L. Wittgenstein, ‘Notes for the Philosophical Lecture’, in *Philosophical Occasions 1912-1951*, Oxford, Hackett, (1993), p. 451

<sup>68</sup> *Ibid.*, p. 275.

<sup>69</sup> C. Diamond, ‘Does Bismarck have a Beetle in the Box?’, in Crary and Read (2000), p. 274.

At this point, we have to come back to the monological assumptions investigated in section 2 and analyse the implications of dialogical conceptions for autonomy. This will allow me to reformulate the concept of self-knowledge *within* a dialogical framework and to develop a constitutively relational account of autonomy that is able to overcome the limits of the conceptions criticised in this thesis.

I have claimed that one of the reasons for which the monological framework is so widespread and attractive is that, despite its inconsistency and contradictory nature, it *appears* as intrinsically implicated in the concept of autonomy.<sup>70</sup> If being autonomous means being able to self-govern on the basis of one's own reasons and values, the result is that it is *somehow* obvious that the *owner* of those reasons and values should not be impeded in regard to their applications. Having a *direct* and *privileged* access to her own values and reason, the individual is the only one who can authentically know and apply them. Yet, as I have argued, these assumptions are fundamentally mistaken: not only do humans not have a *direct* and *privileged* access to the meaning of their mental states, they also do not *own* their reasons and values. As we have seen, following Taylor's

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<sup>70</sup> The instinctive tendency to understand the things in a certain way is seen by Wittgenstein as connected to the fact that certain pictures are integrated in our language, and therefore in our lives. According to him, the validity of these pictures is strictly connected to the role that they have for the life of corporeal beings that incorporate them: depending on the particular case, pictures can be more or less adequate, more or less responsive to the needs of the agent or to the characteristics of the context: "Let us suppose that our picture of thinking was a human being, leaning his head on his hand while he talks to himself. Our question is not 'Is that a correct picture?' but 'How is this this picture employed as a picture of thinking?'. Say, not: 'We have formed a wrong picture of thinking' – but: 'We don't know our way about in the use of our picture, or of our pictures'. And hence we don't know our way about in the use of a word." Wittgenstein (1991), §549. See also footnotes 38 and 45.

and Wittgenstein's investigations, meanings are dialogically constituted, both from the point of view of their genesis and of their conditions of existence. As a consequence, it is mistaken to speak of a *privileged* access to *any* kind of meaning, whether "internal" or "external", because they *all* operate within language, which is intrinsically dialogical and public. The idea of *direct* knowledge is essentially misleading<sup>71</sup> because it presupposes the idea of a separated object of knowledge that can be grasped independently of its context and conditions of existence. Furthermore, the idea of *direct* knowledge also implies that this kind of knowledge is practically infallible. But, again, as we have seen thanks to Taylor and Wittgenstein, language is a pattern of activity in which the idea of infallibility has no place.

Finally, we do not *possess* values and reasons. As we have seen in chapter 3, values and reasons are neither internal nor external; they are not "in the mind" nor "out there". To put the question in a perspective that follows the claims of this chapter, we could say that values and

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<sup>71</sup> I claim that this affirmation is "misleading" and not "mistaken" because it is not, in my view, completely wrong. Knowledge and language presuppose indeed a background, something that cannot be wholly articulated, and this implies that we always take something for granted when we speak and think. As Wittgenstein writes: "it may be for example that *all enquiry on our part* is set so as to exempt certain propositions from doubt, if they are ever formulated. They lie apart from the route travelled by enquiry". "The *facts* of human natural history that throw light on our problem, are difficult for us to find out, for our talk passes them by, it is occupied with other things. (In the same way we tell someone: 'Go into the shop and buy...' – not: 'Put your left foot in front of your right foot etc. etc., then put coins down on the counter, etc. etc.')." Bearing this in mind, we could speak of a "direct" access to make reference to the certainties that are at ground of our activities. However, this is not the way in which the idea of "direct" access is generally used, and furthermore, I do not need the idea of "direct" knowledge to proceed with my argument. For these reasons, I have chosen to stress the confusion generated by the term instead of underlining its potentialities. Wittgenstein (1969), §88; Wittgenstein (1991), §78.

reasons constitute and are part of<sup>72</sup> the *background* of human activities – or, to put it another way, that reasons and values constitute the *contrastive* and *logical dimension* in which we operate as human beings. Humans can “have” reasons and values because their participation in the relational activity of language allows them to do so. What it means “to have reasons and values” is not fixed once and for all, but it is inevitably dependent on the dialogical framework in which “having reasons and values” means something specific. As Wittgenstein puts it:

‘Following a rule’ is a practice. And to *think* one is following a rule is not to follow a rule. And that’s why it’s not possible to follow a rule ‘privately’; otherwise, thinking one was following a rule would be the same thing as following it.<sup>73</sup>

The application of one’s own reasons and values, as well as the understanding of those reasons and values, has to be understood through the background in which we operate as corporeal and dialogical beings. The acknowledgement of the role and the importance of the background is essential to autonomy: through the elucidation of the conditions required for language and knowledge, we are in a place to articulate the necessary, but not sufficient,<sup>74</sup> conditions required to understand

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<sup>72</sup> By saying “part of” I do not mean that they can be ideally separated by the background or that that the background is a “sum” of different things – the background works as a *whole*, and even if it can be articulated, its articulations cannot be ideally detached from it. By saying “part of” I mean simply that the background is not constituted *only* by values and reasons.

<sup>73</sup> Wittgenstein (2009), §202.

<sup>74</sup> As I have underlined, the dialogical conception does not guarantee the efficacy of particular instances of human understanding and communication. Language and knowledge are fallible, and there are always new and unexpected ways in

ourselves and to act autonomously. The dialogical conception developed by Wittgenstein and Taylor offers an account of self-knowledge that is structurally relational and constitutively embedded in a dialogical and corporeal framework; within this conception, the objects of self-knowledge are not separated and private, but integral to a common language. Agents who self-govern act within a background in which these possibilities are pragmatically contemplated and judged as *important*.<sup>75</sup> The demands required by the dialogical conception cannot be ignored without concealing some of the necessary conditions of autonomy and without making inaccessible some of the fundamental routes that make autonomy practicable and understandable.

(5) Constitutively Relational Autonomy and Weak Substantivism.

The dialogical framework is ascribable to a *constitutive* account of autonomy: relationality is an integral part of the defining conditions of autonomy, and the agent's capacity to self-govern and self-determine are not only relationally developed, but also – and more fundamentally – *relationally exercised*. In very general terms, this means that autonomy is intrinsically dependent of a set of conditions that do not pertain *exclusively* to the agent's capacities and psychological faculties:<sup>76</sup> in order to exercise

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which humans can commit epistemological mistakes, be misunderstood, or fail to communicate.

<sup>75</sup> Taylor (1995), pp. 13-15.

<sup>76</sup> I could have said “autonomy is constitutively dependent from a set of conditions *external* to the individual”, but at this point of the argument I hope to have made clear that the distinction between internal and external conditions is generally deceptive in relation to the current debate on the concept of autonomy.

autonomy agents have to be embedded in a relational context that affords the possibility of their autonomy *and* that makes this possibility intelligible.

At this point, it can reasonably be claimed that all the accounts in which *irrational* or *ungrounded* decisions are described as autonomous<sup>77</sup> are, in some degree, inconsistent: in order to act autonomously agents have to fulfil a relationally grounded set of moral and rational conditions. But what are these conditions? Before answering, I want to introduce a distinction that will help me to avoid some possible misunderstandings. Relational theorists generally distinguish between *global* and *local* conception of autonomy:<sup>78</sup> global autonomy refers to the conditions defining the agent's capacity to "to exercise authentic, reflective self-control over extended portions of one's life",<sup>79</sup> while local autonomy pertains to the conditions of autonomy regarding a particular action or decision.<sup>80</sup> I shall avoid referring to autonomy from a global point of view, first, because my aim is to offer a solution to a *specific* case of a

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What we call an "individual" or an "autonomous agent" is intrinsically embedded in a dialogical framework, and therefore cannot be ideally detached from the context in which it occurs.

<sup>77</sup> As we have seen, procedural and causally relational theories of autonomy belong to this group of perspectives. One of the most emblematic formulation of this view can be found in English Law regarding medical consent: "[the right of choice] exists notwithstanding that the reasons for making the choice are rational, irrational, unknown, or even non-existent"; *Re T (Adult: Refusal of Medical Treatment)* (1992).

<sup>78</sup> Amongst the relational theorists analysed in this thesis, Oshana and Meyers explicitly analyse autonomy from a global point of view, while Benson and Christman defend a local approach to autonomy. D. T. Meyers, 'Intersectional Identity and the Authentic Self? Opposite Attract', in Mackenzie and Stoljar (2000), 151-180; Oshana (1998); Benson (2005), Christman (1991).

<sup>79</sup> Benson (2005), p. 120.

<sup>80</sup> Christman (1991).



problematic assessment of autonomy.<sup>81</sup> Second, I agree with Christman that agents can “display all the level-headedness and freedom of thought characteristic of autonomy”<sup>82</sup> in some aspects of their lives, but be heteronomous regarding other questions. A person with a phobia, for instance, is unable to self-govern only in those situations triggering or involving the phobia. Finally, the global view clashes with my attempt to underline the immanent, dialogically-dependent characteristics of autonomy: from the point of view of a corporally and relationally embedded agent that is constitutively vulnerable, fallible, and interdependent, the idea of an “all-or-nothing”<sup>83</sup> conception of autonomy appears inconsistent and idealistic.

Bearing in mind that we are referring to a local conception of autonomy, what are the relational conditions that qualify an agent as autonomous? Given my analysis so far, we know that these conditions may 1) consider the content of the agent’s motivational set; 2) be grounded in a set of values that do not place a direct constraint on the agent’s outcomes and preferences; and 3) be necessary, but not sufficient, conditions of autonomy.<sup>84</sup> Adopting a category used by relational theorists, we can say that the relational conditions of autonomy are ascribable to *weak substantivism*, a theory that connects the agent’s

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<sup>81</sup> The fact that this thesis is concerned with a specific case, however, does not imply that my argument is disconnected from other cases of problematic assessment of autonomy, but only that any problematic case requires a focus to the particulars that is structurally incompatible with an omnicomprehensive model of autonomy.

<sup>82</sup> Christman (1991), p. 3.

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

<sup>84</sup> The dialogical conditions analysed in this chapter are not supposed to replace the entire set of procedural/functional conditions of autonomy (both regarding their theoretical role and their pragmatic application within particular legislations), but rather to integrate and refine them – where necessary.

autonomy with a set of dialogical attitudes, values, and dispositions that do not predict the agent's outcomes. Defenders of weak substantivism have investigated the relational conditions for autonomy following two different, even if partially interconnected, approaches: focusing on the self-regarding attitudes of the agents such as self-worth, self-respect, and self-trust, and taking into account the role of dialogical answerability and recognition. In the next section, I shall analyse these streams in order to understand if, and to what extent, they fulfil the three conditions outlined above.

(6) Self-Regarding Attitudes: Self-Worth, Self-Respect, and Self-Trust.

As we have seen, some conceptions of autonomy are more value-neutral than others, but it is logically impossible to offer an account of autonomy that is *fully* value-neutral. For “autonomy” is *already* value-laden. Compare, for instance, a “promise”: the meaning of the term “promise” is constitutively dependent on a moral framework and it cannot be reduced to purely value-neutral terms. At a very basic level, this means that talking about autonomy means talking about something that is *intrinsically important*. The importance of autonomy is an integral part of its meaning. Thus we can understand recognising the value of autonomy as a prerequisite for its *exercise*.<sup>85</sup> Autonomous agents understand themselves as *worthy* of taking responsibility for their lives and acting on the basis of their values and reasons; agents who do not consider themselves as

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<sup>85</sup> As the discussion in chapter 4 of constitutively and causally relational conceptions of autonomy implies, if self-worth is a condition of the *exercise* of autonomy, it is also a condition of its *development*.

valuable are unable to engage their reasons and values as deserving to be defended and expressed. In what sense would an act undertaken without such a background be an *act* at all? How could we distinguish it from behaviour?

In my critical discussion of internalism,<sup>86</sup> I introduced Paul Benson's notion of *self-worth*, making reference to his example of the *gaslighted* woman. Benson asks us to imagine a woman who "arrives at her sense of incompetence and estrangement from her conduct on the basis of reasons that are accepted by a scientific establishment which is socially validated and which she trusts".<sup>87</sup> According to Benson, even if the woman is able to act reflectively, she cannot be considered autonomous because she does not have a "sense of [her] own worthiness to act, or of [her] status as agent",<sup>88</sup> or, as Mackenzie writes, "she will think that who she is or what she does makes no difference, and hence she will think that she will have no motivation for resolving internal conflicts, for trying to establish a reflective equilibrium among the different elements of her self".<sup>89</sup> Developing his argument in opposition to procedural theories of autonomy, Benson underlines, first, that the agent can be dissociated from her reflective capacities due to a lack of self-worth;<sup>90</sup> and second, that the procedural conditions of autonomy are not sufficient to evaluate the agent's autonomy: in order to assess if an agent is autonomous it is necessary to take account of the value she accords to herself, and

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<sup>86</sup> Chapter 3, section 4.

<sup>87</sup> *Ibid.*, pp. 657.

<sup>88</sup> *Ibid.*, p. 650.

<sup>89</sup> Mackenzie (2000), p. 140.

<sup>90</sup> I follow Benson and Cudd in considering self-esteem a subcategory or a synonymous of self-worth. However, given the relevance I have attributed to the concepts of "worth" and "importance" for the dialogical conception of the agent, I prefer using the term "self-worth". Benson (1994); Cudd (2006) p. 176-177.

therefore, to investigate the *content* of her motivational set. Moreover, despite what defenders of proceduralism claim, this kind of substantive investigation of the content of the motivational set does not presuppose either a paternalistic approach, or a violation of value-neutrality: an assessment of self-worth cannot foresee what an agent sure of her self-worth will decide in a specific context, as well as not being able to prescribe any particular course of action.

It is important to underline, as Benson and other relational thinkers do,<sup>91</sup> that a central feature of self-worth is that it “is sensitive to others’ attitudes toward the agent”,<sup>92</sup> or, in other words, that it is partially grounded in relational recognition. The fact that self-worth is a *self*-regarding attitude should not lead us to think that it is independent of others: on the contrary, self-worth depends largely on the relevance that others accord to us, directly or indirectly, through social and cultural expectations related to gender, race, ethnicity, disabilities, religion, and sexual orientation. Self-worth is developed and sustained within relational frameworks, and these frameworks can be more or less inclined to attribute worth to agents in accordance with factors – such as gender, race, etc. – that are not correlated with the agents’ worth. From this point of view, it is possible to look at the relation between oppressive contexts and autonomy in a way that is not traceable by proceduralistic and causally relational accounts: in attributing less values to some agents, oppressive contexts establish a set of dialogical conditions that can erode the self-worth of those agents normatively devalued. Oppressive contexts are not a sufficient condition of heteronomy,<sup>93</sup> but given the role that

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<sup>91</sup> T. Govier, ‘Self-Trust, Autonomy, and Self-Esteem’, in *Hypatia*, 8.1, 1993, pp. 99-120, p. 114; McLeod and Sherwin (2000), p. 265; Dillon (1992), 55-59.

<sup>92</sup> *Ibid.*, p. 659.

<sup>93</sup> See chapter 4.

others and the social context have for the development and exercise of self-worth and, consequently, of autonomy, it is important to be particularly careful in the assessment of self-worth or those agents who are (or have been) embedded in relational and normative contexts devaluing their worth as agents.<sup>94</sup>

Robin Dillon argues that self-worth is not only a necessary condition of the exercise of autonomy, but also for the development and sustainment of *self-respect*. Self-respect, in turn, constitutes a further requirement for the exercise of autonomy.<sup>95</sup> According to Dillon, self-respect coincides with many aspects with self-worth – included its relational constitution – yet it is not limited only to the recognition of the “person’s status as a full and equal member of the moral community and as the bearer of certain basic moral rights”,<sup>96</sup> but also involves the recognition of one’s own inherent vulnerability and dependence:<sup>97</sup>

A feminist recognition self-respect would [...] involve two other attitudes: acceptance and patience. For insofar as respecting myself entails acknowledging the extent to which I am always in transition, always under construction, it will require patience. And insofar as I am limited, imperfect, liable to failure and to fragmentation and incoherence, insofar as the details of my life will include much that

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<sup>94</sup> I shall analyse in depth this question in the next chapter.

<sup>95</sup> Robin S. Dillon, ‘Toward a Feminist Conception of Self-Respect’, *Hypatia*, 7.1, (1992), pp. 52-69, p. 54.

<sup>96</sup> *Ibid.*, p. 55.

<sup>97</sup> See chapter 4, section 4.

is not admirable or lovable or nice, self-respect will require a deep and abiding acceptance of myself that goes beyond toleration.<sup>98</sup>

A person with self-respect is to some degree able to understand and accept her fallible, vulnerable, and dependent nature, as well as to endorse a view of herself that includes self-care and rejects self-neglect and self-abnegation.<sup>99</sup> However, this does not mean that self-respect implies indiscriminate self-acceptance, self-indulgence, or self-obsession. On the contrary, indiscriminate self-acceptance, self-indulgence and self-obsession are incompatible with the self-respecting agent<sup>100</sup> since she is engaged in a relation of care with herself and others that includes the recognition of one's own vulnerabilities.

Self-worth and self-respect are not the only dialogical self-regarding attitudes taken into account by theorists of relational autonomy: scholars such as Trudy Govier,<sup>101</sup> Carolyn McLeod,<sup>102</sup> and Susan Sherwin<sup>103</sup> argue that a certain degree of *self-trust* is also a necessary condition of the exercise of autonomy. As McLeod and Sherwin write:

Exercising autonomy involves, in part, reflecting on one's beliefs, values, and desires: making reasonable decision in light of them; and acting on those decisions. It is essential in developing the

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<sup>98</sup> Dillon (1992), p. 62.

<sup>99</sup> Joel Anderson and Axel Honneth make similar claims regarding self-respect. J. Anderson and A. Honneth, 'Autonomy, Vulnerability, Recognition, and Justice', in Christman and Anderson (2009), pp. 127-149.

<sup>100</sup> *Ibid.*, pp. 62-63.

<sup>101</sup> Govier (1993).

<sup>102</sup> McLeod and Sherwin (2000); C. McLeod, *Self-Trust and Reproductive Autonomy*, London, MIT Press, (2002).

<sup>103</sup> McLeod and Sherwin (2000).

capacity to be autonomous that the agent trust her capacity to make appropriate choices, given her beliefs, desires, and values; that she trusts her ability to act on her decisions; and also that she trusts the judgments she makes that underlie those decisions. [...] Without trust in the judgments and trust overall in her ability to exercise choice effectively, any agent would have little motivation to deliberate on alternative courses of action.<sup>104</sup>

McLeod and Sherwin argue that the conditions self-trust sets for autonomy are threefold:<sup>105</sup> 1) the agent must trust her capacities to act in accordance with her values and reasons; 2) the agent must trust that she is effectively able to act on the basis of her decision; and 3) the agent must trust the judgments underlying her decisions.<sup>106</sup> An agent lacking the first condition does not regard her decision-making capacities as valid and/or does not trust that her knowledge of the pertinent facts regarding the decision is adequate. Thus the agent distrusts her capacity to articulate her decisions and to recognise her beliefs and desires. An agent who lacks the second condition considers herself unable to actualise practically her decisions. As a consequence, she can develop a distrust about her reliability as an agent. Agents who lack the third condition do not trust their judgements about their decision-making capacities. These agents consider themselves unable to develop a motivational set that is responsive to their identity, and therefore they distrust their own actions and decisions. Bearing in mind the contrastive constitution of knowledge

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<sup>104</sup> *Ibid.*, pp. 262-263.

<sup>105</sup> In my view, these three conditions of self-trust should not be interpreted as independent one from the other or as categorical distinctions, but as an analytical tool that can be helpful in identifying the variety of ways in which self-trust interacts with autonomy.

<sup>106</sup> *Ibid.*, pp. 263-264.

and language, it follows that it is wrong to claim that agents who lack self-trust “trust their distrust”. Self-trust applies to agents who consider themselves agents deserving trust. These agents consider themselves able to decide on the basis of their values and reasons and consider their decision-making capacity reliable; they “trust” themselves in a way that guarantees their active participation in their judgments.

It is important to stress that self-trust is explicitly described by McLeod as a self-regarding *moral* attitude:<sup>107</sup> “all autonomous decisions have a moral aspect; and therefore, self-trust can be the self regarding attitude that motivates us to be autonomous. In choosing and acting autonomously, we strive to meet moral responsibilities to the self, to others, or to both.”<sup>108</sup> Even in this case, taking into account the moral dimension of autonomy does not lead to the paternalistic and value-biased consequences feared by defenders of proceduralism: it is not possible to know what the outcome of decisions made by an agent with self-worth will be, but it is possible to guarantee that those decisions respect at least some of the conditions of existence of autonomy.

As for self-worth, self-trust is partially dependent on the relational context in which the agent is embedded, both regarding its development and its exercise.<sup>109</sup> In contrast with self-worth, self-trust is connected to

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<sup>107</sup> Govier, in contrast to McLeod, endorses a proceduralistic and value-neutral approach to self-trust. Given that I have already underlined that proceduralistic and “radical” value-neutral accounts of autonomy generate contradictions, I shall dedicate more space to the analysis of McLeod’s account instead of criticising Govier’s assumption about autonomy. See Govier (1993).

<sup>108</sup> McLeod (2002), pp. 121-122.

<sup>109</sup> “The agent can be given opportunities to develop and use her various capacities and, through these opportunities, learn to trust her capacities; the agent can receive encouragement from others to trust her own capacities. On the first level, the self-trust is relational in a causal sense; supportive social conditions provide the materials for its development. On the second level, self-trust is



the reliability of the agent's capacities and to their epistemological status. Self-trust has to be in some degree *justified*. As Govier argues: "one may have more confidence in one's own character and capacities than past experience and evidence would warrant, thus having "too much" self-trust in an epistemic sense. [... Or] even supposing that evidence and experience warrant one's confidence in oneself, one may rely on oneself so much that one precludes potentially valuable contributions from others."<sup>110</sup> From this point of view, it is possible to see that "the relation between self-trust and autonomy is reciprocal, not unidirectional".<sup>111</sup> Agents' autonomy is conditioned by self-trust, but at the same time, self-trust requires autonomy and adequate knowledge to be justified. I am not able to fly an airplane, I should not have self-trust regarding my capacity to do so. A person with unjustified self-trust will most likely be impermeable to external critiques and considerations, so her autonomy would not be sustained by an adequate degree of dialogical answerability.

Having analysed the self-regarding attitudes taken into account by relational theorists, I will now investigate another kind of value ascribable to weak substantivism, namely dialogical answerability.

(7) Dialogical Answerability and Recognition.

The dialogical conditions of the exercise of autonomy do not lie exclusively within the self-regarding attitudes of the agent, but also the agent's disposition to interact with others. On this, Andrea Westlund

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relational in a constitutive sense; the agent's trust in herself exists in part because others reinforce that trust in their relationships with her". *Ibid.*, p. 265.

<sup>110</sup> Govier (1993), pp. 114-115; see also McLeod (2002), p. 104.

<sup>111</sup> McLeod (2002), p. 104.

claims that an autonomous agent must “hold herself answerable, for her action-guiding commitments, to external critical perspectives”.<sup>112</sup> According to Westlund, defenders of proceduralism emphasise the relevance of critical reflection for autonomy without paying enough attention to the different ways in which that capacity is relationally applied and sustained:<sup>113</sup> even if an agent who lacks the disposition to face others’ critical arguments can consider her decisions and actions as responsive to her genuine commitments, her “practical reasoning will be strangely disconnected from, and insensitive to, any justificatory pressures to which she, the agent, is subject”.<sup>114</sup>

The autonomy of the agent is conditioned not only by the state of their functional capacities and by their self-regarding attitudes, but also by their responsiveness to others’ considerations and critiques. What is meaningful for human agents, their “dimension of meaningfulness”, is relationally constituted: agents do not possess a private language, nor are they able to understand “what they have in mind” in solitude; on the contrary, agents develop and shape their identities, as well as their values and reasons, in interaction and/or in contrast with other. An agent who is not dialogically accountable and/or responsive to others’ critiques and considerations does not engage one of the essential relational domains in

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<sup>112</sup> Westlund (2009), p. 35.

<sup>113</sup> Benson Also underlines the relevance of dialogical answerability for autonomy; see: Benson (2005b); Paul Benson, ‘Taking Ownership: Authority and Voice in Autonomous Agency’, in Christman and Anderson (2009).

<sup>114</sup> Benson’s use of the adverb “strangely” indicates that his account is not fine-grained enough to grasp adequately the connection between dialogical answerability and autonomy. In my view, even if Benson’s conception of autonomy is constitutively relational and weak substantivist, it does not take account of the dialogical constitution of knowledge and language, and therefore it cannot understand completely why a lack of dialogical answerability can impair autonomy. *Ibid.*, p. 34.

which the identity and motivational set are constructed and articulated; from this point of view, the agent who is not dialogically answerable is unable to express any relationally intelligible form of active engagement, defence, or articulation of her identity and motivational set.<sup>115</sup> On the contrary, “an agent who holds herself answerable for her action-guiding commitments effectively shows that, however firmly committed she is to certain values, she is not just passively in their sway”.<sup>116</sup> Agents who are not able or willing to interact with other critiques and considerations prove not to be actively engaged in the dialogical process of defence and revision of their motivational set; or, to put it bluntly, they are partially inoperative in relation to the activity of reflection itself.

Like McLeod’s, Benson’s, and Dillon’s, Westlund’s conception of autonomy is weakly substantive<sup>117</sup> and grounded in a constitutively relational account of the agent: the claim that dialogical answerability is a condition of critical reflection does not imply a direct normative constraint on the contents of an agent’s decisions and motivations, but only an indirect one regarding the dialogical attitudes and capacities involved in the exercise of autonomy. According to Martha Nussbaum,

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<sup>115</sup> The attitude to dialogical answerability analysed by Westlund does not pertain only to the agent’s autonomy, but also her moral responsibility. For an analysis of the implication of Westlund’s argument for autonomy and moral responsibility see: Natalie Stoljar, ‘Answerability: A Condition of Autonomy or Moral Responsibility (or Both)?’, in Hutchison, Mackenzie, Oshana (2018), pp. 238-243.

<sup>116</sup> *Ibid.*

<sup>117</sup> Like Diana Meyers, Westlund affirms that her account is value-neutral despite its value-ladenness. As discussed in the first section of this chapter, the use of the label “value-neutral” for value-laden, weakly substantive accounts, is fundamentally misleading. See also: P. Benson, ‘Narrative Self-Understanding and Relational Autonomy. Comments on Catriona Mackenzie and Jacqui Poltera, ‘Narrative Integration, Fragmented Selves, and Autonomy’ and Andrea C. Westlund ‘Rethinking Relation Autonomy’, *Symposia on Gender, Race and Philosophy*, 7.1, (2011), pp. 1-5.

however, it is not the case that dialogical answerability and self-regarding attitudes do not predict what an autonomous agent will choose: for instance, this perspective would not allow genuine religious commitments, given that the religious life is grounded in, and justified by, the external authority that God has over individuals.<sup>118</sup> I agree with Mackenzie that Nussbaum's interpretation of dialogical conditions is misleading: dialogical accountability and self-regarding attitudes are not "inconsistent per se with religious commitment, but it is inconsistent with dogmatic forms of religious commitment, or any other form of dogmatism, for that matter, which involve appeals to authority that bypass a person's reflective agency".<sup>119</sup> In order to be accountable to others' considerations and critiques, the agent does not have to endorse any particular belief and preference, but only participate in the activity of articulation, testing, and modification of one's own identity occurring in the dialogical framework<sup>120</sup> – a kind of activity that, as we have seen, is necessary for self-understanding.<sup>121</sup>

Being relationally constituted, the attitude to answerability depends on the dialogical context in which the agent is embedded. This means, first, that the agent's disposition to dialogical answerability can be sustained or impeded by oppressive conditions, and second, that the relational context has to be to some degree responsive to the creative and possibly *subversive* potentialities of the agent. Let me expand this point. It

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<sup>118</sup> M. Nussbaum, 'Political Liberalism and Respect: A Response to Linda Barclay', *SATS: Nordic Journal of Philosophy*, 4.2, (2003), pp. 25-44.

<sup>119</sup> Mackenzie (2014), p. 36.

<sup>120</sup> The same reasoning applies to agents who want to become isolated and live in solitude; precisely because this choice or preference is made in radical contrast with the relational context, it is dialogically constituted.

<sup>121</sup> C. Kong, *Mental Capacity in Relationship: Decision-Making, Dialogue, and Autonomy*, Cambridge, Cambridge University Press, (2017), pp. 86-87.

is impossible to foresee once and for all what autonomous agents will do, what they will need, how they will incarnate their culture and their social role, and how and why the relational context might impede them in the exercise of their capacities of self-government and self-determination. As a consequence, not only can autonomous agents enter into conflict with their relational context, but also be as a result unable to exercise their autonomy without *altering* the current norms of the relational context in a way that makes their claim recognised and articulable. Women who fought for the right to vote in the early 20th century, for example, exercised and articulated their autonomy in the political sphere by conflicting with the normative structure in force. Agents do not simply and passively “follow the rules”, and the fact that they are relationally constituted does not imply that they cannot modify what constitutes them.<sup>122</sup> On the contrary, agents can come to alter the norms of the relational context by making their dissent dialogically intelligible, by offering alternative solutions and perspectives, and by articulating the reasons for which particular norms impede the exercise of their autonomy. Here it becomes crucial to stress that the relevance of dialogical answerability to autonomy does not affect only the agent, but also the normative structure itself: if the relational context does not contemplate the possibility that agents can have something reasonable and unpredicted to say regarding the normative structure, something that can have *effective* consequences on the normative structure, then the agents’ attitude to dialogical answerability can be impeded, neutralized, or *put into crisis*. If society is unjust, short-sighted, or simply unwilling to recognise how its norms affect the autonomy of some agents, then it is reasonable for those agents who are oppressed and not heard to disobey

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<sup>122</sup> See footnote 43.

the established norms. Stanley Cavell describes very well the latter circumstance in *Conditions Handsome and Unhandsome* in relation to Henrik Ibsen's *A Doll's House*.<sup>123</sup>

In *A Doll's House* the thematics of Nora's climactic charges against her husband, Torvald Helmer, put the social order as such on notice, deploying, enchainning, amongst others, the concepts of conversation, education, happiness, becoming human, fathers and husbands, brother and sister, scandal, becoming strangers, fitness for teaching, playtime, honor, the miracle of change, journey or departure, the bond of marriage. The tone of her charge, while within the bonds of decorum due the man whose children she has borne and whose life she has shared is colored by her outburst, "I could tear myself to pieces". She is outraged, dishonored, ashamed. [...] But when Nora tries to show this to Torvald he replies that she is talking like a child, that she does not understand the world she lives in (with which she agrees and which is an essential part of her determination to leave this husband and their children), [...] and when Nora says to Torvald, "I must find out which is right – the world or I," he replies, "You're ill, Nora – I almost believe you're out of your senses". [...] When Torvald, in a fit of ultimate blindness and self-congratulation, tells Nora that he forgives her (instead of begging for her forgiveness), she thanks him and leaves; he follows her to the door from beyond which, at this questioning her, she tells him she's taking off her fancy clothes; whereupon he resumes expatiating on the genuineness of his forgiveness and her need of it as he paces outside her door, stopped only as she

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<sup>123</sup> H. Ibsen, *A Doll's House*, Wokingham, Dodo Press, (2005).

reappears. “What’s this? Not in bed? You’ve changed your clothes”. And Nora replies, “Yes, Torvald, I’ve changed”.<sup>124</sup>

In contrast to the gaslighted woman of Benson’s example, Nora’s self-worth is not impaired by the set of reasons given by her husband: even if she accepts Torvald’s negative judgements about her conduct and capacities, she does not cease to consider herself a worthy agent deserving autonomy – she maintains her self-respect and self-trust, and she manages to abandon the relation that oppresses her. Nora’s autonomy is at stake in the relation: she is unbearably close to losing any sense of her contact with society (she agrees with Torvald that she does not understand the world she lives in) and with herself (“I could tear myself to pieces”) but this does not impede her struggle for recognition and to articulate her view to Torvald. Nora’s attitude to dialogical answerability is sorely tested by the absence of an adequate listener: her reasons are considered unacceptable by Torvald because they are in contrast with the normative structure of the marriage, and the reasons she receives are not responsive to her view of the relation and of herself. As Cavell writes, in Nora’s situation “specific wrong may not be claimable; yet the misery is such that, on the other side, right is not assertible; instead something must be shown”.<sup>125</sup> In leaving Torvald, Nora does not only inaugurate a new life, but also shows him something:<sup>126</sup> “Yes, Torvald, I’ve changed”. Even when she realises that Torvald can’t – or won’t – understand if she is suffering an unacceptable oppression, she

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<sup>124</sup> Cavell (1990), pp. 109-111.

<sup>125</sup> *Ibid.*, p. 112.

<sup>126</sup> Nora says to Torvald that their last conversation “is the first serious talk they have ever had, to which he replies, “Serious? What do you mean by that?”. *Ibid.*, p. 109.

does not refuse or abandon the dialogue with Torvald: she gives him the chance to understand that she is oppressed by the boundaries set by their relation, that his judgment of Nora “was not based on his judging for himself, and bearing responsiveness to his judgment, but on the imagination of rules that, as it were, replaced his judgment”.<sup>127</sup>

Nora’s situation highlights an important feature of the attitude to dialogical answerability: if we understand that *both* the agents *and* the relational frameworks are not ideal and cannot be ideal, if we acknowledge that oppression is an intrinsic, often invisible, socio-cultural dynamic connected to a set of unquestioned norms, then it becomes crucially important to do three things. First, to pay particular attention to the effective dialogical answerability exercised by one who holds more authority within the dialogue – especially if the dialogue is intended to assess the attitude to dialogical answerability. Second, it becomes centrally relevant to accept that the one who holds more authority is effectively willing to understand the other’s reasons even when they imply the subversion of current norms, and particularly when these reasons imply the subversion of current authority. Finally, it becomes necessary to be alert to what is shown, claimed or done by those agents who feel themselves excluded by their relational context. Normative structures cannot completely prevent all the risk exemplified by Torvald’s mistakes, but they can make that risk lower by respecting the above conditions and promoting dialogical enrichment.<sup>128</sup> The focus on dialogical answerability

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<sup>127</sup> *Ibid.*, p. 114.

<sup>128</sup> We might suppose that, after Nora’s departure, Torvald could have reflectively questioned the legitimacy of his judgments about his wife. Maybe he could also have overcome the distance that separated his view from Nora’s, attaining a perspective, or a common horizon, in which Nora’s claims are not seen as childish and silly, but as reasonable and worth articulating and actualizing. This process of dialogical enrichment – a process that Gadamer calls a ‘fusion of horizon’ – is the



is essential in this regard, because, as Mackenzie writes, “it provides grounds for criticizing social structures as unjust and reforming them, and it provides reasons for providing targeted social support and resources to scaffold the persons’ capacities for self-governance”.<sup>129</sup>

Having criticized value-neutral approaches to autonomy on grounds of their incoherence, I have developed a constitutive relational conception of autonomy by discarding the ideas of epistemological independence and private knowledge, and by indicating the dialogical constitution of language and knowledge. This has allowed me to reformulate the concept of self-knowledge within the dialogical framework and to overcome the limits and shortcomings of the accounts of autonomy inscribed within the monological framework (procedural conceptions, causally relational accounts, internalism). Finally, by taking into account the role of autonomy of self-regarding attitudes and dialogical answerability, I have articulated the roles and functions of some of the dialogical conditions required by the relational conception of autonomy that I have developed.

In the next, concluding, chapter, I shall apply my relational conception of autonomy to the case of anorexic patients refusing life-saving treatment. I shall ask, first, if, and to what extent, my account of autonomy is able to overcome the legal and ethical problems around anorexia, and, second, if this model is ultimately compatible with liberalism.

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basis of the possibility of overcoming deep disagreements and the incompatibility of views such as those dividing Nora and Torval. H. G. Gadamer, *Truth and Method*, London, Bloomsbury, (1998), p. 317.

<sup>129</sup> Mackenzie (2014), p. 38.

*Anorexic Patients and Relational Conditions:  
Practices of Dialogical Responsibility*

*What is not permissible is clear from one case to another.*

LUDWIG WITTGENSTEIN, *Culture and Value*

Introduction

Let me summarise the present state of the argument. Having offered an overview of the main conceptions of anorexia available, I gave an account of the case of anorexic patients refusing life-saving treatment that drew attention to a structural problem in English law regulating refusal of treatment (MCA), namely that patients must be considered autonomous until proven otherwise, and that they should be allowed to refuse life-saving treatment. However, when anorexic patients refuse treatment judges adopt an unusual solution: they are considered –

without any kind of evidence other than the diagnosis of anorexia – unable to take decisions.<sup>1</sup>

I agreed with Giordano that this discriminates against anorexic patients<sup>2</sup> but disagreed with her *brave claim*, namely, that the conditions required by the MCA are sufficient to properly assess mental capacity and that anorexics' refusal is valid and legitimate, arguing the claim that anorexics who react positively to the functional test have the mental capacity to refuse treatment is at best extremely hurried. People with anorexia, especially if they are not helped, can be at the mercy of anorexia, and they can lose the capacity to reflect autonomously on their own actions and decisions in a way that is not traceable by proceduralism.<sup>3</sup> In a nutshell, the problem of anorexics' lack of mental capacity does not rely on the functioning of their brain nor on the state of their psychological function, but rather on the manner in which they deal with their own identity, morality, beliefs, motives, and values. Paradoxically, the kind of autonomy taken into account by the MCA and by Giordano (the capacity to lead one's life on the base of one's *private* motivations) is not only attained by anorexic patients, but in a certain sense *mastered* by them. On a value-neutral perspective, we have to admit that anorexics are an excellent example of self-governing and self-determining agent; they do what they think is right, they are able to overcome a wide range of relational and physical obstacles to do what they want, and they are quite impermeable to external critiques of their life-style.

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<sup>1</sup> For a detailed analysis of this question and of its implications, see chapter 2, section 1.

<sup>2</sup> For a defence of the approach adopted by judges to anorexia see: E. C. Ip, 'Anorexia Nervosa, Advance Directives, and the Law: A British Perspective', *Bioethics*, 33.8, (2019), pp. 931-936,

<sup>3</sup> See Chapter 4.

Defenders of proceduralism refuse to take into account the idea that a consistent assessment of mental capacity requires an investigation of the content of the agent's motivational set for three main reasons to defend: a value-neutral approach, by arguing that the assumption of substantivism implies the prescription of the values assumed by the theory, and that substantivism allows authoritarianism and paternalism. I argued that the first claim is ungrounded, since *any* conception of autonomy is based on a set of values; that weak substantivism, in contrast to strong substantivism, takes into account a group of values that do not predict what autonomous agents will choose to do or become, other than being autonomous; and that the vulnerable and interdependent nature of the human agent requires a notion of intervention able to take account of the different ways in which individuals are mutually influenced and dependent, instead of depicting intervention – as defenders of proceduralism do – as a form of justified violation of liberty, as an act that despite its legitimacy, is constitutively violent and coercive. Finally, I argued that both the procedural/value-neutral approach and the substantive/value-laden approach, are highly problematic, and cannot solve the genuine difficulties regarding anorexic patients refusing treatment. This is because within a monological framework agents are understood as atomistic entities able to self-govern and self-determine in ways that can be legitimately incomprehensible to others: if agents are epistemologically independent, we have to conclude that any kind of intervention is ultimately a form of *interference* that, as such, must be limited as much as possible. However, as argued in chapters 4 and 5 epistemological independence is a mirage. Furthermore, the assumptions of the monological framework imply a conception of autonomy that is

antithetical to the vulnerable and dependent constitution of human agents.<sup>4</sup> The necessity of others' intervention is *de facto* relegated exclusively to those cases in which autonomy is malfunctioning or absent, forcing a move to best interests.<sup>5</sup>

The monological framework is not responsive to the agents' relational embeddedness, and their vulnerable and interdependent nature. Worse, not only it is unable to take account of the role that social inequalities and injustice have for autonomy, but it also, more or less passively, perpetuates them. For all these reasons, I claim that the monological framework must be rejected. Only by adopting a dialogical perspective is possible to see that intervention does not necessarily constitute an intrusion into the agents' autonomy, not only because relational interactions constitute an integral part of the agents' lives, but also because intervention can be also configured as a form of enhancing and promoting autonomy. In other words, intervention is not a form of

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<sup>4</sup> Mackenzie (2014); M. A. Fineman, 'The Vulnerable Subject and the Responsive State', *Emory Law Journal*, 60.2, (2010), pp. 251-275.

<sup>5</sup> The MCA does not offer a definition of best interests, it only asserts that "an act done, or decision made, under this Act for or on behalf of a person who lacks capacity must be done, or made, in his best interests". However, as Wayne Martin and colleagues have argued, the courts have interpreted the practice of best interest decisions in an individualistic manner. The Public Guardian articulates the idea of best interest decisions in this way: "anything done for a person who cannot make decisions for themselves must be in their best interests. This means thinking about what is best for the person, and not about what anyone else wants." The Mental Health Foundation explains it in a similar manner: "When decisions are made for someone they must be made in their best interests. This means that what is decided must be best for that person and not what someone else wants." W. Martin et al., 'An Unblinkered View of Best Interests', *BMJ (Online)*, (2012); A. Holman and S. Moore, *Making decisions: an easyread guide. 2nd ed.*, London, Office of the Public Guardian, (2007); Mental Health Foundation, *Banking on good decisions: how can the Mental Capacity Act help you with your bank, building society or post office account?*, Mental Health Foundation, (2008).

justified violence, but a practice of *relational responsibility* that aims not only to protect, but also to improve, autonomy.

The dilemma of anorexic patients refusing treatment does not depend on the fact that the choice is limited to two dangerous options: avoiding intervention and risking abandoning the patient, or intervening and risking violating her autonomy. The distinction itself between paternalism and neutrality is grounded in the false assumption that it is genuinely possible to avert intervention and leaving the agent free to decide in solitude.

Where does this leave us? We are left, it would seem, with the central dilemma posed by anorexic patients refusing treatment: relational responsibility is *inescapable*, but also *fallible*. As Sullivan and Niker write: “the wrong of certain interpersonal intervention (when they are wrong) is not that they violate our autonomy, *but that they fail or harm us in some other way*”.<sup>6</sup> If this is true, then the primary question about anorexics’ refusal is not “should we intervene or not?”, but “*how can we intervene in the best way?*”. Dialogical responsibility is not to be avoided by an inconsistent value-neutrality. Instead, there are two elements that it is necessary to take into account in order to minimise the possibility of detrimental interventions:

- 1) *The assessment of mental capacity must include the values and reasons ascribable to weak substantivism.* These values and reasons are no less necessary for the exercise of autonomy than the functional capacities assumed by proceduralism. Their assessment does not imply the prescription of a particular course of action, nor does it impede the exercise of a relevant degree of value-neutrality.

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<sup>6</sup> Sullivan and Niker (2018), p. 656. My italics.

2) *The autonomy of the agent cannot be separated from their relational context.* Relations are necessary conditions for both the development and exercise of autonomy. Furthermore, relations are particularly crucial for anorexic patients: as psychiatrists, anorexics, and post-anorexic claim, it is very unusual for anorexic patients to endorse a negative and non-egosyntonic conception of anorexia *in solitude*. Typically, in fact, anorexic patients come to understand anorexia as a mental disorder and not as a beneficial lifestyle and/or their authentic self thanks to the help of others.

In the next two sections, I shall articulate, respectively, the role that self-regarding attitudes and dialogical answerability have in the assessment of mental capacity for anorexic patients refusing treatment. I shall be particularly careful to highlight and address the risks that the assumption of weak substantivism implies, especially regarding dialogical answerability. I shall offer a set of viable proposals that, far from being definitive and determinate, aim to indicate how to *avoid* the temptation to pursue the ineffective solutions offered by proceduralism and value-neutrality.

(1) Anorexia and Self-Regarding Attitudes: Beyond Self-Esteem.

Psychiatrists and psychologists, for example, are interested in the function of self-esteem in the development, maintenance, and

overcoming of the disorder.<sup>7</sup> Denise Kästner and colleagues describe self-esteem as “an evaluative view of the self in its totality [... that can be considered as a synonymous of] self-evaluation, self-respect, self-confidence, and self-worth”,<sup>8</sup> while Anna Brytek-Matera characterises it in terms of “an individual judgement of advantages expressed in attitudes which are affected by humans, such as acceptance, love, self-respect, self-confidence and belief in one’s own abilities”.<sup>9</sup> Studies of anorexia do not generally take into account the role of self-trust and self-respect; nor do they differentiate these from self-esteem. As Tafarodi and Swann have stressed, there is a bias in psychiatric studies where self-esteem and other self-regarding attitudes are conflated, leading to the invocation of “self-esteem”, “self-competence” and “self-liking”.<sup>10</sup> They describe self-competence as “the overall sense of oneself as capable, effective, and in control”,<sup>11</sup> analogously to the notion of self-trust discussed in the previous chapter. Self-liking, in contrast, is described as the “affective judgment of ourselves, our approval or disapproval of ourselves”.<sup>12</sup> Again, this notion is similar to the conception of self-worth analysed in the previous chapter, but it differs insofar as self-liking is conceptualised within a monological conception of the agent. According to Tafarodi and Swann, “self-liking is the *part* of self-esteem that is clearly socially

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<sup>7</sup> D. Kästner, B Löwe, and A. Gumz, ‘The Role of Self-Esteem in the Treatment of Patients with Anorexia Nervosa – A Systematic Review and Meta-Analysis’, *International Journal of Eating Disorders*, 52.2, (2019), pp. 101-116.

<sup>8</sup> *Ibid.*, p. 102.

<sup>9</sup> Brytek-Matera (2007), p. 53.

<sup>10</sup> R. W. Tafarodi and W. B. Swann Jr., ‘Self-Liking and Self-Competence as Dimension of Global Self-Esteem: Initial Validation of a Measure’, *Journal of Personality Assessment*, 65.2, (2010), pp. 322-342.

<sup>11</sup> *Ibid.*, p. 325.

<sup>12</sup> *Ibid.*, p. 324.



dependent”.<sup>13</sup> Being the *part* of self-esteem that is socially dependent is obviously opposed to that element of self-esteem that is socially *independent*. But this configuration is ungrounded. Self-esteem is a subcategory or a synonym of self-worth, to be distinguished, as I show in chapter 5, from self-respect and self-trust. In order to connect psychological and psychiatric studies of self-esteem with an analysis of self-regarding attitudes, I shall refer to a more circumscribed notion of *self-worth* instead of the general conception of self-esteem assumed by researchers on anorexia. More precisely, I shall make reference to “self-worth” as articulated by Benson: a dialogical self-regarding attitude regarding the “sense of one’s own worthiness to act, or of one’s status as agent”.<sup>14</sup> Furthermore, I shall evaluate the specific roles here of self-trust and self-respect.

All the major studies on anorexia describe self-worth a central factor in the onset, maintenance, and overcoming of anorexia.<sup>15</sup> Fairburn and colleagues have argued that all eating disorders are characterised by the stabilisation of a connection between self-worth and food input,

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<sup>13</sup> *Ibid.*. My italics.

<sup>14</sup> Benson (1994), p. 650.

<sup>15</sup> J. L. Pennesi and T. D. Wade, ‘A systematic review of the existing models of disordered eating: Do They Inform the Development of Effective Interventions?’, *Clinical Psychology Review*, 43, (2016), pp. 175-192; A. Oldershaw, H. Startup, and T. Lavander, ‘Anorexia Nervosa and a Lost Emotional Self: A Psychological Formulation of the Development, Maintenance, and Treatment of Anorexia Nervosa’, *Frontiers of Psychology*, 10.219, (2019), pp. 1-22; A. Brytek-Matera, ‘Anorexia Nervosa Among French Adolescent Females in Relation to Self-Esteem, coping strategies, anger expression and anger control’, *Archives of Psychiatry and Psychotherapy*, 4, (2007), pp. 53-57; E. Karpowicz, I. Skärsäter, and L. Nevenon, ‘Self-Esteem in Patients Treated for Anorexia Nervosa’, *International Journal of Mental Health Nursing*, 18.5, (2009), pp. 318-325; Kästner (2019).

weight, and body shape.<sup>16</sup> This connection can be characterised as a vicious circle: on the one hand, low food input and weight loss can provide self-worth;<sup>17</sup> but, on the other hand, the conditions that anorexics have to respect to obtain self-worth can become unattainable and turn into a source of self-hatred.<sup>18</sup> In some cases, anorexics restrict their food input because they think they do not deserve it: “*I don’t feel I deserve [to eat...]. I don’t feel I deserve nice clothes. When my sister died I thought it should have been me.*”<sup>19</sup> Given the correlation between this kind of self-worth and the symptoms of the disorder, I shall refer to this type of self-worth as *egosyntonic self-worth*. The dissolution of egosyntonic self-worth, as well as the development of a non-anorexic form of self-worth, is a necessary step in the treatment of the disorder.<sup>20</sup> Other scholars have proved that lack of self-worth is a fundamental maintenance factor of anorexia even when the lack of self-worth is not directly connected to anorexia<sup>21</sup> – as well as being one of its predictors<sup>22</sup> and relapse factors.<sup>23</sup>

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<sup>16</sup> C. G. Fairburn, Z. Cooper, R. Shafran, ‘Cognitive Behaviour Therapy for Eating Disorders: A “Transdiagnostic” Theory and Treatment, *Behaviour Research and Therapy*, 41.5, (2003), pp. 509-528.

<sup>17</sup> T. Brockmeyer et al., ‘The Thinner the Better: Self-Esteem and Low Body Weight in Anorexia Nervosa’, *Clinical Psychology and Psychotherapy*, 20.5, (2013), pp. 294-300.

<sup>18</sup> This characterisation applies chiefly to those anorexics who have never received psychological treatment or who are in the early and/or acute phase of the disorder; *Ibid.*

<sup>19</sup> Theroux (2017).

<sup>20</sup> *Ibid.*; Oldershaw (2019); H. Schauenburg et al., ‘Focal Psychodynamic Psychotherapy of Anorexia Nervosa: A Treatment Manual’, *Psychotherapeut*, 54.4, (2009), pp. 270-280.

<sup>21</sup> A. M. Lampard et al., ‘An Evaluation of the Transdiagnostic Cognitive-Behavioural model of Eating Disorders’, *European Eating Disorders Review*, 21.2, (2013), pp. 99-107.

<sup>22</sup> Brockmeyer et al. (2013).

As indicated in chapter 1, anorexic patients and post-anorexics accord a crucial value to self-worth, and they all agree that its role is crucial for the development, maintenance, *and* overcoming of anorexia.

At this point, considering the constitutive role for autonomy I have attributed to self-worth in chapter 5 and the importance of self-worth in the onset, maintenance, and overcoming of anorexia, I want to address this question: what is the role of self-worth in the assessment of anorexic patients' capacity to refuse treatment? In the previous chapter, I argued that self-worth is a necessary condition of the exercise of autonomy. This means, essentially, that a decision cannot be autonomous if it is performed by an agent who does not consider herself worthy to make that decision. How does this framework apply to anorexic patients? Given the multiple functions of self-worth in anorexia, it is necessary to make some preliminary distinctions concerning the different "configurations" that self-worth can assume in anorexic patients refusing treatment. There are in my view four main ways in which self-worth can manifest:

- 1) *Egosyntonic self-worth*: an anorexic patient's decision can be sustained only by the kind of self-worth that accords with the symptoms of the disorder.
- 2) *Non-egosyntonic self-worth*: an anorexic patient's decision can be sustained by the kind of self-worth that is, at least partially, independent of anorexia.

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<sup>23</sup> I. Halvorsen and S. Heyerdahl, 'Girls with Anorexia Nervosa as Young Adults: Personality, Self-Esteem, and Life Satisfaction', *International Journal of Eating Disorders*, 39.4, (2006), pp. 285-293; Brockmeyer et al. (2013).

- 3) *Egosyntonic lack of self-worth*: an anorexic patient can lack self-worth because she is not acting as an anorexic and/or because she is not starving enough.
  
- 4) *Non-egosyntonic lack of self-worth*: an anorexic patient can lack self-worth due to factors entirely independent of anorexia.

Let me explain (1)-(4). (1) highlights that self-worth can be *maladaptive*. Anorexic patients can maintain egosyntonic self-worth only by adopting a set of behaviours that are unsustainable in the long term:

Participant D: *I remember getting some tests back saying how my liver was really damaged and all this, and I thought it was really rather good! I can't imagine that I thought it, it felt like really quite an accomplishment!... [...] I'd just done something that I knew hardly anyone else could do... I can remember when I had difficulty walking upstairs, or I had such pain bending down, at the back of my legs, and I loved it, I used to bend down as much as I could to feel the pain! And I felt so in control.*<sup>24</sup>

I think that, despite the maladaptive nature of egosyntonic self-worth, the patients concerned should not be considered unable to refuse treatment *because* they lack self worth. Still, this does not mean that their reasons for anchoring their self-worth in low food input, body shape, and loss of weight are defensible or viable. As I will argue in the next section, all cases of egosyntonic and maladaptive self-regarding attitudes should be assessed taking account the dialogical answerability of the patient.

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<sup>24</sup> Tan (2006).

So far as I know, there is no specific literature on (2). However, if the patient's decision to refuse treatment is sustained by the kind of self-worth that does not depend on anorexia, there is no reason to infer that the patient cannot refuse treatment on account of a lack of self-worth.

Those who lack self-esteem (3) and (4), cannot reasonably be considered able to refuse treatment. Independently of the reasons for the lack of self-worth, patients who lack it are unable to exercise their decisional capacities concerning refusal of treatment.

Not all anorexic patients refusing life-saving treatment lack self-worth, and those who have it can maintain it only by anchoring this self-worth in the symptoms of anorexia. What about their self-respect? As I have pointed out, the concept of self-respect has received little attention in the literature and it is generally conflated with self-esteem. Furthermore, there is no literature addressing the specific role of self-respect in anorexia and eating disorders. For this reason, I think that, at the moment, it is not possible to offer an exhaustive account of the role of self-respect in anorexic patients refusing treatment. However, it is still possible to offer some hypotheses, starting with the empirical evidence available.

Claudine Clucas has argued that self-respect is “based on principled and honourable behaviour, [... and that it is] influenced by moral integrity”.<sup>25</sup> Keeping in mind this characterisation, it is reasonable to think, first, that only patients with self-worth can have self-respect, and second, that patients with egosyntonic and non-egosyntonic self-worth can manifest self-respect. As we saw in chapter 1, anorexics may not

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<sup>25</sup> C. Clucas, ‘Understanding Self-Respect and Its Relationship to Self-Esteem’, *Personality and Social Psychology Bulletin*, 46.6, (2020), p. 855.

consider anorexia a problem at all, but rather a lifestyle with its own values, principles and morality. Moreover, many post-anorexics affirm that anorexia involves a complex mixture of moral and identity issues that do not disappear completely after treatment.<sup>26</sup> Finally, anorexics generally have a strong bias to follow overly high standards and in adopt very rigid criteria of self-evaluation.<sup>27</sup> They can therefore be very consistent in the actualisation of their principles and values.

Clucas' notion of self-respect could lead us to suppose that anorexic patients with egosyntonic self-worth can have self-respect. However, it is still possible to refine this notion by taking account of the relational condition for self-respect analysed by Dillon: self-respect does not concern only the morality of the person, but also the acceptance of one's own inherent vulnerability and interdependence.<sup>28</sup> Anorexics in the early and acute stages of the disorder can be impermeable to others' considerations and critique, and refuse any kind of help. Furthermore, it seems difficult to reconcile the anorexic ideal of self-control with the fallible, vulnerable, and bodily-embedded nature of the agent. However, there is no specific literature regarding the function of self-respect in anorexia, nor about the role attributed by anorexics to their own vulnerability and interdependence. For these reasons, it is difficult to make fair assumptions about the role of self-respect in the specific case of anorexic patients refusing treatment. Still, as we have seen in chapter 5, self-respect is a necessary condition for the exercise of autonomy. In this sense, it is reasonable to think that a lack of self-respect indicates an impaired capacity to refuse treatment. Nonetheless, further studies are

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<sup>26</sup> Hope (2011); Conti (2016).

<sup>27</sup> Norris et al. (2019).

<sup>28</sup> Dillon (1992).

required to understand the specific role played by self-respect in anorexic patient refusing treatment.

As for self-respect, no study has so far apparently addressed the question of the relation between anorexia and self-trust. However, the literature on self-esteem and the interviews with anorexics and post-anorexics contain some material compatible with the notion of self-trust analysed in chapter 5. As McLeod and Sherwin argue,<sup>29</sup> self-trust applies to those agents who consider themselves as agents who deserve trust. This is a very general definition, and requires further articulation. In the previous chapter, we saw how self-trust can be differentiated in three different, but partially interconnected, forms:

- 1) *Self-trust about capacities*: an agent with self-trust trusts her capacity to act in accordance with her values and reasons and trusts her capacity to understand the relevant information involved in the decision or action. Typical claims made by persons lacking this kind of self-trust may include: “I do not have the control of my life”, “I am unable to understand what I really want, what is important, what is right”, “I don’t know enough about this to decide.”
- 2) *Self-trust about the exercise of autonomy*: an agent with self-trust trusts that she is effectively able to act on the basis of her decision. Typical claims made by people lacking this kind of self-trust may include: “I am unable to do what I want, what is important, what is right”, “I do not have control on my actions”, “I know what to do, but I am unable to do it.”

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<sup>29</sup> *Ibid.*, pp. 263-264.

3) *Self-trust about judgment*: an agent with self-trust trusts the judgments underlying her decisions. Typical claims made by people lacking this kind of self-trust may include: “I do not trust me”, “My judgements are unreliable”, “I should not do what I think”, “My decisions are ungrounded.”

How do these notions apply to anorexia? Most anorexics and post-anorexics claim that anorexia is fundamentally a way of *obtaining self-control*:

Participant D: *I think [anorexia] begins with a need to control when individuals feel that various areas of their life are out of control, and they're not happy about other areas of their lives, and so they look for another way to feel in control, to feel happiness, and a way you can guarantee it is by food, by weight, by exercise.*<sup>30</sup>

Interviewer: *You mentioned that anorexia is a symptom of something else. What is it a symptom of for you?*

Rachel: *For me, I think my whole life I wanted control. And I want sameness and control and an identity and to feel accepted in some way. And I think at some point my anorexia became my identity.*<sup>31</sup>

Participant F: *It kind of protects you as well, I think, from coping with other things. It just distracts you the whole time. Basically punishing you all day long, bullying you about something. It just fills your mind. It distracts you so*

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<sup>30</sup> Tan (2003b).

<sup>31</sup> Special Books by Special Kids, (2 November 2018).



*completely about things you don't want to think about, to lose that is quite scary.*<sup>32</sup>

As with self-worth, anorexics generally develop a maladaptive form of self-trust through low food input, control of weight, and exercise. Anorexia helps to cope with lack of self-control, issues of identity, and problematic aspects of life, and it offers – at least initially – a comforting and supportive sense of control. Especially in the early and acute stages of the disorder, and/or for those anorexics who have not received any kind of treatment, anorexia can offer a sense of mastery, of self-control, a “higher”, stronger, and more fulfilling kind of self-control that only anorexia can offer. However, this sense of self-control tends to dissolve once the consequences of anorexia become overwhelming.

*If I keep losing weight I would master self-control.*<sup>33</sup>

*If I become thin I can prove myself that I am strong enough to do anything.*<sup>34</sup>

Rachel: *And it's this little thing that puts demands on you and says that “you will be accepted. You are the winner or you're the best. You are better than anyone or anything if you don't eat.”*<sup>35</sup>

Participant D: *I remember getting some tests back saying how my liver was really damaged and all this, and I thought it was really rather good! I can't*

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<sup>32</sup> Tan (2003c).

<sup>33</sup> MPA, [web forum], [www.myproana.com](http://www.myproana.com), Message posted, (accessed 25 May 2019).

<sup>34</sup> *Ibid.*.

<sup>35</sup> Special Books by Special Kids, (2 November 2018).

*imagine that I thought it, it felt like really quite an accomplishment!... [...] I'd just done something that I knew hardly anyone else could do... I can remember when I had difficulty walking upstairs, or I had such pain bending down, at the back of my legs, and I loved it, I used to bend down as much as I could to feel the pain! And I felt so in control.<sup>36</sup>*

Participant 17: [Anorexia] *is a prison, it's not just about food, it's about life I think 'cos I find that it's made me want to control everything.<sup>37</sup>*

Participant 21: *I think you feel you can control um, have extra control in your life by controlling what food you eat very, very strictly but in the end it doesn't end up you controlling it, it's kind of more it controlling you.<sup>38</sup>*

It is thus very likely that anorexics who have not developed a non-egosyntonic and negative sense of anorexia may manifest self-trust in all three of the domains analysed by McLeod and Sherwin. These anorexics have self-trust about their capacities because they consider themselves able to self-govern and self-determine, and they are also confident both in their knowledge about food, weight, exercise, and in the way in which they apply this knowledge in their own lives. However, anorexics can consider themselves an “exception” to scientific discourse, claiming that they need less food and more exercise than others, that body mass index does not apply to them, and that they will not suffer the consequences of anorexia. This is a clear case of “excessive” or “ungrounded” self-trust in one’s own epistemic capacities in the sense analysed by Govier.<sup>39</sup>

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<sup>36</sup> Tan (2006).

<sup>37</sup> Hope (2013).

<sup>38</sup> Tan (2006).

<sup>39</sup> Govier (1993).

However, anorexics with egosyntonic self-trust should not be considered unable to refuse treatment *because* they lack self-trust. Still, this does not mean that their self-trust is epistemologically grounded and dialogically defensible. As for anorexics with egosyntonic self-worth, these cases should be assessed taking account of their dialogical answerability and of their capacity to respond to external critiques and considerations.

Anorexics with egosyntonic self-trust can also consider themselves able to act in accordance with their motivational set. On the one hand, this is certainly true: anorexics are able to follow their own standards and to act on the basis of their motivations. However, on the other hand, anorexics experience huge difficulties applying their motivational set once they have started to develop a non-egosyntonic identity and a negative conception of anorexia:

Participant 21: *Well I always THOUGHT that I could, like before I tried it I thought all the time well I could easily eat more and stop this if I wanted. But when I came to try to do that I couldn't.*<sup>40</sup>

Participant 13: *When I was lying in the hospital my mum would bring over a bowl of melon and say "Melon OK, it's just water"... Id' thinking, "oh I really want to eat that, I want to eat, I just want to eat."... And then when it came to it, my hands would start shaking and I'd just want to throw it across the room, I just couldn't do it, no matter how hard I tried I just couldn't physically do it... I don't even know what was stopping me, it was obviously the anorexia but my thought just changed, like one minute I would, and the next minute I jest wen "NO" I couldn't do it, at all.*<sup>41</sup>

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<sup>40</sup> Hope (2013).

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

In those cases in which the anorexic has an egosyntonic identity and a positive conception of anorexia, she will consider herself able to act on the base of her decision, and so will not lack self-worth. However, egosyntonic traits are perceived as reflectively endorsed, but they are *de facto* integral symptoms of the disorder – that is, they disappear once the disorder is cured. For this reason, forms of self-trust grounded in egosyntonic traits cannot be considered a definitive sign of autonomy, and they should be further investigated in a process a dialogical answerability.

Finally, anorexics with egosyntonic self-trust trust their own judgments and consider themselves able to develop a motivational set that is responsive to their identity and concerns. It is very common, in fact, that anorexics experience anorexia as their authentic self or as part of a single integrated self. And even if they experience a divided sense of the self, they struggle to dissociate themselves from this anorexic identity and to embrace their “logical self”.

Participant 17: *Quite often, people with anorexia, they don't say, “I have anorexia”, they say “I am anorexic”. And I think that's kind of, that explains it really, that shows what it is, people BECOME anorexic, they, and then they start saying, “I am anorexic”, and it's this kind of, it becomes who you are, it defines who you are, as opposed to just an illness that you have.*<sup>42</sup>

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<sup>42</sup> Hope (2011).

Participant 36: *It feels like there's two of you inside, like there's another half of you, which is my anorexia and then there's the real K [own name], the real me, the logic part of me and it's a constant battle between the two.*<sup>43</sup>

Anorexics who need life-saving treatment are certainly in an acute phase of the syndrome. It is therefore likely that they will have egosyntonic self-regarding attitudes, egosyntonic identity, and a positive conception of anorexia. If this is the case, they might respond positively to an assessment of their self-trust. However, as we have seen, the fact that anorexic patients can have egosyntonic self-worth and self-trust does not imply that they are able to refuse life-saving treatment. In fact, it is crucial to understand if, or to what extent, their reasons and motivations for securing their self-regarding attitudes to anorexic behaviours are justified and viable. As we saw in chapter 5, values and reasons are not private, nor they can be made intelligible outside language and dialogical practices. For this reason, the assessment of anorexics' dialogical answerability becomes central to a consistent understanding of their self-regarding attitudes and of their capacity to refuse life-saving treatment.<sup>44</sup>

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<sup>43</sup> *Ibid.*

<sup>44</sup> "Engaging directly with the decision maker in the ways advocated here may be very difficult. People at the severe end of the illness may be very medically unwell, and too weak to attend a hearing, complicating the court's ability to directly question the adult. It also may be difficult for the person whose capacity is questioned to be directly confronted with what the court sees as their distortions of reality. Nevertheless, despite these difficulties, direct and open engagement with the adult on the issue of capacity is essential for proper decision making. Without it, for people with anorexia who are refusing treatment, there is a serious ongoing risk of their capacity being decided on their diagnosis alone, something capacity law is supposed to avoid. Moreover, without this engagement, authorised invasion of the subjects' bodily integrity may occur without their having any voice in the process." S. Boyle, 'How Should the Law Determine Capacity to Refuse Treatment for Anorexia?', *International Journal of Law and Psychology*, 64, (2019), p.

Let us now proceed in this direction, taking into account the role of dialogical answerability in anorexic patients who refuse life-saving treatment.

(2) Refusal of Treatment and Dialogical Answerability

According to the analysis developed in the previous chapter, autonomous agents who face external critiques and considerations are able, to some degree, to defend and articulate their action-guiding commitments. How does this apply to anorexic patients refusing life-treatment? I shall consider the case of a patient *who has never received any kind of treatment for her eating disorder*. In doing so, I shall pay particular attention to the risk, exemplified by Torvald's irresponsiveness, to engage the anorexic patient in a dialogical framework that is inimical to her claims.

The first step in the assessment of dialogical answerability concerns the patient's availability to participate in a dialogue with the medico-judicial assessors.<sup>45</sup> The assessors need to supply the patient with information regarding the aims, structure, and consequences of the assessment of dialogical answerability. At this stage, there are two possible outcomes: the patient can accept the dialogue, or decline. If the

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<sup>45</sup> As Camillia Kong underlines, judges usually overturn clinicians' judgement about anorexics' decisional capacity. As I shall argue, dialogical answerability cannot be assessed from a univocal point of view, and it requires the participation of clinicians and patients' significant others. C. Kong, 'Beyond the Balancing Scales: The Importance of Prejudice and Dialogue in *A Local Authority v E et al.*', *Child and Family Law Quarterly*, 26.2, (2014), pp. 216-236.

agent can articulate her reasons for refusing the treatment, it is possible to proceed with the actual assessment. If not, then it is necessary to understand, first, if and to what extent the patient feels herself excluded, misunderstood, or threatened by the medico-juridical assessor; and second, to take account of her claims, perspectives, experiences and self-narratives. If the patient is willing to have a dialogue, one can pass on to the second step of the assessment: the analysis of her reasons for refusing treatment and for anchoring self-trust and self-worth to anorexic behaviours. The central aim of this step is to understand the *viability* of the explanations articulated by the patient, or – to put it from the point of view of the patient – to make intelligible her reasons to the medico-juridical assessors. As for the first step, at this stage of the assessment there are again two possible outcomes: the patient can articulate a viable explanation for her decisions and self-regarding attitudes, or she can fail to make her claims intelligible.<sup>46</sup> In the former case, the patient can be considered dialogically answerable and able to exercise her capacity to refuse treatment. In the latter, we are in the same circumstances analysed earlier in relation to the dialogical unavailability of the patient. Let me discuss this stage in more depth.

If the patient is not willing to engage in a dialogue, or if she is unable to articulate an intelligible explanation of her decisions and attitudes, it is necessary to take seriously into account the possibility that the dialogical context of the assessment is impeding her capacity to articulate her claims and/or that the assessors are not considering, or not considering enough, the patient's values and reasons. The medico-

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<sup>46</sup> There's also in fact a third possibility: the assessors might make a mistake in the assessment of the patient's dialogical answerability. I will take into account this case when I will make reference to the different circumstances in which the dialogical assessment can turn out to be oppressive for the patient.

juridical assessors might – like Torvald in *A Doll's House* – develop their dialogical reasoning on the basis of a set of unquestioned assumptions that are structurally incompatible with the patient's claims. This implies that some patients can – like Nora in *A Doll's House* – be situated in a dialogical context in which their specific claims cannot be asserted without being misunderstood or devalued. This risk, however, cannot be avoided once and for all. It is not possible to foresee how an agent will interpret her culture, how her experiences will interact with her values and reasons, what values she will embrace, and how these values will be shaped by the context. For all these reasons, there is no dialogical model that guarantees the absence of any kind of oppression. Nevertheless, it is possible to lower radically this risk by doing three things:

- 1) *Paying attention to the effective dialogical answerability and transparency exercised by the medico-juridical assessors.* The patient's claims can challenge or conflict with the assumptions and values endorsed by the assessors. In such circumstances, the assessors have to articulate their own values and assumptions and update and reformulate their arguments on the basis of the knowledge they have obtained through the dialogue.
- 2) *Taking into account the patient's claims, reasons and values, especially in those cases in which these factors could imply the subversion, reformulation, or negotiation of current norms and of the values endorsed by the medico-juridical framework.* This task could be facilitated by involving a multi-disciplinary team of assessors (doctors, psychologists, psychiatrists, judges, bioethicists, social workers, health



carers).<sup>47</sup> A multi-disciplinary team of assessors can amend the implicit – or explicit – biases endorsed by the initial assessors<sup>48</sup> thanks to the variety of perspectives they represent. The outcome of the process of assessment will result from a democratic deliberation: if an assessor makes a mistake in the evaluation of the dialogical answerability of the patient, or if he/she endorses some value that turns out to be oppressive for the patient, the other assessors will be able to attenuate or dissolve his/her influence.

- 3) *Taking account of the role and claims of the patient's family, friends, health carers, and significant others, and allowing their direct and participation in the process of assessment.* Personal relations are crucial in this kind of context, not only because they can offer their peculiar, relationally-privileged, and historically-grounded perspective on the patient and contribute to establishing an appropriate dialogical context, but also because they are, to some degree and in many different ways, personally involved in the life of the

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<sup>47</sup> This should not be considered an exhaustive list of all the possible professionals that can be involved in the process of assessment of dialogical answerability. As a general rule, the team of assessors should be arranged in way that guarantees the most comprehensive perspective on the case in question. Both the assessors and the patient should be allowed to request the presence of a professionals expert in a particular field if they believe that the team of assessors lacks expertise in one of more of the relevant aspects involved in the case in question.

<sup>48</sup> Another question that arises regarding this point is: who is/are going to select the assessors? One way to deal with this question, is to institute a register gathering different professionals who are qualified to participate in an assessment of dialogical answerability, and then to select randomly the individual assessors on the base of their area of expertise. Importantly, it is necessary to select more than one professional for each area to guarantee a broad range of perspectives and backgrounds in the process of assessment.

patient. This is particularly true of anorexic patients: first, because the impact of the patient's decision on their families and friends is huge; and second, because it is very unlikely that anorexic patients will endorse a negative and non-egosyntonic conception of anorexia *in solitude*. Typically, indeed, anorexic patients come to understand anorexia as a mental disorder and not as a beneficial lifestyle and/or their authentic self thanks to the help of others. From this point of view, it becomes crucial to insist on the relevance of dialogical answerability and on the role that relations have, not only in the process of assessment, but also in the overcoming of the disorder itself.

- 4) *Taking account of the dynamics of power involved in the relation between patient and medical establishment.* The encounter between anorexic patient and medical establishment is highly gendered and can be affected by dynamics of power. As Foucault has notoriously argued,<sup>49</sup> the history of medicine cannot be separated from its claims of power/knowledge. Furthermore, the medical culture is deeply embedded in a patriarchal structure that often fails to meet the needs of women<sup>50</sup> (as the majority of anorexic patients). There is not a unique measure that can guarantee a solution in this regard. None of the professions I listed ordinarily receive training in recognising and challenging

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<sup>49</sup> M. Foucault, *The Birth of the Clinic: An Archeology of Medical Perception*, London, Routledge, (2003).

<sup>50</sup> K. Young, J. Fisher, and M. Kirkman, "Do Mad People Get Endo or Does Endo Make You Mad?": Clinicians' Discursive Construction of Medicine and Women with Endometriosis', *Feminism and Psychology*, 29.3, (2019), pp. 337-356; D. Lupton, *Medicine as Culture: Illness, Disease, and the Body*, Thousands Oaks, Sage Books, (2012).

oppression/power. For this reason, there is substantial risk that the dialogical aim of the assessment would not be met. It is possible to increase the chances that the assessors will not approach the task with a problematic conception of autonomy, but the solutions that can be applied in this direction are all the more effective the more time-consuming. The most rapid solution would consist in offering to the assessors an anti-oppression and inclusion training tailored on the specific case they are concerned with.<sup>51</sup> Considering that the assessment is often inscribed in a context of urgency, it is not realistic to think that it will be always possible to offer an adequate training. In this regard, it is difficult that trainings per se will be sufficient to overcome completely the risk of oppression and meet the requirements for a fair dialogical assessment. The less rapid – but more promising – solution consists in readjusting the academic training of these professional figures by including the study of oppression, privilege, and power in their courses of study. Given the pervasive and often invisible nature of oppression, as well as the dialogical and social nature of these professions, the inclusion of these topics would not be only helpful in regard to the specific context of the assessment, but also respect to their ordinary work practice.

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<sup>51</sup> Anti-oppression trainings should be able to deliver an elementary knowledge of the main questions connected to oppression, such as intersectionality, power and privilege, as well as to provide basic tools for the recognition and handling of these factors. Crucially, in order to offer a body of knowledge useful from the practical aims of the assessment, the training must include data about the peculiar kind of oppression experienced by the patient as a patient, and as intersectional situated subject. In this regard, considered that this knowledge comes in part from the experience of oppressed groups and individual, it is necessary to involve them in the structuralization of anti-oppression trainings.

If the patient fails the first assessment of dialogical answerability, it is necessary to set further sessions in which particular attention is paid to observe the above conditions. The medico-judicial assessors would need to have a duty to collect as much information as possible about the patient's values, reasons, claims, and self-regarding attitudes, and to be ready to articulate their own values and reasons in a transparent and honest way, without presupposing their validity. Given that it is very likely that assessors will disagree with anorexic patients' and vice versa, it is necessary "to take into consideration other, often extra-legal factors – the condition of care, the individual's self-conception, the specific relational context, the type of knowledge one thinks is relevant – or the hypergoods that move us – the primary values of life, the priority of individual choice, the importance of human dignity, the good of social inclusion".<sup>52</sup>

If the dialogue addresses, for example, the value of *self-control*, the assessors will have to take account of the conception of self-control endorsed by the patient without trying to convince them that they ought to accept a different perspective. Assessors can appeal to what the patient already accepts, to what she considers important, relevant, or valuable. Following this approach to moral dispute – Charles Taylor's *ad hominem*<sup>53</sup> approach – the assessors will not try to persuade the patient that she

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<sup>52</sup> Kong (2017), p. 232.

<sup>53</sup> Taylor underlines that the exercise of practical reasoning in cases of moral disagreement does not imply that we have "to convince those who are dividedly and unconfusedly attached to one first principle that they ought to shift to an entirely different one. [...] Rather, we are always trying to show that, granted what our interlocutors already accept, they cannot but attribute to the acts or policies in dispute the significance we are urging." Taylor (1995), p. 42.

ought to endorse different principles, but will work on those possibilities permitted by what the patient considers important. Taking into account the values and reasons endorsed by the patient, as well as the factors that they consider important, assessors would explore in dialogue with the patient the viability of the possible course of action proposed. As Serene Khader writes, “what is important for autonomy is knowing what one values and choosing the option on the menu that is most consistent with it”.<sup>54</sup> If, for instance, the patient affirms that “self-starving guarantees self-control”, but also that “she does not want to die or to harm her family”, the assessors could ask her why she actually privileges the former value against the latter. Especially considering that the relation between self-starving and self-control is a symptom of a treatable disorder, the assessors can stress that it is actually possible to gain self-control in non-maladaptive and non-egosyntonic ways. Assessors can argue that, in this way, it is effectively possible to safeguard the patient’s life and her family’s concerns without her renouncing self-control. The transition to a sustainable form of self-control compatible with care presupposes a series of conditions – such as restoration of normal weight, abandon of egosyntonic identity and self-regarding attitudes, development of self-worth and self-trust – that are achievable, yet difficult to attain by a patient with egosyntonic symptoms and/or fear of gaining weight. Faced with such considerations, how can a patient reply? How should her dialogical answerability be assessed? Let me try to reply to these questions.

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<sup>54</sup> S. Khader, ‘Beyond Autonomy Fetishism: Affiliation with Autonomy in Women’s Empowerment’, *Journal of Human Development and Capabilities*, 17.1, (2016), p. 130.

Let us consider the hypothetical case of a patient who has *never* received treatment for anorexia – I shall take into account cases of severe and enduring anorexia in the next section – that is positive to the functional assessment of mental capacity, while refusing life-saving treatment. The patient affirms that anorexia gives her self-control, but also that she does not want to die or to harm her family. Faced with the assessors' considerations about the available options and the possible courses of action, how might she reply? There are of course many possible replies, depending on the specific cases. Nonetheless, it is possible to consider some obvious examples:

- a) *The patient might affirm that even if a part of her thinks treatment is the best option, she is unable to consent to it and/or she does not deserve it.*

In this case, the patient will show that she lacks self-worth and/or self-trust about capacities, and that the egosyntonic forms of self-trust and/or self-worth that she possesses are not responsive to some of her deepest concerns. There are better alternatives under the terms articulated by the patient herself. Yet the patient does not consider herself able to pursue such alternatives and/or she considers herself undeserving of a better option. For these reason, the patient cannot be considered able to decide about her life-saving treatment because, as I argued in the previous chapter, self-trust and – especially – self-worth are necessary conditions of the exercise of autonomy.

- b) *The patient might affirm that she is much too scared by food and/or by gaining weight to consent to treatment.*

If the assessors have to appeal to what the patient accepts and values, they cannot argue that the patient's fear of food is irrational: for, from the patient's point of view, the fear of food is an integral part of the importance they accord to thinness and self-control. As a consequence, judging the fear of food as irrational implies the presumption of the irrationality of the anorexic's values and goals. Furthermore, any argument that deduces the fear of food from the diagnosis of anorexia is essentially fallacious: as Giordano argues, "however common, all of these claims are empty, tautological claims. They involve taking the description for an explanation. [...] Anorexia cannot be the cause (efficient cause) of anything, because we do not know what anorexia is – it is only a name given to a cluster of familiar experience and behaviours."<sup>55</sup> A patient who is scared by food will likely be, in a wide group of cases,<sup>56</sup> willing to live, to not harm her significant others, and to have sustainable forms of self-worth and self-trust. The fear of food does not impede the anorexic's mental capacity because it is irrational; rather, it hinders her self-trust regarding her capacity to undertake treatment. More specifically, the patient lacks self-trust about the exercise of her autonomy: she can see that treatment is her best option, yet she cannot look at herself as able to pursue that option due to an overwhelming fear. It is not unlikely that, at this stage, the patient would agree that treatment is the best option

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<sup>55</sup> In a more recent article, Giordano has argued that "the exceptional circumstances that characterize anorexia justify a partial derogation from the principle of respect for autonomy."<sup>55</sup> I disagree with this approach, first, because it recommends the same kind of mistake that it aims to solve,<sup>55</sup> and second, because it impedes the articulation of the problems raised by anorexia with regard to the concept of autonomy. There is no need to adopt exceptionalism as a principle of ethical decision-making regarding anorexia; Giordano (2019), pp. 321-322.

<sup>56</sup> I shall take into account borderline cases of anorexic patients refusing life-saving treatment in the next section.

available; however, she would also agree that she is not able to act in this direction or to undertake treatment. In conclusion, this patient should be considered unable to refuse treatment.

*c) The patient might admit she needs help to undertake and/or complete treatment.*

In this case, the patient has attained an enhanced epistemic position that allows a more comprehensive understanding of her situation: she implicitly affirms that she appreciates the importance of others, she recognises her condition as a problem, and she acknowledges that anorexia is a mental disorder. In order to achieve this outcome, it is essential that the assessors do not impose their values and reasons on the patient, nor try to persuade her to accept principles not her own. Rather, they need to show to the patient that, given her reasons and values, there are more fulfilling options than refusal of treatment. This patient is willing to undertake treatment, but she also experiences difficulties in keeping to this decision. This implies that her attitude might vacillate (most likely during the first stages of treatment) but also that is especially in these moments that she will need more help from her caregivers and significant others. An ongoing and well-calibrated relational support can be crucial in helping the patient to preserve and attain her non-anorexic goals.

*d) The patient might affirm that only anorexia can offer the kind of self-control she needs.*



This case is more complicated. Assessors can argue that the patient does not have sufficient reason to be *sure* that *only* anorexia can offer the kind of self-control she needs. If the patient has never experimented with other forms of self-control – or if she has never tried to pass from an anorexic form of self-control to a non-anorexic form – she cannot be *certain* that only anorexia can supply the sense of self-control she needs. Furthermore, considering that the symptomatology of anorexia can be almost entirely overcome, and that around 50% of patients who receive treatment fully recover,<sup>57</sup> there are no sufficient reasons to *presuppose* that it is not worth undertaking treatment and attempting to develop a non-anorexic form of self-control. On what grounds could the patient reject this argument? Perhaps the patient might argue that *the kind of self-control offered by anorexia can be attained only through anorexia and that it has nothing to do with the ordinary forms of self-control*. The assessors could then ask whether the self-control offered by anorexia constitutes a “superior” good, a good against which all other goods turn out to be trivial or irrelevant.<sup>58</sup> Given the patient’s argument, it is likely that she will affirm that anorexic self-control *is* a superior good and that, as such, it overrides the importance of other values such as health and relationships:<sup>59</sup>

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<sup>57</sup> Keel (2010).

<sup>58</sup> Pro-ana websites generally describe anorexic self-control as a superior good: “sacrifice is giving up something good for something better”; “nothing tastes as good as thin feels”; “I believe in perfection and strive to attain it”; “fat is a lazy person, Ana is control!”; “you’ll be pure, holy and clean!”; SonsofAna, *Read it Live it*, [web blog] <https://sonsofana.weebly.com/creeds-and-mantras.html>, (accessed 18 March 2019).

<sup>59</sup> The relation between anorexia and religious/spiritual commitment has been addressed in detail. What I want to stress here is that, even admitting the analogy between anorexic and religious/spiritual commitments, there are no sufficient reasons to acknowledge the agent’s decisional capacity on the sole ground of her assertions about her hypergoods and/or metaphysical beliefs. An agent who is dialogically answerable, as we have seen, must be able to articulate her

*We [anorexics] are “thrivers”! We thrive upon challenge, upon competition, upon the raw stimulation of life, keenness of our senses, strength and artistry in our bodies, alertness and clarity in our minds. We thrive upon the fact that while all religions, philosophies, ideologies upon the earth extol the virtues of self-control and self-government, our path alone holds the key to unlock the most secret chambers of these mysteries in something so seemingly simple as an empty plate, in something so seemingly shallow as a desire to be thin.*<sup>60</sup>

How would the patient reply to the question: what kind of self-control is the “superior” form of self-control offered by anorexia? How does it work? There are of course many things she might say. But there are two especially likely possibilities.

First, the patient might affirm that *people cannot know what it means to have anorexic self-control because only anorexics can*. Assessors could then ask

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commitment to her values in an intelligible way. It is not, as Nussbaum claims, that the assessment of dialogical answerability is *intrinsically* incompatible with religious commitments. As Mackenzie argues, the assessment of dialogical answerability is not “inconsistent per se with religious commitment, but it is inconsistent with dogmatic forms of religious commitment, or any other form of dogmatism, for that matter, which involve appeals to authority that bypass a person’s reflective agency”: Mackenzie (2014), p. 36; Nussbaum (2003). See also E. White, *The Spirituality of Anorexia. A Goddess Feminist Theology*, London, Routledge, (2018); A. Pittock, ‘How Are Anorexia Nervosa and Spirituality Connected, and What Implications Does This Have for Treatment?’, *Royal College of Psychiatrists*, 1, (2014), pp. 1-14; Forcen (2013); Weinberg (2010); Pearce (2004); J. Griffin and E. M. Berry, ‘A Modern Day Holy Anorexia? Religious Language in Advertising and Anorexia Nervosa in the West’, *European Journal of Clinical Nutrition*, 57, (2003), pp. 43-51; H. Baxter, ‘Religion and Eating Disorder’, *European Eating Disorders Review*, 9, (2001), pp. 137-139; S. Huline-Dickens, ‘Anorexia Nervosa: Some Connections with the Religious Attitude’, *British Journal of Medical Psychology*, 73.1, (2000), pp. 67-76.

<sup>60</sup> Strife and Rickard (2011).

why anorexics in treatment and post-anorexics claim that the self-control offered by anorexia is illusory and oppressive. The patient might claim that *real* anorexics do not “abandon” their anorexia;<sup>61</sup> as a consequence, their claims about anorexic self-control are not legitimate and do not reflect its authentic meaning. This outcome is of course problematic from a dialogical point of view: the patient seems impermeable to any kind of consideration or critique that counters her view of anorexic self-control. The meaning of anorexic self-control is presented as intrinsically incontrovertible, as “external” to the domain of the questionable, and as understandable only by those who “incarnate” anorexia. Given this configuration of the patient’s dialogical answerability, it is impossible to be clear whether the patient reflectively endorses the value she accords to anorexic self-control or if she is suffering from the influence of anorexia in a way that bypasses her reflective agency. Refusing to accept

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<sup>61</sup> Almost every pro-ana website I have visited reports a version of the so-called *Ana Commandments*: “1) If you aren’t thin you aren’t attractive; 2) being thin is more important than being healthy; 3) you must buy smaller clothes, cut your hair, take diet pills, starve yourself, do anything to make yourself look thinner; 4) thou shall not eat without feeling guilty; 5) thou shall not eat fattening food without punishing oneself afterwards; 6) thou shall count calories and restrict intake accordingly; 7) what the scale says is the most important thing; 8) losing weight is good / gaining weight is bad; 9) you can never be too thin; 10) being thin and not eating are signs of true will power and success.” Like the 10 commandments of the Judeo-Christian tradition, these commandments represent the basic principles that regulate the life of the “*good* anorexic”, or, in the terms by pro-ana users, of the “devotee to Ana” (the “divine” personification of anorexia, “often portrayed as a sort of deity, someone to be obeyed at all costs, requiring complete sacrifice of appetite and personal wishes”). “Set yourself some rules! If you’re a true Ana, you won’t have any problem following them. Ana girls are strong!”; Pittock (2014), p. 3; SonsofAna, *Ana has a set of 10 commandments – Follow them*, [web blog], <https://sonsofana.weebly.com/anas-commandments.html>, (accessed 10 September 2019); Pro Ana Goddess, *Tips & Tricks*, [web blog] <https://proanagoddess.wordpress.com/tips-tricks-2>, (accessed 13 September 2019).

and deal with alternative views of anorexic self-control (those advanced by anorexics in treatment and post-anorexics) the patient cannot articulate an account of the paramount value she accords to anorexic self-control and proves her incapacity to reflect on her commitments on the ground of the data available. For all these reasons, the patient cannot be considered able to refuse life-saving treatment.

Second, the patient might affirm that *anorexic self-control guarantees dominion over one's life, that it makes her feel powerful and safe*.<sup>62</sup> Even in this case, assessors could ask why anorexics in treatment and post-anorexics claim that anorexic self-control ends up as oppressive and deceptive. Furthermore, assessors could ask how the control of food and body weight works in relation with other spheres of life, such as relations with others.<sup>63</sup> If anorexic self-control guarantees a “superior” dominion over

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<sup>62</sup> Anorexics in treatment and post-anorexics usually characterise the anorexic self-control in these terms. It is very easy to find similar descriptions in pro-ana websites: “giving in to food shows weakness, be strong, and you’ll be better than everyone else”; “when you resist the pain of hunger, it means you are not a slave of your body”; “my main focus in life is to restrict the food I eat, it gives me a sense of safety”; SonsofAna, *Read it Live it*, [web blog], <https://sonsofana.weebly.com/creeds-and-mantras.html>, (accessed 18 March 2019); MPA, [web forum], <https://www.myproana.com/index.php/topic/149734-my-ed-makes-me-feelsafe>, Message posted, (accessed 5 March 2019).

<sup>63</sup> Relations are generally described by pro-ana users as an impediment for the attaining and maintenance of anorexic self-control, and pro-ana websites have plenty of pages about advices on hiding anorexia from friends and family: “Friends will only get in the way. Avoid them until you reach your goals”; “when you do eat, eat in front of friends and family to reduce suspicion and make them believe you eat normally”. Yet, the value and role pro-ana users attribute to relation with others is often ambivalent. On the one hand, such relations are considered detrimental to the “real” concerns and commitments of pro-ana users, while, on the other hand, they constitute a constant and fundamental background for the social recognition of their anorexic self-control, will-power, and self-worth: “Friends will envy your body, and admire you”; “people will see your beautiful

one's life, why does it conflict with other important values endorsed by the agent? Why does it appear much *less* fulfilling in the terms articulated by the patient herself? Moreover, given the descriptions offered by the patient, it is not clear why *only* anorexia is able to guarantee self-control and safety. It is not even clear what the peculiar aspect is of the anorexic self-control that makes it incompatible with other, "more trivial", forms of self-control. The patient, even in this case, does not articulate an account of anorexic self-control that includes her critical acknowledgment of alternative options, reasons, and points of view. Her claims about the superiority of anorexic control are not grounded in a reflective process, nor is she able to deal with considerations that conflict with her point of view. Furthermore, given the data available, the reasons and values articulated by the patient, the possible prospects, and the irreversibility of the effect of the refusal of life-saving treatment, it is at least reasonable to doubt the validity of the certainty she articulates. Thus, the patient fails to satisfy dialogical answerability and cannot be considered able to refuse treatment.

- e) *The patient might affirm that the assessors are missing some relevant issue, that her reasons and values have not been taken properly into account.*

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bones"; "people will congratulate you on how much you've lost"; "people LOVE Anas!"; Pro Ana Goddess, *Tips & Tricks*, [web blog] <https://proanagoddess.wordpress.com/tips-tricks-2>, (accessed 13 September 2019); Whoreomel, *Hiding your ED*, [web blog] <https://whoreomel.wixsite.com/proana/hiding-your-ed>, (accessed 28 September 2018); SonsofAna, *Read it Live it*, [web blog], <https://sonsofana.weebly.com/creeds-and-mantras.html>, (accessed 18 March 2019)

The important task here is not only understanding if, and for what reasons, the patient feels herself estranged and/or oppressed by the dialogical context of the assessment, but also to find a practicable way of helping put the patient in a position where she is able fully, or at least adequately, to articulate her concerns and claims. For example, she might be able to articulate her values only within a familiar context and/or in the presence, and with the support, of specific significant others. In this case, it might be necessary to allow the patient's significant others to take part directly in the process of assessment, taking into account their concerns and opinions, and involving them in the actual dialogical process. Still, the patient could feel herself estranged and/or oppressed even by her family and friends, and the participation of her significant others could exacerbate her response to the dialogue. In this case, the assessors should try to ask the patient what the values, reasons, and concerns are that have been not taken into account, and/or why she does not feel herself "safe" to articulate them. The patient might offer a further account of her action-guiding commitments and/or of the kind of oppression she experiences in the assessment of her dialogical answerability. In this case, the assessors will have to reformulate their arguments on the basis of the patient's claims and to assume a dialogical stance that takes account of the patient's concerns. *Yet*, again, the patient might defend her claims about her oppression with arguments analogous to those analysed in the previous example: the patient could say that only "real" anorexics can understand her values and reasons, that only admitting the paramount value of anorexic self-control is it possible to appreciate its importance, that the assessors can show they understand her only by leaving her free to refuse treatment, or that the kind of oppression she experiences in the dialogue is directly connected to the

assessors' incapacity to understand her as a *willing* anorexic. For the same reasons as in the previous example, this patient cannot be considered dialogically answerable and able to refuse treatment.

Even if it is not possible to offer a universal model for the assessment of dialogical answerability, it is important to underline that the patient will in fact probably undertake – willingly or not – medical treatment. In most of the cases patients attain a non-egosyntonic and negative conception of anorexia only *after* treatment and with the help of others. Retrospectively, post-anorexics and anorexic in treatment generally recognise that some of their decisions were not autonomous, and that intervention was ultimately necessary for them:

Participant 21: *I found in the end that if I had wanted to make any choice, different choices that I couldn't do it so it wasn't, it wasn't really my own choice any more.*<sup>64</sup>

Participant 18: *If [anorexia] almost does become part of you and so in order to get it out of you I think you do have to kind of hurt you in the process, I think it's almost inevitable.*<sup>65</sup>

Participant 20: *So I didn't really want treatment, but then there's this little voice deep down inside, which is kind of the complex part, that's saying "you know you do want treatment really", but then there's this kind of overriding big*

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<sup>64</sup> Tan (2006).

<sup>65</sup> Hope (2013)

*THING which is just like “no, you’re FAT” (laughs), “you don’t need to put on weight!”*<sup>66</sup>

We should not conclude, however, that there are reasons for which *no* patients who have never received treatment should not be allowed to refuse life-saving measures. Even if, as a result of the assessment of dialogical answerability, all these patients are considered unable to refuse treatment, the reasons for which their refusal is not in their best interests will nonetheless depend on the relational context of the patient and will be intrinsically bounded to her values, history and concerns. But it is important to take such aspects into account also for another reason. Coercive treatment can be particularly dangerous for anorexic patients because it can worsen their sense of loss of control and lead to an exacerbation of their symptoms. One study underlines that compulsory interventions can have a negative impact on the patient’s capacity to engage in psychological therapy,<sup>67</sup> and another reports a higher mortality rate amongst anorexic patients who have been treated against their will.<sup>68</sup> In light of this risk, it is crucial to engage the patient in a dialogical process in which the reasons underlying treatment decisions are articulated in relation to her specific concerns. Even if she does not accept any reasons for undergoing treatment, she will not be treated against her consent *because she is anorexic*, but rather because she cannot exercise her autonomy within a relational framework. Her decisional

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<sup>66</sup> Hope (2011).

<sup>67</sup> C. Schreyer et al., ‘Perceived Coercion in Inpatients with Anorexia Nervosa: Associations with Illness Severity and Hospital Course’, *International Journal of Eating Disorders*, 49.4, (2016), pp. 107-412.

<sup>68</sup> H. Ward et al., ‘Follow-Up Mortality Study of Compulsory Treated Patients with Anorexia Nervosa’, *International Journal of Eating Disorders*, 48.7, (2015), pp. 860-865.



capacity will have been recognised in so far as it has been dialogically exercised.

Let me now focus on the case of an anorexic patient with severe and enduring anorexia refusing treatment. Before proceeding, however, I want to clarify one thing. Sometimes, there is no time for a proper assessment of dialogical answerability. In these cases, considering the argument so far, I think that patients with anorexia who have never received treatment should be saved and be force-fed. If the patient is in danger of death, the process of assessment of dialogical answerability should be postponed until the patient's life is no longer at risk. As I shall explain, the chances of recovery increase drastically with early interventions, and as I have underlined several times, patients come to understand anorexia as a mental disorder thanks to treatment and the help of others.

(3) Refusal of Treatment, Treatment Failures, and Severe and Enduring Anorexia.

In the literature on eating disorders, the label “severe and enduring” is used to designate patients who are resistant to treatment and who suffer the disorder for many years.<sup>69</sup> DSM-V connects the “severity” of anorexia to body mass index,<sup>70</sup> while the National Service Framework for Mental Health claims that “people with recurrent or severe and

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<sup>69</sup> The term “severe and enduring” has typically been used to designate mental disorders that include psychosis amongst their symptoms, but in recent years it has also been applied to eating disorders. P. Hay, S. Touyz, ‘Treatment of Patients with Severe and Enduring Eating Disorders’, *Current Opinion Psychiatry*, 28.6, (2015), pp. 473-477.

<sup>70</sup> DSM-V (2013).

enduring mental illness [...] have complex needs which may require the continuing care of specialist mental health services working effectively with other agencies”.<sup>71</sup> Paul Robinson proposes a definition based on the symptom present: a patient with severe and enduring anorexia is “a patient with symptoms which interfere substantially with quality of life”.<sup>72</sup> Clinicians and researchers use the label “enduring” to refer to cases of anorexia lasting for more than a few years (generally seven)<sup>73</sup> and with several failed treatment attempts. Given the lack of consensus on what counts as “severe and enduring”, researchers underline the need for of a more precise definition and more extensive research on this stage of the disorder.<sup>74</sup> I shall use a broad notion of “severe and enduring” anorexia (hereinafter referred as SEAN) to describe all those patients who have proven to be resistant to treatment, who have already been treated compulsorily, and who have had anorexia for more than 10 years.

Let’s suppose that a patient with SEAN refuses life-saving treatment. In contrast to patients who have never received treatment, a patient with SEAN can have different and more solid reasons to think that treatment is not the best option for her. Considering her medical

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<sup>71</sup> Department of Health and Social Care, *National Service Framework for Mental Health*, London, Department of Health and Social Care, (1999), p. 43.

<sup>72</sup> P. Robinson, *Severe and Enduring Eating Disorder (SEED). Management of Complex Presentations of Anorexia and Bulimia Nervosa*, New Jersey, Wiley-Blackwell, (2009), p. 8.

<sup>73</sup> C. Broomfield et al., ‘Labeling and Defining Severe and Enduring Anorexia Nervosa: A Systematic Review and Critical Analysis’, *International Journal of Eating Disorders*, 50.6, (2017), pp. 611-623.

<sup>74</sup> P. Hay, S. Touyz, ‘Classification Challenges in the Field of Eating Disorders: Can Severe and Enduring Anorexia Nervosa Be Better Defined?’, *Journal of Eating Disorders*, 6.41, (2018), pp. 1-3; P. Hay, S. Touyz, ‘Treatment for Severe and Enduring Anorexia Nervosa: A Review’, *Aust N Z J Psychiatry*, 46.12, (2012), pp. 1136-1144; S. Touyz, D. Le Grange, P. Hay, H. Lacey (eds.), *Managing Severe and Enduring Anorexia Nervosa: A Clinician’s Guide*, London, Taylor and Francis, (2016).

history, it is reasonable to think that the same treatment that has already failed will most likely fail again:<sup>75</sup> as the statistics show, a significant percentage (20%) of anorexic patients never recover, and 20% of the deaths connected to anorexia are due to suicide.<sup>76</sup> Life can become unbearable for patients with SEAN, and the alarming suicidal rate is a clear sign of this. A patient overwhelmed by the continuous and protracted struggles with her disorder might argue that *she is tired of living a life whose quality has become too low*. What can the assessors say to the patient? Some scholars, such as Robinson, Cave, and Tan,<sup>77</sup> stress that “one of the most remarkable aspects of treating eating disorders is that patients do, against all predictions, sometimes recover after 8, 10 and even 20 years of illness”.<sup>78</sup> June Alexander, a writer and activist who had anorexia for more than 20 years, emphasises that it is practically possible to recover from SEAN, but only by “listening more deeply to the patient [... and] sharing stories of illness and recovery”.<sup>79</sup> Contrariwise, other researchers claim that, considering the statistics, “most patients with SEAN are unlikely to fully recover”.<sup>80</sup> Moreover, it has been observed that the possibility of recovery decreases drastically with time, especially

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<sup>75</sup> I am assuming that the patient has already undergone the standard therapies for anorexia: family-based therapy and cognitive behavioural therapy.

<sup>76</sup> Arcelus (2011).

<sup>77</sup> E. Cave and J. Tan, ‘Severe and Enduring Anorexia Nervosa in the Court of Protection in England and Wales’, *International Journal of Mental Health and Capacity Law*, 23.17, (2017), pp. 4-24.

<sup>78</sup> Robinson (2009), p. 6.

<sup>79</sup> J. Alexander, ‘Severe and Enduring Anorexia Nervosa – Should We Even Give Up?’, *The Diary Healer*, [web blog], (12 September 2017), <https://www.thediaryhealer.com/2017/09/12/severe-and-enduring-anorexia-nervosa-should-we-ever-give-up>, (accessed 18 April 2019).

<sup>80</sup> S. Touyz and P. Hay, ‘Severe and Enduring Anorexia Nervosa (SEAN): in Search of a New Paradigm?’, *Journal of Eating Disorders*, 3.26, (2015), pp. 1-3.

after three years.<sup>81</sup> In the last decade the efficacy of Deep Brain Stimulation<sup>82</sup> (DBS) for patients with SEAN has been explored.<sup>83</sup> The results, however, are still at an early stage. More work is needed in this direction to understand if, and to what extent, DBS can constitute a potentially successful form of treatment for SEAN. What probability of success makes refusal of treatment unreasonable? And what are the factors we have to take into account to consider a treatment successful? Should we take into account the “chance of survival after a further course of feeding? Improved quality of life? Recovery from the eating disorder?”<sup>84</sup> All of these? On the one hand, we have to remember that it is impossible to set a fixed threshold for every case. Given the number of context-dependent variables in play and the presence of factors connected to the values and histories of the patient, the threshold has to be set on a case-by-case basis. On the other hand, it is equally crucial to stress that medical treatment for anorexia can have, in certain circumstances, fatal consequences. Anorexia can have disastrous effects on the body, and the health conditions of SEAN patients can be so severely compromised that they can risk dying in consequence of force-feeding. In such cases, the risks involved in the treatment simply outweigh the possible benefits, and it appears completely unreasonable compulsorily to treat these patients. Even if SEAN is not a chronic and/or terminal disease, in some cases the chances of recovery border on

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<sup>81</sup> Zipfel et al. (2015).

<sup>82</sup> Deep brain Stimulation is a surgical procedure involving the placement of a electrical stimulator in the brain. The stimulator sends electrical impulses to specific targets to change the activity of the brain.

<sup>83</sup> R. J. Park et al., ‘Deep Brain Stimulation in Anorexia Nervosa: Hope for the Hopeless or Exploitation of the Vulnerable? The Oxford Neuroethics Gold Standard Framework’, *Frontiers in Psychiatry*, 8.44, (2017), pp. 1-10.

<sup>84</sup> Giordano (2019), p. 326.

zero.<sup>85</sup> As a consequence, in the absence of a realistic chance of recovery and survival, assessors cannot realistically claim that treatment is the best option in the patient's own terms.

What about cases in which treatment does not involve the risk of the death of the patient? As we have seen, given the treatments currently available for anorexia, it is very unlikely that a patient with SEAN can recover. So assessors cannot argue that the patient cannot know that the treatment will not work for her: not only her personal history, but also her medical history say otherwise. Perhaps the assessors could try to stress that, by refusing treatment, the patient is not only refusing to cure anorexia, but she is also choosing to go towards certain death. Patients with SEAN who refuse life-saving treatment can be deeply aware of the consequences of their choice.<sup>86</sup> Their quality of life can indeed become so low that death can appear to them as a relief. Yet, as Giordano underlines, “anorexia is not a suicidal choice – many anorexics do not want to die; they do not know how else to live”.<sup>87</sup> Patients with SEAN do not have many viable options: available treatments do not work for them, and life becomes an unbearable weight. It is also not unlikely that patients' friends and family agree that treatment is not the best choice for them. It is understandable, even if difficult to accept, that life can become

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<sup>85</sup> In some circumstances, SEAN has been considered terminal. But the entire symptomatology of anorexia remains reversible – especially if compared with other terminal stages of diseases such as lung cancer, leukaemia, or Lesch-Nyhan syndrome. See: Cave and Tan (2017); S. Schmidt S., ‘Anorexic woman weighing 69 pounds has a right to starve, court rules’, *The Washington Post*, (22 November 2016), [https://www.washingtonpost.com/gdpr-consent/?next\\_url=https%3a%2f%2fwww.washingtonpost.com%2fnews%2fmorning-mix%2fwfp%2f2016%2f11%2f22%2fanorexic-woman-weighing-69-pounds-has-a-right-to-starve-court-rules%2f](https://www.washingtonpost.com/gdpr-consent/?next_url=https%3a%2f%2fwww.washingtonpost.com%2fnews%2fmorning-mix%2fwfp%2f2016%2f11%2f22%2fanorexic-woman-weighing-69-pounds-has-a-right-to-starve-court-rules%2f), (accessed 22 December 2018).

<sup>86</sup> Giordano (2019), p. 316 and 326.

<sup>87</sup> *Ibid.*, p. 327.

overwhelming in certain circumstances. However, it is also important to note that research on SEAN is still at early stage<sup>88</sup> and that treatments for anorexia have improved in the recent years.<sup>89</sup> It is not unreasonable to think that over the next years the quality and efficacy of the therapy available for anorexia and SEAN might advance.<sup>90</sup> Furthermore, as I have underlined, despite the central function that self-regarding attitudes have in treatment, there is a lack of research on the role of self-worth, self-respect, and self-esteem.<sup>91</sup>

If we look at the multiplicity of the variables concerned, we can see that the assessment of the dialogical answerability of a patient with SEAN can be much more complex than in the other cases discussed so far. On the one hand, there is no doubt that a patient “who has struggled with anorexia for a long time, who [...] has been already treated compulsorily, may have greater insight into her quality of life and greater capacity to refuse medical treatment than someone who has a shorter history of eating disorders”.<sup>92</sup> The patient can have reasons for refusing treatment, and, although difficult to accept, they can be understandable in the light of her values, history and concerns. On the other hand, we have to remember that SEAN is not a terminal disease; that patients have

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<sup>88</sup> J. Conti, P. Rhodes, and H. Adams, ‘Listening in the Dark: Why We Need Stories of People Living with Severe and Enduring Anorexia Nervosa’, *Journal of Eating Disorders*, 4.33, (2016), pp. 1-7.

<sup>89</sup> R. Dalla Grave, M. El Ghoch, M. Sartirana, S. Calugi, ‘Cognitive Behavioral Therapy for Anorexia Nervosa: An Update’, *Current Psychiatry Reports*, 18.1, (2016), pp. 1-18.

<sup>90</sup> A. Zeeck et al., ‘Psychotherapeutic Treatment for Anorexia Nervosa: A Systematic Review and Network Meta-Analysis’, *Frontiers in Psychiatry*, 9.158, (2018), pp. 1-14.

<sup>91</sup> P. Robinson et al., ‘Severe and Enduring Anorexia Nervosa (SEED-AN): A Qualitative Study of Patients with 20+ Years of Anorexia Nervosa’, *European Eating Disorder Review*, 23.4, (2015), p. 320.

<sup>92</sup> Giordano (2019).

recovered even after 20 years; that therapies could improve in the next few years; and that the patient's refusal could be invalidated by a lack of self-worth, self-esteem, and self-respect. Yet I don't think these are sufficient to overcome the patient's choice to refuse treatment. As we saw in chapter 5, the exercise of the capacities connected to autonomy is conditioned by the agent's self-worth, self-respect, and self-trust. Not enough is known about the role these attitudes play in anorexics' decisional capacity or about the function that they can have in therapy. Given this lack of data, these self-regarding attitudes have to be evaluated on a case-by-case basis during the process of assessment of dialogically answerability. Importantly, a better understanding of the role and functions of self-regarding attitudes in anorexia and SEAN might offer useful insights for therapy and for recovery.

I have focussed on two diametrically opposed cases: on the one hand, anorexic patients who have never received treatment; on the other hand, patients with severe and enduring anorexia who are resistant to typical treatments; and the scope of my investigation is limited to anorexic patients who refuse life-saving treatment. However, considering the multiple issues involved in this typology of cases, it is worth mentioning the crucial importance of *early intervention* and to take into account the idea that *intervention should not be limited to those cases in which the life of the patient is in danger*. Researchers agree that early interventions drastically reduce the chances of failure and increase those of a favourable prognosis.<sup>93</sup> Finally, the treatment of patients whose lives are not in

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<sup>93</sup> Royal College of Psychiatrists, *PS03/19 Position Statement on Early Intervention for Eating Disorders*, London, Royal College of Psychiatrists (2019); P. Rodhe, E. Stice, N. Marti, 'Development and Predictive Effects of Eating Disorder Risk Factors

danger does not generally involve force-feeding; it is radically less problematic for the patients, and it involves fewer ethical and legal problems. The earlier the diagnosis and the required intervention, the higher the chances of recovery. Further work is therefore required to develop a reliable method for the early identification anorexia and to understand how early intervention can be ethically implemented.

The combination of the dialogical conception of autonomy I have developed in the previous chapter and weak substantivism has allowed me both to take account of anorexics' claims and to narrow the normative gap affecting anorexic patients refusal of treatment. Despite what defenders of value-neutrality and proceduralism claim, it is possible to take into account reasons and values in the assessment of autonomy without prescribing them. Not only are moral language and dialogical interactions an integral part of autonomy: they are fundamental to understanding in a more fine-grained way if, and to what extent, agents' decisional capacity is impaired. This, as we have seen, is particularly true for anorexic patients who refuse life-saving treatment.



## *Conclusion*

*In order to make a mistake,  
a person must already judge  
in conformity with mankind.*

LUDWIG WITTGENSTEIN, *On Certainty*.

(1) Approaching Vulnerability and Interdependence: The  
Dialogical Constitution of Autonomy.

I have offered an account of autonomy that is responsive to the ethical, practical, and theoretical problems involved in the assessment of the mental capacity of anorexic patients who refuse life-saving treatment; is logically consistent; and is legally and practically applicable. In investigating the limits and viability of the liberal and relational notions of autonomy regarding these three points, I conclude that the concept of autonomy cannot be grounded in an atomistic, private conception of self-knowledge without becoming theoretically problematical, ethically unsuccessful, and irresponsive to fine-grained social phenomena such as those connected to anorexia. As Wittgenstein and Taylor argue, knowledge and autonomy are dialogically constituted and relationally exercised. From the practical point of view, this implies, on the one hand, that the alleged presence of “private reasons”, “private values” or

“private motivations” – something that is knowable only by his/her “owner” – is not sufficient to guarantee the decisional capacity of the agent,<sup>1</sup> and, on the other hand, that it is impossible to construct a functional and sustainable conception of autonomy without paying attention to what happens within the dialogical frameworks in which the concept of autonomy is actually employed, articulated, discussed, interiorised and negotiated.

Recent feminist philosophers have typically been critical of liberal, individualist notions of autonomy,<sup>2</sup> and the families of theories gathered under the umbrella term “relational autonomy” are only one of the most recent instantiations of a process of reformulation of the concept of autonomy aiming to eradicate (or at least to limit) its oppressive characteristics and to enhance its responsiveness to vulnerability and interdependence. My argument situates itself within this wider attempt to understand human beings as fundamentally interdependent.

(2) Decisions, Dilemmas, and Responsibility: Inescapable Value-Ladenness.

This thesis has explored the limits and viability of the liberal notion of autonomy in the context of anorexia by adopting the method of *immanent critique*, that is, by assuming the philosophical framework and language adopted by liberalism and showing its inherent limits and

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<sup>1</sup> More precisely, the presence of such private factors *together with* a functioning set of procedural capacities is not sufficient to infer the mental capacity of the agent.

<sup>2</sup> A very interesting alternative perspective on the relation between liberalism, individualism and feminism is offered by L. Downing, *Selfish Women*, London, Routledge, (2019).

contradictions. Central to liberal accounts of autonomy is an internalist conception of reasons, with its concomitant commitment to a conception of autonomy as normatively neutral, insisting that only the reasons and values that the person concerned *accepts* – even if these reasons are unwise, irrational, or absent – can be taken into account in the assessment of mental capacity. Within this conception, autonomous actions are *caused* by internal reasons, i.e. by desires, motivations, aspirations, needs and so on. This *motivational set* is understood as fundamentally *private and inaccessible to others*. Only their *owner* can understand and apply reasons correctly. This implies that what is understandable, or graspable, about a process of decision-making is a matter exclusively of the *procedures* of thought applied, and not the *content* of the thought at issue.

The phenomenon of anorexic patients refusing treatment offers a critique of this framework. The internalist theoretical assumption turns out to be deeply problematic. Neither internalism nor externalism help. What emerges from my analysis is that a viable notion of autonomy cannot be grounded in a value-neutral, internalist position. As Meyers puts it, any theory is necessarily normative and grounded in a set of values, whether explicitly or implicitly. There is no “purely” detached approach, neither to values and reasons, nor to the ‘private’ domain of the agent’s self. The constitution of any perspective cannot but assume a contrastive background in which what is valuable stands out against what it is not. In order to do justice to anorexic patients refusing treatment, it is necessary to rethink the liberal notion of autonomy and its bases: value-neutrality and epistemological independence.

(3) Dialogical Conditions and Exercise of Autonomy.

As I have argued, the monological approach appears attractive because it appears *obvious*. It appears somehow natural that, after all, *others cannot really know what I think, why I act in a certain way, what the reasons are for my decisions*. But this approach is structurally unable to explain what an error in the understanding of one's mental content looks like: if only the agent can be acquainted with her private objects of knowledge, everyone whose understanding of their mental contents is problematic is helpless in regard to their own misunderstanding. The case of anorexic patients refusing treatment and the contrast between the MCA and Giordano's approaches strongly emphasise this flaw: if we maintain a monological perspective, we have to allow anorexic patients to refuse treatment; yet this solution is profoundly incompatible with psychiatric evidence, anorexic and post-anorexic claims, and other empirical evidence. In consequence, the notion of epistemologically independent agents must be rejected and replaced with a relational conception of knowledge. I have identified four conditions – three connected to self-regarding attitudes, and one to dialogical capacities<sup>3</sup> – governing this conception: 1) self-worth; 2) self-respect; 3) self-trust and 4) dialogical accountability.

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<sup>3</sup> My study of autonomy and anorexia has allowed me to individuate these four conditions, but further research in other domains is required to gain a wider understanding of the conditions for the exercise of autonomy. For example, previous studies of The Essex Autonomy Project about the capacity to refuse treatment for patients with affective disorder have found that “in both severe depression and mania, the future can be experienced in a radically anomalous way which can undermine decision making capacity for treatment”. G. S. Owen, W. Martin, T. Gergel, ‘Misevaluating the Future: Affective Disorder and Decision-Making Capacity for Treatment – A Temporal Understanding’, *Psychopathology*, 51.6, (2018), pp. 371-379.

- 1) Autonomous agents consider themselves as *worthy* of taking decisions about their lives and engaging with their reasons and values as something that deserves expression or defence.
- 2) Agents with self-respect endorse a self-caring attitude, accept their intrinsic fallibility, vulnerability, and interdependence, and reject self-neglect and self-abnegation, as well as indiscriminate self-acceptance, self-indulgence, and self-obsession.
- 3) Agents with self-trust trust their capacities to act in accordance with their reasons and values; trust that they are actually able to act on the basis of her reasons and values; and they trust the judgments underlying their decisions.
- 4) Autonomous agents are able to interact dialogically with other agents and to articulate, defend and revise their values and reasons.

These four conditions are morally grounded; but contrary to how they are usually understood by those adopting a monological perspective, they are not normatively prescriptive, paternalistic, or value-biased. These conditions do not predict or presuppose what the outcome of decisions made by dialogically answerable agents with self-worth, self-respect, and self-trust will be; but they do ensure that those decisions will be exercised autonomously, in the wider and more-fine grained sense I have argued for. Furthermore, in assuming vulnerability, relational embeddedness and interdependence as constitutive characteristics of the human agent, my

conception of autonomy makes conceptual space for a notion of “intervention” that is able to take account of the different ways in which individuals are mutually influenced and dependent, instead of depicting intervention – as defenders of monological accounts do – as a form of justified violation of liberty, as an act that despite its legitimacy, is constitutively violent and coercive. Intervention does not necessarily constitute an intrusion into the agent’s autonomy. *Justified* intervention is a practice of *relational responsibility* that can aim not only to protect, but also to *enhance* autonomy.

(4) Future Research and Viable Directions.

This thesis offers an analysis of the notion of autonomy in the context of anorexia that aims to respond to the very peculiar lived experience of patients with anorexia as a means of exposing the limitations of the liberal understanding of autonomy in order to make space for possible developments of that understanding that does not demand wholesale rejection of that tradition but offers a means of doing justice to the latter within the context of a relational approach. Such an approach may be hoped to help develop a conceptually richer theoretical understanding of autonomy, as well as having applicability in a range of other real-world contexts. More research is needed in order to offer an in-depth analysis of the role played by self-worth, self-respect, and self-trust in patients with anorexia and SEAN. Scholars have investigated the role played by self-esteem (which is understood as a broader category that overlaps – in different ways, depending on the particular notion of self-esteem – with the three self-regarding attitudes I have analysed) in

anorexics' decisional capacity, but not enough is known in relation to the role played by self-worth, self-respect and self-trust.<sup>4</sup> Given this lack of data, these self-regarding attitudes have for the time being to be carefully evaluated on a case-by-case basis during the process of assessment of dialogically answerability. Importantly, a better understanding of the roles and functions of self-worth, self-respect, and self-trust in anorexia and SEAN might offer advantageous insights for therapy and for the recovery or development of such attitudes.

The dialogical account of agency that I have developed has been constructed on the basis of the insights and claims articulated by anorexic patients and by analysing the shortcomings and inadequacies of the notion of autonomy assumed by the MCA in relation to their refusal of treatment. Nevertheless, my dialogical notion can be applied to other cases of fine-grained refusal of treatment: patients with other eating disorders, depression, schizophrenia, dementia, and Alzheimer disease. These and other cases, if analysed through a dialogical lens, might offer useful insights for a richer and more encompassing notion of what it is to be an agent. Finally, the dialogical notion of agency does not concern the domain of refusal of treatment exclusively. I have in mind in particular the role that this notion can have in questions of multiculturalism, pluralism, decolonialism and post colonialism; in short, in all those areas in which the focus on the incompatibility of human perspectives and/or on the aspiration to construct some sort of mutual ground is central.

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<sup>4</sup> Tafariodi and Swann Jr (2010).





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