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DOI

[10.1111/1467-9655.13773](https://doi.org/10.1111/1467-9655.13773)

Publication date

2022

Document Version

Final published version

Published in

Journal of the Royal Anthropological Institute

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Citation for published version (APA):

McKearney, P. (2022). Disabling violence: intellectual disability and the limits of ethical engagement. *Journal of the Royal Anthropological Institute*, 28(3), 956-974. <https://doi.org/10.1111/1467-9655.13773>

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Disabling violence: intellectual disability and the limits of ethical engagement

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Those giving care to people with intellectual disabilities in the United Kingdom are obliged to drive bad forms of intimacy, such as abuse, out of the caring relationship. They must also enable these individuals to find positive forms of intimacy through reciprocal relationships such as friendships. These two aims are normally separated, but in an organization called L'Arche UK, they are combined in the same relationship when caregivers pursue reciprocal friendships with those they support. What happens to this ethical project when those with intellectual disabilities are violent to their caregivers? Trying to pursue intimate engagement in this context has the unexpected result of creating distrustful and tense relationships, which raises questions not only about why this ethical project goes so wrong, but also about what it would mean for it to go right: that is, what a richer and fully positive reciprocity between limited and complex human beings would actually look like in practice.

I walked in out of the cold to find Martha holding her mouth, gasping with excitement. 'What is it?' I asked. She took me by the hand, ushered me into the dining room, and pointed towards the red web that stretched high across the ceiling. It had appeared at the beginning of December and formed a canopy above us as we ate underneath it, marking the progression of advent as, each night, we added another hand-stitched fabric star to one of the points where the strings met. This grey winter day there were twenty-four. And that could only mean one thing. 'Hoho!' Martha said: Christmas had finally come.

Martha is a 40-year-old woman from Wales whose intellectual disability restricts both her capacity to do tasks that are essential to her well-being and her verbal communication to a few syllables and idiosyncratic sign language. The words Martha can express are therefore quite limited, and she requires a fair amount of help in everyday life. None of this does anything to stop her being the most vivacious member of the government-funded group care-home she lives in; a status she maintains through her regular displays of magic tricks at the dinner table, impromptu performances of Cinderella in front of the mirror, and, whenever she hears anyone talking about a party, boisterous shouts of 'aaand me!'

Journal of the Royal Anthropological Institute (N.S.) 28, 956-974

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Christmas Day in many care homes around the country can be a subdued affair. But in Martha's unusually communal care home, run by a distinctive Christian organization called L'Arche UK, it is boisterous. It is the home not just of those with disabilities, but also of many of their carers. In line with L'Arche's communal ethos, the house invites carers from times gone by, the friends and family of those who live there, and the managers to join in the celebrations. That day, we made for a grand total of twenty-one who had come for Christmas dinner. Therein lay the explanation for Martha taking her seat so uncharacteristically early, at a dining table designed for no more than twelve. A sensible move it turned out. A few minutes later, I had to join the co-ordinated attempts of five other people to squeeze ourselves onto a bench so close to the table that it sealed our shared, uncomfortable fate for the rest of proceedings.

Martha had little time for such matters, welcoming each and every member of the table by pointing at them in turn, and encouraging us all to put on our paper crowns. By this point, fellow resident Ruth was also uninterested in formalities. She had been at the table for too long. Bound to it only by the brakes on her wheelchair, she released them without her carer noticing and began to wheel off. Ruth has more severe intellectual disabilities than Martha, and significant physical impairments besides. She appears to understand very little of verbal communication and requires a great deal of help with everything from eating to bathing. But that does little to dampen her capacity vividly to express her excitement at being around people. As she headed off around the table, she crossed her arms and vigorously bounced them up and down – letting out a few shrieks of delight while she was at it, smiling at the assembled company.

But as she circled round the back of the bench I was sat on, I started to worry. A few months into my year working as a carer, I had become adept at evading her regular attempts at snatching my glasses or pulling on my ears and hair. But this time I could only twist my body away from my ensnared legs, as I watched her fixate on the paper crown atop my head while slowly, menacingly, making her way towards me. It was not enough: while I initially manoeuvred my head out of her reach, she soon wheeled to where I could not turn, pulled me forcefully back towards her, and snatched the flimsy hat off the top of my head – taking a not insignificant amount of my hair with it.

Markedly different stripes of moral philosophers have claimed that people, such as Martha and Ruth, with intellectual disabilities that affect their capacity to reflect, communicate, and interact can inhabit only the margins of moral life. The utilitarian Peter Singer (2011), for instance, takes their lowly position in his cognitive hierarchy of living beings as determining their place within human moral life. For him, such individuals can have little moral worth to others, nor can they meaningfully participate in ethical relationships (Singer 2010; see also Kittay 2008; 2010). The Kantian Peter Strawson (1962; 2011) arrives at the same conclusion. But on the way he offers a richer conception of what ethical engagement actually involves, one that takes us deeper into the anthropological questions on this subject that I probe in this article.

Strawson draws on Kant's distinction between treating others as subjects or objects to distinguish between two modes in which we can relate to them. We can 'detach' from them by taking an objective stance that treats their behaviour as 'explicable under causal laws' (Langton 1992: 487). The opposite stance is what he calls 'involvement' or 'engagement' as seen by the presence of the 'reactive attitudes'. These are emotions such as 'gratitude' or 'resentment' that can only be provoked by taking another's actions as intended rather than caused – as the actions of, in this Kantian language,

a *subject* not an *object*. It is the difference between the relational complexity of angrily arguing with your neighbour because you think they meant to scratch your car, and treating them more simply as a ‘problem to be managed, an obstacle to be avoided’ (Langton 1992: 487).

Strawson’s idea of ‘engagement’ engages the anthropology of ethics’ interest in describing the ethical component of social life – in part, by the analogies between his notion and those dominant in this movement. His claim is not that ‘involvement’ entails treating people morally. Rather, the idea of ‘engagement’ is designed to indicate that, when we take others as intentional agents, we interact with them in an ethically weighted way as subjects of ethics themselves (Keane 2015: 17; Laidlaw 2013: 3). And Strawson’s focus on the complexity of ethical reflection inherent in spontaneous emotions also moves us past the false choice we are sometimes presented with in the anthropology of ethics between focusing on reflection or on the relational immediacy of moral life – offering a way, instead, to hold them together (Das 2014; see also Laidlaw 2014; 2017; Nussbaum 2001). Strawson thus presents us with an analytic through which to investigate how different forms of interaction negotiate ethical weight within interpersonal relationships.

Strawson, along with other contemporary Kantians (e.g. Korsgaard 1992; Langton 1992), places particular emphasis on responsibility within his conception of ethical interaction – a theme that has received important but limited explicit treatment in the anthropology of ethics to date (Englund 2008; Evans 2016; Laidlaw 2010; Robbins 2010; Trnka & Trundle 2017; Zigon 2010). When we feel the reactive attitudes, we take people as responsible for authoring their intentions (Frankfurt 1971; Laidlaw 2013; Stasch 2008). Expressing these attitudes is performatively to hold others to account for their actions, good or bad. I presume this is why Strawson thinks that we cannot do this with people with cognitive difficulties such as Martha and Ruth: because he takes the impairment of their reflective and communicative capacities to mean that they cannot author their actions or take responsibility for them, and therefore that we can only treat their behaviour as caused rather than intended (Strawson 1962: 12). He thus arrives at the same conclusion as Singer: that we cannot engage *with* them, but can only have pity *for* them.

Such a conclusion hastily forecloses on some empirical questions that Strawson’s notion of ‘engagement’ actually helps us to open up. There is no anthropological reason to think there is a limit on the kinds of beings that humans can endow with moral worth (Edgerton 1970; Laidlaw 2017; McKearney 2018). We similarly have no a priori reason to believe there are any biologically determined universal restrictions on the kinds of beings humans can attribute intentions and give responsibility to (Evans 2016; Hollan & Throop 2008; Keane 2015; Kohn 2015; Laidlaw 2013; Luhmann 2011; Robbins 2010; Robbins & Rumsey 2008; Stasch 2008) – even when their mental capacities are under question (Antze 2010; Cohen 2000; Davis 2012; Lester 2019; Luhmann 2001; McKearney 2021; Mattingly 2014; Mezzenzana 2020; Zigon 2010; 2017).

Martha’s and Ruth’s lives are a good example of how socially variable (and thus undetermined by biology) such questions are. The ongoing reform of British state-funded care refuses to accept the limiting conclusions about people with intellectual disabilities that once abounded in British society and policy. Contemporary welfare provision, instead, seeks to integrate these individuals into normal life and into relationships in which they might interact *with* people, rather than just be objects of their care. Martha and Ruth’s care provider, L’Arche, pursues this goal in a distinctive

and intensive fashion. Most care organizations, worried about the dangers of intimacy and reciprocity turning abusive in caring relationships, oblige their carers to maintain a professional distance from those they support. L'Arche aims, instead, to transform the caring relationship itself into a site of intimacy – mandating its carers also to be open to forming mutual and reciprocal relationships with them. It tries, in other words, to manufacture a kind of ethical interaction in which people with intellectual disabilities might be full participants.

I take this project as an opportunity to move from the philosophical question about where the boundary around ethical subjectivity *should* lie, to an anthropological one about *what actually happens* when we engage others *as subjects*. What does it actually take, in practice, to ethically 'engage the other' (Das 2015: 75)? What do we need to show of ourselves, and respond to in others, in order to relate to them not as things but as people (Robbins 2017; McKearney 2021)? What sorts of exchanges – of intentions, of trust, of responsibility – make it possible for us to interact ethically (Carey 2017; Robbins 2018)? I do not start from Strawson's certainty that we cannot engage Martha and Ruth as intentional subjects, but instead ask ethnographically: what does treating them as subjects actually look like in practice in L'Arche, and what are the consequences of doing so? At this point, the anthropologist takes over from the philosopher.

I focus my investigation on violence – the arena in which this systematic pursuit of ethical involvement is placed under most pressure by concerns about responsibility (see also Carey 2017; Danziger 2006; Das 2007; Douglas 1980; Evans-Pritchard 1940; 1976; Geschiere 2013; Gluckman 1972; Laidlaw 2010; Robbins 2017). Violence from carers towards those they are meant to be caring for is a pressing concern in a contemporary British care sector that aims to purify itself of state-care's historical deprivations of human rights, and the degrading abuse that continues to haunt it to this day. I focus on the difficulty that this moral project has in noticing, conceptualizing, and responding to violence going in the opposite direction: the recurrent physical aggression of people with intellectual disabilities towards their carers.

What does it mean to engage such individuals as ethical subjects in *these* moments? I demonstrate that violence presents caregivers with a debilitating choice between a negative form of involvement and a reductive form of detachment: that is, there seems no way to treat these individuals as fellow ethical subjects without being violent back. I show how the fact that carers remain obliged to avoid both of these outcomes generates a fraught social dynamic that ironically pushes the relational ideal that lies in-between detachment and aggressive involvement further out of reach – generating a distrustful magnetism that attracts the caring relationship towards either of these unwanted poles. These difficulties raise questions about why this project seems to fail, but also about what it would mean for it to succeed. Facing this question, alongside carers in L'Arche, forces us to ask more demanding questions about just what it means to relate to others as ethical agents.

Holding the past to account

Those who fund, regulate, and provide care to people with intellectual disabilities in Britain define its purpose in contrast to two previous distributions of responsibility (Thomson 1998; Welshman & Walmsley 2006). In the early part of the twentieth century, the British state treated people with disabilities as objects of charity – as dependants in need of protection, but not as equals with the right to take up responsibility over their own life. It simultaneously treated them as pathologies –

eugenics lending putative scientific authority to the widespread idea that there was a defined underclass of dependent moral degenerates who were ‘mentally defective’ (Thomson 1998).

The problems the contemporary care sector finds in these models is best exemplified by the way they were violently combined in asylums (Morris 2017; Welshman & Walmsley 2006). Parents were encouraged to detach: that is, to give up their children to these institutions, and to abstain from visiting them there, on the basis that it would best protect them. The standard location of the asylum outside of urban areas was part of the systematic aim to control these individuals. But this care was not only objectifying. We also know that physical, sexual, and emotional abuse was rife within these institutions. Such disturbing forms of intimacy are hard to characterize as simply detached – not least because they involve an engagement with another person as a thinking and feeling subject, often through the negative reactive attitudes. In Strawson’s terms, then, asylums were places in which *both* the dangers of detachment *and* the most pernicious forms of engagement were combined.

Legislative reform since the 1950s has gradually reversed these distributions of responsibility from a logic of control and exclusion to one of independence, protection, and integration (Welshman & Walmsley 2006). People with intellectual disabilities are now the ones meant to be exerting control of the caring relationship. Carers must let them take up an adult kind of responsibility to choose how they want to live, negating the legitimacy of holding them responsible for doing things ‘wrong’. Carers may need, at times, to communicate with them about the potential limitations of their desires, but negative and punitive reactive attitudes such as anger or resentment are prohibited. The axis of ethical and legal accountability has swung away from people with intellectual disabilities to their carers.

Care is also supposed to enable people with intellectual disabilities to enter adult relationships beyond care, such as friendship. This brings with it the chance they will be held responsible in an equal way as they make or break relationships in the give and take of normal life. And it also holds out the possibility for them to be held responsible for actively contributing to the lives of others – something that the models of charity and pathology never envisaged or allowed. In these settings, people with disabilities might be authors of their actions in such a way that they can become interactive agents. Carers thus have the dual responsibility for making care *both* free of violent restriction *and* a relationship that enables those with disabilities to enter into reciprocal and intimate relationships with others: or, to put it differently, to drive out bad engagement and bring about good.

Resisting violence done two ways

The predominant way in which contemporary care providers in the United Kingdom try to realize these two aspirations is by dividing the activity of care from other forms of relationality. Mainstream care organizations typically support people with intellectual disabilities to live independently in small residences, where carers are prohibited from forming reciprocal relationships with them. Intimacy is restricted in that carers never live in the same residences as those they support, they cannot give or receive gifts with these individuals, are not allowed to spend time with them outside of working hours, and often cannot share food or even crockery with them either.

The thought is that to be too relationally and emotionally involved with the demands of dependency-work could give rise to dangerous reactive attitudes, and thus to the kind

of restrictive and punitive care that characterized the institutional past. Detachment prevents the one-way obligations of care being distorted by considerations of reciprocity that could render this care conditional, exploitative, or punitive. Care is thus defined as a morally neutral and detached relationship. The hope is that restricting relational engagement in the problematic space of care will enable people with disabilities to have more reciprocal and involved relations *outside* of this relationship: in a public sphere of the 'local community' where meaningful adult life is imagined to occur.

I conducted my fieldwork in the group care home that I have already introduced, run by the charity L'Arche. The first L'Arche community was founded in 1964 when Jean Vanier invited two people with intellectual disabilities to move out of the asylum they were living in and into his modest home in the French countryside (Vanier 1995). At the start, Vanier thought he would only be caring for these individuals. But he soon found that, much to his surprise, he was also forming mutual and reciprocal relationships with them (Spink 2006). He subsequently formulated a theological vision of intellectual disability as an invitation into such vulnerable intimacy (Vanier 1997) – a vision that soon gathered momentum. Vanier's initial community attracted hundreds of volunteers to join it and inspired the creation of new communities across the world in which those with and without disabilities might 'share life together' (L'Arche International 1993).

The UK community on which I conducted fieldwork is composed of various households dotted across a suburban neighbourhood – one of which is The Birch, the house where Martha and Ruth now live with three other adults with intellectual disabilities. Working-class Brits and immigrants from Eastern Europe and the Global South predominate in the British caring workforce. Alongside those demographics in L'Arche, there are also many middle-class and university-educated people from Britain and Western Europe. Most come because they are drawn not simply to care work, or even to care work at all, but to L'Arche's distinctive ethical vision and way of organizing life around people with intellectual disabilities. Most abnormally in the context of British care, many of these carers live in the homes of those they support – as I did when I lived and worked in The Birch for fifteen months as a carer. I joined a cohort of three other new carers in the home, and ten across the whole organization, who had come to live and work in L'Arche for a year – as is normal in the organization, even if some carers do end up staying for much longer. This article draws mainly upon the experience of living and working in The Birch itself, in which I negotiated being a contractually and ethically committed caregiver at the same time as conducting research. I also draw upon the interviews I conducted – particularly with those within my cohort of new carers.

As we were learning to do our job, we had an experience very different from carers in mainstream organizations. In L'Arche, caregivers and care-receivers participate together in the daily rhythms of eating, praying, celebrating, and socializing. The aim is for carers in L'Arche to form reciprocal relationships with those they support that go beyond the contractual, bounded, and one-way connections typical of professional care work. Other organizations distribute the weight of the care sector's ethical aspirations between the caring relationship, where people with disabilities must be free and supported, and other kinds of relationship, in which they can experience intimacy and responsibility. But L'Arche aims to realize these ideals in one relationship alone.

Rewriting responsibility

Let us return to Ruth, the woman who grabbed my hair on Christmas Day. Ruth does not follow any widely recognized social script for greeting people, expressing affection,

or communicating that she has good intentions. Instead, through the way she expresses herself by physically grabbing people, she frequently transgresses the taken-for-granted interactional norms through which people around her establish trust with one another. She often violates, in other words, what Harold Garfinkel called the 'moral order': that is, the 'familiar scenes' of interpersonal exchange that typically allow people to rub along with one another (1964: 225).

People are normally worried by the intentions behind Ruth's behaviour, especially her physical force, so they often detach from her when they meet her (McKearney 2021). But when I was in L'Arche, managers and more experienced carers trained us to engage with her by reinterpreting her transgressive behaviour as the result not of malice, but simply of unusual ways of expressing understandable and positive emotions. Managers pursued this through formal training sessions where they laid out how we should approach people with disabilities. But they more often did so informally through asides and moments of correction in the flow of daily routines. When Ruth knocked mugs off the kitchen table for her enjoyment at dinner time, we were taught not to reproach her but simply to put the mugs further away from her next time or to laugh with her when she managed to grab one after all. As one experienced carer put it:

L'Arche has got much better at this. Before, we might have tried to stop Ruth doing this but now I think people see, 'Yeah, you don't know that what you're doing is wrong – you're just enjoying yourself. So why should I blame you for it? It's my fault for leaving a cup on the table when I know you like to knock them off.'

Compare this way of reading people's intentions and attributing responsibility to them with the Azande of 1920s British-controlled Sudan (Evans-Pritchard 1976; see also Laidlaw 2013: 197–204). The Azande saw others' bad intentions as capable of harming them through witchcraft. They thus searched constantly and fearfully for ill intent to try to protect themselves from it, using oracles to divine the malicious origins of their personal injuries and losses to the point that they imagined even superficially peaceful deaths as the result of a witch's violent night-time attacks. This perpetuated a search to purify their social environment of witchcraft – in the case of the loss of a relative, through revenge magic aimed to kill the perpetrator.

Compare it also with a social environment more similar to L'Arche: the large-scale institution for women with intellectual disabilities in Australia described by Kelly Johnson (1998). The under-resourced, inadequately trained, and poorly paid staff in the 'challenging behaviour' unit Johnson studied interpreted the violence that the women regularly meted out on the staff and on one another as an inevitable product of their disability. Though the staff rarely responded with explicit physical aggression in return, they let cycles of violence develop among inmates and naturalized forms of coercion and confinement as the only way to break them. Staff failed, in other words, to explore the possibility that this aggression was the result not of an innate biological deficit, but of past trauma and current protest at the manifestly unjust and disturbing situation in which they lived. The result was the self-fulfilling reproduction of a prophecy of violence.

These are the kind of disturbing cycles of negative reactive attitudes that everyone in the contemporary care sector is so concerned to avoid. L'Arche tries to evade them not by avoiding intimacy, as mainstream organizations do, but by reforming the role of the reactive attitudes within the caring relationship in pursuit of a different, purified, kind of reciprocity. Drawing an analogy between L'Arche's ethical vision and

the moral philosophy of another recent Kantian, Cristine Korsgaard, helps to articulate the difference more clearly. For Korsgaard, ethical engagement is not just a mode in which we *may* operate: rather, this 'attractive view of human relations' that Kant drew our attention to defines her moral ideal of human life (Korsgaard 1992), and our departures from it are immoral (Korsgaard 1986). We respect others by holding them responsible for their actions as intentional subjects like ourselves. Doing so, she claims, creates reciprocal relations that are impossible if we detach, as mainstream organizations encourage people to do. Korsgaard and L'Arche both aim for a type of involvement that is wholly positive – free of the negative reactive attitudes and also free of a distance they treat as morally suspect.

To this end, more experienced carers and managers in L'Arche taught me never to find malicious intentions in others, as those in Johnson's and Evans-Pritchard's ethnographies did, but always to read them charitably: that is, to open up to them as agents (see also Korsgaard 1992). Carers learn to read Ruth's, at first disturbing, behaviour as benevolent. And thus they learn also to enter into relationship with her in a way that carers in mainstream organizations are prohibited from doing (McKearney 2018; see also Robbins 2017). The result is not simply that carers imagine her differently, but also that it becomes possible to interact with her reciprocally. Those at the table on Christmas Day did not detach from Ruth, nor did they chastise her for her aggression. Instead, they cheered her on as she came at me and destroyed my paper hat. And, once I had replaced it with another, they laughed with her as she returned to the scene of the crime – smiling gleefully, as she shook her victory prize up and down in her hands. And I laughed too. For, through this training, I had learnt to read Ruth's behaviour in these moments as not aggressive but playful, not transgressive but affectionate, not malicious but mischievous. When carers learn to do more than just offer her care, Ruth can be much more than just a recipient of care. She becomes also a potential friend, and a space between detachment and negative intimacy opens before them.

The return of responsibility: Ruth

But Ruth cannot always be reinterpreted as benevolent so easily. Lotte and Emma were typical of new carers in The Birch. Nineteen years old at the time, from Switzerland and France respectively, they had, like a number of other similar-aged Europeans, opted to take up a residential role in the care home on a gap year between school and university. Lotte had done so because she was inspired by L'Arche's ethos, and Emma because she wanted some social care experience before starting a medical degree. But by early January, much of their enthusiasm was waning in the face of the task. Their concern centred upon Ruth.

Ruth needs, every day, around two hours of support with washing and dressing. But in the evening she is often, for reasons quite mysterious to her carers, distressed while receiving such help. Consequently, she often rejects it, often violently. As a male carer, I never supported Ruth in these situations. But it was far from uncommon to see female carers leaving the bathroom close to tears after having supported her. While no carer could ever be certain of escaping her aggression, some were the more reliable objects of her ill intent. And Ruth took decisively against Lotte from the start. When I interviewed her at the end of her year in L'Arche, Lotte told me just how challenging this experience had been during those first few months.

When I started personal care with Ruth, I was really like, 'This is horrible. How can I do this? How I can possibly do this for a year? I'm there to support her, to offer my friendship. What I get is all this!' I think I just felt like, 'OK now I need to be professional. I need to leave all the rest of this behind.' You really need to control yourself. You cannot just grab her, and defend yourself somehow. You really need a control of your body. It's not about physical hurt, but that someone who you want to help really wants to harm you. I think the biggest challenge was not to care. You have to learn not to care, to stay calm, to say, 'It's nothing personal'.

Lotte was legally obliged to remain engaged with Ruth. She could not simply walk away while Ruth was in need of care. But Ruth's aggression thwarted Lotte's attempts to support her. It also quite simply hurt. Lotte could have used the reciprocity of engagement to protect herself. She might have held Ruth verbally to account and tried to reason with her, but the combination of Ruth's communicative inabilities and distressed state of mind barred this route. And Lotte's legal obligations and own ethical aspirations barred another: returning the violence.

This meant that Lotte had to engage Ruth without expressing any reactive attitudes that might hark back to a violent institutional past. She had, as she put it, to help someone who wanted to harm her. Lotte found that a degree of impersonal objectivity was necessary to get a handle on the powerful emotions that this build-up of responsibility, violence, and violation provoked. It was the only way she could prevent the chain of violence from returning full circle to Ruth.

If Lotte found such detachment morally necessary, she did not also find it desirable. She had signed up to L'Arche to have 'something personal', not distant, with people like Ruth. She also knew that more experienced colleagues would only recognize her as committed to L'Arche when she had formed trusting connections with the disabled members of the community. That would have been desirable not just ethically but also practically, for it would have made Lotte's daily work far easier. That Emma seemed to be getting on just fine with Ruth at this point only deepened Lotte's feelings of inadequacy and rejection.

But the violence did not trouble only Lotte. It also threatened to puncture L'Arche's attempt to create an environment in which people with intellectual disabilities are engaged as blessings and friends, not professional problems and objects of emotional labour. So, whenever violence occurred, managers wanted to discover what Ruth's ill will had been caused by. They talked Lotte through the detailed plan of how to provide Ruth's care in the bathroom. They encouraged Lotte to consider whether she had incited Ruth's anger by doing something differently from the routine. Or, if it transpired that Lotte had followed it to the letter, they explored what else she might have done that could have provoked Ruth's negative reactions – and so suggested subtler changes such as to perform the routine with more confidence, more flexibility, and so on.

This trained Lotte to read expressions of ill intent as Ruth's response to something going wrong in the care being provided and suggested that violence was understandable as a form of communication – one that, if Lotte could understand it, would enable her to re-engage happily. None of this hinted that Ruth should be held responsible for the breakdown in the caring relation, nor that her violence should cause or entitle Lotte to be detached from her. Ruth's aggressive actions and feelings towards Lotte signalled not Ruth's but Lotte's moral failure to realize the relational ideal. This response transferred all the responsibility for these problematic *relational* moments to Lotte as an *individual*, obliging her to re-enter the fray and do better next time. The problem was not Ruth,

nor too much engagement with her, but rather the way Lotte was engaging. If only Lotte could do it better, then Lotte's, Ruth's, and L'Arche's interests could all be reconciled.

This ethic treated another's harmful intentions (which we could also interpret as their demand for space) as not lessening but deepening one's responsibilities to them. It thus relentlessly blocked off any attribution of malice to Ruth, and even more insistently denied Lotte any opportunity to detach from Ruth or hold her to account for wrongdoing. Lotte was thus prohibited from abandoning Ruth's care, but was also barred from any attempt to engage negatively in that relationship or disengage within its confines. And this disabled also other mechanisms of detachment or reciprocity through which violence can be dealt with in other social settings. It thus pushed Lotte into an even deeper engagement with Ruth's ill intentions, giving her simultaneously more vulnerability and more obligations – without giving her any way of discharging them.

The return of responsibility: Martha

Early January. The excitement of Christmas had passed, and it was another early morning on the job in The Birch. I was preparing breakfast for another of the residents, Bob, while he was having his bath, when I heard a scuffling in Martha's bedroom above me, where Emma was helping her to get dressed, and then something like a sob a few seconds later. Martha is much liked, I would even say loved, by her carers and friends in L'Arche. But she is deeply ambivalent about receiving the support that she relies on. Martha likes *having* washed her hair, but she often hates it when carers try to help her do this. Martha loves going out to the pub for lunch, but, when it comes to it, she often resents carers' attempts to help her leave the house. Martha's complicated feelings in these situations are problematic for her, in that they prevent her doing things she likes; but also for her carers, to whom she is aggressive in these moments. When bathing, trying to leave the house, or walking down the street, she can become violent: scratching her carers, pulling their hair, and hitting them square in the chest.

Martha's distribution of this violence is uneven. She had taken against Lotte, as she had done against so many former carers. But, to everyone's great surprise, Emma had bucked the unfortunate trend. From the beginning, the two of them had been getting on famously – happily completing the morning routine together, and even laughing and joking during bath times. That was, up until this fateful morning. As Emma descended the stairs, I saw tears in her eyes. Beside herself, and in shock, she told me that everything had gone wrong. Martha had hit her a lot – and evidently put her in some real pain. I suggested she disappear into the kitchen, out of Martha's sight, and help Bob instead. I loitered in the corridor to intercept Martha and lead her out of the door – away from her and Emma's difficult morning, and off to the workshop for her daily craft activities.

When I got home, I went to find Emma again. I discovered that this was not, in fact, the first time that this had happened to her. She had, instead, been crying on the phone to her mum about it for weeks. 'Why didn't you tell anyone?' I asked. She responded:

I didn't know that that is normal. I felt like I can't really talk about it, because people in the house love Martha so much. For others this is like their family and their home. I would've liked to tell them, to tell people who can do something about it. But I felt like I can't really talk about it, because Martha's so important to them.

This unhappy incident coincided with a change in fortunes for Lotte, who, with her typical courage, had been working hard to develop a better relationship with Martha

by taking on the advice of more experienced carers in L'Arche to change anything she might possibly have been doing wrong in relation to her.

The Saturday afternoon following this incident with Emma, it seemed like this training had started to work. I had taken Bob out for an early lunch while Emma was off with Ruth for a trip to the park. Much to my surprise, and I suspect theirs too, Lotte and Martha had sailed out the door, laughing and joking with each other as they headed for the pub. Martha seemed excited as she left, and Lotte looked relieved beyond measure. But barely an hour had gone by when I heard the front door open. And then I heard Martha rush upstairs, sobbing as she went. I walked through to the kitchen to find out what was happening and found Lotte in distress.

Oh, it was so bad. We got there fine. But then for no reason Martha started to act strangely to me. And then her food was really late while mine was on time. Then she started to cry. When I tried to calm her down, she screamed and threw things: knives, plates, glasses. It went everywhere. Then she grabbed my hair and pulled really hard. It really hurt. And then she just wouldn't move. So I just had to stand there until I could persuade her to go. I don't know why she did this to me. Why does she not like me? I find it really hard to be positive to Martha all the time. I hate it.

Lotte was upset, humiliated, and incensed. I felt terrible for her, but I also felt uncomfortable that she was voicing her anger at Martha so directly when I had been trained not to blame people with disabilities for their actions. I felt an obligation to do what our managers had done in such situations: to distribute responsibility away from Martha in order to demonstrate the illegitimacy of Lotte expressing reactive attitudes to her. So I asked Lotte whether she could think of anything *she* had done wrong in the situation that might have made Martha feel this way. Lotte paused, looked at me directly, and, on the verge of tears, said:

Why don't we ever tell her she can't do something? You know if she didn't have a learning disability, then this would be abuse. Why can't *she* change for once? I know she has a disability, but there's also a personality. There are some things you need to take responsibility for.

The ideal of combining care with friendship, of an intimacy without negative reactive attitudes, of holding people responsible as a way to leave behind a problematic image of them, had vanished from view.

The limits of engagement

L'Arche's systematic insistence on remaining involved with Martha and Ruth trains carers to interact with them in situations when they might otherwise detach. One effect of this is that it opens up possibilities for friendships that simply do not exist in other organizations – with the result that carers in L'Arche repeatedly form close and long-lasting relationships with those with intellectual disabilities that are rare in Britain (McKearney 2017; 2018; 2021). This would offer a profound challenge to the mainstream care sector's fear of intimacy within care were another consequence not the return of negative reactive attitudes in L'Arche. Indeed, the evidence I have presented here might add weight to fears among mainstream care providers around the kind of intimacy that L'Arche deliberately fosters – fears that have only been amplified since a report judged that L'Arche's founder, Jean Vanier, used practices of spiritual intimacy to justify sexual assault and abuse of his position (L'Arche International 2020).

Such scepticism from the mainstream care sector, however, offers no answer as to why its detached approach, too, struggles to eradicate abuse and aggression from intimate relationships – and seldom without the added benefit of enabling

these individuals to have a wide array of meaningful relationships (Emerson & McVilly 2004). Violent abuse continues in care homes for the intellectually disabled (e.g. Department of Health 2012). The policy of professional detachment neither prevents these instances, nor offers any very sophisticated way to understand them. Despite their depressingly predictable recurrence, they continue to be received as shocking, scandalous, and inexplicable instances of evil – psychologically baffling individual enactments of a mythically violent past in what ought to be the pacified present we have progressed into. A more complex and more social story must be told.

Korsgaard's argument offers another explanation of the problem carers face here: that the problem is that there is *not enough* involvement, responsibility, and reciprocity. L'Arche's insistence on engagement removes the option of detachment. But both L'Arche and the mainstream care sector are beholden to legislation that prevents them making the care relationship a space of moral accountability for those with intellectual disabilities. Everyone is so scared of making care a space of negative reactive attitudes that, in the end, L'Arche does not ask for full reciprocity. It is thus not, in Korsgaard's terms, fully respecting or engaging people with disabilities as intentional subjects. For when these individuals turn out to have malicious intentions, carers in L'Arche are asked to perform a kind of partial engagement without complete reciprocity. It does not really explore the option that the people with disabilities might be held to account for all of their actions – only the good ones. L'Arche, for all its attempt to overcome the detachment of other forms of care, ultimately steps back from the fullness of the involvement Korsgaard commends.

But Korsgaard's seeming explanation of *more engagement* is also deceptive in its simplicity. It downplays the possibility of real value conflicts – in this case, between care and intimacy – as Kantians are generally inclined to do (Laidlaw 2013; Nussbaum 1986; Robbins 2013). More importantly, it conspicuously ignores the fact that Ruth and Martha do not always *want* such a relationship with Emma and Lotte. Emma and Lotte cannot simultaneously take Martha and Ruth seriously as intentional agents *and* maintain an ideal of friendship, for Martha's and Ruth's wants do not align with this ideal of universal friendship. This problem is a famous weak point of Kantianism, as when Kant (1949 [1797]) enjoins us to tell the truth to a murderer who asks the whereabouts of our friend, or Korsgaard (1986) ends her article with the extraordinary conclusion that the only reason that involved reciprocity might ever break down is because of 'evil'. Similarly, when things went wrong in L'Arche, the only question that managers had for Emma and Lotte was 'What are *you* doing wrong?' and not 'Might Martha and Ruth want something beyond the frame of this kind of engagement?' (It may well be the absence of that question, and the moralization of departures from this ideal, that put Lotte in the situation where she, instead, had to blame Ruth.) The similarity in L'Arche's, Korsgaard's, and Kant's ethics is that they give each of us *individual* responsibility for a *relational* ideal. They thus mandate how we ought to live our relationships in advance of what those relationships actually look like and what the other people in them want. And they thus leave us with a false (because a priori) certainty that we know what ethical engagement looks like and what we need to do to bring it about. The deontological mandates the carers are legally beholden to do precisely the same.

In situations of relational breakdown and hostility, taking on the individual responsibility for pursuing a fixed and idealized form of ethical engagement may not actually help bring that kind of relationality about. Rather, it can produce

precisely the opposite. Kant's focus on justice produces a manifestly unjust solution. Kosgaard's resolution always charitably to interpret others as well intentioned ends up in attributions of evil. When I interviewed my fellow carers at the end of the year, I discovered that shame at their incapacity to fulfil their responsibilities was not their only response. They also had, at certain periods in the year, become paranoid at the prospect of those with disabilities constantly and deliberately directing malice at them. And this in turn led to deep resentment – at their managers, at their fellow carers, and, most devastatingly of all, at those they had come to support. It was only very rarely that anyone voiced these feelings publicly, which is why I only encountered these sentiments in interviews. But they were, it seems, ubiquitous.

The pursuit of L'Arche's ideal pushes carers into an involving engagement with those they support, while simultaneously stripping them of any of the ways they know how to negotiate clashes within such a close relationship. The result of an ethic directly opposed to the Azande's was, strangely, a social dynamic not so dissimilar to the Azande's at all. This remains confusing if we think an ethic alone would determine how social interaction plays out in practice – given that L'Arche and the Azande seem to have operated on almost diametrically opposed principles. But if we let go of that idea, then other similarities emerge that might help us to explain this. The Azande, like carers in L'Arche, also lived in an uncomfortable state of proximity, with little way to regulate conflict (Laidlaw 2013: 197–204). Their response was to try to control these difficulties by scrutinizing the intentions of others and proliferating attributions of responsibility – a situation that carers in L'Arche are also encouraged into by the transfer of responsibility to them for the intentions of others, in a relationship already close and demanding for both parties.

In L'Arche's case, this produced a moral and emotional environment that could be unhappy for the people with disabilities, who themselves sometimes longed for some more independence, and for the carers, who ended up with endless obligations but no power to discharge them or to protect themselves as they did so. This produced the unanticipated effect that carers ended up fearing bad intentions all the more strongly. The negative reactive attitudes proliferated, intensifying feelings of blame and recrimination in the face of violence. This kind of direct, hopeful, and caring ethic, when applied to violence, thus ended up producing the very ghosts it was meant to banish: those of people with intellectual disabilities as problematic presences to be contained and blamed.

Conclusion

What results from systematically pursuing ethical engagement with people who are often imagined as existing at the margins of moral life? My response in this article has been to shift the question away from a focus on the reflective abilities of those with intellectual disabilities themselves – on whose ethical capacities and perspectives I have hardly focused. This is not from any ideological conviction that impairments of the reflective capacities centred in Euro-American thought are necessarily inconsequential, which would again offer too philosophical an answer to empirical questions. Rather, it is from a conviction that such an answer would distract us from interrogating the role played by the way ethical engagement is pursued in L'Arche. I thus offer an answer as to why this project seems to fail that does not rest upon the incapacity of those with disabilities to take individual responsibility, but rather focuses on the impossibility of the carers themselves discharging their responsibility for relational ideals that are

not within their power to achieve. This is my argument more generally: that our possibilities for ethically engaging one another are not determined simply by the ethic we intend to live by, which we might philosophically decide or pronounce upon in advance of actual relationships. Rather, I contend that our possibilities for actually encountering one another ethically and treating each other as subjects rely on subtle and complex exchanges of responsibility, trust, and reactive attitudes that are often beyond our individual power or that of any ethical imperative to resolve: that is, these possibilities rely not on ideals but on precisely the kind of things that we must observe anthropologically.

I say this project only *seems* to fail because that implies that we know what it would mean for it to succeed. Korsgaard and Strawson define ethical engagement as a singular process of treating others as a subject – and on this basis proceed with the confidence that they know what it looks like in practice. The anthropology of ethics, by contrast, has been more open to asking what kinds of subjects can be engaged ethically – whether they must be individual, reflective, or even human – and what that engagement looks like, such as what role intentions, responsibility, and intimacy play in it (Das 2014; Englund 2008; Faubion 2011; Humphrey 2008; Keane 2015; Kohn 2014; Laidlaw 2014; Laidlaw, Bodenhorn & Holbraad 2018; Mattingly 2014; Mittermaier 2012; Zigon 2017). In this, we have already started to develop a sense of the factors beyond people's ethical principles, intentions, and decisions that shape just how ethical interaction actually develops.

But even this more empirically focused debate has a tendency to fall into a more philosophical kind of certainty that ethical engagement takes a singular, knowable, and already recognized form. For example, when Joel Robbins (2008) describes the Urapmin of Papua New Guinea as denying that they read each other's intentions, James Laidlaw (2013) and Webb Keane (2008) interpret this as either the avoidance of ethical engagement, or a way of hiding an ethical relationality that the Urapmin are, indeed, engaged in. Or when Veena Das rejects Laidlaw's emphasis on individual reflection as ignoring the centrality of ethical 'attunement to the other' (Das 2014: 494), she defines everyday ethical relationality as a 'site on which the life of the other is engaged' (Das 2015: 71). Indeed, Das's proposal for the anthropology of ethics to focus on this kind of 'attunement' relies on a pre-existing understanding of what it is. It is only on this basis that she can proceed to judge when people act in accord or out of line with this form of ethical engagement (Das 2015). The problem is not that these arguments define ethics in particular ways: I am for clarity rather than against it. The problem is that they give the impression that we already know what those definitions look like in reality: that is, what it would mean to take an attitude towards another that is not as to an object but rather 'towards a soul' (Wittgenstein in Das 2014: 494).

In this article, I have sought to undermine this certainty by focusing on the difficulties that carers in L'Arche have even in *understanding* what it would mean to take seriously the intentions of those they support: that is, in choosing between the various *different, and all seemingly incomplete, versions* of how they might treat others as a subject. This foregrounds three crucial facets of ethical interaction that the anthropology of ethics tends to bypass - moral philosophy and policy even more so. The first is the ways in which, as Laidlaw puts it, 'all kinds' of ethical interaction 'are limited' (Laidlaw 2015: 133) – and often include 'amoral' forms of detachment in far more complex ways than a simple binary allows. The second is the fact that these inherently partial and particular forms of interaction are various; and thus can overlap, coexist,

or stand as alternatives to one another (McKearney 2021; Stasch 2008). The third facet of ethical interaction we too frequently pass over is that what would constitute treating someone as a subject is often mysterious (Cavell 1979: 372) – to the point that we cannot understand ethics in a ‘simple quantitative sense’ in terms of ‘more’ or ‘less’ engagement (Laidlaw 2015: 130). This case thus raises a deeper question than ‘What comes in the way of ethical engagement?’, namely: ‘What do we actually mean by treating others as ethical agents?’ in the first place.

The caregivers I worked with never found a solution to their impossible choice in such a way that allowed them to realize a ‘fuller’ form of engagement purified of detachment, aggression, or complexity. Indeed, not long after I left, L’Arche itself decided that it was handling these situations poorly and put in place more systematic measures to support and protect carers in The Birch, to get to the root of why Ruth and Martha were meting out so much violence, and to see if the working culture might be changed. But even before this happened, individual carers managed on their own to find incomplete, partial, and complex alternatives to the conflicting relational choices they were presented with.

At the end of the year, Emma told me that, while she was being hit by Martha in her daily life in L’Arche, she found it impossible to like her and to forgive her. Admitting this was evidence of a hard-won detachment in the face of shame, one that brought Em a degree of self-assured sanity amidst this atmosphere of intense liability. But it did little to make her relationship with Martha any better. It was, she told me, only in the last few months of her time as a carer in The Birch that something changed.

She went with Martha on L’Arche’s annual pilgrimage to Canterbury – a week-long walk across the Kent countryside, depending on air beds in church halls and the kindness of parishioners along the way, to reach a boisterous liturgical celebration in the cathedral at the end of it. This even more intense experience of being around each other constantly, trying to achieve a task that was challenging for Martha, ended up shifting the ground of their relationship. When Emma told me about this, she suggested that this intensity was transformative because it actually filtered more distance, understanding, and protection from each other’s intentions into the intimacy of the caring relation.

Since then I really love her. I got to know the borders; how far you can get her to do things until you need to stop. Since pilgrimage she barely hit me. Since pilgrimage, I can forgive her. We can start over again.

But, in lots of ways, it’s even harder now when she does. It hurts more, because it’s your friend who hits you. But on the other hand, once it’s happened I can really see why. It’s normally because she’s really distressed, things are really going wrong. Also I know how to deal with it. Also it’s a different kind of hitting. At the beginning she was really wanting to hurt me. Now it’s, ‘I don’t know what else to do because I’m scared’. It’s not as hard. Yeah, of course it hurts much more if a friend is hitting you than if a stranger is hitting you; but she can also say sorry afterwards, even if it’s only the next day, or two days away.

I know now actually that if it would happen often, I would really question our relationship. That’s the thing. I know it’s about her disability and her syndrome, but if she would do it more often, I couldn’t call her a proper friend. But it’s really not often. And at that point I can forgive her.

L’Arche’s ethical training and practice strips carers like Emma of many of the standard tools by which they make sense of violence and negotiate personal violations – and this is a central part of why engagement so quickly turns fearful and mistrustful (see also Carey 2017; Geschiere 2013). But this stripping away also clears a space for them to improvise new kinds of relationships with those they support. Many of these are remarkably successful in enabling happy, long-lasting, and transformative friendships

across a significant cognitive difference and within an intimate and conflicted space of care. But it is only by turning beyond a literal reading of ideals that carers discover what form engagement can take in reality – with real people who do not always want to engage according to one's programme – and thus what role difference, detachment, and aggression might play in it. The relationship that Emma and Martha ended up with was not simple. It was based on Emma both holding and not holding Martha responsible, engaging her and detaching from her, taking her intentions seriously and not doing so. So I would not know how to describe or evaluate Emma's behaviour in terms of the extent to which she treated Martha as a subject or an object (Cavell 1979). But this is because such analytical language fails to capture the variety, partiality, complexity, and mystery of what it means to engage each other ethically.

Acknowledgements

This article has benefited enormously from the feedback I received when I presented it at the Writing-up Seminar in Social Anthropology, the Senior Seminar in Social Anthropology, and the Socio-legal Seminar at the University of Cambridge as well as in an internal discussion within the Max Planck-Cambridge Centre for Ethics, Economy, and Social Change. Conversations with James Laidlaw and Joel Robbins have been especially important, as have the insights of Giulia Contò. My deepest thanks, as ever, go out to those who enabled me to do my fieldwork – in particular, to those who go by the names of Martha and Ruth in this article (all names used are pseudonyms), as well as their friends, carers, and families.

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Désarmer la violence : handicap mental et limites de l'engagement éthique

Résumé

Les personnes qui s'occupent d'handicapés mentaux au Royaume-Uni sont tenues d'éviter les formes nocives d'intimité, par exemple les abus, dans leur relation de soin. Elles doivent aussi aider les handicapés à trouver des formes positives d'intimité, par le biais de relations réciproques telles que l'amitié. Alors que ces deux buts sont normalement séparés, les membres de l'association L'Arche UK les réunissent en nouant des amitiés réciproques avec les personnes qu'ils assistent. Que devient ce projet éthique quand les handicapés mentaux sont violents envers leurs soignants ? Si l'on tente de maintenir un contact intime dans ce contexte, le résultat est une relation méfiante et tendue que l'on n'avait pas prévue. On peut dès lors se demander non seulement pourquoi le projet éthique se passe aussi mal, mais aussi comment il se passerait bien : autrement dit, à quoi ressemblerait vraiment, en pratique, une réciprocité plus riche et totalement positive entre des personnes humaines limitées, d'une part, et complexes, d'autre part.

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