RE:READING WRITTEN DATA : on the interpretability

of transcripts of talk about multiple sclerosis

A Thesis Submitted for the Degree of Doctor of Philosophy

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The thesis has as its consistent theme the questioning of the nature of
empirically based sociological inquiry. Deriving its initial impetus from
the Social Studies of Scientific Knowledge, Part I pursues the methodological
implications of the problematic of reflexivity through an empirical research
project - what counts for lay people, non-scientists, as knowledge - via
the analysis of interviews with people for whom the irruption of Multiple
Sclerosis has breached their belief in the nature and efficacy of medical
science.   The failed 'solution' of Part I's culminating chapter however
- to embody reflexivity in the form of analytic writing - begins the turn
of the thesis against its original grounds. In a pivotal central chapter,
it is recognised that the transformative acts of recording and transcription
means the transcripts (upon which the analysis has been based) are irrecoverably
different from the original speech. The object of analysis is not talk,
but texts.

Attention shifts from the question of analysis to the data as writing,
texts whose value for research depends on their being different from either
fiction or pure speculation (philosophy). Drawing then on contemporary
work in philosophy and literary theory, Part II pursues this as a three-
fold question of the datatexts' relation to their referents, re-reading
them in turn through their bearing on the philsophical Question of the
Self, against the quasi-literary form of autobiography and as dialogue,
an event in (written) speech in which the knowledge was produced. As the
work proceeds, it is recognised that their epistemological status derives,
not from their ostensive referents, but in the work of reading against
their form, producing particular iterpretable meanings. Finally, engendered
by re-reading the datatexts against Plato's <u>Phaedrus</u> qua dialogic inquiry,
the thesis shifts from the question of referents towards the chiasmic relation
betwen the form of the written and the figurality, the rhetoric of reading,
which raises fundamental questions about the knowledge produced in/by socio-
logical inquiry on the basis of the interpretability of data.

As itself a written text, the final form of the thesis - which has moved,
not towards a forseen conclusion but by putting into question the grounds
of each position as it is achieved yet consistently focused on 'the same'
data - is of substantive theoretical import: essential to its questioning
of what such knowledge 'is'.

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INTRODUCTION

> The excitement of current work in the social studies
> of science is that it is struggling with a hundred
> years of tradition. Its significance lies not just
> in providing more or different news 'about science',
> but in its potential for reevaluating fundamental
> assumptions of modern thought.

> Woolgar 1988a: 30

This extraordinarily bold claim by Woolgar in fact underplays

the position. For as at least this thesis will suggest, the

tradition which here becomes challenged has its roots in the

fourth century BC, in Plato, in (what is held to be) the

founding moment of western philosophy.

This thesis, written over the past six years, had as its impetus

the position held within the social studies of science as it

then was, the practitioners of which, unlike, 'most ethnomethod-

ologists (who) tended to play down the scepticism in Garfinkel's

writings, in favour of developing an empirical research programme'

(Woolgar 1988a: 37, Fn 4) were committed to the endeavour of, as

it were, pursuing an empirical research programme sceptically.

This scepticism was manifested in a struggle with the phenomenon

of reflexivity, conceived, after Garfinkel, as:

> The relationship between document and underlying
> pattern (which) is reflexive. That is, there is an
> intimate inter-dependence between document and any
> associated underlying pattern such that the sense

of the former is elaborated by drawing on 'knowledge
of' the latter; at the same time, the sense of the
latter is elaborated by what is known about the
former. The character of the document, as perceived
by the actor, changes to accommodate the perceived
nature of the underlying reality just as the latter
simultaneously changes to accommodate the former.
The establishment of a connection between document
and underlying reality is thus a back-and-forth
process. In Garfinkel's terms, "'members' accounts
are constituent features of the settings they make
observable (1967)".

Woolgar 1981: 13

Almost uniquely,[1] the adherents of this position in the social

studies of science, amongst whom I counted myself, accepted

that the problem of reflexivity applied not only to the knowledge

production of others, the subjects of research, but must apply

to their own (cf. for example Ashmore 1983; Latour & Woolgar 1979;

Mulkay 1984; Walker 1984; Woolgar 1983).[2]

From the beginning, then, the work was conceived to entail both

a problem and a problematic: the problematic of reflexivity

pursued through an empirical research problem.

The problem had as its immediate sociological context the

observation that, whilst the sociology of science had studied

the practices and institutions of science (Merton 1973), its

social construction (Barnes 1977; Bloor 1984) and even had

latterly turned to the constitution of scientific knowledge in

the laboratory (Latour & Woolgar 1979), little attention had

been afforded, in this 'age of science', to how lay people,

non-scientists, conceive of science. This problem was not posed as a question of whether they understood science properly, have accurate knowledge of scientific facts, know what science is. Rather the question was what, for lay people, counts as knowledge (as opposed to opinion or belief and so on), and what is the methodology by virtue of which that knowledge is held to have a special and perhaps exclusive ontological/phenomenal reliability. And how is this knowledge related to the concept of science as understood in the sociology of science?

The research project on which the thesis is based comprised a study of lay accounts of the chronic neurological condition multiple sclerosis (MS), given in interview by people who themselves suffered from the condition.

For those sociologists interested in knowledge as a social phenomenon, so the argument runs (cf Knorr-Cetina & Mulkay 1983: 4), a focus on science is especially fruitful because the production of knowledge and its epistemological status are topics for the practitioners, the scientists themselves, and thereby rendered unusually visible to the sociologist for analysis.

In that medicine operates at an interface between lay and scientific knowledge, in that medicine is perhaps the only science directly applied to and explicitly visible to non-scientists, it seemed a particularly appropriate field for my research.

Furthermore, within the domain of medicine, there are

features of the condition MS which made it an especially

appropriate topic for the pursuit of both the problem and the

problematic: for the nature of science - both as method and a

body of knowledge - is immediately problematic for the partici-

pants in the research project, people who themselves have MS.

To put it briefly, although MS has been the object of

concentrated medical research for more than a hundred years

since it was first discovered by Charcot in the late 1800's

(but see Chapter 2 and Appendix 2.1), according to the research

literature, it is a condition which continues to defy the most

concentrated scientific study:

> For over a century, MS has intrigued workers in all
> the neural sciences, with perhaps more publications
> resulting than for any other neurological disorder.
> However we face today a situation little different
> from that of Charcot: it is still really a disease
> of unknown cause, inadequate treatment and unpredict-
> able outcome.

Kurtzke 1980: 1970

For individuals, the experts' self-admitted lack of effective

knowledge about a condition they can more or less define yet can

do little about would seem to violate the common knowledge - if

such there be - that science is both powerful and omniscient.

MS would appear to induce a scepticism about science that would

leave its victims with no reliable basis for knowledge. How,

in that situation, did people go about making sense of their MS?

The pursuit of this problem was, as has been indicated, regarded

from the beginning not as an end in itself but as an occasion

for addressing the implications of reflexivity for research,

a position which involves the doubting of the model of scientific method as the paradigmatic basis for research. There was, therefore, a terrible resonance between the problem and the problematic.

This is how the thesis opens. As the work proceeds however the theoretical position and particularly the key problematic of reflexivity has to be reconceived, and is eventually discarded. The disciplinary context shifts away from sociology towards literary theory and continental philosophy, away from science and the problem of analysis towards the question of the interpretability of data. Beginning, then, with ethnomethodology and, to use Pollner's phrase, 'of necessity' "backing into Philosophy" (1987: xiii), the thesis ends with Plato's <u>Phaedrus</u> and the relation of language to inquiry. But although the work has indeed 'backed into philosophy', it does not do so in the sense of finding there, in that canonical discipline, in the authority of Plato, an ultimate resource, a sure ground upon which at last to be able to "stop doubting" (Blum 1971: 316). (Hence my assertion at the beginning that, if this thesis may properly be construed as belonging, at least in its origins, to "current work in the social studies of science", Woolgar is underestimating the gravity and the hubris of the challenge).

Although the order of concern is philosophical, the philo-
sophical questions about the nature of knowledge and how that
question may be addressed (in particular, the consequences of
addressing it in particular ways) are produced, not by abstract
speculation or introspection against the light of Reason and
Logic and informed by the philosophical disciplinary corpus-
but by a fierce and consistent concentration on a set of data,
grounded - however problematically - 'in' the world of the
actual. The philosophical questions arise in the thesis from
the practice of sociological research, in the attempt to carry
out a concrete research project in accordance with the theo-
retical and methodological concomitants of its starting position.
The thesis is thus the philosophic order treated sociologically.

Despite the shifting movement of the argument of the thesis
(which will be described less cryptically below), it has a
central and consistent theme - epistemology. I do not mean, how-
ever, the term in the sense referred to by Hindess as that
generally understood: as "(A) discipline, bordering on philosophy,
whose function is to examine the methods which are used or
which should be used to produce valid knowledge" (Hindess 1977:
2-3), conceived, that is, on the basis of a specific relation-
ship between philosophy and the (social) sciences in which the -
method is produced by philosophy and the (social) sciences,
cleansed of philosophical incoherence, would be the realisation.
Rather, and this is vital to the avoidance of misunderstanding,
the term epistemology is used to denote the order,

the level of concern: with the relation between theorising
and its grounds. As such, 'the thesis', as a representation
of research, as itself "theorising", has to be included in
that concern.

The final form of the written work is essential to its substantive
matter, its structure essential to the resistance to the
epistemology inherent in the thesis usually regarded as a virtual
text, a mere description of research. Hence the retention in
the final assembly of the chronological order in which the
chapters were written,[3] the refusal to 'up date' each chapter[4]
and the breaks between the chapters, the staccato effect, were
risks taken as a way of making a substantive point. For the
movement of which this thesis consists, from lay understanding
of science to Plato was not conceived of from the beginning
as the telōs of the work. On the contrary each chapter was
written in ignorance of where the work could lead. Each
chapter of which it now consists represents a moment in the
time of the work, a moment at which it appeared possible to
move. Each chapter represents the next possible step, not to-
wards a fore-gone conclusion but away from the previous one.

As it now stands, this work resists the unilinear,
consistent model of a thesis, representing in its structure a
kind of questioning that is open-ended rather than closed; that
as a problem is addressed and some kind of response produced,
takes up the grounds upon which the conception of the problem
relied. Given the readiness to question the grounds of its

own statements, the movement is, rather con-voluted, folding

back upon itself, moving on from and returning back to,

but always differently, to re-address sometimes implicitly

sometimes explicity, the 'same' questions, resonating through

the work.

For the thesis is, above all, a work of writing, to be

read not as a neutral report on a research project - a description

of what occurred between the posing of a question and its

resolution by means of appropriate method applied to data - for

which 'the research' would be the object read about through the

text; but which requires to be read for the constitutive effects

of the form in which it is written, subject to a reading which

is alert to the possibility that the form formulates the thesis.

However, in editing, in preparing the text for presentation,

I have to an extent which I cannot but regret, restored a kind

of mono-linear imperative:lost something of the blindness

with which it was written.

This effect is apparent even more markedly in the summary

proffered below in accordance with conventional requirements,

where the limits imposed by the summary to dominate the poly-

semia of the text, to show how the argument moves from and is

given rise to by one chapter to the next, to articulate the

smooth connectedness of each part of the work, means the denial

of much of what I hope nevertheless remains ambiguous and

resonant in the text. In an important sense, the requirement to

summarise the work epitomises the very thing which the work

is resisting: the conception of a thesis as a work which may be

shortened or lengthened, for which writing comes after the

inquiry, the meaning of which is closed and conclusive. It

is such a view of writing, of the written, of the neutrality of

language used sociologically to produce and describe knowledge

that is eventually not merely doubted but directly challenged.

SUMMARY

The thesis as it now stands falls into two parts, the first

driving towards chapter 4, the second, turning upon the pivotal

fifth chapter, moving against the first.

PART ONE

RE:WRITING ANALYSIS

The original problem was, to reiterate, a question about lay

understanding of science: what counts for lay people, non-scientists,

as knowledge and what are the means by which it may be known to be

such. It was through addressing this problem that the impli-

cations of the problematic of reflexivity for empirically-based

research were to be worked out.

The first three chapters are concerned to explicate the grounds

for the contention that MS, 'medical data', is an appropriate

topic through which to theorise about knowledge; and to begin

to elaborate on what is meant by that contention. Rather than

by direct description, the explication of the concerns is approached elliptically, for the difficulty from the beginning was in knowing how to proceed with the thesis given the problematic of reflexivity applicable, of necessity, not only to the analysis of the data but of the research literature,[5] the setting of the research in its disciplinary context.

The point of the first part of the thesis is to problematise the dichotomous and hierarchical categorisation of knowledge into 'expert' and 'lay'; the means, a disruption of the category of 'expert', explicitly of scientific medicine but implicitly also of that "disruption".

1 Chapter 1 is an extended objection to the acceptance in medical sociology[6] of the facticity of biological science, both as fact and method, and to its complementary reliance on an unproblematic scientific methodology as the basis of its own research.

In the last part of the chapter, a further depiction of the sense in which reflexivity is being held as problematic is made via a consideration of the social constructivist perspective applied directly to medical knowledge.

2 In Chapter 2, I turn to the medical research literature on MS in order to substantiate the unexplicated basis of the critique advanced in Chapter 1, that the assumption (by medical sociologists) that medical knowledge arises simply from the

nature of disease is not tenable. This is done by showing in detail how 'the nature of the disease,' MS as the thing it is taken to be, is reflexively tied to the knowledge brought to bear by experts on what are taken to be documents of it.

The 'document' in question is a lay text, a passage from the Diary of the Comte d'Esté, written in 1822 before MS was first identified but which, according to an authoritative textbook on MS research (McAlpine et al 1972) is clearly the first recorded case of the disease. The detailed knowledge of current research findings and hypotheses which make it possible to read the diary as an obvious case of MS is given, going line-by-line through the diary extract.

The significance of the description of his condition given by the Count has, it is shown, to be 'already known', brought to the document. This allows me to show not only the constituted nature of the 'objects' of medical research, of 'expert' knowledge, but to develop the theme of problematising the assumption of hierarchical difference between expert and lay knowledge of MS. Being readable as about MS only on the basis of expert knowledge, the diary, d'Esté's account, is absorbed into the body of knowledge about MS, which thus in turn constitutes the 'layness', the non-expertness of lay accounts of 'the same thing'.

An important strategic function of this second chapter is to introduce the current epidemiological and neurological research into MS as to its nature and genesis; at the same time, to link with Chapter 3 and to the thrust of the original research

problem, by showing how science has, in the case of MS, failed, despite concentrated scientific research effort, to produce either reliable or effective knowledge of what MS 'is' or means.

The salience of using lay accounts of MS as a way of approaching the question of lay theorising about knowledge is further substantiated.

This chapter is also, inter alia, a means of giving the details of MS - its accepted characteristics in terms of symptoms and prognoses (in all their ambiguity) and the peculiar problem attached to its diagnosis(in a way that is not mere description, but retains awareness of the problematic) which will be necessary in order to understand the data as it appears in the thesis (exemplifying nicely the chapter's point, of the necessity of bringing 'already knowledge' to the reading of the documents of MS, which then constitute, 'back-and-forth' the documents' meaning: the inescapability, for the thesis itself, of the documentary method).

3.   Having in Chapter 1 placed the thesis' concerns against the relevant sociological literature and in the second against the literature on MS, in Chapter 3, following the formal structure of a thesis, I turn to elaborate on its theoretical auspices and the question of methodology.

However, given the previous chapter's demonstration of the problematic inherent in the description of what something 'is', the approach to ethnomethodology is made again elliptically,

through the criticisms made in the literature of 'it'. The
meaning and implications of ethnomethodology both for theory
and practice, and 'the troubles' with it identified by its many
critics are, it is shown, not only different but incompatible.
The object of their criticism, ethnomethodology, is constituted
through the theoretical/sociological priorities which they
(like me) bring to examples of it.

Although used at this stage to extend the points made
about the scientific literature on MS to sociology rather than
in themselves, many of the specific criticisms made of ethno-
methodology re-emerge in the latter part of the thesis: especially
the contentious question of the conception of the self, of
consciousness, of 'the actor': the source of meaning, the
conceived origin of 'members accounts'.

Having, although obliquely, fulfilled the requirement to describe
the theoretical position of the thesis - the suitability of MS
as an occasion for theorising is then made explicit, through its
metaphoric resonance with what I take from 'ethnomethodology',
Garfinkel's breaching experiments, designed as a means of render-
ing the taken-for-granted 'strange' and thus visible for analysis.
In the case of MS, it is argued, the risk of the management of
the methodological horrors being an analyst's artefact, rather
than a feature of members' practical reasoning, is circumvented
for the irruption of MS and the failure of science to provide
valid and effective knowledge about it induces epistemological
scepticism, not (just) for researchers but for the research
participants.

The second half of the chapter turns to the question of method, of how to analyse the data, a set of interviews with people talking about their MS. Conversational analysis and the interpretive approach to talk data are considered and rejected in turn. Although both claim an indebtedness to ethnomethodology, both rest on an assumption of the independent facticity of the phenomena they reveal 'in' talk: its invariant structures for conversational analysis and the cognitive processes taken by the example of interpretavism that is being considered, to underly and to be revealed by people's talk. Neither method provides any assistance to the question of how to proceed to the data whilst remaining committed to the problematic of reflexivity.

There has nevertheless been some movement in the chapter. For through the consideration and rejection of these two methods of analysing talk, what has been demonstrated is the theoretical dependence of method. In that sense it is the theoretical problematic that still has to be pursued.

But the chapter ends finding no way forward. Despite pointing to the achieved nature of the account of the contextualising literature, both explicitly and implicitly in the three chapters so far written, to quote the final paragraph of chapter 3: "by analysis, the 'making strange' even of analysis to itself is depicted as over. The produced analysis cannot represent strangeness: all it may do, as here, is point towards its absence ...the claim (of privilege) is inherent in analysis." (100).

4   In the next chapter, this observation is refuted. For

ironically that conclusion provided a possible purchase on the

question of how to proceed whilst remaining faithful to the

sceptical programme: that is, by including in analysis its

own theoretical grounds, its constitutive nature qua an

occasioned account. A kind of resolution emerges in the

possibility of writing in such a way, of constructing a text

in such a way, as to represent the reflexive relation in

analysis itself.

The fourth chapter consists of three elements: an

analysis of the data written according to normal form, with a

problem, a method, and findings, concerning the research

participants' accounts of how they came to the knowledge that

they had MS and how and from what that knowledge was distinguished

in terms of facticity.

Interleaved with this analysis, identified by an italic

typeface, is a text which considers the matters suppressed by

the third-person objective analysis, raising questions about

its methodological and epistemological assumptions, its

management of the 'methodological horrors', that it, of necessity,

cannot attend to.

The third element consists of quotations from the data,

the participants themselves accounting for their knowledge

that what they had was MS. Whilst constituting the basis for

the 'straight' analysis, this 'same' data constitutes the basis

for the italic text's questioning of the grounds of the first.

Each of these three elements are accounts in themselves, in
relation to each other and, as a whole text, an account of reflex-
ivity.

This solution however ended in an aporia. For, despite the
complexity of its structure as a piece of writing, despite its
radical innovation as a form, my intentions in writing the
chapter in that way as the only means by which to make the
theoretical point, utterly failed to produce the intended effect
(apart from on those readers already concerned with the
problem of reflexivity).[7] It failed to draw readers' attention
to the constituted nature of analytic knowledge, to the
epistemological horrors as a general phenomenon. It was, for
example, read as an unusually candid description of the research
process, 'warts and all'; as witness to a troublesome tendency
to solipsism; and was even used as a teaching text for medical
sociology students with the advice to 'ignore the bits in
italics' (Pinch 1983). It was also, and this will come to have
been of the greatest consequence, read as representing voices
in dialogue; a kind of dispute between a naive and a sophisticated
analyst over the data,[8] whereas it was my intention that the
three elements were the same voice: the voice, so to speak, of
research.

This failure of the text's substantive and subversive
radicality drove attention towards the question of the form of
the written: to what it was about writing that resists an

author's intended meanings; to the relation between writing and author, the text and the origin, the transcripts and the speakers.

5   Written after a gap of more than a year, Chapter 5 marks a major shift in the work, a breaking away from the cumulative but aporetic first part, a shift which will in turn be turned away from as the work unfolds.

It is the pivot against which the movement of the remainder of the thesis turns. Its basis is the simple observation that what analysis works on is not talk but writing. To analyse the transcripts is not the same as to analyse talk, people in the unmediated self-presence of their speech.

Using extracts from the data, it traces the double trans-formation of the original talk, firstly in the active process of taping and second in the process of transcription, into texts-to-be-read. On the basis of this recognition of a crucial difference for research between talk and text, the data is now re-named as datatexts (dtexts), to denote what from this point is taken to be their critical characteristic.

Chapter 5 marks then a re-thinking of the assumption grounding the thesis so far, that the problem of reflexivity lies in the relation between analyst and analysed, for that was to take the written as transparent; took it for granted that to read

research literature was to have access to their author's
intentions and assumptions; which took the transcripts as
the talk of people with MS.

Broadly speaking, the last three chapters (6-8) of the thesis
pursue the consequences of this reconception of the nature of
the data for the research project.

PART TWO

RE:READING DATA

Throughout the first part of the thesis, the project has been
concerned with 'getting at' the meanings the research popu-
lation, the people with MS, attributed to kinds of knowledge.
After the break in the fifth chapter, the barrier set up there
against that possibility by the recognition of the data as
texts, the concern has to shift to the meaning of the written;
to   the question of the interpretation of texts.

The conception of the problematic of analysis has also
to shift, becoming rather a question of the difference made
to research based not on 'the knowledge of the research popu-
lation', but on texts.

What, then, are the consequences for research that the dtexts
are not talk but text; not speech but writing? In general
this turns upon the difference held to exist between writing

and speech as media of knowledge. In particular, it turns

upon the kind of texts the dtexts are, for they are not just

any writing, but this writing in particular.

Fundamental to the possibility of (this) sociological research

is that, even now, the data texts upon which it is based are

different from the object texts of literary theory and of

philosophy: they are not fiction nor pure speculation

but in some crucially different way related to 'the world'.

As Part Two opens, the key to this essential difference is

taken to lie in their relation to their referents, that which

would confer upon them their epistemological status $\underline{as}$ knowledge,

the sources of their authority $\underline{as}$ not-fiction, as not

philosophy.

Providing a cohesive structure to Part Two[9] this

possible relation is conceived of as being, perhaps uniquely,

three-fold: their ostensive authority lying in their relation

to the speakers whose words and knowledge they represent, to

the lives they are about, and to the event, the dialogue

through which the knowledge of which they consist was produced,

in the original interviews.

Each chapter takes up one fold of this three-fold question

of reference. At the same time, pushing at the difference data

makes, the dtexts are re-read first against a philosophical

question (the Question of the Self), against a comparable

literary genre (Autobiography) and finally against a philosophic

text (Plato's Phaedrus) both written in and about dialogic

inquiry. By re-reading the dtexts in terms of their similarities

and differences to these other forms, I am trying to press on

the problem of interpretation represented by the nature of

the dtexts as an unprecedented form of text and its effects on

the problem of their interpretation for sociological research.

The dtexts have however been read from the beginning as having

a bearing on and being an instance of the problematising of

knowledge for the speakers, the people with MS, induced by the

irruption of their condition, the basis of their "terrible

resonance" with the methodological problematic with which the

thesis opened. In that sense the dtexts have been, from the

beginning, readily interpretable - and with this meaning in

particular. The question is not, therefore, how should the

dtexts be interpreted, but how are they? What is it about

them that had produced their ready interpretability; this

meaning?

6   In Chapter 6, the dtexts are re-read for their contribution to

a pressing problematic in contemporary philosophy, the putting

into question of the ontological givenness of the self as a

consequence of their own philosophical theorising, whose epistem-

ological status is thereby undermined. A similar irresolvable

dilemma was part of the epistemological scepticism interpreted

as having been induced, not by abstract reasoning, but by the

disruption of the relation between the concrete embodiment of

the self - the body by MS - in the conception of MS as a

'natural breaching experiment' (see xvi above).

It is shown, however, through a sequence of readings,

each of which focuses on an aspect of the dtexts the one before

failed to regard as problematic (their relation to their

referents, the self-referential grammar of their speech, their

form as narrative about the self) that the contribution of the

dtexts to the Question of the Self, the presence or absence of

a questioning of the givenness of the self, depends upon which

aspect of the dtexts is being paid attention to, and what is

assumed to be the referential relation to their origins.

By the end of the chapter, each interpretation of the

dtexts' bearing on the Question of the Self that has been

advanced has been shown to be refutable. The 'real self',

ethnomethodology's 'practical reasoner' (and cf Woolgar 1981,

cited on pv above) and what it knows - the source of the

accounting practices traced in the first part of this thesis

and especially in Chapter 4 - as the origin of the dtexts and

key to their epistemological status is irrecoverable. The

abstract conception produced through these readings, produced

through reading, cannot be taken as the empirical origin of

speech, who can be known through research.[10]

A philosophical question pursued on the basis of the

dtexts raises the question of the relation between the form

of the text and reading, in this case, their form as speech-

in-writing. As has been shown, their immediacy and authority
as voice is disrupted by the fact that they are speech-in-
writing which, in requiring interpretation, allows for
difference in meaning. Reading mediates the meaning of the
dtexts.[11]

7   In Chapter 7, breaking from regarding the dtexts as speech-in-
writing, the question of the relation between form and reading
is raised again, in terms of the second fold of the three-fold
question of reference: to the life they are ostensibly about
which, insofar as it is actual rather than imagined, appears
to authorise the texts as not-fiction and to re-cohere the
disintegration of the self-as-speaker into the author of the
text, whose life it readably refers to.

Re-reading the dtexts as writing against the literary
genre to which they are most nearly comparable, autobiography,
raises the question, via literary theory, of the relation of
author-to-text and of the differences held to exist between
literal and literary forms of writing to which former
category the dtexts seem most properly to belong.

Comparing the dtexts first in terms of their similarity
to and then in terms of their difference from the characteristics
of genuine examples of the genre, it is shown that 'the life'
which appears to give rise to autobiography is rather produced
as an effect of the form. But this works its way out in a very
particular way in the case of the dtexts. As autobiographies,

the descriptions of their own lives by the authors of the dtexts
can only be partial. This gulf between what is written and
what it describes, inherent in the form, allows for, requires
a reading which identifies and supplements that which is in-
complete and self-interested in that description, making the
dtexts, insofar as they are autobiographical in form, peculiarly
vulnerable to sociological irony (Woolgar 1983). Thus the life
of the author and therefore the author him/her self is irrecover-
able from the text itself without the supplement of (rather than
the mediation of, as shown in Chapter 6)   reading.

According to traditional literary theory, the authority
of autobiography as the genuine story of a life rests on and is
identified by the author's proper name attached to the work.
Because of the requirement to make the dtexts anonymous, it
becomes the researcher's name, my name, that authorises them as
genuine, the guarantee for readers of the thesis of the empirical
status of the dtexts as not-fiction; and not my name as such,
but rather as itself authorised by the tradition in/against which
the dtexts are here being read. The tradition of sociology
becomes the source of their authority, doubly de-facing the original
author.

According to contemporary literary theory (de Man 1979)[12]
the defacement of the actual author and the difference between
the text's description and the life it is about is a consequence
of the figurality of the form of writing that is autobiography,
a consequence definitive of and exclusive to literary language.
It is shown in the chapter that the irrecoverability of the

original authors and their lives is a consequence of language used literally, the literal description of the life with MS of which the dtexts consist, read, that is, as literal by sociology and as a consequence of their being interpretable against autobiography. In being written texts that are not literature.

It is thus shown that the distinctions between literal and literary forms (of language and text) rest on the onto- logical status of the referents of each category; the referents which are in irrecoverable relation to the text 'itself' insofar as the form of autobiography is not itself neutral but produces that ontological status as an effect.

Put more broadly, in Chapter 6, it is the form of the dtexts as language - as speech that, in being written, requires interpretation and the mediation of reading, that at once confers their authority vis à vis the speaker-as-origin and undermines it. In Chapter 7, it is the dtexts' form as writing, as a particular written text, that requires a reading that supplements what is readably absent, that makes them peculiarly vulnerable to sociological reading, at once conferring their facticity and putting it into question.

These readings were produced in Chapter 6 by reading the dtexts against the form of a philosophical question; and in Chapter 7, by reading them against a comparable literary genre.

8   In the final Chapter 8, the dtexts are read against a specific text, Plato's <u>Phaedrus</u>, which concerns a philosophical question and is written in a particular literary form: the form of dialogue. It is this text which is held by philosophical tradition to be the authoritative source of the prioritisation of voice over writing - the basis of the phenomenological philosophy to which both ethnomethodology and the sociological problematic of reflexivity with which the thesis opened are, more or less wittingly, indebted.   In re-reading the dtexts against the <u>Phaedrus</u>, the major themes of the thesis are set into play.

The chapter begins by continuing with the 3-fold question of reference: the dtexts to the event, the dialogue through which they came into being, re-addressing the theme of Chapter 7, the relation of form to interpretability, to readable meaning. Taking written dialogue as a form which produces a particular referent as its effect - a unique event, in speech, that takes time, and is about something (in both these cases, about knowledge) - the differences in how these effects occur in the dtexts and the <u>Phaedrus</u> are seen to produce particular interpretations of their meaning, which are specified in the chapter itself.

    It is also shown, however, for the last time, that a text's referential status is produced in interpretation.

Dropping the approach to the nature of the dtexts through the question of their referential status, and following the chronology of the <u>Phaedrus</u>, attention breaks to the form of which the

dtexts(and the _Phaedrus_) consists and in and by which their substance
-as an inquiry - is produced: to what is peculiar about knowledge
produced in dialogue.

By the final section of the chapter, the reading of the
Phaedrus as the source of 'Plato's opposition to writing' has
become radically contested, the source of speech's authority
itself undermined in/by the _Phaedrus_, through the convolutions
of form against content in which Socrates' apparently plain
statement of the first task of philosophy - without which
philosophy cannot begin - to "know myself" are enfolded.

As written dialogue, the knowledge of MS of which the
dtexts readably consist is similarly produced and undermined.

In the final section of the chapter, which is also the end of
the thesis, and again against philosophic tradition, it is
shown that far from the _Phaedrus_ consisting of the denigration
of rhetoric at the expense of dialectic as means of approaching
the truth, true knowledge, as the _Phaedrus_ itself exemplifies,
in order for argument to move, dialectic requires rhetoric
and that in order to persuade, rhetoric requires dialectic -
argument against what went before. That they are in chiasmic
relation which at once is essential to the movement of
inquiry, the production of knowledge and at the same time its
undoing.

The dtexts themselves an inquiry, are, being argument in
language, written in dialogue, involved in this figure of chiasm.
They are, being dialogue, dialectic in form in that they are opened
to question in the necessary activity of reading; and rhetorical
in their effect so that their interpretability can only, by
hard reading, be made problematic, their referential status
not simply obvious: people present in their speech, talking
about MS and producing knowledge of it that is recognisable
as true.

Reading back over the three chapters making up the second half
of the thesis after moving to the end of the _Phaedrus_, they
can be re-interpreted as an anticipation of the elements of
this final chiasmic model of inquiry. The first, Chapter 6,
reading the dtexts against a philosophical question, moves
dialectically, putting each reading of the dtexts on the
Question of the Self into question. The second, Chapter 7,
looking at the dtexts in terms of the literary effects of
their nearest equivalent genre, concerns their rhetoricity.
And both occur in the first two parts of the final chapter,
where it is the rhetoric of dialogue that is at first addressed;
then the dtexts/dialogue as arguement, as an inquiry; and
both in the final part, the text of the chapter itself moving
in dialectic empowered by rhetoric.

The thesis as it ends turns from the question of its data back against itself ~ itself as a work of writing of a particular form and as a mode of inquiry that allowed, from the beginning, the movement against its own questions and solutions, chapter by chapter as it unfolds as a work. The movement of inquiry represented in/by the thesis is dialectical, its form as writing inexorably rhetorical.

INTRODUCTION : FOOTNOTES

1. With the exception of Weider's paper, 'Telling the
   Code' (1974).

2. To be contrasted with, for example, Collins (1981, 1983).

3. The risk is that of the accusation of solipsism and/or of
   a subjectivist personal history rather than a thesis.
   The effects of chronology discussed in Chapter 8.1
   vis à vis the dtexts apply, however, by the same token, to
   the interpretability of the thesis.

4. Reading of 'the literature' at any point in the course
   of the work other than that at which is was done would,
   being in a different context, produce a different interpre-
   tation. (The most striking example of this in the thesis
   is the later recognition and return to the issues raised as
   'Troubles with Ethno' in 3.1.1) (and see xvi, above).

   It will I hope become clear from reading the thesis itself
   why this would have destroyed the thesis.

5. There is from the first chapter a significant preference
   for citations from specified texts ie for 'empirically based'
   critique rather than one made on the basis of paraphrase
   or of general trends, perspectives and so on. This preference
   was used at the beginning as a means of eliminating at
   least some of the layers of 'accounting' involved in such
   practices: it becomes of increasing substantive consequence.

6. It is part of the commitment to 'empirical work' (see Fn 5)
   and its problematic that the medical sociology referred to
   is exclusivly the research literature and not the theoretical.

7. The paper in first draft was presented in a number of
   research forums and pre-circulated to some of them:
   the Discourse Analysis Workshop, Oxford Polytechnic, September
   1983; the George Sarton Centennial, Ghent, 1984; a staff
   Research Seminar at Brunel University 1984 and at a meeting of the
   Graduate Research Forum at Brunel. The readers' responses
   referred to here were culled from those occasions and from
   the comments of other readers of the text to whom it was
   circulated.

8. See eg Mulkay 1985: 77, Fn 2 .

9. The latter half of the thesis, so described, represents
   the work as an ordered and progressive sequence; as
   dealing with a question in the classical manner by breaking
   it down into its component parts ('three folds of reference')

which, separately addressed and then re-assembled,
would represent the covering of the whole field of the
question and a resolution of it. It will however be seen
that this representation of inquiry is that which will
be contested as the work proceeds.

10.   See Hindess 1977: especially Chapter 2: 49-77.

11.   This Chapter is also in effect a challenge to the concept
       of intentionality, fundamental to Austin's Speech Act
       Theory and to Ricoeur's hermeneutics applied to the social
       sciences (1981) (see Chapter 5, this text).

12.   It seems right that I should at least acknowledge the
       intense controversy that has arisen over the past year
       concerning de Man's war time relation with Nazism in
       his native Belgium and in particular, the matter of his -
       like Heidegger's - subsequent silence. This raises in
       a particularly grave form the question of responsibility
       and writing discussed against the Phaedrus in Chapter 8
       written before this controversy arose, having evoked
       again the anathema pronounced on deconstruction and all
       its works as involved not only theoretically but actually
       in the destruction of the human.

       (See for example) J Hillis Miller writing in the TLS,
       June 17-23 1988, p676; and Derrida's 'Paul de Man's War'
       in the Spring 1988 issue of Critical Inquiry).

PART ONE

RE:WRITING ANALYSIS

CHAPTER ONE

LAY/EXPERT KNOWLEDGE IN THE SOCIOLOGY OF MEDICINE

***

As far as the writing of a thesis is concerned, the objective of a review of the literature is to demonstrate an expertise on the part of the author through her familiarity with relevant work and, at the same time, to delineate the lacunae in that work which it will be the task of the thesis to remedy.

Although reading the literature is basic to sociological (expert) practice, what is involved in such a reading and presentation of texts has rarely been attended to, reading and writing regarded as mundane, basic, technical skills. What follows is a review of the relevant literature from medical sociology. But it is the result of 'artfully managed' accounting procedures, and is as much constitutive of as constituted by 'the literature'.

***

As was described in the Introduction, the interest of MS for the thesis lies not in the condition as such nor in the 'people with MS' qua patients, but rather insofar as the ways in which people with MS make sense of the condition illuminates the broader issues of theorising with which this thesis is concerned. The medical sociology literature discussed in this chapter is approached, therefore, not in terms of its substance and findings but at the level

of its theoretical and methodological approach to data that is similar to mine, people talking about their condition.

The aim of this first chapter is to explicate those broader issues through a critique of the ways medical sociologists have treated the patients' perspective and conceived of its relation to expert scientific medicine.

My immediate theme is to trace a double absence: the absence of interest, despite appearances, in the knowledge either of patients or of scientific medicine, and the absence of interest in their own discipline as a knowledge producing practice. For the work which is to be discussed, medical science discovers and describes the physiological world, medical sociology discovers and describes the patients' perspective. The objects of research exist independently of the methods employed to discover and describe them. In the first section, this assertion is substantiated through a critique of work on the patients' perspective; in the second, it is argued that even in those instances in the literature where lay perspectives are considered from the perspective of the sociology of knowledge, the same applies. It is the unquestioned assumption of the facticity of science which accounts for the absence of concern with reflexivity: the possibility that research constitutes, through its theoretical assumptions and methodology, the objects of its study.

In the third section, a recent work which explicitly takes a social constructivist approach directly to medical knowledge is discussed. It is this latter theoretical approach which will be

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considered in most depth since it most nearly approaches, and yet

holds back from, the issue of reflexivity.

The literature specifically on MS will not be referred to until

Chapter Two, where it will provide the opportunity for a substantive

elaboration of the issues broached in Chapter One.

1.1   THE PATIENTS' PERSPECTIVE

There are now many detailed studies of lay perspectives in the liter-

ature of medical sociology. Much of the focus of the research is,

however, on the analysis of the interactions between patients and

GP's or other medical professionals. These studies pay attention to

the problems to which these interactions give rise   as communi-

cations, the majority of the research having the objective of enabling

the medical profession to improve that communication which means,

in practice, the improvement of the understanding by patients of

doctors' instructions (See Becker 1974; Garfield 1982). There is

also a strand within this area of work which considers the doctor-

patient relationship in terms of the differential power statuses

it exemplifies, and which seeks to speak 'on behalf of' the patient

(Cf. Stimson & Webb 1975; Wadsworth & Robinson 1976: Corsaro 1982;

Hughes 1982; Stimson 1982). It is generally the case that - as in

most medical sociological research - the theoretical perspectives

of that discipline, with their concomitant concepts and key issues,

are applied to a specific area of social life. As the title of the

discipline makes clear, it is the sociology _of_ medicine.

CONTENTS PAGE

Patient Careers and Communication

Wadsworth, David	Studies of doctor-patient communication.
West, Patrick	The physician and the management of childhood epilepsy.
Anderson, Elizabeth	School placement: interactions between doctors and mothers of physically handicapped children.
Bloor, Michael	Professional autonomy and client exclusion. A study of ENT clinics.
Coulthard, Malcolm; Ashby, Margaret	A linguistic description of doctor-patient interviews.

Accounts of Medical Work

Dingwall, Robert	Accomplishing profession.
Webb, Barbara; Stimson, Gerry	People's accounts of medical encounters.
Davis, Alan; Strong, Philip	The management of a therapeutic encounter.
Robinson, David	Please see and advise: handling referrals to a psychiatric hospital.

Professional Ideology and Mental Illness

Ryan, Joanna	The production and management of stupidity: the involvement of medicine and psychology.
Goldie, Nigel	Psychiatry and the medical mandate.
Ingleby, David	Sanity, madness and the western state.

Figure 1.1 Contents Page: Studies in Everyday Medical Life [1] (Wadsworth & Robinson 1976)

Of more direct relevance to this thesis are those studies which describe how lay people 'make sense' of their own conditions. These

tend to focus either on a single medically diagnosed condition -
epilepsy (West 1979), heart attacks (Cowie 1976), rheumatism (Wiener
1975) for example; or concern lay perceptions about the nature or
genesis of disease (for example Lederer 1952; Freidson 1961; Mabry
1964; Elder 1973; Snow 1974; Helman 1978; Blaxter 1979; Locker 1981;
Pill & Stott 1982; and Pritchett 1982). Yet even though such studies
do not directly focus on the doctor-patient relationship, and the
data upon which they are based is most often gathered away from
the formal medical setting, nevertheless their avowed purpose is
to illuminate that relationship. Blaxter's study of the causal
models of disease employed by working-class Aberdonian women, for
example, compares those models with that of medical science in
order to examine the implications of the "great potentiality for
conflict" (1979: 161) she discovers in their difference, and there-
fore, "for [people's] behaviour as a patient" (1979: 154). Pill and
Stott, studying working-class mothers' views on the aetiology of
illnesses, likewise discuss their results:

> (I)n relation to current health education policies,
> consultation behaviours in primary medical care and
> consumer attitudes to the services provided by their
> doctors.

> 1982: 43

In that sense, they differ little from the purpose of looking at
patients' perspectives outlined some twenty years ago in what is
still (along with Apple's 1960 study) one of the most ubiquitously
cited research papers in this area, Baumann's 'Diversities in
Conceptions of Health and Physical Fitness' (1961), in which she
stated:

> For the individual physician, an awareness of the differ-
> ences in conceptions of health can produce another tool
> for the management of his patient, enabling him to interpret
> a medical regimen in the focus most meaningful to the
> patient's frame of reference and, thus, providing an additional
> incentive to co-operation in achieving their common goal.

1961: 46

- the "common goal" being, of course, that of the professional.

For society, Baumann describes the benefits as assisting, "persons

interested in planning public health programs, or physical fitness

campaigns" (46). Although the terminology may appear out-dated,

the sentiments remain unchanged.

Even the work which directly addresses patients' perspectives on

the concepts which medicine employs - of symptoms or of disease -

retains this orientation towards the improvement of the practice of

medicine. Jones et al's paper, 'On the perceived meaning of symptoms'

(1981) for example addresses the question of patients' understanding

of 'symptoms' but, to endorse the point just made, relate their

findings to the literature on delay in seeking medical advice. It

is significant that in this study, the 'symptoms' which were to be

interpreted by the patients consisted of a list of 45, drawn up by

the researchers, and rated on eight "semantic properties", similarly

derived. What Jones et al were looking at in fact was patients'

understandings of the doctor's perspective.

Cassell's much cited article on the concept of disease,

'Disease as an 'it'' (1976), although based on transcripts of doctor-

patient consultations and thus dissimilar to my own data, is more

directly relevant to my interests in that he is interested in the

language in which disease is described, pace Jones et al, by lay

people themselves. He explains:

> What the present study is about ultimately is a kind of
> 'mapping' of the body and its diseases as they are portrayed in
> the language of a person, in an attempt to better understand
> the relationship between mind and body...(Q)uestions of the
> relationship of person to body are crucial to many of the
> ethical and personal dilemmas of modern technical medicine.
> Anything that sheds light on these issues is of the utmost
> relevance.
>
> 1976: 145

As the latter part of the quotation shows, the relevance of this

interesting approach to the patients' perspective is nevertheless still

confined within the bounds of medicine; the patients' concepts of

disease interesting only insofar as they need to be understood - by

medicine.

This is not to say that there is nothing in this literature that

touches on medical knowledge in a critical way. But what there is

is criticism of, primarily, the _uses_ to which medical knowledge

is put - Illich (1975) being a prime example. There are also

critiques in terms of its partiality, in the sense of its ideological

assumptions and outcomes or in its denial of 'the whole person' as

the relevant subject for its treatments.

A paper by Balogh (1981) weaves these criticisms together to

argue that physicians regard medical knowledge as their own "private

property", an ownership which entails the class subordination of

the patient and the alienation of her/his self from the body that

is medicine's sole object. It is the ownership of knowledge that

is questioned, not its constitution _as_ 'medical knowledge'.

There has also been a recent move towards the reconceptual-

isation of the discipline as the sociology of health and illness

which, it is argued, will allow for the whole continuum to be

studied. This could be seen also as a critique of medical knowledge

in that it is a plea for 'holisticism', but the omission of the word

'disease' from this reformulation - reserved, as will be discussed

below, for the physical conditions identified by medicine - is highly

significant. By virtue of this re-characterisation of the interests

of the discipline, new political issues (for example the relation of

employment to health - cf. Brennan & Lancashire 1978; Harrington 1978;

Townsend & Davidson 1980) can be addressed. The work on de-medical-

isation of certain phenomena such as pregnancy and childbirth

also come under this rubric, the argument being that these are

'natural' functions rather than pathological conditions and, as

such, not the exclusive domain of medicine (Hall et al 1980; Oakley

1980; also Crawford 1980; Phillips & Rakusen 1978).

The research which has been looked at so far is, it has been

suggested, interested in the way people who are ill make sense of

their conditions only insofar as they present a problem for the

practice of medicine. As the almost exclusive use of the term

'patient' indicates, it is interested in the perspectives of lay

people only to the extent that they are patients: ie the objects

of medical practice. The theory and practice of medicine, and of

medical knowledge itself as a branch of science, are taken as given;

a firm demarcation is thus able to be sustained between 'lay' and

'expert' knowledge - with only the former susceptible to socio-

logical analysis. The marked absence of concern with how they

themselves produce their knowledge of others is a concomitant of

the fundamental disinterest in matters of sociological theory
and their concentration firmly on its acceptance and application.
That people's sensemaking about illness may illuminate more general
questions is a possiblity that does not appear to have arisen.

There are however two other strands within medical sociology,
broadly conceived, that purport a concern with knowledge about
medicine; the first from a sociology of knowledge point of view
which, often drawing on anthropology, looks at the patients'
perspective in terms of cultural variation; and the second, from that
of social constructivism, which examines the knowledge of the
professional discipline of medicine.

1.2   THE RELATIVISING OF MEANING

The thrust of medical anthropology seems to be the demonstration that,
far from being a universal system of practice and meaning, that of
the west is only one amongst many possible accounts of the social
organisation of sickness and health. This would seem to allow for
the opening up of the whole question of medical knowledge.

    However, by the retention of a distinction between the notions
of 'illness' and of 'disease' - the former being subjective and
experiential and therefore subject to cultural relativism, the
latter being objective and empirical and therefore not so subject -
a universalism at the level of the physiological, that is an objective,
a-temporal, a-cultural biological reality is sustained. It is only

the different <u>meanings</u> attributed to this biological substrate, and
the arrangements made by various societies to deal with its pathologies
that, accordingly, can and do differ with time and geography (cf. Chapter
3.3).

The medical anthropologist Fabrega (1975) has summed up this
distinction most unequivocally in his paper, 'The need for an ethno-
medical science' (see also Idler 1979; Last 1981):

> Terms such as 'diabetes','rheumatoid arthritis' or
> 'multiple sclerosis' seem deceptively simple. Careful
> analysis will disclose that they represent a complex set
> of physiological, chemical and structural facts. Further-
> more, such diseases can implicate a host of social and
> psychological factors although, in a strict sense, they
> are not seen as necessary features of the disease.

> Fabrega 1975: 960

The cultural variation in "what is considered as a biomedical
disease" is accounted for in a lengthy footnote:

> When viewed anatomically, biochemically, and physiologically,
> the human body is often seen as 'common' to <u>Homo sapiens</u>.
> This seems to imply that any disease which is framed in terms
> of the body's systems can be found in any social group and will
> possess a singular form and course. In fact, biomedical
> diseases are built out of negative deviations in the values
> of observed variables, and which of these deviate in a group,
> and in what fashion, reflect physical, social and cultural
> facts. Such diseases and their 'natural histories' are thus
> not invariable or universal. In a proximal sense, the
> functioning of the apparatus is affected by such things as
> climate, altitude, level of physical activity, and items which
> are ingested and serve as food and water. Many of the effects
> of these factors are readily affected by cultural influences.
> The genetic constitution of a population, which in a distal
> sense affects the 'constitutuion' of group members, also
> reflect social and cultural influences. Finally, the actual
> cutoff points which are used to mark deviations in physiologic
> variables should in principle reflect native conventions about
> well-being, health and adaptation. Otherwise the researcher
> runs the risk of applying his own standards indiscriminately,
> forgetting that they have been generated in quite a different
> social context. What is considered as a biomedical disease
> in a native group, then, <u>to some extent</u> will and should reflect
> attributes of the group considered as a social and cultural
> structure. (my emphasis)

> 1979: 975

But this complex account of variation in the 'human body', due directly or indirectly to "cultural" and "social" influences, maintains the non-variation of "the apparatus" - the "physical facts" - one of which is disease. Whilst diseases may be differently manifested and understood, nevertheless, as his discussion of the concept of 'ethnomedicine' makes clear, for Fabrega, "disease" exists as a universal substrate:

> In focusing on <u>fundamental properties of disease</u> ethnomedicine can...help to clarify the effects and meanings of disease and thereby make its control <u>more rational</u>. (my emphases)
>
> 1979: 974

Furthermore, as the quotation suggests, not only the substance of western medical knowledge - the biological bottom line - but the epistemology (theory and concepts) upon which it is based are taken as unquestionable. The implication is that the production of knowledge of the "physical facts" is not itself subject to "cultural" or "social" influences. By his reference to the need for a more <u>rational</u> control of disease, the further implication is that the understandings of other societies is not only variant but <u>irrational</u>.

This sanctity of the substance and the method which produces western scientific medical knowledge of disease is maintained even by those researchers whose explicit theoretical paradigm is the sociology of knowledge. Idler, for example, in an article entitled 'Definitions of health and illness and medical sociology' (1979) states (in a way which echoes 'Mannheim's mistake' as identified by Bloor(1973) in the sociology of science):[2]

> Biomedical disease presents no data for sociological
> analysis, it reveals no social facts. Illness, the human ex-
> perience of disease, is an explicitly social phenomenon
> with <u>both</u> an objective and a subjective reality. (my emphasis)
>
> Idler 1979: 732

At the end of the article she, too, considers the objectives of her

kind of approach to health and illness, explicitly placing the role

of lay knowledge as a complement to and not in any way a challenge

to, medical knowledge:

> The Schutz and Douglas [Mary] frameworks allow researchers to
> accept human health and illness in their own context and on
> their own terms, and they can reveal the subjective meaning
> of the experience of illness and healing and then recognise
> the knowledge of illness and healing as an important stock
> of knowledge that people have constructed for themselves
> from their cultures, histories, traditions and personal
> experience...(B)ut most important of all, perhaps, is the
> fact that these frameworks allow researchers to organize
> and classify cross-cultural material in ways which may en-
> rich the healing practices of both modern and traditional
> societies.
>
> 1979: 730

This same distinction between disease and illness, between fact and

meaning, is maintained by Eisenberg who, like Idler, draws on anthro-

pology in order to analyse 'Distinctions between professional and

popular ideas of sickness' (1977): "(T)o state it flatly, patients

suffer 'illnesses'; physicians diagnose and treat 'diseases'." In

a revealing example drawn from the realm of 'psychiatric disorders',

Eisenberg accepts that Charcot's patients (NB: Charcot is frequently

attributed with the discovery of MS and the production of its first

definitive symptomatoloty (see Chapter Two)) <u>learnt</u> to display what

were to become accepted as the 'classic' symptoms of hysteria. But,

he adds:

> Let it be clear; the patients were ill before they saw
> Charcot: what changed was the patterning of symptoms; in
> a way, doctor and patient shared a folie-à-deux. He expected
> what they produced; they came to produce what he expected.
> It was the evolution of the clinical syndrome that had been
> altered, not its initiating patho-genesis.

Eisenberg 1977: 12

This observation of what, it could be argued, was an instance of

the reflexive relation between document and underlying reality is

here provided merely as further evidence of the presence of <u>extra-</u>

<u>biological</u> components of disease. As Eisenberg explains:

> (M)odels [of diseases] are ways of constructing reality,
> ways of imposing meaning on the chaos of the phenomenal
> world. <u>This is not to deny the independent reality of that</u>
> <u>world</u>, but to emphasise that it does not present itself
> organised in the ways we come to view it. (my emphasis)

Eisenberg 1977: 18

Eisenberg, like Fabrega cited earlier, argues that medicine should

incorporate into its practice the fact that diseases are not <u>simply</u>

technical, physical pathologies, but <u>also</u> social/cultural phenomena.

It is the mechanistic scientific paradigm of modern medicine that is

to blame, according to Eisenberg, for disguising this important fact.

As he concludes:

> (O)nce medicine is reconceptualised as a disruption in an
> ongoing biological process, we will be less likely to pursue
> disease as a thing-in-itself.

Eisenberg 1977: 21

The argument is reformist in character: the patients' understandings

of their condition are regarded as an essential complement to the

identification and treatment of disease, their cultural variation

relating only to the social conditions in which illness occurs and

the <u>meanings</u> attributed to disease.

Thus, in spite of what might have been expected, the
sociology of knowledge perspective on medicine, like all the
works cited in the first two sections of this chapter, fails
in practice to look at medical knowledge at all. Rather,
medical knowledge is the ground upon which they stand to look at
others.

1.3   SOCIAL CONSTRUCTIVISM AND MEDICAL KNOWLEDGE

From its title, Wright and Treacher's (1982) The Problem of
Medical Knowledge: Examining the social construction of medicine
would seem to be addressing this very topic. In a sense of
course, that 'everything is socially constructed' is a socio-
logical truism. How far this refers to a specific, coherent and
discrete sociological position; quite what is meant by constructi-
vism; and what it is taken to imply in terms of its concomitants
for the analyst's own epistemology and practice are, as this
edited collection both admits and demonstrates, as debateable
with respect to medicine as it is to other areas of sociology.

In their Introduction, Wright and Treacher allow that the social
constructivist perspective as far as medical sociology is
concerned contains a variety of not always compatible themes
and assumptions. Those whose work they have collected under that
rubric are united, Wright and Treacher claim, by their common
questioning of four assumptions, central to traditional historical
and sociological approaches to medicine, viz:

1.   That the identification of medicine or medical knowledge
     posed no difficulties; indeed it was self-evident...

2.   (T)hat modern medical knowledge was distinctive because
     it was characterised by two particular features: it was
     built upon the findings of medical science, and it was
     effective...

3.   (D)iseases, it was assumed, were natural objects which
     existed prior to and independent of their isolation or
     designation by doctors...

4.   (S)ocial forces, whether much attention was given to them
     or not, were assumed to be self-evidently distinct from
     medicine.

Wright & Treacher 1982: 1-5

It would appear that much of the foregoing critique in the previous

two sections concerning medical sociological research on patients'

perspectives itself shares the constructivist position. However, it

is this appearance of similarity that makes social constructivism so

useful here as a way of delineating the approach I am in fact trying

to take.

In addition to the shared questioning of traditional work, Wright and

Treacher discern a unifying and distinctive theme amongst the con-

tributions to their book: that is, a refusal:

      (T)o regard medicine and technical knowledge as pre-given
      entities, separate from all other human activities. Instead,
      it is argued, medicine is to be seen as a highly specialised
      domain of social practice and discourse, the limits and con-
      tents of which are themselves set up by wider - but not
      separate - social practices.

Wright & Treacher 1982: 10

What is undertaken, then, is a search for those "social practices"

which have "set up" the "limits and contents" of medical knowledge

and practice. The social practices and discourses identified by the

authors of the various papers to be involved in the 'setting up'

of medicine may be summarised as: power, ideology, technical

developments, cultural change, social interests, and social relations

- acting alone or in combination.

It is difficult to ascertain, however, the precise role being

claimed for these 'social forces', whether they are intended to be

explanatory - causal in either a direct sense or in terms of necessary

and sufficient conditions for x to be as it is - or whether the claim

is weaker. According to Wright and Treacher, the latter is the case:

> What is being proposed is not that medicine is unscientific
> because it is _permeated_ by social forces; but, in contrast,
> that both medicine and science are essentially social
> enterprises. (my emphasis)

Wright & Treacher 1982: 7

Precisely which phenomena the term 'medicine' is taken to encapsulate

is of course critical. The description of "both medicine and science"

as "social enterprises" suggests that what is open to sociological

analyses are only the persons, practices and institutions of medicine.

The phrase "permeated by" suggests that there is an _a priori_

independent phenomenon (of whichever conceptual type) which is in-

filtrated by social forces which pervert it into becoming something

it is not in itself. This suggests that there are, underneath the

patina of social forces, phenomena that are real, independent of

knowledge of them. The 'social forces' identified in the collection

seem to be operating on medicine, pushing it one way or the other

(and interestingly these forces are invariably characterised as

negative in the moral or evaluative sense). The modern western

account of the anatomy and physiology of the body and the phenomna

of disease remain inviolable. The body is the body is the body.

Atemporal and universal.

The further relevance of the collection to this thesis has to do with

the methodology used by social constructivists; in particular,

their use of history as a way of making strange (cf. Chapter Three)

Wright and Treacher account for the predominantly historical content

of the collected papers in these terms:

> (U)sing historical data is not an escape from the present
> but a way into it. The apparent strangeness and distance
> of the past enable one to discern features that are camou-
> flaged in the present by the very taken for grantedness of
> everyday experience. We use the past to shake confidence
> in the 'obvious' appearance of medicine today, not in order
> to sanctify it as has so often happened in histories of
> medicine.

> Wright & Treacher 1982: 2

The difference Wright and Treacher claim for social constructivism

from the traditional histories of medicine is that previously,

change was attributed predominantly to the activities of individuals -

the genuises who made great discoveries. In addition, they explicit-

ly reject what they call such "positivist" Whig histories according

to which 'medicine now' is portrayed as the summit or at least the

high ground of true knowledge, the culmination of centuries of

onward and upward progress. Their own contention is that by a

knowledge of past variations, paradigm shifts in medical theory and

so on, present obviousness loses its solidity. Because medical

knowledge had been different in the past; if - unless it is assumed

that past notions of reasonableness were discontinuous with ours -

that knowledge was once otherwise and sensibly so for people in

that past, then 'something' must be acting on the world of the physical - producing these differences.

The object (of medical knowledge) may appear to shift according to changes in theories, but this is because the point of view (literally) of the observer is held to shift vis à vis the object, each of whom thus sees a different aspect of the same thing, that 'seeing' a result of their location in history. If this something that changes is not a change in the physical (because that does not change), then it <u>must</u> be social in some sense. It is thus history which, according to Wright and Treacher, teaches us that the <u>social</u> world is in continual flux.

Whilst in one sense this is to challenge history, nevertheless it is to use historical data and, concomitantly, to regard the practice of history as itself a form of knowledge which is a-theoretical and therefore immune from those same social forces that they claim inexorably effect medicine as a theoretical practice. According to the theory of history which Wright and Treacher (and the authors in their collection) employ, 'the past' exists independent of analysis. For the method depends on looking at 'what actually happened' in the past.

Their study of the past appears to bring to analytic visibility the decisive and particular social forces which constructed medicine today (because one can now see what happened in the end; for example which theory of asthma won out (Gabbay 1982)), it is possible, they assume, to trace the story to which 'now' is the conclusion; to see, by that conclusion, out of the "melee of conflict-ing social forces" (11) acting in the past <u>and</u> in the present, the

structure and features of the plot which lead (was always leading) to

things as they are now. It does not seem, at least in this collection,

that social constructivism leads to any serious doubts about the

independence of the analyses they themselves produce from the effects

of 'the same' social forces.

Social constructivism in medical sociology, as in much of

the sociology of science, falls short of reflexivity: reflexivity,

that is, as conceived as the problematic in the social studies

of scientific knowledge.[4]

Wright and Treacher themselves use this term in reference to

Gabbay's paper in their book. According to my reading, Gabbay

uses the substantive topic of theories of asthma for an examination

of the theoretical problematics entailed in the <u>demonstration</u> of

the social construction of medical knowledge. His paper takes the

form of proceeding to consider a number of possible constructivist

approaches to the question in turn: the diachronic (theories of

asthma over long periods of time; synchronic (theories of asthma held

at the same period); and the single treatise on asthma. He employs

each of these approaches considering them in terms of (i) their

resolution of contrived paradoxes; (ii) the homologies between

domains of thought (for example between concurrent political/medical

theories); and (iii) in terms of the biographical approach (that is

the life of a proponent of a particular theory of asthma. But, as

he demonstrates, each approach, whilst offering "insights" into

the question of theories of asthma, entails assumptions about that which

it set out to examine. Having worked through these constructivist

approaches, as he puts it: "Our attempt at proof has, in short, left us in a position of historical paralysis." (1982: 42). Insofar as it is not only medical knowledge about asthma that is the product of and that produces "the social world", this "(mutatis mutandis)" also applies to historical knowledge. Whilst there appeared to be two choices offered as means to escape "paralysis", there is therefore, Gabbay argues, in fact no choice "but to act on the insights which have emerged, and develop the analysis further." (1982: 42). This, however, is the final sentence of his article, and there is no suggestion as to how this might be done. [5]

The aporia which his demonstration has produced is, however, recharacterised by Wright and Treacher in such a way as to defuse the epistemological menace of its implicit reflexivity (a term which they, but not Gabbay himself, use). According to Wright and Treacher's paraphrase, Gabbay's argument is that:

> It is more justifiable and more fruitful to try to relate
> past medical knowledge to the whole range of social circum-
> stances in which it was generated and used. This however, he
> [Gabbay] insists is no simple or straightforward task for, as
> in medicine, so in historical analysis, the undertaking is
> rooted in our own social circumstances. We only understand
> such processes better if we develop a reflexive form of
> historical method not founded on scientistic notions of
> causal proof.

> 1982: 15

Apart from other indications, their use of the term "scientistic" allows for the untainted existence of 'scientific': an opposition which, I would argue, marks their non-recognition of the serious consequentiality of Gabbay's paper. Defused in this way, Gabbay's paper is made to merge with the rest of the collection and Wright and Treacher can continue unperturbed with their depiction of the

concrete and constructive purposes of social constructivism;

> The search for a timeless medicine unaffected by its
> social contexts is, in our view, as misconceived and
> as misleading as the quest for the Philosopher's Stone.
> The way forward to forms of medicine which better serve
> the ends which their clients require of them is not, we
> would contend, through such a search, but through re-
> cognising the inherently social nature of medicine and
> through developing its structures, institutions and
> relationships in which forms of medicine that are
> considered desirable are most likely to grow. (my emphasis)

Wright & Treacher 1982: 15

As this quotation makes clear, the relation of medical knowledge

to its object remains as given; it is not medical knowledge, despite

the title of the collection, but the practices and institutions of

medicine that require sociological analysis. Similarly, with the

exception of Gabbay, the means by which social constructivists

produce their own knowledge remains, for them, autonomous. For them,

the term "reflexive analysis" operates as an antonym for 'scientism':

a kind of sensitive self-reflection.

A Critique of Social Constructivism

The critique developed by Bury of social constructivism (1984)[6] – upon

which all of the works cited so far could be seen more or less

explicitly to be premised – nicely encapsulates a common view of

reflexivity: and the grounds upon which it is rejected. An examination

of Bury's critique thus provides a timely reminder of the difference

and difficulty of the path I am attempting to pursue in this thesis –

that which might come after Gabbay's last sentence.

Whilst I share some of Bury's criticisms of social constructivism,

I differ fundamentally from the conclusions he draws about its value as a theoretical position.

Bury concedes that social constructivism[7] is interesting in that it brings "normal, physical" medicine under the gaze of the sociological perspective (previously only done in regard to mental illness); and in that it regards it as inherently problematic. According to Bury, social constructivism challenges the notion of "disease" as an autonomous entity, arguing that medical knowledge is "deeply implicated" in social relations. It has gone beyond what he dubs as the "crude views" of medicine-as-sinister to develop certain marxist analyses in a more sophisticated form (citing Figlio 1982 as an example). Social constructivism is of interest because in addition it is "strongly counter-intuitive"; it makes the "mundane enigmatic"; and in any case it is influential (and here he cited Ian Kennedy's 1980 Reith Lectures ' The Unmasking of Medicine' and the work of Sontag (1979)).

However, in spite of these virtues, for Bury social constructivism remains deeply unsatisfactory. For, he argues, few of its practitioners have even recognised let alone attempted to tackle the fact that their work falls into the problem of "all such relativist approaches"; that is, that it is inevitably self-undercutting. If, as under its own logic it should, "scientific method becomes a myth", then all that remains possible for an analyst is a "radical relativism", a position from within which - as, according to Bury, everybody knows - anything and therefore nothing can be said with certainty.[8]

This failure of recognition is made possible, Bury explains,

by social constructivits' simplistic misuse of their own claimed
theoretical sources. They invoke Foucault for example yet completely
ignore the strong influence of the nihilistic philosophy epitomised
by the influence of Nietzsche evident in Foucault's later work. They
invoke Kuhn as if he was, like them, "anti-science" whereas in fact,
according to Bury, Kuhn was only against the "liberal-rational myth"
of science, and indeed, quite on the contrary, "celebrated" science
for its emphasis on notions of community, consensus and authority
as its authenticating values. Furthermore Bury argues to embrace
the constructivist perspective is to do in effect what is, ironically,
conservative sociology, which "merely records" the status quo.
Even the work of Foucault itself, Bury remarks, contains an "ideo-
logical elusiveness" and not, as constructivists assume, the "clear
radical commitment" which is his popular reputation.

Bury is equally sceptical of the emphasis in social construct-
ivism on the ideological power of medicine. He surmises that
research into lay knowledge would reveal that far from being the
passive subjects constructivists presume, individuals are in fact
far from being dominated or cowed by the single all-powerful para-
digm of scientific medical ideology.

Bury also attacks social constructivism at the level of its
outcomes. As with all perspectives derived from the sociology of
knowledge, in its attempts to produce analysis at a generalised
and universal level, social constructivism perforce places sociology
at the "margins of social debate." By which he means that it quite

excludes the possibility of medical sociology's ever engaging

in the collaborative work with other disciplines that is, Bury

claims, essential for good and influential work (and thus sociological

work at all).

This debate and the specific points that are attacked by Bury

parallel some of those made within the sociology of science by

critics of the social constructivism of researchers such as Collins

Collins (eg 1981) who are, as discussed in the Introduction, one

of the formative influences for the beginning of this thesis.

Wright and Treacher themselves acknowledged such parallels:

> From the late 19th century until recently, medical know-
> ledge lay behind a seemingly unbreachable conceptual
> barrier.

> Wright & Treacher 1982: 1

In a footnote to this they added:

> So, for that matter, has the study of scientific knowledge.
> There are many parallels between the history/sociology of
> science and the history/sociology of medicine. In social
> studies of science, studies of scientific knowledge were
> extremely rare. Over the last ten years or so however, a
> body of writing has developed which devotes far more attention
> to the structure of knowledge.

> Wright & Treacher 1982: 19[8]

To be noted, however, is their reference to the "structure of

knowledge" as a topic amenable to sociological analysis - yet at

the same time, as has been argued in the previous section, the

paradoxical immunity of biological/scientific fact from their

critique. It is the legitimation of one theory and the de-legitimation

of others that they see as subject to social forces: but the consti-

tution of theory, how the knowledge is itself produced from 'evidence'

that they fail to regard as amenable to constructivism's critique.

The crucial point as far as my own research is concerned is Bury's rejection of the 'relativism' of social constructivism on the grounds that it leads to 'radical relativism'. The grounds upon which this rejection is based are explicitly practical/strategic. That is, 'radical relativism' is banished not because Bury argues that there is anything inherently incorrect in it but in order that sociology may be continued.

This move, it seems to me, contradicts his own adherence to the canons/possibility of research; for it is, by his own account, the pursuit of knowledge of "normal physical medicine", by traditional sociological methods, that has inexorably produced the relativism of social constructivist theory (if not its practice). And thus, to follow the same logic on, it cannot be rejected on the grounds simply of its unwelcome implications.

What Bury has found and rejected in social constructivism is the problematic of reflexivity; paradoxically found through his critique of the failures of social constructivists to pursue the implications of their work to the bitter end.

***

One of the major factors enabling the problem of reflexivity to simply not arise is, as I have been arguing, the acceptance both by traditional medical sociology and social constructivism of the mundane facticity of science - both in its method and its theoretical basis as an objective means by which to discover and describe the world.

Part of that 'world' which medical science discovers and describes is the patient in terms of her physiology and diseases;

medical sociology discovers and describes the patients' perspectives.
Both objects of research are deemed to have the status of objective
fact. It is because science is regarded as simply factual that
the patients' perspective, lay knowledge, is by definition subordinate
to scientific medical knowledge and practice.

In the chapter which follows I turn to the medical research
literature on MS - in order to substantiate, through the analysis
of a single text, what has been implied throughout this one: that
the assumption that medical knowledge arises simply from the
nature of disease is not tenable. The 'nature of the disease'
is constituted in reflexive relationship with the theorising
practices brought to its study.

CHAPTER TWO

LAY/EXPERT KNOWLEDGE OF MULTIPLE SCLEROSIS[*]

THE CASE OF THE COMTE D'ESTÉ

In the previous chapter, the resort by social constructivism to history as one means of 'making strange' was opposed by the assertion that history is not merely a matter of letting documents of the past (or of the present) speak for themselves. The objective of this chapter is to substantiate that assertion, through the close reading of one such document, an entry in the diary of Augustus, Comte D'Esté, dated 1822 (See Figure 2.1 overleaf).

The extract appears in McAlpine et al's <u>Multiple Sclerosis: A Reappraisal</u> (1972), one of the most frequently cited texts on MS (in 89 papers in 1982, according to the Science Citation Index). As shown in Figure 2.1, the Comte's diary is described by McAlpine as: "(T)he earliest description of multiple sclerosis" (1972: 112). However, since the Comte does not describe what is wrong with him as MS - the first (expert) naming and description of the disease not appearing until some thirty years later - in order to read the diary <u>as</u> a case of MS, it is necessary to be armed with substantial 'already knowns' about MS: to be an expert reader.

[*] For a summary of the non-medical literature on MS, see Appendix 2.1

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1    The earliest description of multiple sclerosis is contained
2    in a small diary bearing the title, the Case of Augustus
3    d'Esté, now in the library of the Royal College of Physicians
4    in London, from which extracts were published by Firth in
5    1948.  At the age of twenty-two, the first entry occurs:

6         In the month of December 1822 I travelled from
7         Ramsgate to the Highlands of Scotland for the purpose
8         of passing some days with a Relation for whom I had
9         the affection of a son.  On arrival I found him dead.
10        I attended his funeral: there were many persons present
11        and I struggled violently not to weep:  I was however
12        unable to prevent myself from doing so.  Shortly after
13        the funeral I was obliged to have my letters read to me,
14        and their answers written for me, as my eyes were so
15        attacked that when fixed upon minute objects indistinct-
16        ness of vision was the consequence.  Until I attempted
17        to read, or to cut my pen, I was not aware of my eyes
18        being in the least attacked.  Soon after I went to
19        Ireland, and without anything having been done to my
20        eyes, they completely recovered their strength and
21        distinctness of vision.

22   Subsequent entries in the diary leave no doubt about the
23   diagnosis.

     McAlpine 1972: 112
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Figure 2.1   The Text: From 'Some Aspects of the Natural History
             of Multiple Sclerosis (Contd)', Chapter 4 in McAlpine
             et al (1972) Multiple Sclerosis: A Reappraisal, 99-131.

That the reading of a text requires what Barthes (1975) has called

'already knowledge' is not a privileged secret amongst cogniscenti.

It is common knowledge, upon which McAlpine himself relies and

presumes in other readers:

> Doubtless owing to difficulties in evolving valid methods
> of assessing the effect of emotional factors on the onset
> and cause of MS, recent data is not available. Relevant
> material from our first book and quotations from case
> histories [of which the Comte's diary is one being discussed]
> while meaningful to those with experience of this ubiquitous
> disease, will for others merely underline the need for
> further studies. (my emphasis)

McAlpine 1972: 111[1]

For McAlpine, the meaning of a case history depends on its reader

being able to bring to the text a body of experience. By impli-

cation, the meaning of the text is there waiting to be discovered.

It is in the light of this reading through experience that the

diary can be understood as being...a case of MS; by drawing on that

prior knowledge, this case history can be seen as having been a

contribution, pathing towards that - same - knowledge of MS (Smith 1978) .

In what follows, I will go through the extract quoted by McAlpine

step-by-step (Barthes 1975), bringing out (bringing in) those

features which enable me to see it as relevant to certain themes

current in MS research; pointing out some of the significances I

can now see lying behind the surface of the diary's text.

The point of this chapter is to demonstrate that medical

knowledge is not simply a matter of the discovery of natural facts

but is produced - and re-produced - by theorising practices;

practices which, furthermore, operate on and engulf 'lay accounts'

in such a way as to render them precursors or 'merely documents' for medical knowledge. MS is itself constructed out of such artefacts as the Comte's diary.

But let me be clear. The contention in this chapter is not that people do not suffer, nor that neurologists, epidemiologists and clinicians are fools. It is that the object of research - in this case MS - is constituted in theorising practices as the thing it is held to be; an object which then has an indeterminable relation to what 'is': an object which is constituted in its particularities by the knowledge brought to bear upon documents taken to be 'of' MS (cf. Latour & Woolgar 1979).

***

"The earliest description of multiple sclerosis..." (line 1)

A description is always 'of' something: the concept of description entails an object: the object here is multiple sclerosis, a name for a disease, which is to say, a disease with a name. That is, a disease is taken to be an object with the capacity to be described. Even if current descriptions are in detail incomplete, as is the case with MS - see Kurtzke 1980a[2] - there are at least conceptual-isable if not yet discovered boundaries between 'it' and everything else. The enterprise of research rests on the assumption that MS is a describable, discrete entity in some way, existing independent

of description: an assumption that is never questioned. Although
some current researchers are exploring the notion that the term MS
as hitherto used may have mistakenly embraced more than one disease
(this being a possible explanation of the wide variety of symptoms,
manifestations and prognoses currently and somewhat awkwardly
having to be included under this name), that there is something to
be properly called MS is not seen thereby to be challenged. The
question merely concerns correcting or refining that which should
and should not be included in the category, not whether MS is –
there waiting to be dis-covered by research (Stazio et al 1964;
see also Bauer 1978; Broman et al 1981).[3]

The concept of disease is consequential for knowledge about
it: if there is a _something_ (because it may be described), then it
is not the same as, coterminous with, a normal body but is something
in addition. This opens the way to particular hypotheses. 'It'
may invade the body (cf. theories of MS as an infectious disease,
or as an exogenous virus entering vulnerable bodies (Isager et al
1980; Poskanzer et al 1980a)); or be 'created' by the body as a
reaction, for example by the body's normally protective auto-immune
system turning against itself (Poskanzer et al 1980b). Certain
effects are noted (as in the Comte's diary), taken to be the effects
_of_ something, and that something, the particular effects taken
together and thus differentiated in that association from other
diseases (with other groupings of effects) that are known to exist,
constitute MS. How could you, it could be objected, seek for a
description of something that did not exist, underly the documents
which, as the Comte's diary bears witness, may be described? The

reflexivity inherent in this relation of document to underlying
'reality' (Woolgar 1981) is rendered invisible by the technical
level at which the problem of what MS is are addressed, which is
in turn entailed by the operative concept of disease. The task of
research, then, is to identify the object: MS in its uniqueness.

The nosology of diseases rests - at least in principle - on the
possibility of accurate description. Once this accuracy is deemed
to have been achieved, then not only what is, but also maybe why
and how it is will be illuminated. How then may something unknown
be described?

One way to begin is on the basis of what is already known,
by distinguishing it from other things or by drawing analogies with
something similar in effect. MS is seen as being both like and
unlike other diseases:

> The symmetrical relationship between incidence, prevalence
> and age in MS is not shared by other such obscure diseases
> as rheumatoid arthritis which is said to be due to an auto-
> immune process...or ulcerative colitis.

> McAlpine et al : 1972

Thus diseases which are currently described (and obscure?) are
used as models for possible revelations about MS itself (cf. also
Poskanzer et al 1963). What is unknown is sought through what is
known, on the basis of assumed similarities and differences between
critical features, like finding the size of an angle in a triangle
given knowledge of two of them.[4] However, as far as the example
cited by McAlpine et al quoted above is concerned, as will be
discussed below, none of the three 'angles' - incidence, prevalence

and age, and neither, therefore, the relationship between them - is

known with any degree of certainty in the case of MS. Nevertheless,

the ordering of knowledge, that assumes diseases conform to universal

logical patterns provides for, links to, is possible to deduce from,

what is not yet known. This ordering is regarded as a task in

principal completeable.

A disease, MS, is taken not only to be a discrete, describeable

phenomenon, but, although unnatural in the sense that it is con-

ceived of as a pathology of the normal, it is assumed nonetheless to

conform with one characteristic of the normal-natural: it will have

a 'natural history', both as a disease and in the body of an

individual, that may be traced.

The Comte's diary is cited by McAlpine in his chapter 'The

Natural History of MS', a history that has a beginning. McAlpine

says the diary is "the earliest" description of the disease; thus

that there is a sequential story with a beginning (and therefore

implicitly one which will have an end) of its discovery. But the

beginning of MS is not unproblematic. 'The beginning' is identified

by the date as 1822. There are however other versions of the

"earliest description" of MS (and see Appendix 2.2).

> Previous to the nineteenth century, MS was unknown.
> Knowledge concerning this disease began in development
> of pathology and it was an English student, Carswell,
> who first described plaques of MS in the human spinal
> cord, and Cruveillher, a French Neuropathologist, wrote
> the first important treatise to show the morphology. The
> clinical picture, recognition of the symptoms and the
> course of the disease emerged gradually within the next
> thirty or forty years, culminating in the classical
> descriptions of the French neurologist Charcot.

Bauer 1978: 3

- which places Carswell in around the 1830's, Charcot's classical

works being published in the late 1860's and 1870's (Charcot 1868;

1872; 1877).

McAlpine refers to the diary as a first <u>description</u>, noticeably

not as 'the discovery'. This first description of MS comes from

an account by a lay person, the Comte D'Esté; it is not

the discovery. He did not discover MS, only experienced it.[5] This

point will be elaborated below (cf. also Chapter Four).

A 'natural history' though, it seems, can only begin with

a written record: what is not written, preserved, cannot become

history.[6] Bauer declares in his account of its origins that

"previous to the nineteenth century, <u>MS was unknown</u>" (my emphasis);

but perhaps this is no more than saying it might well have existed

but we (and this 'we' is not everyone) did not know about it. That

is, its existence prior to the record does not count as, cannot

count as, historical data. So 'the beginning' cannot be <u>the</u> begin-

ning. Natural history begins, rather, with a particular kind of

knowledge: the diary thus becomes an example of a pre-historical

period, a kind of precursor to history proper. Let me take the next

step, following the text.

"...is contained in a small diary..." (1-2)

The source of this "first description" is a "small diary", the

private record of a non-doctor. By reading this phrase in con-

junction with the next: "...now in the library of the Royal College

of Physicians in London" (3-4) and McAlpine's remark: "subsequent

entries in the diary leave no doubt about the diagnosis" (22), we

have an example of how lay knowledge - as was described in the previous

chapter - is incorporated into the medical account in such a way as

to deny it significance in its own right, a significance that

might perhaps challenge the assumptions upon which the medical

model is premised. It is by being included in the archives of

the Royal College of Physicians that the Comte's amateur description

of his condition has become source materal, raw data, to be re-

created by experts (physicians, McAlpine) as the first documented

case of MS. It is this recreation that 'confirms' that D'Este's

description was the product of ignorance, by its very difference

from the physician's account. Thus, lay knowledge of disease,

the Comte's selection and depiction of events in his body which

seemed to him to be significant, are allowed for in expert knowledge:

but it is   by the admission of the diary into the library of

the RCP that it becomes <u>data</u>, and only by the explication of its

'real' medical significance by those qualified to do diagnosis in

retrospect (expert readers of the diary) that elevates it above

mere subjective reminiscence. The expert readers are those, of

course, who can recognise MS in the Comte's account.

"...a small diary..." (2)

One fundamental problem that concerns epidemiologists in respect of

their research into MS is the difficulty of accurate data collection:

specifically relevant here is the oft-stated need for prospective
rather than retrospective data, in order to identify accurately the
point of onset of the disease in a patient (the beginning of the
natural history of the disease in the individual). For what
usually happens is that by the time a patient presents herself to
a doctor, MS, it is assumed, will have been present in the body for
some time. Given, however, that only one person in 20,000 it is
said is likely to develop MS in any one year, even in those areas
of the world where it is most prevalent (McAlpine et al 1972: 3),
it is held to be impracticable to carry out prospective longitudinal
studies on populations, the only form of study which would allow
for the very earliest signs to be recorded before they were recognised
to have been MS (see Kurtzke et al 1979).[7]

A diary is by definition written in the present rather than
retrospectively (although the verb tenses plus the several weeks'
events referred to in this single extract from the diary raises
doubts about just how closely it was written to the events it
records) - and thus could not have been influenced by what will
later be known to have had significance. In that the Comte seems
not to have known what was really the matter and, at the time of
writing, (according to this extract at least), gives no sign of
understanding his recovery to be temporary, his record of symptoms
can thus be taken less problematically as recording the accurate
point of onset of MS.

One could add however that this problem is not merely tech-
nical: for once named, MS is available to operate - like a prefatory
statement - providing for the re-interpretation of not only the

present but the past as leading up to the present, the diagnosis of MS. Thus the identification of occurrences in that past as occurrences signifying the MS to come is not a matter of mere description but of re-construction. This, one could also add, is not a problem confined to events in the past, but also to the accounts of those in 'the present'.

"...bearing the title, 'The Case of Augustus D'Esté..." (2-3)

History depends on documents in another sense. One may speculate that the diary of a less well-connected person may not have found its way into the library of the Royal College of Physicians (Field mentions that Sir (sic) Augustus D'Esté was in fact the illegitimate son of one of the sons of George III and an English lady he met in Göttingen (Field 1978: 31)), and consider the factors involved in any one piece of evidence being preserved qua evidence, or even ever being noticed at all; and of course the consequences for knowledge of what will thus always be indeterminantly absent from any collection of evidence.

The diary is described as a "case". It is noticeable that of the earliest published research papers on MS - as recorded in the Index Medicus, first published in 1877 - the case history was frequently used as the basis for medical research articles on MS. In 1879, 11 out of 25 articles (44%); in 1889 12 out of 21 (48%) and in 1899, 18 out of 42 (43%). (This may be an underestimate if some papers are based on cases but do not specifically say so in their titles).

By comparison with the titles of current research papers in the
Index, it is clear that the case history has fallen into disuse as
a research tool. The most recent articles on MS indexed under 'case
histories' in the Index were in 1959 when there were 3 out of 105
(3%), although it remains in use at the anecdotal level (and is
used in McAlpine et al in this way) and, of course <u>as a basic</u>
<u>tool for diagnosis.</u>

This movement away from the case history is not without its
critics. As Bauer remarked, in his talk to the Annual General
Meeting of the Charity ARMS (Action for Research into Multiple
Sclerosis) in 1978, in discussing the slow progress of MS research:

> [If you] sum up the amount of money that has been spent on
> animal models, on basic questions, on things that have been
> tagged with MS more or less optionally to count as basic
> research, I think that the amount that has been spent on
> MS proper has been very low. I made a rough calculation a
> few years ago, and found that less than twenty percent was
> spent on observations in patients. This is one of the
> important areas requiring expansion.

Bauer 1978: 6

For Bauer, research into "MS proper" means looking at patients.[8]
This involves, however, "observations" of them, as objects rather
than participants in research. The clinician's 'case history' is
elicited from a patient; unelicited cases, like that of the Comte,
are not used for MS research.

One should note that, although not alluded to by McAlpine,
Firth's original article includes a remarkably overt example of
evaluative interpretation by a doctor of a patient's case history.
Quoting from the final passages of the Comte's diary, Firth, himself
an MD, comments:

Whatever [his] end, it can hardly be mourned, as the last
picture [in his diary] is that of an afflicted man, pre-
maturely aged, bald, becoming deaf, with a spasticity of
such severity that locomotion was only possible with the
aid of the shoulder of his servant, or his chair on wheels.

Firth 1948: 22

Whilst I am not suggesting that such a 'better dead' view of

disability would be held today, nevertheless Firth's gloss on the

case of the Comte highlights the fact that no patient's account

can be interpreted, as it were, neutrally. Doctors, too, have to

'make sense' of the 'facts' of history.

"...now in the library of the Royal College of Physicians..." (3-4)

I have already commented on this elevation of lay knowledge to

the status of 'raw data'. The statement that the diary is now

deposited in this library may also be considered in the light of

the fact that each discipline has its own special archive, con-

sisting of particular documents picked out from all possible ones

as especially being about, related to, informative about, the

discourse of medicine as a practice, and discipline. They are

commonly regarded as records of the history of the discipline;

seldom as reflexively constitutive of the discipline itself, or

of the knowledge upon which that discipline is grounded.

"...from which extracts were published by Firth in 1948..." (4-5)

That Firth's article is cited by McAlpine in McAlpine et al;

that Field, who also cites McAlpine et al also referred to the

Comte; that I am citing their work and their citations , is a small loop in the strikingly incestuous web whereby certain components of 'the literature' on MS, and thus particular items of knowledge rather than others are perpetuated, whilst others never seem to be included in it. It may be one of the ways in which, in practice, that the almost exponentially growing mass (Figure 2.2) is reduced to manageable proportions, access to what counts as

1971	17.2 column inches
1972	20.0
1973	30.0
1974	35.0
1975	36.2
1976	49.0
1977	57.5
1978	67.0
1979	68.5
1980	77.2
1981	80.5

Figure 2.2: Entries re. 'Multiple Sclerosis' in the[8] Permuterm Index; Science Citation Index 1971-1981

the literature made through citation indices such as the Index Medicus (which I have myself used) and via works already referred to by others (and see Wynne & Robinson 1983).

Whether the incestuousness is more marked in the MS research corpus than in that on other topics is difficult to say. But certainly particularly, although not exclusively, in the epidemiological literature, a mere handful of names are kept in circulation, by both quotation and reference.

A warrant for this repeated re-circulation of citation could
be, as Kurtzke has suggested (1980a),[9] that once the reputation of an
individual researcher or research team is established, their
name may be taken to guarantee a certain standard (conformity
with desired standards) of practice, which in turn would guarantee
their findings. But whatever the reason, one consequence is that
whilst the number of publications increases, the core literature
remains confined and, since it remains rooted in the unquestioned
authority of a few key texts and authors, research into MS -
ironically, given the admitted lack of progress in over a hundred
years - appears to be working on the right lines; the lines that
will, 'given more time and money', produce the answers to MS.[10]

"..at the age of twenty-two..." (5)

As has been indicated, a problem acknowledged by epidemiologists
working in MS is the difficulty of ascertaining the age of onset of
MS in any particular person with any degree of accuracy; made
more difficult because the knowledge is that there are early, pro-
dromal symptoms which, to those who know, mark the onset of the
disease but which may be so ordinary - pins and needles, fleetingly
blurred vision (as in the Comte's case), headaches and so on
(Kuroiwa 1975)[11] that they would not be remarked sufficiently by
a person to cause him to go to a doctor, where they would have
been entered into the case notes, become part of that person's
case history. The earliest signs have to be recalled retrospectively.
Some of the problems arising from this necessity have already

been discussed. Why, however, is it deemed crucial to pin-point

onset? And what, therefore, is the consequentiality of the

problems of doing so?

According to the fundamental concept of disease, MS 'must'

have a beginning, a natural history within the body of the patient.

If it was possible to establish onset then the search for the

causes of MS would be simplified, for it could be targeted on the

period immediately prior to that point.

Yet at the same time, current knowledge of MS is that "the

onset of MS [is] in young adulthood" (Ricarp 1981: 1290); this

despite the acknowledged current impossibility of marking its

beginnings in an individual and despite reports in the literature

of its occurrence in children (Gall 1958; Brandt et al 1981 for

example). Putting the latter to one side as aberrations, the

Comte's age of twenty-two would be typical and, as such, another

ground for the diagnosis of his condition as MS.

The age of onset is taken as significant also in terms of the

prognosis for an individual, the later the onset the higher the

probability of rapid deterioration or degree of severity of the

disease (Kurtzke et al 1977; Herndon & Rudick 1983).

The matter of onset is an instance of what in one place

in the literature appears an apparently full awareness of the

problems of the data upon which the knowledge of MS has had to be

based, and yet whose unreliability at another is put into the

background, becoming rather the unquestioned basis for another

element of the description of MS.[12]

"..in the month of December, 1822..." (6)

If this is, as McAlpine avers, the first entry in the Comte's

diary, that it was the state of his body at that time that

provided the impetus for keeping a record, then December 1822

marked a noticeable event, what was, to him, a non-normal bodily

occurrence. Notions of normality-abnormality, bodily health

and bodily ill health, something wrong and nothing wrong, all too

often go unexamined, as if everyone knows what they mean and how

these antitheses mark out the parameters of what is possible.

Pins and needles may be - just pins and needles, or the start of

MS. Signs are taken as symptoms of, documents of the underlying

reality of the condition of the body. The signs are however only

significant in retrospect - or a projected retrospect which enables

them to be ignored or brought to notice - and against the parameters

of the normal - dependent on the meaning attributed to the signs.

Social anthropologists have noted the cultural specificy

of meanings of bodily events: the tribe where the men feel the

labour pains and the women briefly pause in their field work to

give birth and so on. It is not events - the blurring of the

vision - but the meaning attributed to them - as not-normal that

constitutes them as 'events' in the first place. The identification

of December 1822 as being the time of the event which began the

Comte's MS, constitutes it as an event.

"...I travelled from Ramsgate to the Highlands of Scotland..." (6-7)

A significant fact for epidemiologists is the geographic distribution of MS, one thesis currently much in favour being that there are three distinct zones, the prevalence of MS differing between them, the higher the prevalence the more distant from the equator (Hyllested & Kurland 1966; Acheson 1972; Kurtzke 1980b; Baum & Rothschild 1981; Fischman 1982). In that the Comte lived in the zone furthest from the equator, where the incidence of MS is currently high (and, presumably, by extrapolation, then), that he would develop MS - and therefore that MS was what he was developing - is more likely than if he had lived in a low incidence zone.

The geographic distribution, taken to be increasingly con-firmed as more studies are done (but see 32-33 above), opens the way for a number of causal hypotheses - specifically that environmental/social factors must play a part in the aetiology of the disease, which in turns opens up (determines a concentration on) particular lines of research. Alternatives being pursued are that MS is caused by an endemic virus, climatic or geophysical conditions, social environmental factors, racial specificity (although this theory is out of favour now) (Barlow 1960; Alter 1971; Russell 1971; Kurtzke et al 1979; Taylor et al 1980); or a combination of facilitating and precipitating factors - a genetic disposition, an endemic virus, and a precipitating factor such as 'stress'. The 'geographic distribution' has of course to be ascertained on the basis of counting cases; that, in turn, dependent on the occurrence of

diagnosis (which is not the same as the occurrence of onset)

(and see Chapter Four, passim, on the lengthy process of the

diagnosis of MS). There are in addition multiple technical problems -

non-standardised record-keeping practices, no universally used

diagnostic criteria and so on.

"...I struggled violently not to weep: I was however unable to
prevent myself from doing so..." (11-12)

McAlpine cites the Comte's diary in his sub-section 'Emotional

Stress', thus directing attention towards the record of the

violent emotion the Comte vainly endeavoured to suppress at his

Relative's graveside. It would be possible, however, to suggest,

on the basis of common knowledge, that the physical stress a

journey from Kent to Scotland would involve in the winter of 1822

as much as 'emotional' stress may have been the precipitating

factor. Either interpretation would be plausible and how could

they be adjudicated between? For both are similarly reliant on

knowledge brought to rather than arising simply from the diary.

Certainly stress theories of various kinds have a common

sense plausibility (and were offered to me in my own research by

people with MS as reasons for the onset of their case of MS), and

many linking emotion to onset occur in the literature (see

Brickner & Simons 1950, and the extensive references cited by

McAlpine 1972). But there is no theory which offers a precise

explanation of the mechanisms that would be capable of trans-

forming psychological events into physical effects.

The term stress is in any case so general that it would
seem almost by definition always applicable - but not, by the
same token, explanatory. McAlpine admits the limits of the Diary
as a support of the hypothesis linking emotional stress to the
onset of MS:

> Striking though individual case reports may be, the
> part played by emotional stress can only be established
> by prospective studies.

> McAlpine 1972: 114

This is however to settle the matter technically, regarding the
weakness of case studies as one of numbers (and of course begs
the problems inherent in carrying out prospective studies already
discussed). It apparently omits any scepticism about either the
concept of stress or about the causal relation between the mental
and the physical. It is the context of the Comte's reference to
his suppressed emotion - as immediately prior, the noticeable event
immediately prior to the blurring of his sight - that constitutes
the plausibility.

"...shortly after the funeral..." (12-13)

The events, the noticeable blurring of his sight, according to the
Comte, occurred "shortly" after what, according to McAlpine, was
an emotional trauma. The temporal proximity of one event with
another is one way used to connect them causally. There are argu-
ments about this in the literature, but these revolve around how
long or short a gap between two events has to be in order to
establish their connection; nothing about why this event and that

are 'obviously' connected as opposed to any number of other two

or more events (Smith 1978; Woolgar 1981). What is seen to join

them perhaps is their shared remarkableness: extreme distress and

then a strange symptom; an eruption of grief then blurred vision.

Bob, one of the interviewees in my research group, said his

daughter's MS was caused by a fall from a horse. It emerged

only later in the interview that his daughter was now in her late

thirties and had only recently had symptoms and been diagnosed

with MS. The fall had been when she was about eighteen. This

particular claim for a causal relation between two events appears

unconvincing. But is it in essence any different than experts'

connections? In any case, on what grounds is a short time -

"shortly after the funeral" - more likely to indicate causality than

a long one?

To read the Comte's case as "striking" evidence for the

thesis that emotional stress is a precipitating factor for MS as

claimed by McAlpine is to put aside these problems, or, more properly,

not to recognise them as problems.

"...I was obliged to have my letters read to me and their answers
written for me, as my eyes were so attacked that when I fixed upon
minute objects indistinctness of vision was the consequence. Until
I attempted to read, or cut my pen, I was not aware of my eyes
being in the least attacked..." (13-18

According to the literature, optic neuritis or astygmous is frequently

an initial indication of the onset of MS (Feasby & Ebers 1982; Isayama

1982).   It is thus only with prior knowledge of what are held to

be early symptoms of the disease ("indistinctness of vision") that

the Comte's unwitting report of what it really signified: the onset of MS, a signification which both endorses and is endorsed by the expert reading of the whole diary extract.

Given the wide variation included in the symptomatology of MS, it is likely that some putative symptoms (not only blurred vision) are never noticed as symptoms of MS. If, in this case, D'Esté had not been literate, able and wanting to read and write, he may not have noticed anything wrong with his eyes and, for all practical purposes, these 'first symptoms' would not have existed.[13] Given the crucial role of onset in the general conceptualisation of MS and for research into its nature and cause, the possibility that first signs may be _invisible_ should compound the uncertainty accorded to the data taken to mark onset. For it is not just the unlikelihood of experts being there when the first signs occur, but that the signs first noticed by an individual cannot be assumed to be really the first ones, nor, thus, to signal the real beginning of the disease.

"...Soon after I went to Ireland, and without anything having been done to my eyes, they completely recovered their strength and distinctness of vision..." (18-21)

The disappearance of his sight disturbance without treatment, taken with his age when it occurred and with the emotional stress he had endured shortly before, cumulatively add up to evidence for the presence of MS - given medical knowledge of what to look for and what things signify: an expert reading of the diary.

The report of the recovery of his sight without treatment
further endorses this reading: the knowledge is that early attacks
are frequently temporary. It is thus the very temporariness of the
one recorded in the diary that adds to the likelihood of his con-
dition being MS.

"...Subsequent entries in the diary leave no doubt about the
diagnosis..." (22-23)

The establishment of a diagnosis is clearly the key foundation
upon which all knowledge of MS must rest: it is desirable - crucial -
that those who have MS may be distinguished from those who do not.
Yet there is currently no laboratory or clinical test which will
establish without doubt that MS is present in the body. Schumacher
et al described, almost twenty years ago, a situation that has not
substantially changed (Kurtzke 1980a):

> (L)aboratory tests may lend support to the diagnosis or aid
> in ruling out other conditions but, for the present at least,
> are not of use in confirming the diagnosis.

> Schumacher et al 1965: 554

Diagnoses are arrived at generally over a period of time (and see
Chapter Four, passim) by a combination of clinical observations,
tests and case histories. This situation is not, according to Lewis,
uncommon in neurology:

> As in other branches of medicine, the art of the neurolo-
> gist consists of making a diagnosis from the patient's own
> account of his illness and from the physical examination;
> aided by appropriate radio-graphic or laboratory tests...
> For the neurologist, a complete and accurate history is
> essential. Very often, a precise diagnosis can be made from
> the history and examination is simply confirmatory; the
> converse, a physical examination which provides signs not
> predictable from the history tend to come as a surprise.

> Lewis 1982: 13

In the light of this account, McAlpine's confidence in being able to diagnose the Comte's condition solely on the basis of his diary's report (read, that is, by an expert reader) is unremarkable, since the method by which he has arrived at the diagnosis of MS is not that different from current normal practice, a practice not confined to clinical situations. Kuroiwa et al (1975) for example report that for their epidemiological survey of the prevalence of MS in Japan, they examined the case records of 1,084 patients, assessing on that basis alone whether each person had had MS or not.

The method is clearly dependent ultimately on lay accounts, patients' descriptions of their symptoms - but "a complete and accurate history"? Such a thing has already been put into question.

The other element of diagnosis, after the noting of the case history, is the application of the appropriate disease category, which consists of those characteristics taken to be of MS and which thus constitute MS itself. There have been a number of diagnostic criteria developed for what is to count as MS, against which the patient's history and the neurologist's/physician's observations are compared. None of the several diagnostic criteria are used to the exclusion of all others, but Schumacher et al's (1965) remains one of the most ubiquitous and highly regarded. (It is worth noting the list of authors involved in the development of this criterion, and comparing them with that closed core of epidemiologists commented on earlier).

Figure 2.3 overleaf consists of a copy of the Schumacher criterion.

Diagnostic Criteria

Clinical diagnostic criteria. The diagnosis in most cases, even when termed "clinically definite" must remain one merely of high probability because of the lack of specific diagnostic tests. The familiar list of common symptoms and signs of the disease is of limited value since these may be caused by other diseases or be absent in multiple sclerosis. As emphasized below, laboratory tests may lend support to the diagnosis or aid in ruling out other conditions but, for the present at least, are not of use in confirming the diagnosis.

The following six criteria are deemed essential to characterize the disease state as clinically "definite multiple sclerosis:"

a. There must be objective abnormalities on neurologic examination attributable to dysfunction of the central nervous system. Symptoms alone, no matter how suggestive, cannot be accepted as diagnostic of multiple sclerosis.

b. On neurologic examination or by history there must be evidence of involvement of two or more separate parts of the central nervous system.

(In determining multiplicity of lesions, certain signs or combination of them require cautious interpretation. For example, paleness of the temporal half of the optic disc is pathologic only if beyond the average range and if supported by evidence of impairment of visual acuity and/or fields or by a history suggesting a previous attack of retrobulbar neuropathy. It must also be kept in mind that "multiplicity of structural involvement" may occur in other central nervous system disease without fulfilling the requirements of "separateness," "multiplicity," or "dissemination" of lesions. Thus, if the involvement of several structures can be attributed to a single lesion at one locus, as is the case, for example, in tumor or infarct of the brainstem or compression of the spinal cord, such involvement cannot be considered as fulfilling the criterion of "multiplicity." Further, evidence reflecting the simultaneous and symmetric involvement of the lateral and posterior columns of the spinal cord, found commonly in disease of the central nervous system other than multiple sclerosis, cannot be interpreted as caused by multiple sclerosis in the absence of additional sites of involvement.)

c. The objective neurologic evidence of central nervous system disease must reflect predominantly white matter involvement, i.e., fiber tract damage. Thus, signs must consist mainly of optic nerve, cerebral subcortical, corticobulbar, corticospinal, medial longitudinal fasciculus, cerebellar subcortical, spinocerebellar, and long sensory tract (especially posterior column) dysfunction. More than a minor proportion of signs of lower motor neurone (brainstem, spinal nuclear gray matter, or peripheral nerve) dysfunction will disqualify a subject as having multiple sclerosis for purposes of an experimental trial of therapy.

d. The involvement of the neuraxis must have occurred temporally in one or the other of the following patterns:

(1) In two or more episodes of worsening, separated by a period of one month or more, each episode lasting at least 24 hours.

(2) Slow or step-wise progression of signs and symptoms, over a period of at least six months.

These arbitrary time-limits are necessary to exclude: (1) fluctuating or transitory neurologic impairment due to other causes (e.g., vascular); and (2) acute disseminated neurologic disease which is short-lived and nonrecurrent (such as encephalomyelitis).

e. The ages of the patient at the onset of the disease must fall within the range of 10 to 50 years, inclusive.

f. The patient's signs and symptoms cannot be explained better by some other disease process, a decision which must be made by a physician competent in clinical neurology.

It is realized there will be patients who do not meet precisely these criteria, yet have multiple sclerosis; conversely, there will be those who technically meet these criteria, yet will not be considered to have multiple sclerosis by the clinician. Nevertheless, all these criteria should be met for inclusion of patients in a test series.

Figure 2.3

Schumacher GA, Beebe G, Kibler R F, Kurland K T, Kurtzke J F, McDowell F, Nagler B, Sibley W A, Tourtellotte W W and Willmon T L (1965) 'Problems of experimental trials of therapy in Multiple Sclerosis: Report by the Panel on the Evaluation of Experimental Trial Therapy in Multiple Sclerosis. *Ann NY Acad Sci 122 552-68*.

According to the authors, it consists of:

> (S)ix criteria which are deemed essential to characterise
> the disease state as 'definite Multiple Sclerosis'."

Schumacher et al 1965: 552

It is noticeable that, for example, for criteria 'd' and 'e' -
a particular pattern of remission-relapse, and a limited onset
period (between the ages of 10 and 50) - are both 'characteristics
of MS' disputed in/by the literature (and further problematised in
this chapter). Yet they are taken as the distinguishing features
characteristic of the very disease state which the criteria are
intended to define ("definite MS"). That is, the nature of MS is
presumed prior to its definition.(Cf. Hofstadter 1980).
Criterion 'f' on the other hand, almost suggests that MS is a
residual category, simply the collection of those cases not other-
wise accountable for by other diseases.

As can be seen, the Schumacher criteria depend not only on
symptoms and on "neurological examination" but on a patient's
"history". As the case of the Comte itself exemplifies however, a
person's account of their condition - the origins and early
occurrences of their MS - cannot be ascertained independent of a
very specific set of 'already knowns'. A 'history' simply is not
the ascertainment of the facts of the matter, and thus cannot,
pace Schumacher et al, provide a third, independent, source of
objective evidence.

The Schumacher criteria is not simply a means of establishing
a diagnosis of MS for an individual but is the basis upon which
knowledge about MS is both built and evaluated. Kurtzke - one of

those researchers dominant in the field of MS epidemiology (and co-author of the Schumacher paper) - in his "update" on the geographical distribution of MS, evaluates the validity and reliability of the various research findings on the basis of whether or not the researchers used the Schumacher criteria for definite MS as the basis for counting prevalence (Kurtzke 1980a). It is only those who did who are admitted into his 'Class A'; those papers whose results are to be the most trusted. It is the geographic distribution of MS which, as described earlier, provides for the theories that MS is at least partly socially/environmentally caused, a thesis that has been the source of a concentration of research effort into particular lines of enquiry. One can begin to see the consequentiality.

Yet according to other diagnostic criteria, for example Broman's, the only 'definite' cases of MS are those verified by autopsy. Broman's system:

> (W) as presented in preliminary form at the Gottenberg Symposium in 1972, and...on the whole corresponds to the proposals made by Helmut Bauer at the Gottingen Symposium in 1978.

> Broman 1981: 69

He categorises the diagnosis of MS into a range of degrees of certainty, each defined on the basis of a matrix of symptoms/pattern so far experienced by the patient:

> Category 1 = MS possible but improbable.
>   2 = MS possible but doubtful.
>   3 = MS probable but not quite convincing.
>   4 = MS probable beyond doubt.
>   5 = MS verified by autopsy.

> Broman 1981: 30

Since Schumacher et al's criteria are intended to be the basis for the selection of subjects in clinical trials, one can see that Broman's category of verified MS would be, to say the least, unfruitful. The increased number of categories available under Broman's system make his version appear more capable however than Schumacher et al's of capturing the complexity of MS, incorporating the variation of its experience into its basic definition, thus paradoxically appearing to constitute a more precise description of the 'underlying realities' of MS.[14]

Broman adds that there is of course no sharp delineation between these groups:

> We are aware of the fundamental fact that...the clinically estimated onset of the disease often (always?) is illusory. (His query)

Broman 1981: 31

It appears that he is, unusually for authors in this literature, admitting a serious problem with the basic data on MS. But as his further comments make clear, these problems are conceived of as restricted, technical and temporary.

1. <u>With the methods available today</u>, no complete material of MS patients is conceivable.

2. (as quoted above)

3. The most ambitious follow-up study of MS patients could never be entirely prospective, <u>unless considerable bias is allowed for the purpose</u>.

4. The correct evaluation of neurological symptoms <u>sometimes</u> is impossible to accomplish (<u>at least in cases with pronounced mental symptoms</u>).

Broman 1981: 31 (My emphases)

It is because of the manner in which "the problems" are conceived
that Broman is able to urge that, despite the difficulties:

> (A)n attempt must be made [to diagnose MS] in order
> to come closer to the hidden realities.

> Broman 1981: 31

That is, despite all the problems, even those admitted by Broman
to be inherent in its diagnosis (let alone those I have been raising
here) the independent reality of MS is never doubted.[15; 16] The
imperative is to continue with the research rather than to go back
to first principles.

**

It is not only the diary extract read, phrase by phrase, that
constitutes it as documentary evidence of a case of MS but the
extract read as a whole; the accumulation of indications - the
symptoms, the circumstances in which they occurred, the age of the
Comte and so on - which, taken together along with the "subsequent
entries" (22) in the diary - that make it so.

It is also the context in which the diary is itself cited:
in the authoritative text on MS (and see Figure 2.3 overleaf).
Guided by McAlpine's (expert's) statement of what it means, any
alternative interpretation of the diary is thereby rendered
redundant.

Chapter 2 in 'Re:Reading Written
Data' (Wynne 1989: 27-59)

'Lay/Expert Knowledge of MS'
(Wynne 1983)

Multiple Sclerosis: A Reappraisal
(McAlpine et al 1972)

'Some Aspects of the Natural History
of Multiple Sclerosis: Precipitating
and aggravating factors'
(McAlpine 1972)

'The Case of Augustus, Comte d'Este'
(Firth 1948)

'The Diary of the Comte d'Esté'
(D'Este 1822)

Figure 2.4: The Embedding of the Text

In taking this passage from McAlpine step-by-step, I have been able to bring out themes within MS research that seem to be to be invokable by the text itself, relevances to the body of knowledge which constitutes (in both senses), is specific to, research into this disease but invokable only by those who already know what this body of research consists of and who thus may be defined as, included in the category of, experts-in-MS.

The relevance to my own theme concerns the way in which those who know about MS acknowledge certain methodological difficulties that, it would seem, are sufficient to throw doubt on the very bases for theory making and discovery, and yet continue researching in spite of them. For each theory relies on the existence of other already known features of MS, but each of these features is admitted elsewhere to be problematic. For example: to argue for a specific pattern of geographic distribution of MS requires that it be possible to select cases to count; detailed criteria for diagnosis lay down limitations in onset age although there is work in the literature that finds a much earlier onset age than ten, the borderline used by Schumacher et al (Landis 1898; Brandt et al 1981; Sheremata 1981); the 'significant' accumulation of specific symptoms into recogniseable patterns of MS requires the possibility of an accurate diagnosis to confirm that the earlier symptoms were significantly patterned: and so on and so on. The whole edifice of 'knowledge of MS' seems like a house of cards, each layer resting on an equally fragile layer beneath, each member of each layer propping up its fellow.

And yet the method of research, its epistemoligical theory,
remain inviolable; the ambiguities 'discovered' in respect of the
facts about MS are taken as definitive of the disease itself, an
awareness of the fragility of its foundations paradoxically
construed as being the mark of expertise in the area.

The history of MS as a phenomenon looks to the origins of that
history and finds that MS has been ever the same (emotional stress
a precipitating factor, then as now). By that very similarity,
the object of research, MS, comes off as universal and atemporal
and as such, a phenomenon in the world 'out there'. Yet insofar
as the Comte's diary is one example of the historical artefacts
used for such a history, the analysis in this chapter at the very
least has put into question the assumption that history is simply
the recounting of what happened.

At the same time, insofar as the Comte's diary is an example of a
lay account of early MS, it and accounts like it are basic both
to an understanding of what MS is, and to all the research into it.
The expert knowledge of MS thus depends on lay knowledge of it:
but that lay knowledge is constituted as referring to MS by means of
that very same expert knowledge. It cannot therefore be construed
as independent of it. Contrary to what the medical sociologists of
the social constructivist school assume, expert knowledge (of MS) is
constituted by the accounting practices of experts. The relationship
between expert and lay knowledge is reflexive rather than independent.

Chapter One showed that for medical sociology, the accounts of
lay people, either of their own conditions or of the concepts
involved in health and illness, are understood to be as it were by
definition, different from medical knowledge of the same phenomena;
the relation between lay accounts and medical knowledge viewed as
essentially hierarchical. That is, lay knowledge is constituted
as lay by the very assumption of its difference from expert
knowledge, the latter being regarded as simply concerned with the
facts of the matter.

However, these assumptions have been challenged in this
chapter: the expert knowledge about MS ultimately depends on the
accounts people with MS give of their condition and yet at the
same time the understanding of those accounts as accounts of MS
is only possible by bringing particular (expert) knowledge of MS
to bear on them. Instead of a hierarchical relationship, there
is a double reflexivity: between lay and expert knowledge of MS
and between what is already known with what is discovered by MS
research. It is not merely that accounts of MS, but MS itself
which is constructed out of such artefacts as the Diary of the Comte,
not because they necessarily give rise to a reading of MS but
because there is activity upon the texts out of which MS emerges
as the thing it is taken to be; a process that has as a crucial
component, what is 'already known'.

CHAPTER THREE

TALKING ABOUT MS - AN OCCASION FOR THEORISING

The presentation in Chapter Two of current 'expert knowledge' about MS constitutes the context against which the respondents' reference to medical science in respect of their experience and understanding of their condition is to be placed.

What now has to be blocked in are the theoretical auspices (Blum 1971)[1] of the thesis. For it is against that background that the next question, of how the data for the thesis - talk - can be analysed has to be taken up. This is a question however not merely of method but of methodology: one which appears almost intractable. For, unlike Gabbay (cf. Chapter One 19-20), I am (have been) trying to begin with the problem that, for him, came at the <u>end</u> of his analysis.

3.1   ETHNOMETHODOLOGY

Having argued at some length that the object of MS research is constituted by the research practices and assumptions of that which is 'already known' brought to bear on what are taken to be simply the documents of that object, it would be absurd to produce an account of the theoretical auspices of this thesis - ethnomethodology - as if that was immune from the same problematic.

Insofar as a thesis has to conform to form, however, some kind of account of ethnomethodology has to be given.[2] What ethnomethodology essentially 'is' however is a question that cannot be addressed straightforwardly. For the deep difficulty is that the question of <u>how</u> such a question can be responded to, of what that very question assumes (in respect of MS, of ethnomethodology and so on) is part of the very problematic that I am trying to address. As a way of conforming, then, I will take an elliptical approach to the question, focusing on the critics rather than on ethnomethodology 'itself'. For its critics, although, as will be shown, their answers to the question of what that theory/method is and entails for sociological research differs, that it may be described - and critiqued on the basis of those descriptions - is unproblematic. I am bound to take that assurance to be the very mark of their failure to comprehend what the theory of ethnomethodology entails: but in doing so, accept that my own critique is no more and no less assuredly grounded. What follows is, likewise, an account of accounts of ethnomethodology.

3.1.1 Some 'Troubles' with Ethnomethodology

For its critics, there are a number of 'troubles' with ethnomethodology, but, as will be seen, the troubles they each identify are tied to what each conceives ethnomethodology 'itself' to be.

(i) Locker (whose work will be discussed further in the next section) regards ethnomethodology as a limited but useful adjunct to sociological practice. In the Introduction to his research on

lay accounts of symptoms and illness (1981), he explains that,

unlike other medical sociologists, he regards "social reality

as a construct" (1981: x), an approach which allows in his view

for the acceptance of ethnomethodology's methods despite a

rejection of its theory. As a theory ethnomethodology, for Locker,

fails to be able to account for the social action in which he is

interested, for it "(S)ees man as a skilled cognitian but not...as

an actor" (1981: 135). As a consequence, it "(W)ould take a

description of the interpretive process [in interview talk] as all

there is to say." (1981: 135) Therefore in his own work:

> Some of the propositions of symbolic interactionism
> and labelling theory are used to demonstrate the centrality
> of meaning in social life, and the writings of Schutz and
> the ethnomethodologists are used to identify the cognitive
> processes involved in their production."
>
> Locker 1981: x

(ii) For Maryl, however, the trouble with ethnomethodology is

that, although the "(M)ajor appeal of this school is that it seems

immediate and concretely human," it is not in fact "fully human"

(1977: 277). It has its roots in phenomenological philosophy, from

which it derives its focus on the "consciousness of the solitary

individual" (1977: 277); but, neither being philosophers nor under-

standing the "basic implications of their position" (cf. Bury's

attack on social constructivists in medical sociology, Chapter One),

ethnomethodologists are simply ignorant of the fact that their

position is premised on:

> (T)he one abstraction which is not justifiable. Un-
> like economic, political, religious and familial
> processes, it [individual consciousness] cannot be
> concretized by being put back into a larger structural
> context of which it is a part.

Maryl 1977: 277

Citing Marx and Mead as his authorities, Maryl continues:

> (S)ocial relationships are derivable (and explainable)
> from social relationships, and not individual conscious-
> ness. The only thing that can be derived from the
> solitary ego is the solitary ego.

Maryl 1977: 277

By its prioritisation of human consciousness over "history and the

division of labour" ethnomethodology constitutes "an exercise in

avoidance, like all idealism" (1977: 277), an avoidance derived

from the "fundamental similarities between [it and] the hippie

movement." (1977: 277). It is both mistaken and ideologically

unsound.

(iii) On the basis of his reading of Garfinkel(1967) Gellner describes

ethnomethodology as a "cult of subjectivity in the idiom of...scientism"

(1975: 45), a concept of subjectivity that is a consequence of its

having social/historical roots of a "very specific, volatile,

unconstrained, _fantaisiste_, Californian kind" (1975 :63). Its

tendency is to slip into having to argue that "_only_ concepts ever

constrain" individuals (1975: 57). Even if it usually manages to

resist this extreme and absurd concomitant of its theoretical

position, even so, ethnomethodology cannot account for the relation-

ship between the concepts it identifies and the other constraints

which, as according to Gellner, everybody knows exists: social forces.

(iv)   Ingleby (in his article in Wright & Treacher 1982) argues

that because it has its roots in linguistic philosophy, the trouble

with ethnomethodology is that, like that philosophy, it is basically

a-political. For:

> In its concern to respect the logic of everyday practices,
> [it] rules out the possibility of criticising those
> practices: the root cause of this being its implicit pre-
> supposition of a social order free from contradiction.
>
> Ingleby 1982: 124

Ingleby regards ethnomethodology as holding 'common sense' to be

the "unadulterated core of human wisdom" (1982: 129).

> The 'sense' which actions make is inherently a <u>social</u>
> construction, on which the common knowledge of <u>social</u>
> members is the ultimate authority; science can only shed
> light on the realm of human beliefs and conduct to the
> extent that it invokes this common sense. Deciding which
> actions and beliefs 'make sense' is [for ethnomethodologists]
> essentially a lay activity.
>
> Ingleby 1982: 129

It is clear from the context that this is pejorative. Because of

this elevation of lay human consciousness, Ingleby, like Gellner

and Maryl, regards it as unable to address the <u>real</u> questions of

power relations. Crucially for Ingleby, its conception of the

means by which to address such questions - (social) science - is

clearly untenable insofar as it is regarded as itself dependent

on 'common sense'; not because it is necessarily incorrect but

(and cf. Bury in Chapter One) because it has undesirable consequences.

Ethnomethodology is antithetical not only to the objectives of

sociology but to the very discipline itself as a practice.

(v)   Rogers contends that 'other sociologists', in attempting

to comprehend ethnomethodology, fail to do so because they are, on the whole, ignorant of literary structuralism and its de-authoring, de-constructing project. They have therefore failed to (be able to) see the dangers inherent in it to the idea of the human. For the trouble with ethnomethodology is that it ignores human consciousness. Pace the critics cited above:

> (E)thnomethodologists make rare reference to and adopt no clear, explicit perspective on human consciousness.
>
> Rogers 1984: 166

For ethnomethodologists, she contends, "a member is a course of activity"(1984: 171), people merely:

> (F)unctionaries in social situations structured, first of all, by language and the rules of discourse.
>
> Rogers 1984: 171

Such a depiction clearly and mistakenly denies the existence of that which patently society is composed: "person[s] with motives and subjectively meaningful experiences." (1984: 171). Therefore, despite Garfinkel's expressed desire to reject the traditional sociological treatment of the individual as a "judgemental dope", in the practice of ethnomethodology, "the human centre is missing" (Rogers 1984: 171).

(vi)   Wolff quotes with approval Natanson's observation that, far from "challenging the involvement of man in the 'natural attitude'", Garfinkel in fact reinforces it, and thus fails to build on the work of Schutz, his claimed precursor (Wolff 1978:540). But over and above this failure, for his own part, Wolff rejects ethnomethodology on the grounds of its double amorality:

> (I)n Garfinkel and most if not all ethnomethodology,
> 'ethnomethodological indifference' stands for indiffer-
> ence towards the very question of Is and Ought, including
> the question of a meaningful or good society.

Wolff 1978: 539

It is amoral not only in respect of society, but also of individuals:

> If the traditional sociologist knows better than do the
> people whom he studies, the ethnomethodologist...has no
> relation whatever to his 'subjects' because, as we have
> already seen, they are exclusively cognitive; but this
> means they are not subjects at all, but agents - who, further-
> more, 'achieve', 'accomplish', 'work at' establishing and
> maintaining social order.

Wolff 1978: 539-40

Thus ethnomethodology suffers from the "lack of a world" and is

doomed to the triviality of its methods "at the expense of moral

concern" (1978: 539).

(vii) And finally, an account which, by placing ethnomethodology

in the context of the currently "intense ferment in the republic

of letters" (Dallmayr & McCarthy 1977: 2-3), accounts for the very

contradictions and differences in the depictions of ethnomethodology

so far invoked. As they observe:

> In a sense the same ambivalence [regarding the "respective
> weights of consciousness and intersubjectivity"] over-
> shadows contemporary 'ethnomethodology'...Basically
> committed to the investigation of commonsense experience,
> or 'the practical activities of men in society as they
> make accountable to themselves and to others, their every-
> day affairs', ethnomethodologists tend to differ on whether
> ordinary life reflects invariant or transcendental cognitive
> structures or whether cognition is itself shaped by cultural
> contexts. In the first case, social reality is in danger of
> being dissolved into mental or 'ideal' properties; in the
> second case, cognition faces the hazard of historial and
> cultural contingency.

Dallmayr & McCarthy 1977: 10

Such differences and contradictions that have been remarked upon

would be explicable, by this account, by the 'fact' that ethno-

methodology is - a divided discipline: the divisions themselves

reflecting the "Crisis in Understanding" (the title of Dallmayr

and McCarthy's essay), with its central quandary:

> (R)egarding the relationship between science and
> understanding, knowledge and self-knowledge.

> Dallmayr & McCarthy 1977: 10

Thus, rather than the 'troubles with ethnomethodology' being unique

and specific to that discipline as a theory and practice, by this

account, the 'trouble' with ethnomethodology is that it is itself

the unwitting product and exemplification of 'troubles' in

contemporary society.

**

In sum, the critics of ethnomethodology point towards a variety

of 'troubles': its methods (but not its theory) are a useful

addition to the sociological repertoire; it is utterly impracticable.

Its focus is on the individual at the expense of the social; it

ignores human consciousness. It is vilified as an absurd and

idealist Californian cult; it is a-political, conservative, a-moral.

It undercuts the possibility of science. It avoids contemporary

crises in society; it is the very embodiment of the contemporary

crisis.

By the juxtaposition of these accounts, the question of what

"it", ethnomethodology, "is" or entails for sociological research

is rendered problematic. But could the heterogeneity of the

accounts be accounted for?

It would be possible to account for many of the differences and contradictions on technical grounds.[3] For example to point out that each critic is taking a different set of texts as representative either of the practice or the programmatics of ethnomethodology; that each critic is assuming a homogeneity within the 'school' that does not and has not been claimed to exist by its members. Mayrl in fact offers a nice hostage to this kind of account, when he declares that:

> (T)aken on its own, Garfinkel's presentation of the objectives of ethnomethodology is virtually indecipherable.

> Mayrl 1977: 265

but that:

> (I)t can be clarified somewhat through consideration of the works of Cicourel, McHugh and Sacks.

> Mayrl 1977: 265.

He then proceeds to base his critique of ethnomethodology on the texts of those latter authors. To admit to not only being unable to 'decipher' but to have settled for others' secondary texts, not in addition to but instead of Garfinkel's provides ample grounds for the dismissal of his characterisation and therefore of his refutation of ethnomethodology.

On the other hand, the critics of ethnomethodology could be countered on the grounds that they had seriously mis-interpreted the texts they cite: Garfinkel did not say that, intend that, and so on.

Alternatively one could point to the fact that the critics invoke different sets of theoretical precursors for ethnomethodology:

French structuralism, phenomenology, linguistic philosophy;
arguing on that basis that therefore it of course appears differ-
ently in each one of these lights (putting to one side the re-
complicating fact that the previous point applies to each of the
attributed precursors too).

At a more trivial level, though not without consequentiality,
one could argue that the depictions of ethnomethodology would
differ because of chronology: Mayrl was writing in 1977, Wolff in
1978, Rogers in 1984 and so on, the extant corpus naturally differ-
ent at each time point.

Or one could argue that, differing as they do in respect of
their own theoretical positions and view of what sociological
theory and/or practice ought to be - that matters of conflict, of
morality, of consciousness or meaning - are both essential to
sociology and absent from the works of ethnomethodology, it is
unsurprising that their conclusions about it are unanimous only in
their negative evaluation. According to this counter-argument,
even had the critics each cited the same works and even had they
cited the same extracts from them to substantiate their cases, their
'already knowns' about ethnomethodology's key absences would have
been sufficient grounds for their depictions still to differ, and
to contradict, each other.

All these possible accounts would be to argue, then, that the
contradictions and differences are in the depictions of ethno-
methodology, and not problems for 'the object' depicted, the
character of ethnomethodology 'itself': that what is in operation

is (merely) the parallax effect.[4] What is occurring is that whilst the object - ethnomethodology in its real character - is stable, it appears to move, due to the operation of the mechanics of vision, the differences in perspective from which it is viewed which make it appear to shift. Given different viewpoints, merely different aspects of the same phenomenon move in and out of visibility, in relation to the point from which it is viewed and to the different segments of the background - the theoretical auspices - against which it is seen: the contradictions the effects as it were literally of the mechanics of perspective.

Another observation of the differences in the depictions of ethno-methodology altogether however would be to notice that both the technical arguments produced above to account for the differences in the depictions of 'the trouble' with ethnomethodology and the critiques they seek to explain, share certain epistemological assumptions. Principally that the project, to argue about what ethnomethodology 'is' - may be done by taking certain works as documents which stand for their authors' intentions, motives, practices and so on: the critiques are then constituted in comparison with what each critic argues is - the meaning of the work and of the world to which the texts are taken to refer; a world which is presumed: in which "social forces", persons with "subjectively meaningful experiences" and so on unquestionably exist, ontologically given; against which ethnomethodology is compared and found wanting. They share, in short, a method of reading texts.

I do not propose to become involved in texts in that inconcludeable

way. It is a crucial part of my own theorising auspices that

the pursuit of the meaning of any document in that sense is mis-

conceived; based on the very epistemology that I am trying to work

out how to question; and what is taken as ontologically given is,

in being fundamental to that epistemology, what also has to be

questioned.

As has been both observed and practiced throughout this

first Section of the thesis, 'the object', that which is critiqued,

cannot be taken as independent of that critique. Reflexivity is

in operation not just between analysis and analysed, researcher

and researched but, as has been shown explicitly in the case of MS

in Chapter Two and implicitly in Chapter One and now Three, what is

taken to be the object of discourse - MS, medical sociology, ethno-

methodology - is characterised by, constituted by the grounds of

that discourse. 'The literature' is not the documentary archive of

an independent object: the reading of 'the literature' cannot be

immune from the problematic of the documentary method but is itself

subject to the same reflexive constitution.

**

However, although the settling of the matter is, according - how

else may one put this - to the theoretical auspices of ethnomethodology,

in principle inconcludeable, the authors, the critics whom I have

cited, have clearly managed to conceive of what ethnomethodology is,

for the purposes of their critiques, both in terms of which works to

cite, their meaning and implications, their relevant theoretical precursors and so on. What is problematic in principle is managed for practical purposes. As I have managed it here. I want therefore to say that they have misread the texts; failed to comprehend what ethnomethdology is. But how far it is is possible to be said to distort a text, to stretch its meaning illegitimately is a critical and highly puzzling matter. Although I am contending that texts are not in principle documents of anything definitively deducible from them, I am not wanting to contend that they are infinitely indexical. How this paradox is possible is a matter to be considered throughout this thesis.

'Texts cannot be taken to mean anything at all.' But it was this assumption of the implications of ethnomethodology's 'methodological horrors' that provided the grounds for Bury's contention, discussed in Chapter One, that social constructivism inevitably leads to an anarchy of meaning; and to Gellner's contention that the concomitant of ethnomethodology is that it <u>no longer matters</u> what is said by research; that its logical and only outcome is that there can be no standards, no criteria whatsoever by which either to speak, to practice, or to judge anything about the world. That, as Russell has characterised other's (mis)understanding of the project within the sociology of science to replace empiricism, it is assumed that therefore 'anything goes': which is taken in turn to mean that because nothing goes for sure, nothing can 'go' at all. Or rather, <u>only</u> 'anything' (1983).

Russell concludes her article with the observation that
such issues are better addressed through sociological studies than
through abstractions. My difference from her adherence to the
social constructivist thesis notwithstanding, at this aporetic
point is seems sensible advice to take. So let me move towards
the substantive matter of this thesis, towards the analysis of
the data: people talking about their MS.

3.2   MS: AN OCCASION FOR THEORISING

To recapitulate: the purpose of the research is to look at lay
knowledge of MS, in particular at the question of whether and if
so how people operate with a concept of science as a special cat-
egory of knowledge in their own sense-making practices. It is
to look at the taken for granted, at that which 'everybody knows'
about science: the everybody who is not an expert in scientific
medicine, people who themselves have MS. This would seem, then, to
be a question about the difference between expert and lay knowledge
(of MS). However, following what has emerged from the previous two
chapters - the double reflexive relation between expert and lay
knowledge and between the already knowns of expert knowledge and
the objects it discovers - it is no longer possible to proceed by
identifying lay knowledge in terms of its difference from experts'.

How, then, may one proceed? Following Schutz and more recently
Geertz, the notion of 'making strange' is currently seen as a key
to the exploration of the mundane, the way to make visible the
world of what everybody knows (Schutz 1954; Pollner 1974; Geertz
1975). But is it possible to make strange?

3.2.1 Making Strange

In the literature of the imagination, for example in science fiction, an alien is envisaged who enters the familiar world; by reading the world described in the text through its eyes, the reader is enabled to see the strangeness in the familiar.

However, as Oldman (1983) has pointed out in 'Making Aliens: Problems of description in science fiction and social science', even in the complete freedom of fiction, the author has to imagine both how an alien would 'see' our world and something not only of what the objects of such seeing would be like, but what that way of seeing would be.[5] The inherent impossibility of doing this is demonstrated in Amis's recent novel Other People (1981), which is written in the first person of an amnesiac. Amis can have her find strange many of the things 'we' take for granted - the difference in light signifying night and day, what clouds are, what bodily sensations signify (those that indicate a need to defaecate, for example) - because she has forgotten their meaning. But the way, in the novel, she finds out what she has forgotten, the means by which knowledge of the unknown can be achieved, she has not and Amis cannot have her forget. Asimov et al's collection of robot stories, Machines that Think (1984) is similarly witness to the limits of the possibility of imagining strangeness, because of the essential requirement for fiction (and all texts) of intelligibility to the reader, predicated on familiarity.[6]

Oldman however argues that some writers do achieve a:

(T)acit quality of alienness in their depictions of non-human or future human societies, just as some anthropologists achieve both explanation and a sense of wonder in their

> accounts of other peoples and translators turn others'
> poetry into their poetry. They achieve, in other words,
> an apparent transcendence of their own ethnocentricity.

Oldman 1983: 49

That some think this is impossible in principle is due, according

to Oldman, to their mistaken assumption that there is:

> (A) stable hub or centre to one's own culture [when rather]
> culture and language should be seen for what they are:
> fluid, reflexive, and political...The dynamic quality of
> language is forgotten and its tendency to drift and develop
> independent of the way it is pinned to the world of events
> in its descriptive role is ignored. (my emphasis)

Oldman 1983: 63

Be that as it may, anthropologists are by their own definitions

strangers to the worlds they observe: those worlds are obviously

stange, and visible to them by virtue of that strangeness.[7] But

even so, as was argued in the case of medical anthropology in

Chapter One, like science fiction's Martians, both that knowledge

and the method by which 'natives' produce their knowledge is

discerned by comparison with that which is not questioned at all:

western epistemology.

In order to stand outside one's own culture, in order to see

it more clearly, the social constructivists in medical sociology,

also discussed in the first chapter, and challenged in Chapter Two,

use the technique of invoking history in order to see the present

taken-for-granteds of medicine through the eyes of the past. This

effort fails, as I have argued, because of the glossing over of

the fact that it is necessarily the case that not only now, the

present, but 'then', the past, can only be seen from now. That

which becomes strange is constituted by what is taken for granted

to be familiar.

This is not a problem to be solved. However, what I want to take from this is the fact that 'making strange' is, in all these cases, regarded as a problem for the analyst - the novelist, the anthropologist, the sociologist - attempting to render unfamiliar to herself the world that others, it is taken for granted, take for granted.

For the case of studying people with MS is profoundly different. What the subjects describe to me in the interviews about the experience of MS, what has been happening to them and how they make sense of it is, in effect, a world already made strange. To use Garfinkel's (1967) terminology, they are already involuntary participants in a naturally occurring breaching experiment, in which their ontological and epistemological taken-for-granteds about themselves, about knowledge, and about the world in which they live have been breached, force majeure, by MS. Thus, unlike in all those instances discussed above, the notion of strangeness is not mine, as analyst, but theirs.[8] It is for them that the world has become strange and themselves strangers in it - and this strangeness is a problem with which they have daily to wrestle and work to make mundane again.

This is not to say that MS is a naturally occurring breaching experiment, but that thinking about it in that way may provide a way to pursue the question of lay theorising about science that does not banish the problem of reflexivity.

3.2.2   The Breaching Experiments

In his Studies in Ethnomethodology (1967), Garfinkel describes

the experiments[9] as "demonstrations", "aids to the sluggish

imagination" (although, as has already been said, even the most

actively unconstrained exercise of the imagination that is allowed

in the form of fictional writing, cannot be totally boundless):

> Proceedurally, it is my preference to start with familiar
> scenes and ask what can be done to make trouble. The
> operations that one would have to perform in order to
> multiply the senseless features of perceived environments;
> to produce and sustain bewilderment, consternation and
> confusion; to produce the socially structured affects of
> anxiety, shame, guilt and indignation; and to produce dis-
> organized interaction should tell us something about how
> the structures of everyday activities are ordinarily and
> routinely produced and maintained.

> Garfinkel 1967: 37

The outcomes of the experiments were, according to Garfinkel, that:

> (T)he members' real perceived environment on losing its
> known-in-common background, should become 'specifically
> senseless'. Ideally speaking, behaviours directed to such
> a senseless environment should be those of bewilderment,
> uncertainty, internal conflict, psycho-social isolation,
> acute and nameless anxiety along with various symptoms of
> acute depersonalisation. Structures of interaction should
> be correspondingly disorganised.

> Garfinkel 1967: 54

These "outcomes" have much in common with what, in the literature

on MS, are taken as symptoms of the disease (see Chapter Two, this

thesis passim; and Appendix 3.1). Thus I can argue that 'ergo',

MS is, for members, a naturally occurring breaching experiment...

because it has these outcomes amongst its consequences.

But there is also an important difference, "proceedurally". As

Mehan and Wood state:

> Its [breaching's] prime function, however, is to make
> the researchers aware of the way they normally do the world
> by requiring them to learn to do it otherwise. (my emphasis)

Mehan & Wood 1975: 233

In terms of that account, it is the members, the people with MS,

who are equivalent to the "researchers", not myself as analyst.

There is a further not inconsequential difference. In all the

breaching experiments in Garfinkel's book, the breaching is done

by his students, at his direction, on their own everyday inter-

actions with others. The description and analysis of what occurred

is then written up by Garfinkel, who uses his students' reports as

his data rather than material collected at the point of breaching

by the analyst himself. In the extension of the breaching metaphor

to my own data the procedure is different. However, it is not

necessary to claim a total identity between MS or this thesis and

the breaching demonstrations in order to explore what happens when

the data is read in the light of this metaphoric resonance.

It has to be said, however, that Mehan and Wood, at least, identify

certain limitations in the breaching procedures which raises another

resonance with this thesis' concerns:

> The linkage between any specific incongruity demonstration
> and a feature of social knowledge or interpretive procedure
> is obscure. The logic of the demonstration does not follow
> from the theory in any determinative way. One must not look
> to these breaching studies as a way of building a theory of
> the reality constructor that will be comparable to the truly
> experimental sciences.
>   The value of such demonstrations is great nevertheless.

Mehan & Wood 1975: 113 (my emphasis)

This caveat, that the procedures are "no way of building a theory"
is telling in that it reveals how entrenched in (a version of)
the scientific paradigm even the most 'idealist' interpreters of
ethnomethodology are. For it is not, as it could have been,
from the very predicates of ethnomethodology ("that sweeet poison"[10]
as they call it) that they regard the breaching studies as less
than experiments, but from the retention of an unquestioned,
privileged epistemological status accorded by them to the knowledge
produced by the "truly experimental" sciences.

<div style="text-align:center">*</div>

The point of the breaching experiments is to attempt to make
problematic and therefore visible to analysis some taken for granted
methods of practical reasoning. I want to extend from 'methods'
to theorising in a more fundamental sense.

The case of MS is possibly not unique amongst medical con-
ditions; but it is particularly apposite for my purposes in that
there is no certainty, no closure on what it means or signifies
(cf. Chapter Two). It is a natural breaching experiment in which
not only the methods but the substance of practical reasoning, by
individuals about their lives, their bodies and their selves;
the _doing_ of knowledge which has become problematic, for members.
In a parallel with the argument that science is interesting to
the sociology of knowledge in that it is a discipline wherein
reasoning about theory, method and content are made explicit by
its practitioners - _is_ the practice of science - so with the occur-
rence of MS. The extent of the disruption is the mark of its
richness as a resource for analysis. With the occurrence of MS,

the methodological horrors are not dismissable as an analyst's·
artefact - but are a matter of lived experience.

To substantiate that assertion it is necessary to turn to the
data upon which this thesis is grounded - people talking about MS -
to consider the question of how it may be analysed.

In the light of what has already been written, this can no
longer be a question merely of selecting the most appropriate
method from those available but is deeply problematic. For, to
make explicit what has been perhaps implicit so far, there is a
fundamental resonance between MS and the question of theorising.
With the onset of ethnomethodology, the mundane practice of research
is breached, sociology itself made strange.

3.3   THE ANALYSIS OF TALK

The data that is the basis for this thesis consists of the tran-
scripts of twelve unstructured interviews about MS. Eight
interviewees had been diagnosed by the medical profession as having
MS; two were people under the process of being diagnosed; and two
were relatives of those who had died from it. Appendix 3.2 gives
details of the research group.

The data then is a collection of accounts of MS,
from personal experience, amounting to some 25 hours of talk.
They are closer to naturally occurring conversations in character
than to anything that would have been produced by structured
interview techniques; the objective was, as far as possible, to
allow the people to speak for themselves free of the assumptions

that would have been inherent in any formal pre-scheduling of 'relevant questions'.

*

In the first chapter, reference was made en passant to the ways in which medical sociologists have used talk as data; but their use of it is simply as a concomitant of their interest in patients' perspectives. The talk is treated unproblematically as simply the available evidence for patients' understandings of their conditions, of their relations with medical professionals and so on, an approach to (talk) data consistent with their generally realist approach to research practice.

However, given the theoretical position within which this thesis is being produced, the question of how to analyse talk cannot be taken as immune from the question of reflexivity. Its meaning cannot be taken as independent of the means by which it is analysed. But how then?

The most appropriate resource to turn to for thinking about this question must be those works which have approached the analysis of talk from the same theoretical framework as my own: ethnomethodology.

3.3.1 Conversational Analysis

Outside medical sociology (and sometimes within it, eg Corsaro 1982), the most highly developed technique applied to the analysis of talk is that of conversational analysis (CA). Although it claims its theoretical roots to lie in ethnomethodology[11] - particularly invoking the work of Sacks as well as Garfinkel himself - in many ways as will be shown, conversational analysis epitomises the failure of

practitioners of ethnomethodology to take seriously the epistemo-
logical problematic that at least my conception of Garfinkel's work
involves.

By paying close attention to naturally occurring conversations
(another relevance of their work to my data), CA has over the
last twenty years or so been in the process of developing what
might be described as a taxonomy of invariant features in the
structure of talk - greetings, pauses, turn-taking and so on (see
for example Sudnow 1972; Schegloff & Sacks 1973; Sacks et al 1974;
Schenkein 1979. See also Leiter 1980; Benson & Hughes 1983).

Conversations are transcribed according to rigorous
conventions. At its best - and the transcription work of Gail
Jefferson (see Figure 3.1) is regarded as the sine qua non amongst
CAs - what emerges is awesome in its exquisiteness, like the
eyes of insects revealed under the microscope to consist of an
utterly unfamiliar, perfectly ordered, beauty.

Such an analogy between CA and science is not fanciful: it
is both claimed and runs through what is being practiced - the
application of science to talk:

> [CA] work [is] to explore the possibility of achieving
> a naturalistic observational discipline that could deal
> with the details of social action(s) rigorously,
> empirically and formally.

Schegloff & Sacks 1973: 233

Qua science, in this process of revelation through microscopy, what
becomes observable and thus significant attains an independence of
the methods through which it is brought to visibility. The arcane
transcripts are taken to stand for their object - naturally

1. <u>Conjunctional ~ Intra-Utterance Pause</u> (ca. 109 'pickup' cases)

(1.1) [0:8B15(A):20]

Andrea: Mistuh Topp's in Munich is'e?
Bette: → Uh::::m (0.8) He's either in Munich or Colo:gne now, ah
           → f'goh- ah'v lost track. One or the o(h)ther, Uh::,hh (2.7)
              I think he's:::: . . .

(1.2) [NB:IV:9:R:2]

Emma: Honey ah'll come down after I had muh liddle bowl a'soup'n
              salad'n ah'll call'm ba:ck to yuh uh'd love it.
                        (0.8)
Penny: →   We:ll (0.7) oka:y

(1.3) [SBL:3:3:R:2]

Keith: a]h'll t-call [Te:d en (0.2) let im go over this agreement

(1.4) [NB:II:2:R:21]

Nancy: Assooming yihknow thet he'd be taking th'payment
              b['k b*a:c]k with im]
Emma: [•M m :   ]h m : .•]
Nancy: →   'hhh hh So:: (0.7) 'tch he said Dad js didn't trust me . . .

(1.5) [Fr:USI:4:R]

Mike: →   She ez no use fer it but (0.5) she jis don't like the idear
              'v im givin anything away b'fore'e essuh.

(1.6) [SBL:3:5:R:2]

Milly: [ahh'm gunna learn thet it cert'nly is easy en all you haf
              tuh do is tru:st en just sorta go alahng en I hhope it's
          →   this way becuz 'hhhh [this's gunnuh be: jis [[WOghNderful

(1.7) [TCI(b):9:5]

Linda: Yih don't have enough money tuh git Joshua a chew bo:ne?
          →   o:r (.) or 'hhh mi:lk en e:ggs y'don'have enough money tih
              git all tha:t.

2. <u>Conjunctional ~ 'Clean' Speaker Transition</u> (ca. 59 'pickup' cases)

(2.1) [SBL:2:1:8:R:13]

Nora: but I c'n (.) close muh bedroom o:ff it gets so hot'n'
              the:re.
                        (0.3)
Bea: →   Yah.'t'hhhhhh'hhh Uh:m
          →   (1.0)
Nora: →   W'l who wouldju drum u:p.
                        (.)
Bea: I don't kno:w.

Figure 3.1 Jefferson's (1984) Transcript :"'Conjunctionals' as
            Overlap-Vulnerable." (Extract)

occurring conversations - but, to continue the microscopic analogy - at a higher level of resolution, their natural transience fixed in order to enable close study.

This technique has been taken one step further. In the pursuit of a more fully captured phenomenon, using a concealed video camera, Heath, for example, has recorded medical consultations in vision as well as sound (Heath 1982; 1983). He has developed a technique for transcribing the gestures with which the interaction talk is embellished, and has produced transcripts of the interactions which are to be read like a musical score (Figure 3.2). What Heath has thereby produced is a demonstrable orchestration between voice and gesture on the part of patients, methods used by them to elicit the gaze of doctors. Work such as Heath's presumes that there is no in principle limit on the possibility of achieving a complete and accurate record of interactions.

The claim by CA is that the structures of conversation are discernible to analysis quite independent of both their content and context: and indeed by their own theory this has to be the case. However, an informal study of how the work is done demonstrated the difficulty of holding to that claim in practice. Attendance at a BSA Sociology of Language Group Conference in Plymouth (1984) which was predominantly concerned with/attended by CA's, provided me with the opportunity to participate in and to observe conversational analysis in practice.[12] The discussion which follows is based on the fieldnotes made at the time. Although this was not in any way

Figure 3.2 Heath Transcript 1983)

a formal study, nevertheless the issues about the practice of
CA which were brought to light over the course of the conference
are of direct relevance to the current discussion: by definition,
the practice of conversational analysis cannot appear in its
writings.

The conference took the form of a series of workshops, formal
papers and seminars in which all the participants met together.
It is the latter on which I shall concentrate. What was said
in the final seminar is to be held in juxtaposition with comments
made on a paper given earlier in the conference by Grimshaw (1984),
which had been received very critically, on a ten-year and on-
going project in which a core piece of data - a dissertation
defence and subsequent discussion about its merits amongst the
examiners - was being worked on by a variety of sociologists,
a variety which, however, did not include any CA.

The dissertation defense had been both stereo-taped and
filmed. Each workshop group at Plymouth had been given a section
of the audio tape, with its transcript, to work on, after Grimshaw's
presentation. In the group of which I was a member, the workshop
participants declared themselves unable to work "properly" on it,
because CA transcript conventions had not been used (particularly
concerning the marking of pauses and the layout of speakers' turns);
but also because they felt the transcript was inaccurate in detail.[13]
That is, certain words heard by them on the tape as one thing
appeared in Grimshaw's transcript as another. One of the workshop's
conclusions had been that this showed, once again, that an accurate

data record was absolutely essential for CA analysis.

However, when it came to the analysis of a 'properly tran-
scribed interaction, the transcripts alone proved (also) insufficient.
In the final seminar, a new passage from a tape which had been
worked upon separately in the groups was used, and people were
invited to analyse it together.

Competing versions of what was going on in the transcribed
interaction were put forward: what was most interesting were the
grounds upon which proponents of each version claimed their own
to be the most plausible. These grounds were, in essence, the
invocation of 'common sense' - that 'in their experience' people
meant this or that by what they said. Much of the discussion
revolved around the personalities of and the weight of conflict
between the two women in the interaction. That is, the character
of the speakers was read off from their talk; they (the CA's)
presumed they were 'able' to know just what each one of the women
on the tape was/would be like, quite outside the brief taped
exchange, and indeed needed to know that, in order to discern the
structures of the talk.

There was a basic consensus: that when the interaction was broken
down in detail, a great deal of conflict between the two women
could be clearly seen; and yet, they said, they expected that the
two women, if asked, would claim to be friends. (One member of
the conference asked at this point whether the meeting thought
that CA's were more inclined to discover conflict than consensus
underlying talk. The Chair, with some asperity, asked whether he
was proposing that the findings of CA analysis were an artefact of

the analysis rather than of what was really there: but the
response to this challenge, and the topic, got lost amongst the
discussion. Certainly this possibility did not re-appear in
any of the subsequent debate, but it obviously underlies my
description of the proceedings). It was remarked how fortunate
it was that, because of the speed with which talk normally occurs,
these conflicts get glossed over and, in the ongoing context of
relationships, mostly get 'ironed out'.

The suggestion was then advanced that maybe the disputes
in the seminar over the meaning of the interaction would be
settled if it had been possible to appeal to the women themselves
for their accounts of how they felt about each other, and asked
for their version(s) of what was going on between them. As a
response to this, someone replied that even if the women were
asked this would not settle the matter at all, ordinary people
being unable to reach the level of analysis that CA's are able to
achieve. The only objection voiced to the original suggestion
concerned, then, its political but not its theoretical, implication.[14]

Another participant suggested that a way out of the diffi-
culty might be if there was some sort of machine which could
record "tension" in a speaker. That record could be placed along-
side the transcribed speech, enabling the analyst to have more
and better information about the real feelings of the speakers,
and therefore be able to produce a more accurate analysis; in
response to which, descriptions of galvanic skin response machines
were offered as just such a possible recorder (see Figure 3.3).[15]
No-one objected on the ground of theoretical principle.

Figure 3.3: Tucker (1985)

This biological sub-strata to talk had been invoked
once before in the conference, when Jefferson, presenting a paper
on the first day had tentatively suggested that according to her
analysis of pauses and overlap - who begins after a pause and
the relevance of the length of pause to what happened after -
it seemed that there was a critical one-second period which is
granted to other speakers as a reasonable reaction time, this
minimum time corresponding to the time the brain needs to process
reception and response (Jefferson 1984b). That is, pauses are
as long as they are because of the nature of physiology: this,
like the reference to skin tension referred to above had caused
no remark except enthusiastic interest amongst her audience.
Once again, reference was made to physiology as the basis for
filling in the gaps in the explanations arrived at by analysis:
the biological basis of behaviour acting as a residual category
but regarded as the absolute bottom line of the structures of
talk.

Grimshaw at one point raised the question of how disputed
versions of the tapes could be settled - that is, as I heard it,
asking the meeting to make explicit 'the rules' of their practice.
But this appeared to be heard as a condemnation on his part of a
lack of consensus in the discussion. His comment was responded
to with some vehemence by a participant saying that they couldn't
be expected to do fine analysis in workshops or meetings such as
that one: that workshops were for 'being courageous', 'risking
various ideas' which only in the solitude of writing afterwards

could become 'fine'. That is, such disputes as there were over
the meaning of the taped interaction were only temporary, a
result of the informal situation in which they were being dis-
cussed. This 'solitude' of 'writing' echoed the account
Jefferson had given earlier of the process by which she analyses
her data: that transcription involved listening to the tapes
over and over, then reading and rereading the transcripts, far
into the night (a description strongly reminiscent of certain
accounts of scientific discovery, only achieved through the blood,
sweat and tears of devoted and self-less scientists). The
patterns that lie within talk are discoverable only through an
arduously achieved familiarity with the data. Inexorably part
of the technique, it is only this hard labour that will reveal
the elaborately and minutely ordered structures of conversation.

This informal ethnography of the practice of CA at the conference
also suggested something of a paradox: although CA posits itself
upon 'scientific analysis' (with which the precision demanded of
their transcription is consistent), the grounds upon which the
disputed versions of a transcript were warranted came from the
realm of "gut feeling", and "intuition" about their meaning, both
concepts used explicitly and frequently in the various accounts
of what was going on in the tape. At the same time, CA's relied
upon a close attention to 'what was really going on' in the talk,
although in the light of their debates as to the accuracy/usefulness
of asking the speakers themselves to say what they had meant (i.e.
acknowledgeing that there were still other possible versions that

could be produced), what sense that 'really going on' carries is not at all clear.

What was being analysed in practice was the interaction which gave rise to what was recorded, not only the records themselves. They are regarded merely as the 'traces' (Latour & Woolgar 1979) through which the phenomenon, talk, can be approached, the transcripts taken as accurate, fixed and detailed records, which merely preserved the talk that had taken place. But as has been discussed, in the event, the transcripts, however accurately reproduced, were not in themselves the sole basis for that analysis. They could not be deciphered without recourse to their meaning content.

The attraction of atomism is difficult to resist; that is, the conclusion that somehow the attention to all that fine detail will inexorably make a method fruitful, 'what is really going on' easier to discern. As Mehan and Wood have observed:

> CA's have been willing to ignore the indexical relations
> between talk and its context. They have treated talk as
> possessing finite meanings. In doing so, CA's have
> suspended consideration of the consequences of reflexivity
> that other researchers have treated as ethnomethodology's
> essential phenomenon.

Mehan & Wood 1975: 135-6

Conversational Analysis is often, however, rejected simply on practical grounds rather than with a fundamental critique. Locker (whose analysis of talk will be discussed below) explains for example that it does not provide a practicable means of analysing his own data:

> [What I am concerned with is] the analysis of interview
> talk about health and illness. This talk consists
> mainly of long descriptions of events by the respondents.
> CA tends to be undertaken in short exchanges between two
> participants in a conversation.
>
> Locker 1981: 24

For critics such as Locker, CA is simply one among the sociologist's

available repertoire of interchangeable and homogeneous methods,

which are selected on the basis of their appropriateness to the

analysts' intentions vis à vis her data. That CA can be considered

on those practical grounds alone assumes that it constitutes no

epistemological challenge to 'normal practice': that it is, on

the contrary, a practice which shares the realist and scientific

theory of knowledge which is the basis of traditional sociology -

in fact is a high-class exemplar of it.

3.3.2 Interpretavism

It is true that after reading the work of conversational analysis,

other ways of analysing talk, lacking its fine detail, appear

crude and gross. The assumption that microscopy, atomism, brings

one closer to the phenomenon is very seductive (analogous

to   the contemporary move in MS research to look for the disease

beneath the skin, via NMR scanners, electron microscopy and so on).[16]

But it has to be rejected here. For that very reason I cannot use

it to address my own concerns.

Even if one were to put aside the problematics involved in

the practice of CA it would still be unsuitable (pace Locker) for

my own data, for, in being concerned with 'lay conceptions of

science', it is the meaning of the interview talk that I am bound to

address. And at the level of its theory, the 'meaning' of talk

is in principle irrelevant to CA.

There is, however, an interpretive approach to the analysis of

talk that lays claim to at least ethnomethodlogical influence,

which is concerned with meaning, of which Locker (1981) is an

exponent.

His research concerns the analysis of a number of interviews

with six women, conducted at intervals over the period of a year,

consisting of, "their accounts of their own experience of health

and illness" (1981: 21) - data somewhat similar to mine in that by

using only a "brief schedule" (1981:20) he too endeavoured to "make

the interviews as much like a conversation as possible" (1981: 21).

As he explains in the introduction to Symptoms and Illness,

unlike other medical sociologists, but 'like' ethnomethodologists,

he regards, "social reality as a construct" (1981: x). His approach

is however to reject ethnomethodological theory whilst accepting

some of its 'findings':

> Some of the propositions of symbolic interactionism
> and labelling theory are used to demonstrate the centrality
> of meaning in social life, and the writings of Schutz and
> the ethnomethodologists are used to identify the cognitive
> processes involved in their production.

Locker 1981: x

As a theory, ethnomethodology has to be rejected by him, for it

fails to be able to account for the social action in which he is

interested, for it, "(S)ees man as a skilled cognitian but not...as

an actor" (1981: 135). It would, thus,

> (T)ake a description of the interpretive process
> [in interview talk] as all there is to say.

> Locker 1981: 135

And for Locker there is much more to his data than that.

How, then, is talk analysed from such a position? At the end of

his book, Locker discusses what he has been doing which is, by his

account, to provide simply:

> (A) relatively superficial explication of the practices
> and procedures integral to the cognitive organisation of
> one aspect of experience, that of health and illness.

> Locker 1981: 177

But this 'superficiality' is meant almost literally:

> (I) say superficial since every extract presented could
> be subject to a more detailed and extensive analysis.
> Much more is involved in the accounts I have analysed than
> has been described so far.

> Locker 1981: 177

That is, there is a finite depth to the meanings of the interviews

that could (have been) increasingly revealed with increasing levels

of focus - a view that is clearly at odds with certain central

tenets of ethnomethodology, for example Sacks on 'Sociological

Descriptions' and its in-principle inconcludeability (1963), and

clearly in conformity with the practice of CA (and, one might add,

the latter clearly not in conformity with Sacks, the ethnomethodologist

to whom they attribute their own position).

For Locker the talk that constitutes the interviews un-

problematically represents simply what his respondents meant: the

analyst's task is to read not only the words on their surfaces

("relatively superficially") but what the words are the documents

of, what lies behind them in the people themselves, viz: the underlying "cognitive organization of disorder", to quote the sub-title of his book.

Locker acknowledges that what the women said has to be recognised for "what it is", an acknowledgement that appears to be accepting an element of reflexivity in his analysis when he explains that:

> Accounts given in interviews are to be read as such
> and not more or less adequate descriptions of some
> independent reality.

Locker 1981: 177

However, despite this caveat, they can, he continues be read as demonstrating that:

> (It) was by means of the skillful use of common under-
> standings that the women were able to display their
> status as moral persons and competent members.

Locker 1981: 177

Thus Locker specifically disclaims any necessary connection between what was said in the interviews and the external events to which they referred; he makes no such disclaimer however in respect of his conclusion that there was a relationship between the accounts which the women provided and the "cognitive organizations" revealed to be lying behind the document of their talk, in their minds, so to speak. For Locker, this relationship was not 'an account'.

For him, then, it is the women's talk about matters of health and illness that have to be understood as accounts, the product of their interpretive practices and the cognitive processes underlying them. The role of the analyst is to understand them as such, and pay attention to those practices rather than evaluating

them in terms of their accuracy, validity and so on.

The interpretive practices are, however, for Locker all on one side; his own analysis a straightforwardly achieved, accurate description of the women's meanings. That an analyst's description must, by the same token, be similarly constituted through interpretive practices is not something that appears to trouble him, despite the extensive discussion of his analysis that he appends as the final chapter of the book.

**

This use of the documentary method in the analysis of talk is routine research practice, the ability of the analyst to see through the surface appearances to what lies beneath, that which analysis is taken to be. Analysts are analysts by virtue of the very fact that there is more to data/the phenomena of social life than appears to its participants. It is in making plain what is hidden that provides the possibility for knowing what is 'going on' in talk - both for CA and now for Locker. The careful application of correct method will represent that aspect of 'the world' in which analysts are interested. In that Garfinkel was himself cutting about this: "Ethnomethodological studies are(..) useless when they are done as ironies"(1967:vii), their persistence with 'instrumental irony' (Woolgar 1983) marks their work as, in practice, very little influenced by ethnomethodology.

What we have found is, once again, an assumed immunity from the 'horror' of reflexivity in the analysis of talk, at both extremes. By relying on the scientificity of its method, CA reproduces the metadiscourse of science - the topic and not the resource of this thesis. The interpretive approach, on the other hand, that examines the interpretive practices of talkers in producing meaning fails to address the possibility of the existence of 'the same' phenomenon in analysis itself. It appears from both that (expert) analysis uses some other kind of method than that/those used by its subjects. Despite their apparently diametrically different interests in talk - (only) in its structure, (only) in its meaning - they share at a more fundamental level a confidence that what is dis-covered about talk is there in the phenomenon; that method is merely a means of discovery of aspects of that phenomenon. To re-cite Blum, both are interested only in "the phenomena themselves" (1974: 2-3; Fn 1), looking only outwards to the world.

The selection of an appropriate method begins analysis: and marks the place where analysts have "stopped doubting" (Blum 1971:316). What is strange, remarkable, worth analysing, is what comes after, not before, that stopping.

Having thought about both the work of CA and of Locker in terms of the theoretical bases from which they begin, it appears that it is the analysis of talk as data and not merely data in relation to what the data is about that has to be considered in order to

continue doubting. Reflexivity is involved not only in the
relation of data to that which it is taken to be data of but in
the relation of analysis to data. But what of this chapter?

At the beginning, I argued that, in that MS was conceivable as
a 'natural' breaching experiment, it is possible to say that in
this instance, as the warrant for using MS as an occasion for
theorising (about theorising), the methodological horrors are
horrors already for the people whose talk is the concern of the
thesis. In moving on from that assertion to discuss extant
approaches to the analysis of 'similar' data - talk - as part
of identifying an appropriate method with which to proceed, it
is as if the question of what that talk concerns was not yet
addressed.

And yet of course to assert that the 'methodological horrors'
operate for the people with MS, that MS makes 'knowledge' strange,
is to have already found a very specific meaning in that talk.
An interpretation (analysis) of the data has already preceeded
the discussion of method and in fact has already constituted the
impetus for the thesis.

In the ordering of the chapters of the thesis so far, in
conforming to the proper procedures, in beginning with 'the question'
and with relevant literature prior to addressing the selection of
a method, what is written represents the process of analysis in
a way that rhetorically re-presents scientific method - the
independence of analysis from 'the data' (be it talk about MS or
other analysts' analyses of talk): the immunity of the analysis

from 'the same' phenomena; inexorably covering over the fact

that the expertise of analysis is in itself an achieved account.

By analysis, the 'making strange' - even of analysis to itself

by means of ethnomethodological theorising - is depicted as

over. The produced analysis cannot represent strangeness: all

it may do is, as here, point towards its absence.

CHAPTER FOUR

ACCOUNTING FOR ACCOUNTS OF THE DIAGNOSIS OF MULTIPLE SCLEROSIS

The basic research question with which this thesis is concerned is with lay conceptions of science. But given what has already been written, the question is no longer addressable from a point of view that would, in resting on an acceptance of the givenness of expert knowledge (scientific medicine) then approach the depiction of lay theorising in terms of its difference. Rather the question has to be approached directly from the lay point of view, as far as possible looking at how people with MS themselves categorise knowledge of MS in terms of degreees of reliability, looking for what they count as knowledge.

The people in the study knew they had MS.[1] In seeking to understand how they came to know that fact it may be possible to discern how and from what that was distinguished and thus, in effect, what counted for them as definitive, taking the point of diagnosis, for analytic purposes, as marking the achievement of correct knowledge, the taken-as-authoritative statement of what was wrong with them. This chapter therefore focuses on those sections of the interviews concerned with the process of achieving that diagnosis.

There is an irony for an analyst such as myself, whose theoretical

auspices are, as evinced by what has been written so far in this

thesis, an epistemological scepticism, in producing an analysis

still based on data collected in the real world rather than on,

say, imagined conversations between fictional characters.

One could of course side-step this irony by saying that

I'm not claiming that this analysis is really true, that the talk

is evidence of what these people actually think; that this analysis

is not claiming any special status in virtue of the data's relation-

ship to a 'real' world. I am, I might say, simply conforming to

the usual requirement to base analysis on data collected in the

field, complying with that convention merely in order to remain

within the discourse of sociology: That there is no harm in going

along with it.

But this instrumental conformity has profound epistemo-

logical consequences. For the data is very seductive: it has the

feel for both researchers and readers of the stuff of life. Before

you know where you are it has convinced you that it is reality,

reality captured, preserved beyond the moment of its original

existence for the remembrance of others who were not there. The

people whose talk this is are so immediately recognisable as

members, with us, of the everyday. They are describing a world

we know to be like that. Ergo, the data not only is the reality

of talk preserved on tape, but analysis based on it is about the

world outside the talk.

This conclusion is deeply ironic in that it itself

exemplifies how we reflexively create reality from what we take

to be the documents of it - and the talk of others is one such docu-

ment.   .

But this irony is intrinsic: it cannot be expelled from

analysis since it is itself the outcome of the very theorising

which has made it visible; it is rather a matter for 'celebration'

- even though how to express such rejoicing is tantalisingly

unclear.

The traditional form of writing sociology makes invisible

the role of the writer and the reader in creating a reading of a

text of analysis; it displays what is written as if disconnected

from the processes which made it possible. The form of writing

itself creates what can be said.[2]

What then counts, for the people in this study, as a correct

diagnosis? How, and from what is this distinguished? And what

does this have to say about their concept of science?

The interviews were designed to explore what having MS

meant to individuals and to allow them to tell their stories in

their own ways rather than in terms assumed relevant beforehand

by the researcher (myself). To this end I did not compose a prior

list of questions to be answered or topics to be covered. The

interviews were so unstructured that they might be better charac-

terised as 'conversations' (Dawe 1978).[3]

To suppose that each interview begins from the same point of

'strangeness' - in the Schutzian sense - for the interviewer is

to ignore as irrelevant the existence of the researcher as a

continuity behind and between each interview. Although the inter-
view may have been the first occasion on which each interviewee
represented their experience of MS in this particular form, the
interviewer, I the researcher, am present in each of the
interviews, cumulatively learning what constitutes 'talking about
MS' from one interview to the next, feeding that knowledge back
into each subsequent one as the then taken-for-granted assumptions
grounding that talk: eliciting 'MS talk' whose appropriateness
is self-confirmatory. Although the interviews were designed to
be unstructured, what develops over the period of the fieldwork
is an increasingly narrow theorising base rather than the pre-
supposition-free situation I was supposing I was providing each
time for each of the participants by virtue of planning not to
have preformulated questions.

If an interviewer could be the passive recorder of subjects'
talk about MS (the objective interviewer par excellence), then
this would not matter. But interviews, these conversations, are
inter-actions, mutually created by both speakers. What the
interviewer cumulatively 'already knows' helps constitute what
is said.

And yet to point out this researcher's learning of the
MS culture and her active participation in its creation as a
phenomenon through the talk matters, is to imply that this is a
distortion of some other, more pure, way of researching: is to
suppose that there could be a collection of date that was unmediated.

Mulkay and Gilbert (1982) found that when scientists talk about
the truth and error of competing scientific findings, they employ a

flexible repertoire of social and psychological mediating factors.
These factors are invoked by the scientists to account for what they
deem to be errors, but they are not invoked when referring to what is
considered to be correct knowledge. This asymmetrical accounting
practice, Mulkay and Gilbert argue, allows for and continually re-
creates the traditional conceptualisation of science as a body of
knowledge which arises rationally and objectively simply from the
unmediated discovery of the nature of the physical world.

Can the notion of asymmetrical accounting be used to discern
what the people in this study view as differential statuses of
knowledge about their condition? If this asymmetry should be found
to be present in their talk, does it work similarly to preserve
people's faith in the truth and power of scientific medicine; a
faith which, from the long history of failure both in the case of
the disease in general and their own cases in particular would
seem to be fundamentally undermined?

*For an analyst seeking to discern the accounting practices
of individuals which may work to manage the challenge to their
confidence in knowledge posed by the phenomenon of MS, it is also
an occasion for reflecting upon how analysts settle these challenges
for themselves. How is it possible for me, as analyst, to account
for how people accounted for their knowledge of their condition?*

Since this analysis is interested at a general level in lay conceptions
of science, it begins by looking at how the people in the study
initially accounted for their going to the doctor rather than
anywhere else when they first thought there was 'something wrong'.

For to ask the general question pre-supposes that it is from
doctors as experts that the most authoritative knowledge will be
sought. The focus will then be on those sections of the interviews
which relate the process of discovery of the diagnosis of MS.
Examination of the data shows, however, that several distinguish-
able categories of incorrect and correct diagnoses were used by
the respondants rather than Mulkay and Gilbert's simple dichotomy
between correct and incorrect.

The analysis is organised around these categories, viz:
Doctors' 'incorrect' diagnoses; patients' incorrect diagnoses;
patients' 'correct' diagnoses; and doctors' correct diagnoses. The
inverted commas are used as a textual device in order to indicate
the difference between what were deemed apparent and actual
instances of correct and incorrect.

4.1   GOING TO THE DOCTOR/ALTERNATIVE MEDICINE

Bearing in mind Mulkay and Gilbert's analytic device of asymmetrical
accounting, are there differences in how the patients accounted for
their recourse to medicine and to its alternatives? First, then,
what was an interactionally sufficient way of introducing 'going
to the doctor' as topic? The following extracts show how, typically,
this was introduced.

Daniel:[4]   [symptoms] and I didn't know what it was and the
              doctors..first I went to an eye doctor because that's
              what was worst affected.
                            *

Anne: This [symptoms] lasted, went on for about two or three
              weeks. I thought well I'd better go and see the doctor.
                            *

Des: but [symptoms] so I went to the doctor and I saw the
              elder statesman of the practice and he...
                            *

George: [symptoms] just didn't make sense to me and I went to
                the doctor you know and..

Each account comprises a list of 'signs of something wrong',

immediately followed by reference to "the doctor" and what the doctor

said or did. The decision to go to the doctor - rather than anyone

else - was simply reported. The reason lies implicit in the

sequencing - first symptoms so then doctor. What is taken to be the

most natural requires the least explication (Sacks 1974).

The symptoms were taken as signs of 'something wrong', the

documents of an underlying reality whose nature was not known by

the patient although its signs were discerned. The respondents

thus had knowledge of 'the facts' but not what the facts meant. It

was because "I didn't know what it was" (Daniel) and it "just didn't

make sense to me" (George) that makes the hearable implication, with

what is spoken of next - "the doctor" - that the doctor would

obviously possess the knowledge that they lacked (Woolgar 1980).

The interactionally adequate reasonableness of the related course of

action - symptoms followed by going to the doctor - relies also on

members' intersubjective knowledge of the relation between a con-

ceptual category 'symptoms' and the category of persons, 'doctors',

with whom it is natural to consult.

That one will inevitably have to discard the vast majority of the

data so painstakingly collected is an admonition commonly proffered

to neophyte sociological researchers.[5] The tapes used for this

study consist of over twenty-five hours of talk. The quotations

used here constitute only a fraction of that mass. The practice

of selective quotation is one way of coping with such over-abundance; and that selection is usually passed off as a solution to a merely technical problem. Yet what does the practice of selection assume? Firstly and crucially that an extract, a few lines ex-tracted from their original site in the whole talk, can be read independently of that context; and second that they can adequately 'stand for' a set of 'similar instances' in the whole corpus of data.

At one level this is sheer delusion, as known by all afficianados of playbills which so judiciously quote from press reviews. But even granted the faith of the reader that I have not practiced quotation quite so creatively, the matter remains fundamentally problematic. For the in-principle indexicality of documents (here, extracts of talk) is (only?) managed in practice through reference to context, context and extract reflexively producing meaning through their juxtaposition (Garfinkel 1967). Therefore extracts divorced from the contexts in which they originated and inserted into another - the context of my analysis - would seem to be particularly vulnerable to a radical distortion of their original meaning.

But to make this objection is to propose that they have an original meaning which is fixable - even if fleetingly and reflex-ively-tied-to-context; that there is, potentially, a crucial difference in meaning between the same words in their original context and in another.

Taking each quotation from its original site in a person's whole talk and re-placing it together with others in a common

context, the context of analyst's topic, facilitates the inter-

pretation that the quotations are, singly and together, about

the topic: going to the doctor, for example.

    But the in-principle flexibility of re-interpretation is

not unlimited. For it would be difficult to select just any

quotation and, by the same process of recontextualisation, make

it work as relevant to any (analyst's) topic. The extract:

> Meg: *I do respond to cortisone very well so that I*
> *suppose my own sort of peculiar psychological*
> *defence is that every time I get it [attacks of*
> *MS] I'm going to have cortisone, I'm going to get*
> *better.*

would not work as a convincing account of 'going to the doctor'.

Why not?

One way for an analyst to discern what may be a noticeable absence

(here the absence of reasons provided for going to the doctor)

is through comparison with similar yet different instances.

Respondents referred in other parts of their talk to alternative

medical practitioners, for example to acupuncturists and faith

healers. Was a different kind of account given for going to these

alternative resources?

    The greater complexity of the accounting practices concerning

recourse to 'alternative medicine' both requires and is demonstrated

by the necessity for longer quotations from the data.

> George: Someone said try faith healing, I tried him and he
> did nothing. Mind you I have no faith in anything
> before I went so you know...and basically being
> scientifically minded myself, I think that's the way
> it's *[a cure]* going to come. *[-]* I went to an acu-
> puncturist, not an acupuncturist, a faith healer. He

moved me around and asked me you know he sort of
twisted me in various directions and said what was
the major problem and I told him and he said, sounds
to me like MS. Oh, he was the one, thinking back now.
Yea, I think in the meantime I had decided that's
what I had

AW: So you'd seen the television programme

George: I'd seen the television programme, then I went to
             him and he really confirmed my beliefs.

                              *

Meg: From my own point of view the most difficult thing
             about having an illness like this is that everybody
             has a cure for you [-] all of which sound fine but if
             you, I mean if you can picture a situation where you've
             come out of hospital, you're feeling fairly shattered,
             you you're not you definitely don't feel as strong as
             you used to feel and you get this barrage of advice
             and you must try my osteopath, you must try my this and
             and [-] and 'a' you find it difficult to resist it but
             'b', which is much worse, is that - now now whether
             this is sort of conjectural or whether this is true -
             but I was left feeling that if you don't do it, then
             it's your fault that you're so ill [laughs]. So I
             went through a stage where I just thought, well, I
             had nothing to lose [-]

AW: And how did that end then?

Meg: Oh well because I was talking to my neurologist about
             it and I said that I found this quite a pressure and
             he said well fine, he said, well look he said, if you
             come across a faith healer or a homeopath or anybody
             else who can cure this please ask them to get in touch
             with me because believe me, he said, I'll go along with
             anybody who can cure you. And so then when people sort
             of wanted to do things I just ask them if they would
             mind talking to my neurologist, and that sort of stop-
             ped it all.

Meg provides an elaborate account for her resort to alternative

medicine - the grounds of social pressure from others combined with

her initial vulnerability to such pressures. By contrast, talking

to her neurologist appears the normal thing to do, requiring no

explanation. By appealing to 'proper' medicine, she eventually

managed to resist the pressure. Even though her neurologist was clearly prepared to listen to any genuine alternative ("anybody who can cure you"), Meg implied that the people who had pestered her were too afraid that their alternatives would fail to stand up to scientific scrutiny to take up his eminently open-minded offer. The implication is that should alternative medicine be endorsed by a medical professional, then Meg, like her neurologist, would have accepted it; but it was unlikely. Real medicine is the natural and final arbiter.

The data also included an account of why an individual did not go to alternative medicine:

Daniel: Yes the whole thing with that [the 'laying on of
            hands] is you believe in it. It may well have an
            effect for people who believe that whatever charlatan
            offers them something is going to work. Maybe it
            will. But since I think they're charlatans I'm not
            going to accept that they might work, and therefore
            they won't work for me. Which leaves me a rational
            loser in an irrational environment.

For both Daniel and George (quoted earlier), the efficacy of alternative medicine depends on a person's belief in its power. They both invoke 'science' as the reason for their own lack of such belief. George's comment suggests however that being "scientifically minded" is just one of his personal quirks, a personal rather than a universal faith. Certain treatments are not considered either credible or effective because they are grounded on an alternative knowledge (not-science). It is not that he regards science as an absolute truth about the world, just one that he 'happens' to believe in. Daniel's comment allows for a similar interpretation: that his own belief in rationality

(which I am conflating with 'science' as a possible hearing)

paradoxically excludes him from what could be, had he a belief

in it, actually effective. Daniel spoke elsewhere of the power

of illusion in western medicine:

AW: I mean maybe that's got something to do with the
             expectations of people in the medical profession

Daniel: oh yes

AW: that we tend to believe that they can do miracles
             anyway

Daniel: and in some doctors it's certainly encouraged, that
             sort of witch doctor attitude. Well, and again, the
             witch-doctor thing, the best doctor that I had any
             dealings with was the consultant in neurology at the
             UCH, a man called G, and he's a real witch-doctor
             man, full of shaman technique and so on, fostering
             the illusion that he actually can do something for
             you. Now is that really bad? Because as any witch-
             doctor will tell you, the illusion is all. And
             people are cured with illusions so...

This on the one hand implies a relativist view of medical knowledge

rather than a universal one; yet on the other, that unless the

person has faith in the illusion - or rather sees it as real

rather than as the illusion it really is, it is ineffective. So

although there is an acknowledgement that knowledge is relative -

that in principle there are many ways of knowing - the effectiveness

of knowledge is possible only when the grounds for that knowledge

in particular are also believed in: a belief that it is not possible

to create at will.

We can see then that 'going to the doctor' is a course of action

that is spoken of as simply arising from the fact of having

symptoms: doctors are the obvious place to go for knowledge of

what they signified, for expertise. By contrast, 'going to alter-
native medicine' was accounted for by the invocation of intervening
factors - social pressures and temporary vulnerability. Although
it was said that both alternative and scientific medicine
required a person's faith in order for them to be effective, it
must be noted that the necessity of having 'faith' in science was
not invoked when people were speaking of the initial going to
the doctor; only as part of accounting for their actions vis à vis
medicine's alternatives.

   None of the respondents claimed it would be sensible to
have gone to alternative medicine to settle the matter of what
was wrong with them.[5] Alternative medicine was portrayed only
as a source of possible alternative treatment, not of alternative
diagnoses.

The distinctions between what was counted as medicine and what
alternative medicine are themselves constituted through this
analysis. That which is accounted for by people's invocation
of the necessity of faith as a prior requisite for its effect-
iveness or by the invocation of intervening social or psychological
factors is, by analyst's definition, what is countable as
alternative medicine. That which is presented in the talk as
requiring no elaboration beyond that implicit in the sequencing
of symptoms-so-doctor becomes what alternative medicine is
alternative to: scientific medicine. The possibility of distinguish-
ing between two kinds of knowledge and the capabilities of those
two kinds of knowledge are created by the process of this analysis:

and demonstrated because they have been demonstrable.

At the same time, the grounds for the analyst's proposition
of the possibility of there being 'two kinds' of medicine relies
on her member's knowledge of the possibility of this kind of
distinction. She 'knows' that medicine means (in some sense un-
explicated before the analysis but explicable through it) a coherent,
identifiable, scientific body of knowledge and practices; and that
there are alternative knowledges and practices which purport to be
relevant to bodies and their conditions but which are premised on
different, non-scientific, theoretical grounds. Thus the analysis
and what is analysable - the phenomenon of scientific medicine
and its alternatives - are reflexively bound together.

4.2   DOCTORS' 'INCORRECT' DIAGNOSES

The fact of MS, taken as the fact of the matter, is for these
people a fact only (and obviously) to be sought through doctors'
knowledge. Given the exclusive power granted to scientific
medicine to classify accurately what is wrong, how did the
respondents account for the fact that they also said their doctors
had, in every case, initially made a diagnosis other than that of
MS?

Des: I saw the elder statesman of the practice and he
                       diagnosed iron deficiency

AW: Oh that's a good one! Southampton doctor was it?

Des: No it was a doctor up the road, Doctor G.

AW: So what did he give you for that?

[-]

Des: [-] I saw the other doctor, Doctor R, later on and he,
              he's got seventeen MS patients so he knows all about
              it.

                                  *

Jane: ..but they did lumbar punctures and tests like that
              and they were all clear, and they put it down to
              hysteria because [recounts her history of mental and
              physical stress at that time].

                                  *

George: He [the doctor] said that probably I'd just overdone
              it you know, too much walking. But I'm not the sort
              of person that overdoes exercise and I I thought
              perhaps it was just me.
                                  *

Although his first doctor made an 'incorrect' diagnosis, this was

accounted for by Des in terms of the fact that the doctor had

lacked direct experience of MS. 'Lack of experience' works to

limit the potential generalisability of this criticism to all

doctors to just this one individual, Doctor G. With sufficient

experience of MS (as "Doctor R" had had) doctors were capable of

knowing what was not iron deficiency. Thus Doctor G's inexperience

was confined to him as an individual; it was Doctor R's knowledge

which was typical of doctors in general.

     George also invoked experience as the grounds for his

doctor's mistake, but in this case it was the doctor's insufficient

experience of him, George, as a whole person, in terms of his

habits of physical activity. Since the doctor did not (and could

not have had, it is implied) have this whole picture, he could

not appreciate that the grounds for his diagnosis - "overdoing

things" - were unfounded. George recalled concluding that it

was, then, probably "just him", which seems to mean that since his

symptoms could not have been the result of over-exertion, and since the doctor had offered no other reason than that for them, they "must" have been due not to disease but to some weakness in himself; the responsibility for the mistake comes to rest not with his doctor but with him.

In Jane's case, the 'incorrect' diagnosis of hysteria was even less of a mistake on the doctor's part since, according to her account, given the symptoms she was displaying at the time and her then recent history of stress, no doctor could have known that it was really MS. And "the tests" (the lumbar puncture being a commonly used indicator of the condition) had in any case been done but had showed nothing. In the fullness of time the doctors would know what had been wrong all along (as indeed had been proved to be the case three years later). Thus the diagnosis was not incorrect; but a reasonable conclusion given the circumstances.[7]

Accounting for 'incorrect' diagnoses, then, introduced intervening factors to do with deficiencies of particular kinds: an individual doctor's lack of direct experience of other cases of MS; insufficient (but understandable) knowledge of the patient as an individual; the absence of unambiguous symptoms; an insufficient elapse of time for the disease to have developed clearly. These deficiencies are all presented as the upshot of mediating factors which - only temporarily - obscured the relation between the evidence and its true significance: they are not presented as grounds for regarding the diagnoses as really incorrect. And most critically, they are

either deficiencies in the knowledge of specified individual doctors or deficiencies in the disease itself - in the sense of its notorious ambiguity. The mistakes are accounted for in a way that preserves the efficacy of doctors and of medical knowledge per se.

The possibility of these diagnoses being erroneous comes from the knowledge that what was really wrong was MS, both at the time being recalled when the 'incorrect' diagnoses were being made and at the time of the interview. I selected these people for interview in the first place because they were 'people with MS'. Consequently their talk was understandable in terms of that basic fact. In the light of that knowledge, held by both of us, any other illness was known at the time of the interview not to have been the case. My response to Des, "Oh that's a good one" speaks both to our knowledge that iron deficiency was not the correct diagnosis and to a wealth of other 'incorrect' diagnoses of which I had been told.

That there is 'something wrong'; that it is possible to 'know' what 'it' really is and therefore also that it is possible to be wrong about it, are all assumed unproblematically by both interviewer and interviewed - and now analyst. Arriving at a diagnosis comes off in this talk as a technical matter of, as in these extracts, achieving sufficiency of contextual knowledge to understand 'the facts' (the physical signs of something wrong) to make up for what was once lacking. The fact that, in the end, the right diagnosis was made provides, as a prefatory statement,

for the possibility of this analysis which makes distinctions

between 'incorrect' and incorrect, 'correct' and correct know-

ledge.

By means of their accounting practices, the respondents consti-

tuted doctors' mistaken diagnoses as not having been really

incorrect. That category was reserved for their own attempts to

find out what was wrong with them.

4.3   PATIENTS' INCORRECT DIAGNOSES

Daniel: I actually looked, somebody I've forgotten who,
                did it for me. It wasn't my wife, somebody else,
                read up something in a medical handbook thing. Some
                other mad disease. But I had a lot of the symptoms
                of it certainly and it was a very very nasty thing.
                And when I went to the doctors and asked if I had it
                they just laughed

AW: Did they say ⌈what you had then?

Daniel: ⌊Yes they said stop reading those books!

                                    *

George: I mean I hadn't gone into other illnesses at all.
                I hadn't even thought about..the only thing I'd heard
                before this, I mean I'd heard of MS, was muscular
                dystrophy and so I thought well, I wonder if its
                muscular dystrophy. In my mind.

                                    *

Meg: Oh no well I started off, I was absolutely, I <u>knew</u>
                it was a brain tumour, I mean absolutely convinced.
                [-] I was absolutely petrified. I mean I, and that
                sort of blocked everything else out because I was so
                sure I was going to have the, that awful brain scan,
                they were going to say yes, it's a tumour, because
                because of the paralysis.

                                    *

Each of the incorrect diagnoses mentioned were of diseases which

the person now viewed as 'worse than' MS - a brain tumour,

muscular dystrophy and even syphillis (extract not quoted)[8] -

all frightening and terminal diseases.

Accounts of their own incorrect diagnoses were often pro-

duced in the context of speaking of their relief on eventually

hearing from the doctor that it was MS that they had. Thus their

own attempts at self-diagnosis acquired from the context in which

they were spoken of a kind of added <u>frisson</u> in that those imagined

complaints had been more dire than the actual one - an exaggerated

and now faintly silly over-dramatisation of what was really wrong.

By this contrast, medical knowledge gained both credibility and

a kind of benignity, for its diagnostic pronouncements had always

turned out to be more optimistic than those the patients had

thought they could reach by themselves.

Although the sources from which the respondents had drawn

their versions of what was wrong were still regarded as reliable -

it was not that medical dictionaries contained untrue facts - they

were acknowledged to be, in hindsight, an inadequate substitute

for real medical knowledge. Medical knowledge was thus held to

consist of something in addition to 'the facts', a something by

definition not available to themselves as proven non-experts.

People said they had sought the name of a disease which would ex-

plain the whole range of their symptoms, a disease of which their

symptoms could be understood as sensible documents, based on

their knowledge - crucially flawed as it had turned out - of

physiology. It was the grounds which link facts and explanation

together, the theories behind medicine, that they had been unable

to supply and which had lead them - in spite of following the

correct method - to draw their incorrect conclusions. The

doctors' ability in the end to make the correct links - from

the same facts - maintained and reinforced the interviewees'

view of experts qua experts, and of themselves as mere amateurs.

George gave this version of ignorance an added twist. In

our interview he said he had very early on seen the letters "DS"

written on his physiotherapy card, but he had not understood that

the initials stood for Disseminated Sclerosis (an earlier and

now almost entirely superseded term for MS). Now, however, he

could see that the true diagnosis had been available to him long

before he had finally known that he had MS. This demonstrates

that knowing also entails a prior understanding of what that know-

ledge could be - in order to recognise it as knowledge.

Arriving at the correct relationship between their symptoms and

the disease of which they were the manifestations required, as

the respondents' accounts show, an underlying theoretical ground

which would bind these two necessary but not sufficient elements

of knowing. For the people, though, there was in the end an

independent external criterion by which to adjudge the accuracy

of diagnostic attempts - the correct fact of MS.

There is no equivalent external criterion in sociology with

the facticity of 'having MS' to settle the supremacy of one theory/

account over another. Thus for me as analyst there is no way of

knowing for sure whether the links made in analysis between the

documents - the data - and the features noted in the analysis

which have lead the analyst to draw the conclusions she does, are correct.

It is possible to refute the contention that this is a handicap unique to sociological analysis. One way would be to argue that 'the disease MS' is not, actually, an external criterion independent of the discourse of its discovery but that it, too, is constituted by discourse. The 'fact' that the symptoms and the disease, when matched by an expert, make sense is to say no more than that experts count these symptoms as indicating MS and that MS is the name given to that which is constituted by those symptoms. If these symptoms are not co-present then ergo it is not MS but something else. The certainty bestowed by the existence of an external criterion depends, according to this line of argument, on an externality which is in fact spurious. To argue this way would be then to say that medicine - one discipline within science - can really be no better than sociology at achieving certainty of knowledge. We only appear to be less able to be certain because science claims to be more so. Demonstrate that medicine is no more firmly grounded and it will be stripped of its false facticity. A familiar argument.[9]

But what about the current analysis? I am using people's talk as raw data and, through the use of my expertise as analyst, demonstrating features not visible to the people themselves, but claiming that they are features which the people themselves rely on in order to produce their accounts. Only the analyst can 'see'

what lies behind. I am implying, if not explicitly claiming, a
special status for my own analysis.

But it is I who have proposed both that patients accord
themselves lacking in the expertise necessary to do accurate
diagnosis and that this 'expertise' is itself a closed reflexive
loop. Both the analysis and that which is to be analysed are
inescapably my creations through this text. Inescapable because
there is no other way of writing. I have to speak for both the
data and for myself.

Can I then also say that the patients themselves provide
their raw data and their analysis of it? Is it possible to say
anything? What cannot be said?

4.4   PATIENTS' 'CORRECT' DIAGNOSES

Although as I described earlier respondents admitted they had

made mistakes, they did not portray themselves as altogether

ignorant. They may have made incorrect diagnoses, but they were

also capable of arriving at the 'correct' one by themselves.

George: I found out - I was watching a television programme
               and it wasn't a documentary or anything - and there
               was something on about MS in it and the, I thought
               these symptoms are very like mine. Afterwards in
               fact I went to a book, a medical dictionary, looked
               up to see what MS was and read all about it and thought
               that's me. Definitely. So I went to my doctor and
               said have I got MS? And he said yes.

                              *

Meg: The reason I switched to MS [as being that which
               was wrong] was very simply I was on the private floor
               at the National and in the next ward was a woman with
               MS. And I wandered in to talk to her one day [-] and
               she started to tell me about her disease and I thought
               my god, that's what I've got. So that's why I asked
               her [the GP] - if I had MS.

John: I I saw one evening by chance I saw a programme on
            television and I saw these people I thought god,
            they look like me. And so it came to my mind that
            possibly I'd got this disease you see. So when I
            went to the hospital, confronted them with it, they
            said no, definitely not. They were really adamant
            about it in fact. [-] This was about three years
            after I had had this lumbar puncture so they were
            adamant about it and I was, well what could I think
            other than the fact that it couldn't be, then. And
            then after two years they decided that I might have it.

In these instances, the interviewees' source of knowledge was a

direct comparison between themselves and people who they knew had

MS. But these striking similarities were not thought sufficient

to count as knowledge that they themselves had MS. They each went

to their doctors for confirmation. In all three examples, the

doctor's response was presented as an essential pre-condition of

the factual status of their suppositions; the people themselves

could only know the epistemological status of what they thought

they knew by virtue of medical arbitration. John's account

strengthens this point. He first accepted from the doctors that

he had guessed wrongly, then subsequently that he might after all

have been right all along. But this did not mean that the

doctors had been wrong; merely 'wrong'.

     There is, it should be noted, a striking contrast in the

elaborate accounts people gave for how they themselves arrived

at their 'correct' diagnoses and the monosyllabic verdicts they

said their doctors had produced: "and he said yes" (George);

"they said no" (John): an asymmetry which itself works to bear

witness to the stumbling and hesitant seeking after knowledge that

people themselves managed and the precision of the doctor's verdict.

At one time I was very struck by a metaphoric resemblance between
the idiosyncratic patterns of individual's figures of speech, the
substance of their stories about their MS, and their personalities.
I wondered if it would be possible to use such noticeable speech
patterns as indicative evidence - good evidence because it was
"unintended witness" (Marwick 1968) - of how each person dealt
with their MS. The symmetry held convincingly in every case.
For example George's constant use of the phrase "you know" -
appealing to a hearer's understanding and approval of his statements -
tied in nicely with his readiness to admit his own misunderstanding
of what his symptoms might indicate ("I thought it was just me")
even when he had had clear evidence of what was really wrong with
him (the "DS" written on his medical card); and what seemed,
throughout his talk, to be a particularly passive acceptance of
his disease. I was able to produce for myself a highly detailed
correspondence.

But now, given that my theoretical auspices have changed
from an earlier 'interactionist' perspective to a concern with
the "methodological horrors" with which all knowing is ineluctably
involved (the in-principle reflexivity, indexicality, inconclude-
ability and defeasibility of all statements (Garfinkel 1967;
Woolgar 1981)), it is 'obvious' that I would have noticed this
symmetry. After all I could find this symmetry because of the
reflexive relationship between reality and what I took to be the
documents of that reality. I was reading George's character from
what he said, taking his talk as documentary evidence of what he,
underlying those documents and giving rise to them, was like;

understanding what he said in the light of what I deduced his

character to be; noticing what was idiosyncratic about his talk

because it expressed and revealed what he was. There were/are no

independent criteria; they were/are all reflexively constituted

by me as hearer/analyst.

The auspices for my theorising when the symmetry first

struck me and the different auspices for my theorising now

created both what was then and is now 'obviously' discernible in

the data.

My current theorising auspices also provide grounds to

account for the seductive quality of people's talk as data. Part

of its immediately recognisable 'reality' is that we take talk to

be the documents of the selves of others. The people talking on

tape seem real because we are practiced in the deduction of people

from their talk. There may be other documents too - bodies,

gestures, smells, textures - but no medium that is any more direct;

no way unmediated. All we have to go on are the documents of

selves - behind which to read the selves of others: and our own.

4.5   DOCTORS' CORRECT DIAGNOSES

By comparison with the accounts of the other categories, the

eventual achievement of the correct diagnosis is recounted as

curiously matter-of-fact by those who at the time of the interviews

were in posession of what they regarded as a definitive diagnosis

of MS. The fact of MS is as simply reported as 'going to the doctor'

was in the first place.[10]

George: So I went to my doctor and said have I got MS?
               And he said yes.

                              *

Des: But I think he his doctor sussed what it was quite
               quickly [-] I think actually he told me on my birthday
               what it was.

                              *

Anne: [I went to see] the doctor and he then arranged for
               me to go and see this consultant at UCH and by the
               time I got to see him, you know how long it takes to
               get an appointment, it [the symptoms] had gone. And
               he in fact diagnosed it then but he didn't tell me
               because you don't know whether it's going to come
               back again. And then about a couple of years later
               when I started getting symptoms and went back, and
               he told me.

The fact that the correct diagnosis was eventually made, and the

facticity of what it was - MS - is merely reported rather than

'justified'. However, crucial distinctions between "doctors" (GP's)

and "consultants" are being made here. The status of correct

diagnosis was in every case in these interviews reserved for the

pronouncements of specialists, made either face-to-face or conveyed

via GP's to patients.

The only way in which "consultants" are criticised - and

for which accounts are proffered - is over the question of their

telling or withholding the diagnosis from the patient: that is, not

their knowledge per se but what they did about it; a criticism

made of consultants not in terms of their expertise but qua

persons.

How the experts eventually decided that it was MS is not

detailed here - but evidence of the expertise that decision involved

is conveyed by recounting the length of time since the first symptoms;

the different stages that had to be gone through.of hope and
despair; the visits to GP's, hospitals and so on. The sheer
arduousness of the pursuit contrasts with the laconic reporting
of the final verdict. The efforts of both patients and the medical
profession also work to reaffirm that diagnosis is an exclusively
expert skill.

These factors of time and effort are also involved in
accounting for the <u>lack</u> of arrival at a diagnosis, so far.

John: [I have a-typical symptoms] which has been a bit
        of a complex really, bit of a red herring to the
        hospital, what with having the polio of course [in
        childhood]. So they were'nt quite sure what was the
        matter with me. It took them quite five or six
        years before they came to the conclusion that it might
        be MS because they can't find anything else. And in
        fact I still have to go back into hospital within a
        week or two for other tests. Although they confirmed
        it was MS, they still think there's an outside chance
        it may not be.

                          *

Meg   And it's really only in the last, oh I should think
        in the last six months that I haven't cared that it
        doesn't have a name or that no-one wants to give it a
        name [-] . I mean because for me it just wasn't, it
        obviously <u>is</u> some sort of demyelination and I don't mind
        what they call it.

AW: So how do you feel about them not actually acknowledge-
        ing that it is MS? I me-, are you a hundred percent
        sure that it is?

Meg: No, no, because I think that MS has become 'how long
        is a piece of string' [-] My own feeling is that in
        twenty year's time there won't be a diagnosis of MS.
        I mean I think it umbrella's a whole lot of things.

John's account provides for the re-appraisal of the validity of
the diagnosis by invoking his atypical symptoms and the confusing
residue of his childhood polio. The doctors in any case, he said,
had only concluded it was MS "because they can't find anything else."

it was always a merely contingent diagnosis because of the inter-vening factors. So the re-consideration of his diagnosis due in a few weeks' time does not force him to characterise re-diagnosis as the correction of an error, a doctor's mistake: they had not been sure when they initially made it. Thus this is not a questioning of a correct diagnosis: the epistemological validity of diagnosis is not undermined by his account, nor is the expertise of doctors. They had always known enough to know that they didn't know for sure.

Meg invokes the problem of taxonomy to account for her own case. What the doctors had diagnosed - a "demyelinating disease" - was both sensible and sufficient and not incompatible with the possibility of it turning out in the end to have been MS all along whatever, she says, that means. Her scepticism is thus addressed to the question of the re-definition of boundaries of what is to count as MS. She does not fundamentally question the basic con-ceptualisation of the disease, nor the doctors' abilities to apply its taxonomy correctly.

These accounting practices portray what might have seemed to have been a fundamental confusion on the part of doctors as merely the result of peculiar, non-typical circumstances in their own cases and of the long time period that has to elapse before certainty can be achieved. The doctors' not knowing becomes the mark, not of ignorance, but another example of their expertise.

All the accounts concurred that the authoritative diagnosis of MS is merely the revelation of what truly is the matter. By means of their special expert abilities and knowledge, doctors

are uniquely able to see clearly through the documents of appearance to what lies beneath them - multiple sclerosis.

There are at least three ways in which 'MS' is working as a pre-fatory statement here. First, the respondents' accounts can be seen as pathing towards the known-at-the-time-of-the-talk but not-at-the-time-being-referred-to true fact of having MS (Smith 1978). The indexicality of what they say is contained by the eventual diagnosis, in the light of which everything else makes a particular sense and acquires a particular relevance from the tale of that pathing.

At the level of making sense during the interviews and on earlier re-hearing of the tapes, I as analyst knew I had made the same prefatory statement by my conducting the interviews with these people in particular, because I 'knew' them to have MS. Detailed attention to the data shows how much that could have been questioned on the grounds of its relevance to the story of having MS was passed over as interactionally, for the moment, adequate - because the talk by definition was 'about MS'.

At the level of this current analysis, the prefatory statement is available that this analysis is about people accounting for MS and for various versions of knowledge about what was wrong - in particular, knowing the diagnosis and differentiating it from guesses and mistakes.

This is additionally complicated by my references in the analysis to my recall of earlier, different, thoughts about this material - rememberings which cannot perhaps be 'counted' as themselves data for this chapter because they were not recorded - a

conventional prerequisite for what may be counted as data.[11]

And yet all that process too is an intrinsic component of

how I am re-reading this material now; that and all my other

knowledge about MS, medicine, sociology, research, the world -

an inconcludeable list - and which are all unrecorded (invisible)

yet constitutive grounds for my theorising now.

All these levels reverberate together and are only arbi-

trarily distinguishable on the basis of chronology - this reading,

my analysis, the conversations, the times the interviewees were

recalling, and so on - for the purposes of this current writing.

4.6   I'M NOT A DOCTOR

There were in the interviews occasions when people directly refer-

red to the fact that they were 'not doctors', references that may

be used to elucidate what being a doctor, and expert, was held

to entail:

Daniel: I'm not a doctor so I'm not going to say anything
                 about certain facts - but I think there is some reason
                 to believe that ACTH [a steroid used to control attacks]
                 is a good deal less than I was origianlly led to
                 believe that it was, let's put it that way. [-] But I,
                 I don't really know anything about medicine therefore
                 my opinions are not really worth having.

                                    *

Anne: I think I've really said all I know about it really
                 [MS] I mean I'm not an expert in it by any means
                 because I haven't plunged myself into it properly, to
                 sort of delve into all the sort of research. 'Cos
                 you know it's a major field in itself.

                                    *

George: No I feel that I mean I'm not saying that I know as
                 much about MS as doctors do, but I feel that I know
                 enough to help myself you know - but there are some

doctors I have no faith in [-] a couple I've got no
respect for whatsoever. Some of my friends have
become doctors; if I was to walk into a surgery and
find them sat the other side I'd think, cor, I remember
what you were like when you were younger. How on earth
could you treat people? [-] You can't convince [some
doctors] that they could possibly be wrong. What they
say is right. And what right have I got to - he's a
doctor after all. That's his view. I didn't say it
was my view. [-] OK so they know, alright they must
know more about the illness than I do but they don't
know more about me than I do I'm sure.

*

Daniel's scepticism about the effectiveness of the steroid treatment

which appears to be contesting medical facts is however limited by

his phrase: "is a good deal less than I was lead to believe," an

implication that it is a matter of belief rather than fact that

is open to scepticism. George makes distinctions between doctors'

knowledge - "about the illness" and doctor's opinions. His exper-

ience of doctors before they qualified introduces the notion that

doctors become doctors after they are persons, and thus, behaviours

such as stubbornly clinging to their own opinions is a quality of

the person, not the doctor. It is their weaknesses as people that

make them want to be right in all things, even in matters that, by

George's account, are not within the domain of their medical

expertise.

George claims a domain of expertise of his own - knowledge

of himself as a unique individual. This has been George's continual

theme, that doctors can't and don't know all relevant matters about

him - matters which are relevant to the course of his disease but

which do not arise from it. This lack in what doctors can know gives him the right and freedom to act without their advice and to accept or reject what they say according to whether he thinks they are speaking on the basis of their legitimate medical knowledge or of their personal opinions. In the realm of opinion, doctors and patients are equally non-expert.

There is evidence from the transcripts that patients do make distinctions between themselves as lay and doctors as expert although these are couched in some telling caveats which delimit what 'not being a doctor' and 'being a doctor' entails - which allow them to make some authoritative statements themselves. But these do not work to undercut the expertise of medical experts, only to provide for the fact that not everything doctors say arises from that expertise. However, these distinctions are not divided between 'lay' and 'expert' persons; instead there are distinctions between kinds of knowledge and persons. 'Expert' and 'individual' are not co-terminous. Thus the patients give the domain of facts up to the doctor; but it appears that 'facts' are not co-terminous with 'knowledge' either (as was said in relation to the patients' accounts of their inability to make correct diagnoses out of valid facts and information). It also seems that 'facts' are not accorded an exclusively or necessarily higher status than other kinds of knowledge; facts have a contextually contingent status. It is notable that it is Anne who gives the most self-effacing grounds for not calling herself an expert in MS; she is herself a protozoologist by profession and thus, being a scientist, is

aware perhaps of the fine distinctions within science which would

be insider's knowledge of what an expert in MS would have to know.

(This is rather like the fact that it takes a sociologist to be aware

of what it would entail to claim to be an expert in, say,

conversational analysis).

It is not, then, that doctors are experts and lay people in-expert.

The domain of expertise is delimited. Outside that domain doctors

may be subject to or suspected of the weaknesses and pressures of

society which impinge on all its members. The patient is himself

an expert in the details of his own case of the illness - the

atypical, idiosyncratic features of it, a domain not available to

the doctors, even with their expertise in medicine. Correctness

and incorrectness then are shifting, conditional, contingent

categories for the interviewees: but they are categories which

shift between persons - they are knowledges residing in, arising

from the experience of individuals, be they doctors or patients.

4.7   BELIEF IN SCIENCE

But what of medicine beyond the point of diagnosis? There is no

cure and precious little effective treatment available for MS.

Yet in the teeth of what their own experiences revealed to them

of the inabilities of both doctors and medicine to grapple with

their condition effectively (even though, in the end, it had been

named), the respondents retained a faith in a science which will

save them. This is a faith in a knowledge uncontaminated by

the exigencies of the personalities of doctors or by mediating

social factors: arising as a possibility through the a-personal, a-social power of pure scientific enquiry.

At least this was what I thought was in the data. Careful attention supplied something rather more complex.

AW: ..the scientific way of looking at the world, is
            that your belief? Is that how

Anne: I don't really know

AW: I mean do you feel it has a rational explanation, MS?

Anne: yes

AW: it's not random or

Anne: at the moment it's pretty random, but I feel that
            ultimately the, it will be put on a much firmer
            scientific basis when more is known about the cause
            of it and how to combat it,

                            *

Meg: and I do respond to cortisone very well so that I
            suppose that my own sort of psychological defense is
            that every time I get ill I'm going to have cortisone
            I'm going to get better and that'll go on I suppose
            until they find a cure - is probably the way my mind
            thinks about it.

                            *

George: I'm reasonably optimistic, not that I think they'll
            find a cure, I mean I'd like them to find a cure
            obviously but I don't think they'll find a cure but I
            do think they'll come up with something either to stop
            the progression of the illness or something in the next
            ten years or so. From what I've read, from what I've
            heard and the sort of general feeling, I mean, but
            you can't predict those sorts of things. I mean I
            could be wrong, completely up the creek.

                            *

Daniel: I'm quite confident that medical science will [find
            a cure] [-] Oh yes they'll find it, they'll find it.
            I'm sure they will. But for example there was a
            doctor [that we met] by absolute chance. He worked
            for among other places the Bethesda Naval Hospital[12]

a big american and he was a specialist in of all
things MS [-] he later on in the evening said what
his research was based on and he said that well I
don't think that in our time - and he was fifty years
old - we're likely to see a discovering of what is the
cause of it. Various possibilities, but it's so
difficult to work on because of the remissions and so
on but anyway, he said, the most interesting one we're
working on at the moment is this triact-something and
I said what do you mean? And he said well your
blood plasma [-] well he says we've had some striking
results with that. Not yet, not that we could
confidently suggest it for general use, but one of
the problems is that our machine - and he <u>laughed</u> -
blew up. One of the patients, killed him.
  Really, we can joke now. Well for the doctors
it's a joke of course but for a hypothetical patient,
not so funny. But anyway, as far as the MS is concerned
yes I think MS, that medical science will...whether
the atom bomb gets there first I don't know.

It is only Anne, herself a scientist, whose response expresses

complete confidence in the power of science to cure MS - "when

more is known about the cause of it." For her it is just a matter

of time.

None of the others are so unequivocal. Meg refers to her

expectation of a cure being found as part of her psychological

defence against full recognition of her situation, made possible

to sustain because medicine seems to be in control of her attacks.

George's hopes are modest, for control rather than cure, but he

simultaneously implies his own lack of qualification to make such

a prediction ("I may be completely up the creek"). Daniel's

expectations of science are - with his story of the Bethesda

experiment and his reference to the atom bomb - couched in the

knowledge that what science can do may be too powerful: either at

the expense of individuals or indeed of humanity.

Thus although they each declare a belief in the power of

science, they also produce accounts of why it may fail - but this is failure in the specific case of MS rather than an impotence of science per se. Yet the very faith they express in science is a faith grounded in their own hopes and their need to hope; and as such, their predictions are biased by their desire for them to be true.

It is in this way that 'science' enters the epistemology of the everyday. It is according to science that subjective desires contaminate the development of pure knowledge. In the light of what they take to be an axiomatic dictum of science, people are unable to say for sure that science can save them.

4.8   ACCOUNTING FOR THE DIAGNOSIS OF MS

These patients' accounts of the different categorisations into which knowledge may be divided are strikingly tautological. Beginning with the premise that what is wrong with them is indeed MS, a knowledge which is the pronouncement of scientific medicine, any knowledge that resulted either in a different conclusion or that came from a different source was by definition either in-correct or required expert confirmation. Doctors were the natural people from whom to seek correct knowledge; knowledge had thereby been gained and ergo it had been the right resource from which to seek it.

What appeared prima facie to have been doctors' mistakes were accounted for as reasonable given the circumstances, and in any case were limited to failures of individual, specified doctors rather than doctors per se. The respondents' own mistakes were

attributed to their own lack of knowledge - in particular, their tendency to leap to conclusions because of their fundamental lack of theoretical grounding which turns knowledge of individual facts into true knowledge. Doctors had been able, in the end, to deduce what was meant by those very same 'facts'. The patients found it possible to make intelligent guesses, but in every case, they needed expert confirmation before they could become accepted as the true fact of the matter. The experts were those who could make the correct diagnosis - of MS - the "specialists", the "consultants" and those who could, as in the cases of Meg and John, knowledgeably state that they did not (yet) know what was wrong.

The axiomatic distinction between expertise and non-expertise enabled the maintenance of faith in a medical science disembodied as it were from both practitioners and its subjects. Their scepticism was confined to their own abilities to be expert, either about themselves or about what science could do. Although researchers could "laugh" about the explosion of an experimental machine and be condemned, as persons, for so doing, the knowledge science was held capable of producing remained in these accounts both immune from mediating factors - and demonstrably potent. For science, and only science, had been able to describe 'what is': another case of MS.

But how has this analysis come to this conclusion?

The data I am using is part of a discourse about a disease, MS, but a discourse between lay people and a sociologist, myself, not between scientists or between scientists and researchers, (as is more usual in the sociology of science).

A major interest in considering this data is, for me, how it may bear on researching the lay use of a concept of science. In looking for talk to use as data for that project - talk about science - how, since it is talk divorced from the persons and sites of scientific institutions, are certain sections of the talk discernible as being 'about' science? And what should that 'about' include - the methods, the data, the theories, the knowledge of science?

Although 'medical science' appears to feature strongly in the data, in the talk both of myself and of the people with whom I was speaking, how can instances of it be picked out as being certain talk's topic without pre-supposing what is to count as 'talk about medical science'? Our talk seems to provide for a hearing that our topic is substantively about knowledge: what is known and by whom and from whom knowledge may be sought. One could say that all along we are displaying the project of research into MS.

The interviews were once criticised for my clearly not having known what to ask, the grounds for that 'knowing' being proposed as something I should have already known, given my training as a sociologist, my expertise: that is, the straight application of sociological interview methods to yet another topic - MS - would have told me what I needed - and ought - to have asked. That is to say, keep the form the same and the content will take care of itself. Indeed, keeping the form 'the same' will produce...another sociology of... To get away from the

kind of product that is the result of the traditional form involves paying attention to what form itself does: to the inherently reflexive relationship between form and content, theory and substance, method and findings.

The question of how it might be possible to escape from a priori assumptions about what medical science, multiple sclerosis, are, is a question that requires an answer only if it is believed that such answers are both necessary and in-principle available. It is the pursuit of definitive answers that turns questions into problems. Questions though may be an occasion not for angst but for wonder.[13]

Readers may wish to refer to the Introduction- XIX - xx.

CHAPTER FIVE

THE TRANS-FORMATION OF TALK

Paul Ricoeur (1981) has argued that the human sciences may

properly be regarded as appropriate for hermeneutical exegesis

insofar as "meaningful human action" which, he says, is the

object of their explanation and understanding, is in several

fundamental ways analagous to texts:

> (T)he human sciences may be said to be hermeneutical
> [.] inasmuch as their *object* displays some of the
> features constitutive of a text as text[.] and
> inasmuch as their *methodology* develops the same kind
> of procedures as those of *Auslegung* or text-interpre-
> tation.

Ricoeur 1981: 197

However, his argument is unnecessarily circuitous for while it

may be agreed that "meaningful human action" is a substantive

object of sociology (the human science in question here) - certainly

in the kind of research project with which this thesis is concerned

and arguably in (all) others - the data are not analagously but

actually texts.

This is not to say that 'all human life is text'. Rather

that in order to be worked upon, 'raw data', (talk, observations,

human action) is always first transferred to the written form.

And it is that written form that is analysed.

According to the literature, talk, speech, "orality", in that it

is "fully natural to human beings" (Ong 1982: 82), is both historically

and ontologically prior to writing.[1] As such, it has special

qualities of unmediated presence: to be present to people's talk

is to be in the closest possible "proximity" to they themselves.

Analyses based on talk, on speech, are assumed to inherit this

proximity, to be dealing unmediatedly with its subjects. To analyse

their speech is the same thing as to analyse the beliefs, actions,

behaviours of the speakers.[2]

    The act of transcription of talk is generally taken for

granted as a matter of pragmatics, the fixing in writing of what

has occurred. But what is then also taken for granted is that

the record and the original talk are the same thing:

> I shall now provide some transcribed pieces of talk and
> employ them for a discussion of some elementary procedures
> for analysing activities. Although I still plan to travel
> a little further with Austin, I think the journey will be
> more eventful if it leads us to confront the concrete
> problems of <u>dealing with actual bits of interaction.</u>
> (my emphasis)

Turner 1970: 203

But as I propose to show, the act of recording and the subsequent

act of transcription are not procedures which simply transfer

talk to a convenient form but are acts of constitutive trans-

formation which have profound consequences for analysis. For there

are many ways in which, being fixed by recording, speech, talk,

the raw data, becomes something other than talk, both in itself

(whatever that could mean) and in terms of its place in analytic

discourse.

In order to convey how strange the taken for granted isomorphism between talk and transcript is, an actual tape recording should be played here, followed by a transcription. But because this is a written text the tape 'itself', let alone 'the talk' cannot be present; the difference between them has to be conveyed through a single medium, through writing, through absence.

There are two aspects to the constitutive transformation to be considered here: one is to do with the tape record itself, the selection and fixing of a fragment of the world. The second is to do with the subsequent move from the auditory to the visual form: from the heard to the written.

5.1   TALK TO TAPE

What counts, what is allowed to count as data is only that talk which is recorded on tape.   Thus talk that is authentic in that it has the essential quality of ephemerality (Ricoeur 1981:Ch 5) is by definition excluded from the body of data.

Although it is every researcher's experience that talk occurs between researcher and researched before and after what has been preserved, none of that, though part of the interaction, may count for analysis.

By being recorded, any possibility of further things that might yet be said, as more always can be, is closed off. Nothing can be added and nothing taken away from what is on tape.[3] Further-

more, what remains, the substance of what can be re-heard not only is fixed but becomes shaped by that enclosure: shaped as narrative. To quote Ricoeur, at first quoting Aristotle:

> 'Now a thing is a whole if it has a beginning, a middle and an end'; but it is only in virtue of poetic composition that something counts as a beginning, middle or end. What defines the beginning is not the absence of some antecedent but the absence of necessity in the succession. [The ideas of beginning, middle and end] are not taken from experience. They are not features of some real action but the effects of the ordering of the poem.
>
> Ricoeur 1984: 38-9

Here it is not, "in virtue of poetic composition", but analagously, the fact of starting the tape, letting it run for so long, then switching it off, work to order that which would otherwise not have had that order: confers form. By having a beginning, a middle and an end, the talk is formed as if "a whole" and as such seems to consist of a completeness (here a sufficient account of MS) because the tape is complete.

Talk becomes reified by being fixed on tape and thus in another way unlike talk. For talk, if one draws on experience, is not, cannot be, accurately remembered - the precise words each person said and in what sequence. Rather what happens is that there is a rememberance, if it is thought about in retrospect at all as a discrete 'talk'; a wild paraphrase which does not distinguish between the actual words spoken from what each thought the other meant, interpretations of what lay behind the appearance of what was said perhaps; the other's intentions, deceptions, significant silences, things not said; interpretations made in the light of

what was already known about the other and revealed as a result

of that conversation among others. Such a paraphrase, a loose

translation based on recalling not the words but the understood

meaning of what was 'really going on' would be closer

than an exact record to a representation of the work of talk in

the world.[4]

By being fixed on tape a further violence is done - this time to

the instant death of all speech at the moment of its being said.

By virtue of being recorded, interactions are lifted out of the

instant of the present in which the talk is occurring into any

time, all time; into the orbit of any hearers.

Methodological texts on interviewing techniques draw attention

to the possible effects on the participants of knowing that their

talk is being recorded, as a source of possible bias/influence

that must be taken into account during analysis.[5] But there is

a record (sic) of a different kind of 'knowing' about the tape.

Daniel has just said he thought that the first prodromal[6] symptoms

of his MS began when he had gone to Africa:

AW: Did you go there as an adult or did you go there as a
         child?

Daniel: No I was an adult. Went there at the age of twenty-one
         first and of course back then many times afterwards. I
         lived there I suppose in all two calendar years spent
         in Africa.

AW: Where were you?

Daniel: Senegal in West Africa, Ghana, the Congo as it used to
         be called. I first went there to join my father when he
         was in Katanga and then I got interested in Africa and
         wanted to study it and so

AW: I taught in Uganda for a while, I did VSO

Daniel: Where, where in Uganda?

AW: Kako, that's outside Masaka

Daniel: Gosh I don't know Uganda at all I

AW: It's only a village

Daniel: Where is it, in the north or

AW: No on the west coast, west coast of Lake Victoria

Daniel: of the lake, yea. Well <u>we I guess shouldn't consume the tape's valuable time</u>

AW: No.

Daniel: but er gosh - it's terrible what you hear about that place now. Aaah. But you were there, what years...?

The words I have underlined say something not of tape-induced self-consciousness or inhibition - but of the public presence, a third party of possible hearers of the tape to whom the talk is directly addressed and for whom the talk is taking place; silent yet present participants in the talk, for whom a discussion of the political tragedy in Uganda is acknowledged by both to be irrelevant.

Not only is there this third presence actively present in the dialogue, there is also, in "the tape's valuable time" el-liptical reference to the presence of the future; the speakers are speaking into the future beyond the temporality of the present in which the talk took place, the future embodied in the presence of the technological apparatus for the talk's preservation.[7]

Already, then, by being fixed on tape, what has become fixed is not merely an accurate record which conveniently holds in place what has now passed, but in several crucial ways has thereby a form and therefore a content which is a consequence of that form. A form, that is, not selected by an author for its aesthetic effect (Aristotle's poetics) but a conferred structure that resonates for readers with, for example, narrative; stories which, furthermore, in that they are addressed beyond the other person present, confers on 'the original talk' one of the characteristics not of talk but of the written.

5.2   TAPE TO TRANSCRIPT

In the literature however speech and writing are conceived to be fundamentally different (Ong 1982; Ricoeur 1981 for example). The comparison is however as between two discrete phenomena: talk-intended-as-talk and writing-intended-as-writing. The practice of transcription however is the process of reproducing, replicating in writing what was once talk. The transcript is neither writing nor talk, but writing-standing-for-sound.

Perhaps musical notation is an illuminating analogy through which to pursue this difference.[8] In the composition of music, what is fixed by the system of notation (notes, tempi, instrumentation, key, rests and so on) is, in performance, turned into sound.[9] What is necessary on the score are sufficient instructions with sufficient detail to enable the piece to be played.[10] In transcription from the sound of talk to its being written down, this process is reversed in that the music, the aural noise,

comes first and by the conventions of notation, pinned to the

page: the written fixes the sound which comes before it.[11] To

pursue the musical analogy a little further, no score, however,

replicates any performance of a work; a performance - and each

performance is different - always contains an excess that does

not lie in the score itself. The score is only as it were a set

of basic instructions upon which a performance is based,

which constitute the minimum definitive code for a performance of

that work in particular. But the performance is, as it were,

always underdetermined by what is written in the score although

is dependent upon it.

Putting this round the other way, assigning signs to sounds is

not simply a question of correspondence. To hear and to transcribe

is to have to make decisions about what is to be recorded.

Whilst at the technical[12] level it could be said that this

is because there are insufficient notations - even with Gail

Jefferson's exquisite schema (see Chapter Three; Figure 3.1) - for

everything that is hearable, that is not the most consequential

point. For in the same way that it has become accepted that

perception, what is visually perceived, is inexorably theory-laden

(Gregory 1977), so is what is hearable. An *a priori*[13] sense of

the structure of a language is necessary in order to be able to

hear from a stream of sound words and spaces-between-words (which

is not of course to say that it is necessary to be able to

articulate the structural rules, syntactical rules, before hearing

is possible),[14] rather that which sounds could make up which words

has to be known before they can be heard (like they are). The
hearing of a tape is a matter of making sense of the sounds it
consists of, and what that sense could be is constituted by what
is already known by the hearer as possible to hear, as individual
words and as overall sense, each essential to the other.

An illustration of this is provided by a comparison between
transcripts of the same tape, produced by different transcribers/
hearers. One of the data tapes was transcribed for me first by
someone else. The context of the extract, shown overleaf (Figure
5.1), concerns the effects George's incontinence has on his social
life; specifically, on going to the pub.

As can be readily seen when they are laid out in this way,
the second transcript includes more words than the first; at the
end of lines 04 and 14 and at the beginning of line 11. Whilst
one could argue that these omissions/additions do not alter the
sense of what was being said in any strikingly significant way,
the differences in line 14, where the first version omits/the
second version adds reference to a wheelchair as the cause of
George's shame/embarrasment, whilst the first includes/the second
excludes reference to his "ignorance" are of more consequence,
especially when such differences will in all probability occur
throughout the transcript(s), subtly and not so subtly altering their
readable meaning. Of most consequence is that, as written on the
page, there is nothing to signal either transcript as being more or
less correct than the other. For despite the conflict between the
two records of what was said, each is internally consistent.

FIRST TRANSCRIPTION

	George	..I shouldn't be embarrassed I know
01		
02		but I do get embarrassed about
03		having to go out to the loo.

| 04 | AW | Why shouldn't you be embarrassed? |

05	George	'Don't worry about it old chap',
06		you know, that sort of attitude.
07		I can't help it it's just something
08		that's in me and it's an embarrassing
09		thing having to say excuse me

| 10 | AW | I think it's a |

11	George	in a way I'm embarrassed about my
12		ignorance I suppose yes because
13		I've never really changed. The
14		first time I went anywhere it
15		was a horrible experience.

SECOND TRANSCRIPTION

01	George	..I shouldn't be embarrassed I know
02		but I do get embarrassed about
03		having to go out to the loo.

| 04 | AW | Why shouldn't you be embarrassed? It's not something |

05	George	'Don't worry about it old chap',
06		you know, that sort of attitude.
07		I can't help it it's just something
08		that's in me and it's an embarrassing
09		thing having to say excuse me

| 10 | AW | Is it shaming? |

11	George	Oh no not shaming. In a way I'm embarrassed about my
12		illness I suppose yes because
13		I am in a wheelchair. The
14		first time I went anywhere in a wheelchair it
15		was a horrible experience.

Figure 5.1

An even more striking example of this managed consistency comes

at a later point in the same two transcripts of the tape:

FIRST TRANSCRIPTION

01	John	yes, lose their balance, I've never lost my balance
02		or indeed my powers of putting my finger where I want,
03		where I can reach. I can't move myself easily.
04		That's what I can do.

| 05 | AW | They don't think |

06	John	They don't think so, no, the hospital doesn't,no.
07		They don't think it's the polio, no. I saw a specialist
08		six years ago and he thought it could be the polio.
09		He too didn't think it was MS.

| 10 | AW | He said it's very very rare |

11	John	It's very rare but it does happen, it does happen.
12		That's what I can tell you. Otherwise I feel OK,
13		I feel weak

| 14 | AW | So your eyes aren't affected at all? |

| 15 | John | No. |

| 16 | AW | So you can move around? |

17	John	No my arms are affected, I can't walk, I can stand
18		but I have to hold on to something, I'm not very
19		strong.

SECOND TRANSCRIPTION

01	John	Yes, lose their balance, I've never lost my balance
02		or indeed my powers of putting my finger where I want,
03		where I can reach. I can't move myself easily.
04		That's what I can do.

| 05 | Tina | They don't think |

| 06 | John | They don't think so, the hosptial doesn't, no, no |

| 07 | AW | They don't think it's that |

```
08  John      They don't think it's the polio, no.  I saw a specialist
09            oh six years ago and he thought it could be the polio.
10            He too didn't think it was MS.

11  Tina      He said it's very very rare

12  John      It's very rare but it does happen, it does happen.
13            That's what I can tell you. Otherwise I I feel OK,
14            I feel weak.

15  AW        So your eyes aren't affected at all or anything?

16  John      No.

17  Tina      The arms, you can't move the arms

18  John      No, my arms are affected

19  Tina      His legs, he can't walk

20  John      I can't walk, I can stand providing I'm holding on to
            something but I'm not very strong.
```

Most strikingly, the first version of the transcript records an

exchange between two people, AW and John. In the second, there is

a third participant, who enters at 05. However the first version

reads as a script perfectly sensibly (although maybe more awkwardly

once the anomoly is pointed out). The transcriber has managed to

allocate the third person's utterances intelligibly between John and

AW, with a few crucial adjustments here and there: I can't walk at

17 to he can't walk at 19 in the second, for example.

By referring to what I remembered had gone on and who had also

been actually present (Tina, John's Italian wife), I was able

myself to make the correct transcription. Although in this second

example I have used it is implausible that my recollection of the

numbers of speakers involved is the incorrect one, the conflicts

in the record of the words of the utterances, relying as they do

on a less gross level of recall (and see above re. the remember-
ance of the meaning of talk rather than its words) are much less
easily resolvable by reference to my own memory.[15] By the compari-
son of these two versions it is clear that the production of a
sensible transcription - in both cases - is indeed a production
and not the replication of 'pure sound'. Meaning has been (and
has to be) brought to the act of transcription in order to make
sense. Indeed, if transcription was merely a matter of carefully
notating what is heard independent of meaning then it ought to
be perfectly possible to transcribe tapes in for example Serbo
Croat or Swahili.[16]

Sound and sign-for-sound are not simply co-terminous. Written
words are simply not the sounds that make them up. Pitman's
Shorthand provides an interesting example in that it is a sign
system which claims to be entirely based on phonetics and is in
everyday use - from Parliament to the ubiquitous office; provenly
practicable.

> Shorthand is the art[(17)] of representing spoken sounds
> by written signs. Pitman Shorthand provides a way of
> representing every sound heard in English words.
> Ordinary longhand spelling is seldom phonetic. Pitman
> Shorthand is phonetic; that is, words are generally [(18)]
> written as they are sounded and not according to ordinary
> longhand spelling. (My emphasis)
>
> Pitman Shorthand New Course: viii

But this theoretical claim cannot be sustained in practice. For
to hear spoken words simply as combinations of sounds has to be
arduously learnt and it is as I know to my cost, excrutiatingly

difficult not to be distracted by the visual images of words in taking dictation.[19]

But even taking the rubric of Pitmans at its face value, that rubric assumes that the sets of sounds that will go together to make each word, and the spaces that will separate one group of sounds from another are unambiguously self-evident. By thinking of what I can only hear as a continuous undifferentiated flow of sound when overhearing people speaking Gudjerati, for instance, it is clear that they are not. Furthermore, which of 'the same' sounds turn back into which words has to be done by reference to the meaning contexts: where ʃ records here or hear, where ⤲ is to be transcribed as where or were or ware - and so on.

These are still, it could be objected, technicalities that only make transcription problematic if the object is to produce a precisely accurate record of talk, the object perhaps only of Conversational Analysis or linguistics which are concerned with structure; that generally speaking, in practice it is clear from the context which words are appropriate. But of course 'the context' is also that which has been/has to be transcribed.

Transcription operates not just with phonetics, the sounds of words, but with meaning, which has to be ascribed to the sounds. And in that ascription lies the space in which literal transcription becomes impossible. The a priori necessity of knowing what it would be sensible to have been said makes it clear that this is not merely a technical matter, but rather of consequential

significance. For, excepting CA and linguistics, it is the
meaning of talk, the speakers' meanings, that are the object of
analysis. It is not, thus, just that transcripts may be differently
interpreted to produce different meanings, but that between
the hearable 'data' and the written record, interpretation has
already taken place.

What about the translation now not into words but the trans-
formation of sounds into a visual form, signs, marks on a page?
Writing, the placing of words on a page, is by definition linear -
even if the lines go backwards vis à vis written English - and
sequential. Talk it may be said is also linear and sequential;
but the two media cannot precisely map each other. Conversational
analysis takes a close interest in the turn-taking procedures of
sequential speech, as has been referred to in Chapter Three. On
the page the basic form of, for example, question and answer
(adjacency pairs), interruptions and overlaps are indicated by
transcription conventions:

(4.a.2) [Her:OI:7:5-6]

```
Barnaby:        Oka:y?
Merrie:         O: ｌｋay?
Barnaby:         ˙hh ⟨.) Fair enough?=
Merrie:       =|˙h
Barnaby:   →  |Wul?
           →              (0.2)
Merrie:    →  The be[st'v luck.]
Barnaby:   *→       [Once agai:]n:
                          (0.3)
Merrie:       ˙hh[h
Barnaby:         [thenk[you:?
Merrie:                [I-
```

Jefferson (1984)

But the sound of overlaps cannot be exactly represented: the nearest one might get in the written form would be, perhaps:

> Daniel: and when I went to the doctors and asked if I had that, they just laughed.

> AW/Daniel: Did they say ᴡhatᴛᴛɥeᴜ ʜaꜰꜰdᴛʜᴛᴇoᵱ reading those books.

which is unreadable. The space of a page is only two dimensional, a flat plane. The space of speech is three-dimensional - or rather only metaphorically space at all - in which simultaneity of sound is not a problem.[20]

> Daniel: and when I went to the doctors and asked if I had that, they just laughed.

> AW: Did they say ⌐what you had then?

> Daniel: ⌊yes they said stop reading those books.

Being transcribed onto a flat plane, speech appears ordered, consisting of an order that is an artefact of that visual space. In the scoring of music this space is ordered differently: the parallel lines of the staves running from left to right across the page mark the whole horizontal plane of the page as a simultaneous time-space. Sounds therefore can be represented as being made together in the same time; notations of the individual voices carried by each instrument or family of instruments produce music in the play of one sound or absence of sound against others. On transcripts, the simultaneity of voices or of spaces, the pauses of no-speech, cannot be represented, only indicated linearly and sequentially in a written text of speech. And in that difference, the ordering imposed by the conventions and limits of the visible imposes a particular form on talk that has consequences for its re-reading.

One consequence is that each speaker is assumed to be addressing the other: that each utterance, to use CA's term, is in response to the previous one and directed towards that other, with important consequences for interpretation. An example of the power of the illusion that this might be is Garfinkel's 'counselling' experiment, in which one turn-taker used only a randomly selected but binding response repertoire of "yes" or "no" in response to clients' questions (Garfinkel 1967: 76-94). Another might be the ELIZA programme (Weizenbaum 1966: cited in Boden 1977), the possible consequences of which assumptions are described with some relish in David Lodge's Small World (1984).

A further consequence is that, as the grouping-and-separation between groups of words on the page seem to mark, there is an assumption that there is more than one speaker present (and cf. the two versions of the tape transcript presented above, pp 11-12). To introduce an example not of transcription but from analytic writing, in Chapter Four, 'Accounting for Accounts of Multiple Sclerosis', I was trying to represent two different aspects of the same voice simultaneously. But, because of the linearity of the written, these had to be placed on the page sequentially. This has then been read as representing two (or three) separate voices in dialogue, equal but competing interlocutors (see Mulkay 1985: 77, fn 2),[21] a fundamentally different reading than the one I had been trying to evoke of a single voice speaking and questioning the grounds of that speech at the same time.[22]

The visual appearance of transcripts unavoidably embody a representation of time passing vertically down the lines of each page, the time of the talk which is not 'real time'; a stately unidirectional flow along the arrow of time.[23] This works to make talk appear always to be moving onwards, away from, and towards, developing from what went before as in an Aristotelean cumulative progression from ignorance towards enlightenment (Blum 1974). Unlike speech as it is occurring in which anything may happen in the time-yet-to-come, the physical presence not only of the words being read at any moment but of all the words that are yet to come and have already passed, being within the field of vision and anticipated in the pages present and yet to be turned, remind readers that what is to come has already been fixed; what might have happened already has.[24]

The point at which one is reading vis à vis the proportion of the pages already read and those yet to come lends to the words on any page a place in the "whole", if the whole is taken to be, as I argued earlier, resonant with the form of a narrative. First the tape and now the text confers form on 'talk'.

In talk, the identification of who is speaking which words is usually distinguishable by the sound of each individual voice (and in any case witnessed by the other's moving jaws). In tape recordings, this self-identifying presence and difference between speakers in the timbre of each voice remains (although they may be difficult always to distinguish). In both modes, presence is embodied in voice. But in transcription, notation has to be

brought in by the transcriber from as it were outside the inter-

action in order to indicate on the flat plane of the paper, in

the margins of the page that lie outside the talk that is being

represented, whose talk each utterance is. [25]

AW: Did you have any theories about

Jon: Yes I thought I might have had a tumour on the, in
        the brain

AW: Aaah. What gave you that idea?

John: I don't know, it was the only thing I could
        think of.

Tina: Your spine

John: Not the spine, I didn't think of, I thought my brain
        actually, but they said I was clear, nothing at all,
        couldn't find nothing so I went back regularly every
        two weeks for check ups and I got progressively worse,
        very slowly, very very slowly.

This continual, necessary, externally applied allocation of

words-to-speaker provides on the page a framework that distances

the reader from 'presence', and constitutes a concrete reminder

of an outside to the talk that interferes with the flow of hearing/

reading as if they were one, placing the reader with the writing,

outside, conscious of the frame that the written demands, its

artefactuality. The practical solution to the absence of self-

identifying voice in transcripts in effect mediates between the

spoken and the read, the speaker and the hearer/reader.

This constant reminder - "AW". "John", "Tina" - of a writer

who must be producing the written (giving instructions how to

read), and of the flat visual plane of the text as other to the

space of speech works something in the way that according to

Phillipson (1985), the written signature of the artist on the
flat plane of a canvas:

> (S)erved to remind us of what we already know very
> well - that the space was indeed a constructed space, the
> site of an illusion, and not a reproduction of the world
> as 'it really was' outside the painting. The signature
> faces us with the paradox that the painting's image lies
> behind or beneath the signature, while at the same time
> lies within that same image; in our act of reading the
> signature, this apparently mundane convention affirms
> that the painting is other to the world.
>
> Phillipson 1985: 105-6

The form of the transcript, the signature of the writer on the

page yet absent from the interaction reminds readers that the

transcript is not the thing itself - the 'raw data' - but something

that has been made of it.

Thinking of space now in another way in talk, the presence and

absence of sound which constitutes the noise of talk, the spaces

between the words cannot be replicated in writing. Although in

Conversational Analysis for example the pauses in talk are

measured and marked:

(4.a.3.) **[GTS:I:2:57:R:1]**

Roger: I: H:APPEN duh wea:r (.) bl:ue jeans constant|ly.
                     (0.2)
( ):   ˙e⌈h
Ken: →   =⌊↑Well
           →   (0.2)
Roger: →   Even i⌈n
Ken: *→   ⌊so do I no:w,
                     (.)
Roger: formal occa:sions yihknow hheh˙hhn

Jefferson 1984

(0.2) for example or (.), the tiny spaces that by definition must exist to mark one word from another are not. But in its representation, the time marks <u>fill in</u> the spaces with a measurement of time which becomes not the representation of the absence of sound but again a reminder of another presence, an intermittently appearing commentator or instructor how to read which again, like the notation of speakers, is brought into the text and reminds readers that the talk which the transcript appears to replicate is a managed construction.

In hearing live speech, variations in tempo, in volume, of absences of sound, all add to the richness of the interpretive repertoire. Although the spaces - the pauses - are marked and measured on CA scripts, the tempo of the words, the sound, is not marked. It would be possible to play around with the idea of this, perhaps by writing the transcriptions on paper graded with time spaces - a graph or a matrix in which each square could stand for an element of time - and maybe thus speech, or at least its tempo could be visually represented in its presence, absence and consequent harmonics. But still this would not <u>be</u> talk.

To again invoke Phillipson, it could be said that writing, the written, can never recover talk; that talk cannot be subdued by the written word but has to remain something other (1985:161). What that 'other' is is embodied in the means used to attempt that unachievable recovery.

One could remark, invoking Lyotard (1979) that transcription turns talk into a commodity, data to be sucked dry as it were of its use-value, as evidence _for_ something else that method demands analysts say. If these scripts were not texts but merely data they would, once analysed, have nothing more to say, no possible or necessary re-readings (Nisbet 1977).[26] The idea of data for use and then discarding rests, however, on the assumption of a single meaning and ignores the endless indexicality of texts. One could say, with Sharrat (1982) that the written always has a surplus value. It is always more, in excess of any reading of it. Data, re-recognised as _datatexts_, go on offering further occasions for thought, a possibility paradoxically opened up by speech's seeming violation by being fixed and trans-formed.

If the original talk cannot be isomorphically represented but undergoes a doube transformation, first by being fixed as a permanent record and then by being transcribed into the written, then what it is to 'analyse data' both demands and allows for a radical rethinking.[27] For, as I said at the beginning of the Chapter, what is available for analysis is not talk but texts.

But it is not that much has been lost in the transformation, but that much may have been gained. For to reconceive of transcripts as texts is to open up profound possibilities; for it shifts the work of analysis into the discursive field of hermeneutics and of literary theory which may offer other ways

of thinking about the aporia produced by the concept of reflexivity

which threatens, if recognised in its full ubiquitous seriousness,

to reduce sociology to either silence or self-immolation.

PART TWO

RE:READING DATA

CHAPTER SIX

READING AGAINST FORM : OF THE QUESTION OF THE SELF

*The assumption of readability, which is itself consti-
tutive of language, cannot only no longer be taken for
granted, but is found to be abberant. There can be no
writing without reading but all readings are in error
because they assume their own readability. Everything
written has to be read and every reading is susceptible
to logical verification, but the logic that establishes
the need for verification is itself unverifiable and
therefore unfounded in its claim to truth.*

de Man 1979: 202

But if the dtexts are texts, what kind of texts are they, and how

does that affect their interpretability? Prima facie, they

differ substantively from the 'object texts' and the concerns of

both philosophy and literary theory. They are not fiction, if

fiction is taken to mean writing which is primarily the product

of the creative imagination, about invented lives, invented situ-

ations, where the concern is with literary effect. Neither are they

philosophy. Although they may involve and have a bearing on philo-

sophising, a concern with the nature of understanding and of knowledge,

they are not philosophical texts, concerned with pure argument.

For sociology, here, the essential question of the dtexts concerns

their epistemological status, their status as knowledge; and there-

fore their relation, qua texts, to their sources of authority, to the

knowledge of people with MS. For it is their epistemological

status which will constrain the problem of their interpretability.

This may be pursued as a question of their relation to their ostensive

referents, a question which is perhaps uniquely three-fold: to the

selves whose speech they are, to the lives they are about, and to

the event, the interview of which they are the record and in

which the knowledge was produced (each relation already problematised

in Chapter 5).

As a way of opening up the question of this three-fold problem of

reference (which will also be a way of considering the difference

data makes), the first fold of the question that will be addressed

is their relation to the speakers whose speech the dtexts represent.

For the status of the knowledge that the dtexts are taken to

represent (the basis of their interpretability in its particulars)

depends first of all on its relation to the knower, to their

putative source, the self who is speaking about him/herself.

As a way of beginning, the dtexts will be read against what has

been called the key question for contemporary philosophy or, to

be more precise, that philosophy which in having taken its route

via phenomenology, has had at least historically, an intersection

with the route taken by ethnomethodological sociology:[1] the

Question of the Self.

6.1   THE QUESTION OF THE SELF

In his Introduction to a collection of papers by a number of French philosophers (including Derrida and Bordieu, Lyotard and Ricoeur) which were written in response to his question of what it is to be a philosopher today, Alan Montefiore[2] identifies the question of the self as one of the only "motifs" he was able to find common to all the responses. This question appeared not so much as the objective of philosophy, but rather as a problematic which was involved in the very possibility for the philosophers qua philosophers, of describing their own work:

> If, for instance, the possibility of a subject or agent conscious of itself as such is bound up with that of its own self-expression or articulation through concepts: if the possibility of the formation and meaningful employment of concepts has to be understood as in effect the possibility of language: if language has to be seen as essentially social or public in terms of its own primary possibility: and if the meaning of what is said or thought at any one moment lies as much in the ways in which it differs from what *else*, within the whole open range of possibilities that language may provide or suggest, *might* have been said or thought as in the words that have in fact been pronounced in the thoughts that have in fact occurred: then the networks of relations, both social and conceptual, on which the practical and constitutive possibility of language depend, or in which they consist, must always precede in order of both logical and temporal priority the formation of any individual consciousness as such. The subject, and *a fortiori* the subject as individual consciousness, is thus displaced from its role as source and author of meaning. It has to learn to look upon itself as a secondary or derivative phenomenon dependent for its own self-conscious existence on those networks of meaning that precede it — networks which are themselves, moreover, never completable, never closed, never definitively systematizable into assured and self-consistent unities.

Montefiore, 1983: xvi

For the rhetorician Paul de Man, literary criticism has a unique

contribution to make to thought about this difficulty:

> Because it implies a forgetting of the personal self
> for a transcendental type of self that speaks in the
> work, the act of criticism can acquire exemplary
> value...Literary criticism, in our century, has con-
> tributed to establishing this crucial distinction
> between an empirical and an ontological self; in that
> respect, it participates in some of the most audacious
> and advanced forms of contemporary thought.

de Man 1983: 49-50

The contemporary questioning of the concept of the self which

Montefiore found arose from the consequences of theorising, a

result of doing that philosophy which takes its own practice as

that which also has to be questioned. For de Man, it emerges

through the practice of the critique of literature and the develop-

ment of literary theory.[3]

Philosophers, by their own definition, write at the level

of the abstract, a hermetically sealed language game, rooted

only in language and the force of reason and logic. Literary

critics write about what has been written by others, about literary

works. But in both their analyses, mundane speech or common sense

understanding is constantly invoked as an essential buttress to

their arguments: what 'people' would say or understand.[4] It is

rare for these discourses to draw on texts documenting the way

people talk, away from the discourse of academic theorising. Rather,

in these two disciplines, the question of the self is a question

which is debated with free recourse to invented examples from

'real life', and otherwise confined to the writings of other

philosophers, other critics. This constant invocation of "ordinary

discourse" (Martin 1982) and what everybody knows about it,

stated as if it were irrefutable, is an argumentative manoeuvre

which is highly irritating, driving one to want to counter-claim

that such assumptions are unwarranted; to say that ordinary

discourse is simply not like that: drives one back into a corner

where resort to empirical data (transcripts of talk) would be

produced in counter evidence, and thus back into making the claim

for a special status for properly empirical data and therefore

for analyses based upon it. Although I have discarded the

possibility of taking talk data in such a way (Chapter 5), never-

theless there still remains, even having relinquished any claim

for an exemplary faithfullness of data to its referent upon

which empirical work is premised, a difference between that

writing and that of the other two disciplines. But what difference?

What would happen if one asked what 'the self' was contemporarily

held to be through re-reading the dtexts, first person narratives,

ordinary discourse that whatever else they may be, are not invented?

The dtexts are particularly appropriate for such a consideration

because, as a place to start, one could propose that it is not

only the ontological self which MS deconstructs,[5] but the unity

and order of the material body, that _sine qua non_ of an empirically

conceived individual, which is violently and involuntarily

disrupted by the distortion or the numbing of the very medium of

the empirical self - the Central Nervous System; that which

according to modern medicine (and underlying much sociological

discourse)[6] is the essence of sentience, the medium of self-
awareness, of life at all.

According to Goudsblom:

> The democratization of the humanist tradition has placed
> the 'nothing is true' theory within everyone's reach.
> Perhaps in earlier centuries the odd individual had
> similar problems. The psychological and social
> constellations which make people receptive to the problem
> may not be new: what is new is the existence of nihilism
> as a common cultural property, ready to be incorporated
> into society and personality in all kinds of ways.

Goudsblom 1980: 179

To read the dtexts now is to see clearly laid out all the essential

ingredients which would make the irruption of MS and the failure

of science to produce effective knowledge of it (See Chapters 3 & 5)

the ultimate exemplar not only of ontological but of epistemological

nihilism.

> *And yet there is in the dtexts no chaos, nothing that*
> *resembles the abyss. There is no pain: indeed everything*
> *is 'just normal, just life, you know' (George). The*
> *worst is always over, or somewhere else, never in the*
> *present, the present of the dtexts' time. Yet that*
> *remarkable absence of chaos is also 'in' the dtexts.*
> *This extraordinary absence of 'madness' of nihilism, is*
> *pace Goudsblom, paralleled in academia - although there*
> *too maybe the acutest sufferers have become silent.*

And yet to 'use' the dtexts, talk about MS, is also utterly in-

appropriate. For academics, for those sociologists of science

whose programmatic response to the methodological horrors is to

write to 'celebrate' reflexivity, their writing, their analyses,

are something that they do. Both they and the subjects whose

talk they use (scientists) are voluntary practitioners of the

knowledge game. For philosophers,[7] for literary critics, the

question of the self is literally academic. But to have MS is

not (pace Chapter 3) a breaching experiment, that is set up

and performed for an analytic purpose and terminable at the will

of the researcher or of the subject: it occurs by default not

decision. It is not academic. It is non-optional, terminable

only with death. Thus for people with MS (as for Nietzsche's

New Philosophers)[8] theorising is not an intellectual pursuit

practiced always within the option of stopping, but something

in which the stakes are of the very highest. For what knowledge

could achieve for them if it were true would be literal life as

against untimely death. What is at stake for them is not an

aspiration to the Habermasian or Platonic "good and true life" but

life at all. With MS there is no option either of retiring from

the questioning or of resorting to silence.

> *In any case, silence is not a risk to be dared, but for*
> *all the only certainty:*
>> *Let us beware of saying that death is the opposite*
>> *of life, the living being is only a species of the*
>> *dead, and a very rare species.*
>
> *Nietzsche 1974: 109*

To use the dtexts as the occasion, the excuse, for theorising, for

demonstrating the power of or the question of method would be

violently to appropriate them (Phillipson 1985: Chapter 6). Yet

these dtexts are the occasion, in the Heideggerian sense, for

theorising about the very possibility of theorising, sociologically

or at all. For if this kind of theorising is worth anything at all, then it has to be risked concerning such a topic which is not playful: which concerns the literal death of others not merely the metaphorical death of itself.

> *Having reached Moscow by a morning train, Levin went to stay at the house of his brother-in-law... The professor was engaged in a fierce polemic against the materialists... The question was a fasionable one, whether a definite line exists between psychological and physiological phenomena in human activity, and if so, where it lies...*
>
> *He had seen in the papers the articles they were discussing and had read them because they interested him as a development of the bases of natural science - familiar to him as he had studied in that faculty at the university; but he had never connected these scientific deductions as to man's original origin, reflex actions, biology and sociology, with those questions concerning the meaning to himself of life and death, which had of late more and more occurred to him.*
>
> *Tolstoy 1980: 23-24*

6.2   THE RELATION OF BODY AND SELF

For Montefiore:

> Not the least of the difficulties [of the question of the self] lies in the fact that the principle of individuation of persons as a plurality of inhabitants of a common world of experience would seem to have to lie in the body and its spatio-temporal history.
>
> Montefiore 1983: xiii

Because of the bodily occurrence of MS, the problem of the self would thus most likely arise in the dtexts in terms of the relation between the self and the body: between the ontological and the empirical self, to use de Man's distinction.

A distinction between "ontological" and "empirical"
selves is applauded by de Man as part of, "the most
audacious" modern thought. But to ask, what is the
self? is to ask a question that already conceals part
of the problem about this distinction: the copula 'is'.
And in so doing, grounds the possibility of seeking an
answer to this question because of the metaphysical
predicate of the verb which presumes being as the
referent of 'is'.[9] Although it makes sense to
speak of various levels of the self, simultaneously
existing as it were in real time, a continuous sub-text,
it, that is the self, cannot be anything but represented
in language, read into language by language: and 'is'
is part of what language can say. The self which is
written down is literally embodied in writing, given a
body, its form of existence, by language. What 'is'
means, refers to, is unsayable in (except by) language.

According to the dtexts, there is no question but that there is
a relationship between the body and the self: but with MS it is
one full of contradictions and terrible implications. The over-
whelming problematic appears to have to do with the body as the
source of meaning of and for the self, with the threatened
distortion of its representational function.

6.2.1   (Mis)representation

For according to the dtexts, what the body with MS does opens the
self to misrepresentation, opens a gulf between appearance and
actuality. What the body appears to be doing is misread by
others (although what others then do, the actions of their
bodies, is held to be more simply interpretable):

Meg   One of the other things that happened to me was that I
             had something that they call drop attacks so, when I
             got back the use of my right leg and I was sort of
             walking OK they um kept sending me out for walks, and
             I used to get these drop attacks when you walk along
             and literally the next minute you're on the ground. And
             you can get up again but I suppose some message doesn't
             get through to the brain and bang, you go down. And
             that I found particularly terrifying because you had to
             do all sorts of things like, you can no longer just
             afford to run across a road when you see a gap, because
             if you have a drop attack in the middle of the road, the
             bus goes over you. Things like that. And when you're
             coming up and down stairs you sort of think, oh I'd
             better hold on

AW[10]   and all those things like being in public, I mean to
             actually fall down in public is such a

Meg   well I I mean I remember the first time it happened was
             walking round Queen's Square outside the National
             Hospital and I could not actually believe that no-one
             helped me up. I mean everybody looked away I mean
             obviously through embarrassment but er I I was absolutely
             shocked. I thought everyone would leap to my aid.

The appearance of the body may provoke fear in others:

AW   Would you say though that the body of a man is more
             important to his self? I suppose that sounds contradictory
             in a sense.

Daniel   Could be..

AW   and that men are [..] I've just read somebody called Peter
             Hunt [111] who said that people were afraid of the disabled

Daniel   yes

AW   because they represented undeniably you know the existential
             dilemma, everybody's inevitable dissolution.

Daniel   Yes. This is absolutely certain. I noticed that when I
             was, here on this street, kids pointing me out when I was
             walking around with the stick, when I was first walking
             around with the stick, it was with real fear.

AW   But why that fear should be different for men and for
             women?

Daniel   fear, fear and scorn both. Oh there are women who
          react similarly. Certainly there are. But all the same
          I think there's a general law - it's not a law - it's a
          generalisation that men are... presumably because they're
          more.. possibly this is complete rubbish but er

AW   it feels like there's something there.

Daniel   There's something there. There certainly is something
          there. How to get it into words I'm not sure. I don't
          know if it doesn't go back to er primitive times. Man
          the hunter whose body is

AW   crucial

Daniel   crucial, yes. And to whom aggression is central and
          that if, and yea, I don't know, and yet and yet. I
          mean the people that I'm thinking of, that have reacted
          so, in a in an embarrassed and unhelpful way really in my
          knowledge and presence, these are all university people -
          or if not university people but intellectuals of a sort.
          It's very odd I mean but if the survivors of the hunter-
          gatherer as it were - you'd not really expect to find in
          some of those people. But I suppose it could be there.
          It could.

AW   Do you think they fear it?

Daniel   I'm certain they do. Yes. Deep down. There's something
          really primitive there, I'm certain. And well when you
          get to know somebody really well, or see them a lot . it's
          forgotten. But with somebody you first meet...you can see
          it. In gestures, in looks, but yes it's there. In a way
          I suppose people who are not themselves disabled or
          obviously ill or seriously ill, people who are outside that
          there again might not recognise it so readily themselves.
          But being yourself very ill does sharpen the perception in
          that area, considerably.

And even in the self; of its own body:

AW   Do you think that is one of the things you have to fight
          when you are yourself told of the diagnosis - that maybe
          you have that fear?

Daniel   Sorry? How so?

AW   I wonder whether part of that fear that you have to fight
          against, or that you experience when you are first diagnosed,

that is, you as a member of the general population, if
we're suggesting that there is this very primitive fear
of other people's sickness

Daniel   Yes, yes I suppose that's right

AW   would also be directed towards your own sickness.

Daniel   Yes. Yes that makes sense. I hadn't thought about it
          before, but you're right.

**

The body appears to represent the self, the person embodied, to

others in ways which are untrue:

George   I always scare people though when I get out of the
          wheelchair cos they don't think that you could possibly
          walk when you're in a wheelchair, so it shakes them.

AW   Do you think that they feel you're mentally deficient?

George   Oh yea I'm sure they do.

AW   So the body and mind goes together. That seems to be a
          very primi- I was going to say primitive, but unchallenged
          belief, really.

George   Some people are so bad about it I really feel like doing
          something to scare them you know.

AW   Like what? Something really mad?

George   Yea, really bite their arm or something you know, just
          because of the way they're behaving.

But even when known to be untrue, those 'ways' threaten the

idea of the self:

AW   I suppose it very much depends whether you er see your-
          self, that is your own personal worth as diminished by
          having to go about in a wheelchair and all that symbolises,
          or whether you really feel that doesn't touch the inside
          person

Anne Well one tries not to. But it does, it does make you feel.....

AW I mean do you not think about that side of it?

Anne Oh you do think about it. But one tries not to think about it. One <u>tries</u> to forget it. I mean this is why I don't delve too thoroughly into the literature and why I don't um participate in any MS rallies or outings or anything like this because I don't want to admit that um that I am so different.

Yet the body may also represent the truest account of the state of

inner feelings:

AW ..how did you react when [the neurologist] told you? I mean had you an idea it might be

Des Well we didn't know what it was. I mean MS was just words. We didn't know what it was at all.

AW I mean were you terrified?

Des Well I must have been worried about it. Um cos this headache which I had went on and on for quite a few weeks I think. And it shouldn't have done really. And er the other doctors said it was psychosomatic. I don't honestly know.

Although by definition, that is unknowable for certain:

AW So did you, did you feel that what you had could be a bodily representation of something that was going on inside you?

Daniel I don't think so - at a conscious level. There may have been such things lurking at the back of my mind.

AW But she [a psychiatrist] wasn't interested in looking at that?

Daniel No. No she wasn't. I asked her if it could be a psycho-somatic business and she said, well anything can be psychosomatic but er I don't think in your case... And

I left it at that. I thought that - and obviously to believe that it had been psychosomatic would have been in a sense reassuring

AW   Because reversible?

Daniel   Sorry?

AW   Because reversible.

Daniel. Because reversible. Exactly.

**

Persisting within the body there remains the undamaged self, or

at least an idea of it, a perception of a self independent of

the body:

Jane   I think too if you've been born with a disability
         you know about it and you've never known anything
         different. Whereas I wasn't born with this. You,
         every so often you think 'my god, Seven years ago I
         was getting on the bus in the little village in
         Derbyshire, six months pregnant, six bags over each
         arm, striding up the hill, and <u>then</u> you'd come back
         and go for long walks.' I mean you remember what
         you were able to do and you still, that person who
         was able to do those things is still there in you.
         And there may be a time when the memories fade and you
         get used to what you've now become. I don't know. I
         don't know whether you ever can. I mean I dream a lot
         about it, about running

AW   Do you?

Jane   yes running along the beach and going for long walks
         you know. I mean really you know, you don't need any
         Freud to explain that! (..) I'm an active person
         mentally and I can't, my body doesn't do what I want
         it to you know. There's another me inside here
         struggling to get out almost.

The body thus may become an object - of the self's anger for

instance:

AW   But do you feel it attacks you very personally, having
the disease? How you feel about yourself?

George   Yes I suppose so, I mean I say to people I'm not bitter
but I suppose I am. But I don't know who to take it
out on so there's no point being bitter about it. Who
can you take it out on? It's no-one's fault anyway. I
know I could go up to someone and say it's your fault
that I've got this illness, that's fair enough. But
there's no-one. You get angry. I get very angry with
myself not being able to do something. I probably take
it out on me more than anyone.

AW   But can you disassociate yourself from your body?

George   Yes sometimes I forget. No. I'm not sure. I don't really
forget I've got it.

Although a healthy body may remain as it were within the idea of

the self:

AW   Do you feel that your body doesn't represent you,
your internal, private self?

George   Yes I do, definitely do that, yes.

AW   That it doesn't represent..?

George   It doesn't represent me, no. Inside I'm very fit,
healthy person.

AW   Normal.

George   Normal feelings and normal everything and doing what I
attempt to do, so I get very angry inside because I
can't do them.

AW   So when you're getting angry are you getting angry
with your body then really?

George   Oh yeah.

AW   Not your internal self?

George   No. It's my body I get cross with really. I'd kick
myself if I didn't think I'd miss, this sort of thing.
But eh that is true yes it is, my inside my internal
self is very much fit and healthy.

**

But what may remain as the self is not a pale remnant of the

self-that-once-was, but a self which has become refined, purified,

the essence of self:

Daniel   ..and also it gives you, I couldn't say, a more
accurate sense of what to value in life. At least I
think so.

AW   And also what to value about yourself?

Daniel   Yes.

AW   essential self?

Daniel   Yes, yes. Well for example, put it this way, er..when
others around me are not overstrained and so on, I
laugh much more readily than I used to - and less
maliciously. That would be hard to work out exactly
what that means. But I've noticed it. It just
bubbles up..and then a self-mocking laughter. Yes.

AW   What, at bits of yourself that are er remnants from the
old days?

Daniel   Probably (laughs)

AW   I mean that are no longer so part of you.

Daniel   Yes.

Or a self that remains as it was, although with all its

characteristic faults and virtues exaggerated:

Jane   ..but I'm sure you're going tc meet people like that.
But they'd be like it whatever comes along.

AW   Yes. Very true. It just seems to make the person more like they were before.

Jane   Yes. True, yes.

or which may have become more gross, more self-obsessed:

George   And meeting other people with MS as I have done recently, I hadn't done really until I went to this ARMS thing in Southampton - not because I was reluctant to, though I dare say in the back of my mind I was a bit reluctant to meet other disabled people; but I discovered that they're all very wrapped up in themselves and all very concerned about themselves.

or more brutal:

Daniel   But apart from that I think that there's er.. an increased precision in one's judgement of people

AW   really?

Daniel   oh yes. One has <u>reason</u> to: there's a need to form judgements of people in the sense of 'will they be any help to me or not?' That brutal sense. And scary. How quickly it can be ascertained.

AW   Do you feel it's made you become more egotistical then?

Daniel   No. No I don't. No I don't think so. No, that latter formulation but I don't think that ...er.. it has a bit. Yes of course it has.

AW   Perhaps I'm using egotistical in the wrong sense. I don't mean in a hubris sort of sense.

Daniel   Yes. No, there <u>is</u> something there. I mean, maybe egotistical isn't wrong.

**

Above all, reading the dtexts, the problematic of the self induced by MS is a question of representation. The body is as a text, with a structure, a syntax, a grammar, but most obviously, _qua_ body, a text awaiting reading; a document which carries (embodies) meaning, that cannot be conceived of without (a) meaning. That which always has to be interpreted.

> _To state that MS forces the body to become an object, a text, to the self, assumes that the self and the body are normally presumed to be a unity: and at the same time, that there is always already a hair-line crack down which they can be divisible into two, given the right kind of pressure._
>
> _To speak thus assumes a priori that the unity is always already a spurious and fragile bonding of really-two components - the endemic possibility of 'a subject' and 'an object'. Since the body by this definition cannot be aware of itself cognitively (because cognition is the exclusive property of the self), which part may be the subject in the self-body pair and which the object is not itself open to variation. Thus the argument is already foretold, pre-formed by the epistemology involved in putting the proposition in the form of a binary dichotomy: self-body._

It is the reading, the interpretation and translation of the text, the body, which is the ever-present, the never-to-be-forgotten work of those who are embodied in this way.

But the body defeats confident reading. It is a text which, because it is known to have the potentiality (having MS),

to distort any faithful correspondence between that which seeks

meaning and a meaning which is found, always defies reading,

even of itself by its own(er) reader. Yet it might also be the

most reliable document of things that are beyond sensation

(the idea of psychosomatic illness where, for Daniel, the body

is not itself read but as it were involuntarily acts for itself;

that act then readable for the meaning which it alone makes

manifest).

The body is understood to be a deceiving text, understood to be

such against the idea of an ideal text in which all that has to

be understood and explained can be: an ideal text which is itself

conceivable only as an opposite to this present far-from-ideal

one. But its difference from the ideal is incalculable, because

the distorted body cannot itself be fully and stably known

(interpretable), that being part of its definition, that which

makes the body with MS different.

By extrapolation, if the body is an unreliable text to its in-

habitor, then also must that body be to others:

 What it seems to be doing, deceives others;

  seems to be standing up and listening;

  seems to have fallen down through drunkenness;

  seems to be clumsy because it is ill-disciplined;

  seems to be self-sufficient when it is desperate;

seems to be normal when it is utterly fatigued.

A surface which conceals, deludes, exaggerates, obliterates...

> *Seems, Madam? nay, it is, I know not 'seems'.*
> *'Tis not alone my inky cloak, good mother,*
> *Nor customary suits of solemn black,*
> *Not for the fruitful river in the eye,*
> *Nor the dejected 'haviour of the visage,*
> *Together with all forms, moods, shapes of griefs*
> *That can denote me truly. These indeed seem,*
> *For they are actions that a man might play,*
> *But I have that within which passes show,*
> *These but the trappings and the suits of woe.*
>
> *Hamlet Iii* [12]

What MS has done is to rip apart what seems and what is - the body and its meaning. The body ceases to be faithful to the idea of the self - that it first once made possible (before MS); the idea of unfaithfulness entailing not only its ceasing to be a true copy, but also the idea of betrayal, betraying the self precisely because it once seemed, or rather once was, faithful. For it is only possible to betray where once there was a mutual bond that made each what it was, a third, bonded, entity: the self-body.

The body has become faithless, adulterous, betraying in a perverted sense; not just as a surface appearance but as a medium of sensations that inform, orientate, carry, embody existence. Indeed the betrayal is often that the body - in the early stages of MS or between relapses - retains its form ("looks normal"), seems unchanged and yet is not the same.

Being different, its communications to the inner self have always to be interpreted, translated, its language having become

foreign, alien. So the self has to become a translator, a process that is always inadequate since one language is not the same as another: what is possible in one is never exactly expressible in another; languages cannot be faithfully translated. This applies both to the self understanding itself, its body, and those of others.

To betray is to turn away to other gods, other purposes. But for those diseased, the bond between the self and the body cannot be so severed, but remains, in its faithless mode. The relationship remains, a terrible perversion of what it once was: indissolubly bound. Because of the relation between the idea of the self and the body, the 'self' cannot be sufficiently distanciated from the body, and thus has to be profoundly affected by what the betrayer has become. Distance can never be achieved, although always striven for. With MS, it is this that happens rather than a conclusion that the self was never discrete, always only ever constituted by its embodiment. Rather betrayal than self-annhilation. Thus as the later extracts cited show, the idea of the self remains, beneath the appearance: brutalised, refined or purified through the suffering of this betrayal: and yet in some sense utterly unchanged.

For what in spite of everything seems to be preserved is the abnormality of their experience. The body inhabited by MS may mark out what is normally, was once, taken for granted about the body

as the embodiment of the self. But that breach <u>has not produced</u> <u>anything that is beyond understanding</u>. In the dtexts there is no fall into nihilism. For all that has happened is a replication, albeit in an extreme form, which is an intensification or a reversal of what is already known about what bodies are in relation to selves. The knowability of the body, the givenness of the self is not undermined by MS, nor the knowledge of it, as knowledge of what is. There <u>is</u> no 'Question of the self'.

**

But this is to have read the dtexts as transparent, to have read the referents of the dtexts in the first fold as isomorphic with the text, to have read through them to the 'experience of MS'. I have slipped from my intention to raise the question of rather than assuming the relation of the texts to their referents.

How may I step back from this fall? What if the question of the self is re-considered in terms of the language with which the self who speaks is referred to?

6.3   SPEAKING OF THE SELF

Taking the first hundred lines[13] of one of the dtexts as a basic text, and re-reading them against their form of self-reference, as the form of speech, what can be read of the self to which they refer? On what grounds does that self appear as the <u>referent</u> of the speech?

*To be able to read the dtexts at all, certain things have
to be held as stable, heuristically if not literally: the
'authors' whose words they are; the readers within the
text - the parties who speak to each other (read each
other's words as texts), who hold each other present as
stable at that moment, but also in the past and in the
future of which they also speak; the referents - the world
of events, actions and actors who are invoked by the words.*

*Also, critically, at least the possibility of knowing
(assuming) if not actually verifying the relationship
between these things: <u>and</u> absolutely fundamentally, an
underlying schema of logic/reason/epistemology which holds
together in an ordered and thus decipherable way the
documents and their relationships, the words and their
meanings.*

*Also to be held as stable is the reader of the text
whose reading it is; and the text which is read. Language
which is spoken, written as having been spoken and then
read, is the only available present document of what the
dtexts are about: and yet*

> language can only be about something such as man
> (ie conceptual) but in being about man, it can never
> know whether it is about anything at all including
> itself, since it is precisely the <u>aboutness</u>, the
> referentiality, that is in question.

de Man 1979a: 161

*To read the dtexts with the question of their referential
status in mind is to hold already in mind a knowledge of what
reference could be: what the criteria could be against which
the substance and degree of the dtexts' aboutness could be
evaluated. And to assume that their referential status is
the question which is key to their proper reading: that
which has to be addressed (first) in order to produce a
sociological reading: <u>before</u> interpretation.*

1 2	Daniel	Well I think it would be best if you ask me a question and then
3	AW	Well the question I start with is the beginning really
4	Daniel	My work?
5	AW	Your MS.
6	Daniel	Oh the MS.
7	AW	with perhaps a bit of your background.
8 9 10 11 12	Daniel	The diagnosis..I'm not sure. I'm I was certain that I had something seriously wrong with me in 1969; suddenly it was, that the right leg as I recall, slightly weak, foot dragging and at the same time the eye and the hand on the same side or..
13	AW	And how old were you then?
14	Daniel	Pardon?
15	AW	How old were you then?
16 17 18 19 20 21 22 23 24	Daniel	I was well I was born 4th July 1941 and you can work it out from that, and I gather that's the prime time for catching MS so the doctors assured me.. But I didn't know that it was, what it was. I knew it was serious because obviously it had to be neurological if it was three things on the same side of the body which were otherwise far away from each other..and I didn't know what it was and the doctors..First I went to an eye doctor because that's what was worst affected.
25	AW	And that was here in England?
26 27 28 29 30 31 32 33	Daniel	That was here. And the eye doctor said neuritis. I didn't believe that but I realised that obviously you can't have optic neuritis that affects your leg and your arm. At the same time, I think, some people say, I certainly know other MS patients who say, that doctors are too shy of telling patients that they have the dis- ease. And I can understand their being shy I mean from just a human point of view. It's a nasty thing to tell

34		somebody. But I also think that the patient's point
35		of view is possibly to be taken into account there. I
36		knew damn well that I had something serious and I knew
37		damn well that the neuritis wasn't the whole story by
38		a long way. If I'd really wanted to find out, I could
39		have shouted at the doctors and got them to tell me.

40 AW So you think they diagnosed it at that time did they?

41 Daniel I'm pretty sure they did, yes. I remember when I was
42 in Lambeth Hospital, I ended up at UCH but Lambeth
43 Hospital was where I started - we lived in that part of
44 London then. This was with the eye and so on. And they
45 were doing knee tests and reflex tests and two of the
46 doctors, the consultant and the registrar I remember were
47 doing these tests with me I was, it was the knee reflex
48 test at the same time as they'd done the hand test, the
49 eye test and so on. And they just looked at each other,
50 with that chilling way that doctors have and I knew there
51 and then I mean that it was extremely serious and if I
52 had had the desire to know the worst I could have found
53 out. I was afraid. I didn't want to know the worst so..

54 AW Did you know

55 Daniel don't blame doctors for everything, for sure.

56 AW Did you know what it might be? I mean did you know
57 about MS?

58 Daniel No, no I didn't. And I didn't want to know. I actually
59 looked, somebody, I've forgotten who, did it for me. It
60 wasn't my wife. Somebody else, read up something in a
61 medical handbook thing. Some other mad disease. But I
62 had a lot of the symptoms of it certainly and it was a
63 very very nasty thing. And when I went to the doctors
64 and asked if I had that they just laughed.

65 AW Did you say what you had then?

66 Daniel yes they said stop reading these books!

67 AW 'Amateurs', yeah.

68 Daniel I didn't ask again! And I only found out by accident. I
69 was in er X Hospital and it was just a routine, every six
70 months visit sort of thing and they, there was the
71 registrar there and a student in the corner. And as I
72 was being, just passing the time of day with the registrar
73 who I rather liked, he just mumbled into the corner of
74 the room who I was and er what I had. And I thought my
75 ears were deceiving me. I stopped and I said 'wait a
76 minute. Did I hear you right? Was that what you said?'

```
77              And he said, 'you haven't been told?'  And then he
78              talked for an hour or so..

79    AW        How long after was this then, I mean how long had you
80              been going?

81    Daniel    It was four years after the initial

82    AW        was it.

83    Daniel    attack.  Yeah.

84    AW        And were you getting worse or

85    Daniel    Oh I was.. as I am now I'm considerably recovered from
86              the - it got..you know the way the disease goes.  But
87              there were several, the first four years, five years
88              there were a lot of attacks, mostly in the eye but also
89              in the leg.

90    AW        So what were the doctors telling you it was then?

91    Daniel    Neuritis.

92    AW        In the leg..?  They didn't provide any explanation

93    Daniel    No no actually I'm misleading you.  The trouble was that
94              the first attacks were all in the eye.  It was only the
95              very first attack, that one individual first attack that
96              affected the leg and the hand.

97    AW        Oh.  I see.

98    Daniel    But then there were a whole series and they were all in
99              the eye and it wasn't until 1974 or '5 that I really had
100             a very bad attack in the leg.
```

Most basic as a condition of possibility for the interpretation

of this interchange is that it is possible to ask a subject

about their life; that every subject has a life which may be

asked about, spoken of, referred to: that the subject who speaks

is the same as that whose life is spoken of: that this speech

is self-referential.

What are the indicators in this passage of the self-reference of
speech?

o   The speaker is marked as a unique and empirical individual,
as the referent of the I by the tying by calendar time - of
his birth date - and his story to particular times and places:
"England", "1974"; and so on.

o   The speaker is the self of his own speech by virtue of his
ability not only to describe what happened to him: "the
diagnosis, "six monthly visits" and so on, but by virtue also
of his ability to describe what he (the same 'I') had thought
at those times in the past: "I didn't know what it was. I
knew it was serious" (18-19), "I didn't believe that" (26-7),
"I knew damn well that the neuritis wasn't the whole story"
(37-8); but also the thoughts unexpressed by that past self:
"and I thought my ears were deceiving me" (74-5) (and a rather
clearer example in the next passage that will be cited (14-22).

o   He, the speaker, is able also to re-interpret the actions of
the past self: "If I'd really wanted to find out" (38-9),
and can interrogate as it were any past self when requested
to do so: "Did you know what it might be?" "No, no I didn't"
(56, 58).

o   Furthermore, the context of that past self can be, now,
filled in, a context a particular past self was unaware of:
"So you think they diagnosed it at that time, did they?"
"I'm pretty sure they did, yes" (40-1).

o   And, as for example line 93, "No no actually I'm misleading
      you" indicates, there is a version that is incorrect of
      what happened, and therefore a record that is to be put
      straight that he, the speaker, knows and is concerned to
      have correctly (re)presented. He, the speaker, is the
      authoritative knower of, ergo, his own story.

But: fifteen pages on comes another reference to the events
reported in lines 98-100.

1	Daniel	I began to wonder what would be the limits of non-
2		recovery. If the legs didn't recover and I had already
3		had attacks several, and eyes and so on..clearly it
4		could end up with paralysis, and how would I face that?
5	AW	Did you fear the brain going too?
6	Daniel	No. I hadn't really thought about that. I had been told
7		by one of the doctors that treated me that the brain's
8		internal functions were not broadly affected by it and
9		that I...but all the same, with total paralysis...
10		Very difficult thing to face. And I di-, I was..
11	AW	Especially if the brain's alright
12	Daniel	yes. And I was thinking er then of the, the weight that
13		that put on my wife particularly, my family more
14		generally and wondered whether whether life was worth
15		living really. And that, seventy-four, seventy-five and
16		whether I shouldn't just get a big bottle of sleeping
17		pills and take them. I thought about that. That was
18		the trough, seventy-four, five.
19	AW	Did you talk about that to anybody?
20	Daniel	No.
21	AW	So you saw that as your decision to make?

22 Daniel Yeah. Clearly it was. I mentioned it much later to my
23   wife, but long after I had decided against it, because
24   then clearly, it's one thing to do it and another thing
25   threatening to do - it's blackmail and er even telling
26   my wife long after I had decided not to do it she became
27   extremely upset and I felt I just shouldn't have told her,
28   kept it to myself. I never told anybody - no. But er

29 AW   Did you begin to change your mind when your body was
30   recovering?

31 Daniel Yeah. That, partly, but also my mind, and it was, it
32   really was a decision whether..it could happen again, yes
33   it could. If I got into the state of facing total
34   paralysis I don't think suicide would be an illogical thing
35   to do. But that's something I'll just have to face when I
36   come to it. Won't make any preordained plans. On the
37   basis of past experience, all I can say is, you just don't
38   know what you'll do if put in great, severe situations.
39   You can't predict. You may say when you're able bodied
40   that it would be better to be dead than totally paralysed;
41   but you mightn't feel like that when you are totally
42   paralysed. You quite likely wouldn't. So I just don't
43   know what, what lies in all that future.

Here is a second reference to the same story, the events of

'74, '75: but this time a terrible description of despair -

a meaning that has lain behind the earlier 'impersonal' recounting

of the facts; an action contemplated but not (yet) taken: the

absolute destruction of the self contemplated because of the in-

escapable effect of the body on the self. It is not only the

past that is being re-presented, but that re-presentation is

re-representable. So what is 'the knowledge' that the knower,

the speaker, is uniquely knowledgeable of, if that is not

merely represented in (his) speech but infinitely representable?

What does the speaker say about his own knowledge of his

self? "On the basis of past experience, all I can say is you

don't know what you'll do if put in great, severe situations.

You can't predict" (36-9). Attached to the referent of "You" (which although a generalised 'you' by the same token includes any 'you' in particular) is a 'law' about selves which states that they cannot know themselves enough to predict the actions of their future self, cannot have complete self-knowledge. Yet paradoxically that is itself an axiom concerning the self, a negative form of self-knowledge, which has been achieved through experience ('knowing' the experience of the self). Not only that, but the law is itself a prediction, the very thing that selves have insufficient knowledge to make.

In tension with this paradoxical statement of the impossibility of complete self-knowledge, at once reinforcing the paradox and undercut by it, is the progressive accumulation of self-knowledge effectuated through the chronological sequence of his story: where it was always the earlier selves who (are now known to have been) less knowledgeable than the present-one-who-speaks. "I mentioned it much later to my wife" (22-3); "I felt I just shouldn't have told her" (27-8); and, again, perhaps most clearly in the passage previously cited: "If I had had the desire to know the worst" (51-2) in which the present speaking-I can face the alternatives the "I" then could not. If self-knowledge is, as the accounts of the past selves have demonstrated, always to be superseded (by each 'present' self), the self knowledge of the self is that it thinks itself always more knowledgeable than it ever really is.

So self-knowledge, the possibility of self-knowledge upon which the isomorphism of the speaker with the selves spoken of

is predicated, is itself denied by the speaker as he speaks.

To object that this undercuts only the claim to facticity of the dtext and not the speaker-as-the-unmediated-referent and origin of his own speech is to assume the continuity and unity of the selves through the past to the present of speech; that the referent of 'Daniel's speech' is Daniel himself: that, "the instance of discourse is self-referential" (Ricoeur 1981: 198) (my emphasis); that to know his speech is to have access to him, and the task therefore to understand or explain the difference(s) between what his speech means and what he himself intended it to mean (which may include the intention to disguise, mislead, omit and so on). That to interpret the dtext in order to understand MS from Daniel's point of view, his story of his life, is a question therefore of interpreting Daniel's interpretation of his life. To interpret the dtexts by de-interpretation. All that, to repeat, premised on the identity of the speaker with the spoken of.

But: let me push this further: What, then is to be understood by the referents in this passage from another of the dtexts?:[14]

1	George	If I wanted to I could be one of the biggest scivers
2		out, I really could. I could get away with a heck
3		of a lot.
4	AW	So why do you think you don't?
5	George	'Cos I get bored at home.

```
6    AW        But you have some sort of moral feeling that that's
7              wrong do you?

8    George    Oh yes I have because, I mean I know I've had a day
9              off when I haven't felt terribly well, and I've sat
10             here and thought about it, well you don't really
11             feel that bad, you could have gone.  And I say no.
12             You know I'm really cross with myself, I haven't
13             bothered to make the effort.

14   AW        You're very critical in this dialogue, aren't you,
15             with yourself?

16   George    Oh yeah, but I am critical of myself.  People annoy
17             me who aren't critical, well not annoy me, but people
18             annoy me when they don't, they think they're perfect.
19             Praps they don't or p'raps I'm wrong but they think
20             they are great or something.
```

Here the referents for the pronouns "I", "me", "you" are not simply

the co-present questioner and questioned, "AW" and "George". The

questioned, George, also becomes the narrator of 'himself' and of

yet another 'himself' who carried on a dialogue with yet another −

who appears to have some autonomy in that it resists: "you could

have gone. And I say no" (11). The "you" that AW then seems to be

responding to with her comment (14-15) is George, the present

narrator of the story of those other selves who are yet himself.

What of the "I"s in the first line? Who are they? The

present George? The George always present? And the "you"s in

the third? Are their referents the same 'you' or different? The

first the you present in the interview, the teller of the tale, and

the second the you(s) of the past? What "I" is cross? and with

which "I"? (12-13). The referents of the "I"-who-is-speaking, who

is doing the speaking would appear to be multiple selves − not, as

in the previous passage in the sense of past selves, selves in each

point in the past - but some at least simultaneously existant (9-13).

Yet this appears an absurd observation: despite the extra-ordinarily complex use of pronouns, the exchange appears mutually comprehensible (as the absence of any requests for clarification may bear witness). If the argument outlined just previously were to be followed, the very knowledge of the George-who-speaks of that internal dialogue would be supportive of the view that George is his story - because of the demonstrated insider's knowledge of the protagonist that, because no-one else knows what people say to themselves (outside the world of fiction), the demonstration - by example - that he is (ie. constantly, always) a person with particular standards about "sciving" works in turn to support that supposition. But: it is the protagonist(s) who act, "I've sat here and thought about it (9-10); "I'm really cross with myself" (12); and George who describes the protagonist's actions which are as if fixed (the history which underlies the historical record): although they may be re-interpreted by the narrator, they may not be altered. In order to be able to speak of the self, there is a split made/assumed between the narrator and the protagonist of the narrative, one present (speaking) and one/many not present. There is a difference between them. But this difference has been opened up by speaking of the self. The 'multiple selves' are therefore the product of the mechanism of self-reference, the language of 'speaking of the self'. The di-unity of the self therefore appears to be not a quality of the

self, 'Daniel's' or 'George's' view of a problematic of the

concept of the self which has given rise to and therefore can be

worked back from the dtexts, but an effect of language: an

artefact. And therefore one may go on pre-suming the unity of

the self, of the self who speaks with all those other selves in

the past.

But: this relief has in turn to be put into question. For

there are passages in the dtexts where knowledge which, according

to the speaker, if learnt of by the self - who is also in the

present - would utterly destroy its tranquility and yet which is

nevertheless spoken of.

1	AW	Do you um how do you feel about the no treatment bit?
2		Does that I mean I don't know what your view of medicine
3		is, whether

4	Meg	Yes - I can't say that I've ever thought about it very
5		much, I mean I've always known there's no treatment
6		and no cure, I mean

| 7 | AW | I mean that makes it different than having measles, |
| 8 | | doesn't it? |

| 9 | Meg | er yes |

| 10 | AW | In what way? |

11	Meg	I've never actually thought to myself you know how
12		awful that there isn't a treatment or or because I've
13		I have in fact always known that there isn't so it's
14		never crossed my mind to worry about whether there
15		was or not. I do respond to cortisone very well so
16		that I s'pose that my own sort of particular psycho-
17		logical defense is that every time I get ill, I'm
18		going to have cortisone, I'm going to get better.
19		And er, that'll go on I suppose until they find a cure
20		is probably the way my mind thinks about it, I mean
21		I've never thought it through. But I suspect if I
22		didn't respond to the cortisone I might feel quite
23		differently. I mean I've never thought it through.

Here Meg refers to "my mind" (14, 20) as if independent of
the self who is offering the account, objectifying it as a
self or a part of the self that is not present at the moment
of revelation (the interview); about whom/which, as a privileged
yet not co-extensive raconteur, it is possible to speculate
"..is probably the way my mind thinks about it.." (20). To
which "I" is AW addressing her questions: "how do you feel
about.." (1); to the present person, the narrator? Or to the
one who seems to be the subject for both speakers, an absent
"I", the protagonist whose delusions about treatment are the
subeject of discussion by, it seems, a pair of disinterested,
distant conversationalists?   This protagonist is not a self
distanced by the past as in the example of George above; but is
in the same present (and presence) as the speakers. And yet it
cannot, it seems, hear what is being said.

The more closely the referents of the pronouns are considered,
the more extraordinary the exchange becomes. It is as if by this
distancing technique (which cannot be a mere technique) the
terror and the pity evoked by the "I"s situation become an
Aristotelean spectators' catharctic experience of tragedy,[15]
about which it is possible then to speak, a Wordsworthian "emotion
recollected in tranquility";[16] and thus both parties, not just
AW but also Meg, are protected from experience's immediacy.
But if there is a current self who 'cannot hear', the self who
speaks cannot be the same as the one whose story is being narrated.
The speaker is not the protagonist.

And a final example:

```
1    AW      ..but you don't think, you don't wonder how other
2            people see you?

3    Anne    Well I try not to think about how other people see
4            me.  Because I try and think of myself as normal as
5            possible.  If I start thinking about how other people
6            see me um then you start thinking about how abnormal
7            you are.  So I try not to, I should think, I should
8            think I consciously try not to, think about it.
```

In order for the narrator to be able to say, "If I start thinking

about how other people see me then you start thinking about how

abnormal you are" (5-7), she has to know already that she is

abnormal. And yet to which "she" does that knowledge belong? That

the speaker can say, "I should think I consciously try not to,

think about it" (7-8) that is can speculate how that "I" that

knows its abnormality defends itself from that knowledge but

not know how "she" does it, reinforces the distance, the differ-

ence between the speaker and the protagonist. If it was 'the

same self', the knowledge would not be hidden. And yet the

narrator, the person who speaks, can speak both of the knowledge

and the distancing technique as a technique: as if it was nothing

to do with her. As if, therefore, she who speaks is not the

origin of the knowledge, although a knower of it.

Which returns us once again to the question of the self and its

knowledge. According to Mead:

> It is the characteristic of the self as an object to
> itself that I want to bring out. This characteristic
> is represented in the word 'self' which is a reflexive,
> and indicates that which can be both subject and object.

Mead 1934: 145

For Mead, the splitting between the narrator and the protagonist
in the dtexts, far from being a puzzlement, would be a confirm-
ation of his delineation of what the self is. The dtexts would
simply exemplify that delineation, for such splitting would be
the distancing necessitated by reasoning itself, the pre-requisite
of the process of being objective, rational:

> The apparatus of reason would not be complete unless it
> swept itself into its own analysis of the field of
> experience (...) reason cannot become impersonal unless
> it takes an objective, non-affective attitude towards
> itself; otherwise we have just consciousness, not self-
> consciousness. And it is necessary to rational conduct
> that the individual should thus take an objective, im-
> personal attitude towards himself, that he should become
> an object to himself. For the individual organism is
> obviously an essential and important fact or constituent
> of the empirical situation in which it acts; and without
> taking objective account of itself as such, it cannot
> act intelligently or rationally.

Mead 1934: 146

The argument takes the form that, since it is to be assumed that
people do act rationally (at least some of the time), they must
be able to regard themselves-as-objects and therefore the self
is that which can take itself as object, "be both subject and
object".

But to say that is to take as axiomatic that which is
being questioned here through the dtexts: what it is to be a
self. It would   be to take as unproblematic the question
of referents and of representation: that the referents of the dtexts
are, and that the dtexts have therefore arisen from, selves,
conceived of as lying outside, behind, originating, the text.

Even more critically, Mead is taking a feature of the grammar
of (our) language, that the word self, "is a reflexive" as
the axiom - which allows what then follows in the argument to
be said: it is only by <u>assuming</u> 'the self' to be the referent
of the word that the argument can get off the ground.

> *Why could the world <u>which is of any concern to us</u> - not
> be a fiction? And he who then objects: 'but to fiction
> there belongs an author?' - could he not be met with
> the round retort: <u>why</u>? Are we not permitted to be a
> little ironical now about the subject as we are about
> the predicate and object? Ought the philosopher not
> to rise above the belief in grammar? All due respect
> to governesses: but is it not time philosophy renounced
> the beliefs of governesses?*
>
> *Nietzsche 1984: Note 34*

And of course according to Mead's dictum, the dtexts would be
acceptable as evidence of an extra-textual reality, as a passive
literal record of what happened.

<p style="text-align:center">***</p>

In order to think about what kind of texts the dtexts are, the
question of their relation to the speaker as referent is one of
the ways marking them as, at least not-fiction. And yet there
is an analogy with a certain kind of literary theory about
fiction:

As they have been read, in order to speak about the self
as in the dtexts, the self has to put itself in the place of
the other - but the other who is also the self - in order to refer
to and 'translate' it, thus the self who speaks has always to
be and yet be outside itself.

Bernard Sharratt writes of this oscillation, this _extasie,_
as being taken, insisted on, as the quality whose presence -
evoked by a reading marks certain texts out _as_ literary: that,
precisely, being its value, placing oneself as reader voluntarily
within this process of "suture".[17] But in the case of the
'speakers' in the dtexts, the vertigo induced by this constant
oscillation between always having to read, play the part of the
self _and_ of the other self produces not the 'pleasure', the
'_extasie_' of reading (Barthes' Pleasure of the Text' (1976)), as
if the flickering was an _heuristic_ freeing from the prison of
the self, but a threatening, obligatory trembling on the brink
of nothingness: no self at all.

But _this_ is an effect of speaking of the self, of the
language of self-reference, insofar as the dtexts are not-fiction.

> '_There is thinking: therefore there is something that
> thinks': this is the upshot of all Descartes' argumentation.
> But that means positing as 'true a priori' our belief in
> the concept of substance - that when there is thought there
> has to be something 'that thinks' is simply a formulation
> of our grammatical custom that adds a doer to every deed.
> In short, this is not merely a substantiation of a fact but
> a logical-metaphysical postulate. Along the lines followed
> by Descartes one does not come upon something absolutely
> certain but only upon the fact of a very strong belief._
>
> _If one reduces the proposition to 'There is thinking
> therefore there are thoughts', one has produced a mere
> tautology: and precisely that which is in question, the
> 'reality of thought', is not touched upon - that is, in this
> form the 'apparent reality' of thought cannot be denied.
> But what Descartes desired was that thought should have,
> not an apparent reality, but a reality in itself._

Nietzsche 1968: 268

Because what happens is attached to "I" and the narrator speaks
in the "I" form, it can (only) be assumed that the person who
is entitled to use the pronoun "I" _is_ her/himself that "I".
Except: in fiction the author can use the pronoun "I" to denote
any first-person narrator s/he chooses - Robinson Crusoe,
Jane Eyre, Ishmael. (And where, whatever the voice of the
fiction, critics read the story as autobiographical, the writer
using another's voice as a device to disguise her own. It is
assumed). So you have to assume, _pres_ume the dtexts to be not-
fiction, to go back to the beginning, _pres_ume their referential
relation to 'the self who speaks'.

6.4   THE EFFECT OF THE NARRATOR[18]

But: there is also the 'whole form' of the dtexts (that cannot
be represented here, but only referred to) against which the
question of the question of the self plays; the form as a
narrative, unified <u>by the narrator</u> as a unity, unifying the
narrative of the self through each dtext.

To read the dtexts according to this way (suspending our
own work of reading them) would be to understand 'the narrator' as
the reader of what s/he has brought to discourse, in the process
through time (the time speech takes) of referring to, reading
his/her own life.

Thinking then about the form within the form, of the
un-folding of the dtexts as a story in the process of being told,
an event in time, referring back on itself as it is being un-
folded, it is possible that, as the past is re-understood in

being spoken of, 'the self' (in all its forms) rather than lying there awaiting dis-covery, is being produced in front of that re-understanding, by the reading of the past by the self who then speaks.

In his analysis of the activity of reading, Paul Ricoeur refers to the hermeneutical relation between distanciation and appropriation as qualities held in tension. According to Ricoeur, "'(D)istanciation' is the condition of understanding" (1981: 144), and thus the condition of understanding the self (the <u>reader</u>, understanding 'herself' as a text is read) and produced in the narrative.

> "By appropriation I understand this: that the interpretation
> of a text culminates in the self-interpretation of a subject
> who henceforth understands himself better, understands
> himself differently, or simply begins to understand himself.
> This culmination of the understanding of a text in self-
> understanding is characteristic of the kind of reflective
> philosophy which, on various occasions, I have called
> 'concrete reflection'. Here hermeneutics and reflective
> philosophy are correlative and reciprocal. On the one
> hand, self-understanding passes through the detour of
> understanding the cultural signs in which the self documents
> and forms itself. On the other hand, understanding the text
> is not an end in itself; it mediates the relation to himself
> of a subject who, in the short circuit of immediate re-
> flection, does not find the meaning of his own life. Thus
> it must be said, with equal force, that reflection is nothing
> without the mediation of signs and works, and that explanation
> is nothing if it is not incorporated as an intermediary
> stage in the process of self-understanding. In short, in
> hermeneutical reflection - or in reflective hermeneutics -
> the constitution of the <u>self</u> is contemporaneous with
> the constitution of <u>meaning</u>."

(Ricoeur 1981: 158-9) (emphasis in the original)

Amongst the "cultural signs in which the self documents and forms itself" could be, in the dtexts, for example the signs of the body, which are imbued with cultural meanings (cf. Douglas 1973;

Turner 1984; the first section of this chapter) and cannot be understood outside of meaning: not "the signs" per se, but the signs' meanings brought to the account of the life as it is being referred to; the understanding (in the present of the narration) of what the past (is now understood by the narrator to have) meant.

And as the talk unfolds, may not what has already been said become the text(s) in front of which, from moment to moment, the self is constituting itself; the way in which the self and the life have been referred to the basis of that constitution in the immediate, the 'self understanding' of the narrator of his own self.

1 2	AW	You said that it took you a long time to come to terms with the idea of having it..
3	Daniel	Yes.
4 5 6 7	AW	..can you remember how you came to terms with it, I mean beginning, you know, did you begin with anger, did you begin with horror, or not thinking about it? Can you remember it in sort of,.
8 9 10	Daniel	Anger. Anger certainly there was, yes. I mean thi-, clichés. 'Why me?' and 'What did I do wrong that caused the, the MS if any?'
11	AW	Morally or physically?
12 13 14 15 16 17 18 19 20	Daniel	Not really either specified. 'Did I do something wrong?' that 'wrong', that's again, too, that's not the right word. 'Could it have been avoided?' Did I make some foolish step and therefore brought it on myself? The way I think about it now - I mean it's such a mad line of reasoning I can hardly believe I used to do it - but I did. 'What did I do to bring it on myself, if anything?' And then I would run through a checklist of possibilities but er they were such wild...

Is this 'splitting' - of the narrator 'Daniel' from that past

self - "I mean it's such a mad line of reasoning I can hardly

believe I used to do it - but I did" for example - Ricoeur's

distanciation? The condition of understanding that cannot be

done in the "short circuit of immediate reflection", for to

understand a life is to have lived and passed on.

And as for appropriation:

> Ultimately, what I appropriate is a proposed world, The
> latter is not behind the text, as a hidden intention would
> be, but in front of it, as that which the work unfolds,
> discovers, reveals. It is not a question of imposing upon
> the text our finite capacity of understanding, but of
> exposing ourselves to the text and receiving from it an
> enlarged self, which would be the proposed existence
> corresponding in the most suitable way to the world
> proposed. So understanding is quite different from a con-
> stitution of which the subject would possess the key. In
> this respect, it would be more correct to say that the
> self is constituted by the matter of the text.

Ricoeur 1981: 143-4 (emphasis in the original)

Is Ricoeur's "I" who appropriates equivalent to 'Daniel' as he

reappropriates his own life and the world of which MS is a part,

proposed and revealed by, through, the distanciation of narrator

from protagonist, the narrator learning of the world the pro-

tagonist experienced (the "matter of the text")? the narrator

engaged in a "hermeneutical reflection" on his own life?

Unlike with Mead's theory of the self, this would be to

say that what there is to be understood is not being reproduced

but produced, for the very first time. Every production of an

account of the self, every re-reading of the protagonist by the

narrator is another first time, constituted by what has been

produced before, another "meaning of his own life".

> George   Well what's anyone else done to deserve it, what
> has anyone done to deserve any illness or anything
> you know that harms them in any way? So that was
> my answer anyway, you know, we're all being tried
> for different things, it just so happens, it's just
> run of the mill, it's just life you know.
>
> AW   So you're saying that you believe we're all tested
> in various ways?
>
> George   No, not really cos ah, who's testing us? I don't
> know..
>
> AW   Did you mean that under
>
> George   I don't know not really. I..you see..ah it's very
> difficult to say..I..I don't know you see it's like
> what is the meaning of life? There's no real answer
> is there?

But still that is to propose that to read the dtexts is to dis-

cover the self (the narrator) in the act of producing new under-

standings of himself as he 'reads' his own words, recalls his own

selves in the past: to retain, albeit in a dynamic and continuous

mode, the narrator as the referent of the dtexts and therefore

as the unmediated origin of the knowledge of the self, ("the matter"),

independent of any effects of the form of the dtexts, effects

produced by the technical structuration inherent in the language of

self-reference.

<p align="center">***</p>

So: what difference do the dtexts make to the question of the self?

For in this chapter, both the absence and the presence of the

question of the self has been discerned 'in' the dtexts: first

made absent through looking at the substance, the matter of the

dtexts in respect of the concept of the body-self relation as

conceived through the irruption of MS; second, made present through looking at the constraints engendered by the form of the language of self-reference. So: the referential relation between the dtexts and their speakers, the first 'fold' of the question is not in-determinable, but dependent upon what is questioned about that re-lation, what is held, 'philosophically' or otherwise, to be the problematic of their interpretation, dependent upon the question against which they are read.

But this dis-integration of the authority of the speaker as source of the dtexts qua knowledge, produced by these questionings, have emerged insofar as the dtexts are read as the representation of speech. That is, insofar as they are read as a particular form of text: voice-in-writing.

But "their form" is not inherent in the dtexts.[19] For they are also a form of autobiography, the representation in writing of a life, in which the uniqueness of the life and the authority of the author seem to re-cohere the disintegration of the authority of the speaker. Read against, not a philosophical question but against a literary genre, not as speech-in-writing but as writing, another mode of interpretability comes into effect.

CHAPTER SEVEN

READING AGAINST FORM : OF AUTOBIOGRAPHY

The story of Ivan Illych's life was of the
simplest, most ordinary and therefore the
most terrible.

Tolstoy 1960: 109

The second 'fold' of the question of the three-fold referential

relation of the dtexts, as it was posed at the beginning of this

Section, is that of the text to the life.

As works of writing, in that each is rooted in a single

subject who is the author of the text which is about that subject's

life, the dtexts seem to share the essential characteristics of

the form of writing that is autobiography. To re-read them

against the idea of autobiography is not only to think about

what effects that has on their interpretability, but at the same

time to recognise that what has been done so far has been done

simply in terms of particular passages, forgetting that it is

their whole form that provides the context within which extracts

are interpretable; a context which lends a coherence to

particular passages as parts of a whole form. What, then, to

reiterate, is the relation of the dtexts to the life?

But what is particular about autobiography as a form of writing?

For literary theorists it is, according to de Man, problematic

in two major ways, for it does not seem precisely to fit into

that kind of writing classifiable as literary: first because of

its quasi-factual status and second because of the difficulty it

presents in terms of aesthetics, generally regarded as the mark

of literature (de Man 1979: 918) It is the nature of these

difficulties concerning what autobiography is as a genre of text

which resonate with the problematic of the dtexts <u>qua</u> texts and

which suggest that this re-reading may be a fruitful way of

thinking further about them.

In the first place, according to de Man, it is uncertain apparently

whether autobiography may indeed by "properly" elevated to the

status of a genre, for then, as literature, it would be at once

placed in the domain of the aesthetic. And yet:

> Compared to tragedy, or epic, or literary poetry,
> autobiography always looks slightly disreputable
> and self-indulgent in a way that may be symptom-
> atic of its incompatability with the monumental
> dignity of aesthetic values.

> de Man 1979: 919

To read the dtexts from the concerns of aesthetics, that is with

regard to the effects aspired to or achieved by their authors on

their readers, would be to consider such matters as the tone and

the style of their writing, to consider the language in which they

are written in its difference from language used literally. To

read the dtexts in this mode would be to put aside questions of

their epistemological referential status as irrelevant, such

matters traditionally being regarded as incompatible with, or
rather as incommeasurable with, language used in its poetic
or literary mode.

> *The Doctor*
>
> *You are not looking at all well, my dear*
> *In fact you are looking most awfully queer*
> *Do you think the pain is more than you can bear?*
>
> *Yes, I find that it is more than I can bear, so give me some*
> <div align="right">*bromide*</div>
> *And I will go away for a long time and hide*
> *Somewhere on the seashore where the tide*
>
> *Coming upon me when I am asleep shall cover*
> *Me, go over entirely,*
> *Carry beyond recovery.*
>
> *Stevie Smith 1938*

Given the present context, the central question of the dtexts'
referential status, the concentration here has to be on the
former, the epistemological problem, rather than on the latter.
Yet it would be absurd to deny that the dtexts provoke in
their readers pity and terror which were, as has already been
said, for Aristotle, the very marks of Tragedy: their power to
do so magnified insofar as they are writings about lives that
are not-fictional.[1]

> *I began to wonder what would be the limits of non-*
> *recovery. If the legs didn't recover and I had*
> *already had several attacks, eyes and so on..clearly*
> *it would end with paralysis and how would I face that?*
> *And I wondered whether life was worth living really*
> *and whether I shouldn't just get a big bottle of*
> *sleeping pills and take them. I thought about that.*

For literary theorists, the problematic suitability of autobiography
for aesthetics is entailed and compounded by its second character-
istic, lying as it is held to do, peculiarly athwart the modes of
fact and fiction.

For:

> Autobiography seems to depend on actual and potentially
> verifiable events in a less ambivalent way than fiction
> does. It seems to belong to a simpler mode of referent-
> iality, of representation and diegesis. It may contain
> lots of phantasms and dreams, but these deviations from
> reality remain rooted in a single subject whose identity
> is defined by the uncontested readability of his proper
> name.

> de Man 1979: 920

As a form of the written, the dtexts too "seem to depend on

actual and potentially verifiable events." In that our

question[3] is concerned with what that "seems" involves, to re-

read them against the form of autobiography to which they are,

prima facie, similar, is a way to think about what the dtexts

are as texts and the kind of interpretive work that is involved

in their reading. For sociological readers, the crucial issue

lies in the dtexts' possible similarly "quasi-factual" status,

a problematic which would be conferred by their similarity to

autobiographical writing.

To think first about their similarity will be consequent-

(ial)ly to think about their difference.

7.1   READING FOR SIMILARITY

As one form of written text, autobiographies require, as each

kind of text does, a particular framework for reading, an inter-

pretation that recognises them in their particularity; their

difference from other kinds of writing.

What is involved may be opened up through playing on their

characteristic as essentially partial: a play against which the

question of the dtexts will at first be present only by implication.

Each of the many respects in which autobiography is recognisably
partial invites a cautious interpretative response yet at the
same time seems to provide a strategy for their interpretation,
an interpretation, it will be emphasised here, that is rele-
vant to the question of the dtexts: that is chiefly concerned
with their factual status, the author's text as a representation
of her/his life. (This strategy is thus already a partial
reading).

Autobiographies are partial-as-opposed-to-whole in many respects.
Being written from a single viewpoint, the scale is necessarily
small, individual, personal. Events, what happened, the substance
of the life can only be represented from the author's view, from
the author's knowledge. Being rooted in a single life, the
story cannot go beyond the arc of time and the geographical sites
on which the author has lived the life. Others' viewpoints may
be included in them, but these are represented through the
author's (limited) understandings and interests. Any references
to matters beyond the first-hand experience are to be understood
therefore as less authentic, less factual.

Because of this inherent limitation to a single view, a
personal perspective, it follows that there must be gaps in the
story of the life as given. Not only is the viewpoint necessarily
partial, but also the context. Crucial events perhaps happened
off-stage that the author was unaware of or only partially knew
of; other events, persons, forces that were hidden to the
author operated on the life that, if known, might have made the

story of the life altogether different; a hidden hand, <u>deus ex</u>
<u>machina</u>, that made the life as it seemed to be rather than what
it was.

In that autobiography is written at a particular point in
a life, it may be assumed as the time at which the author had
something to say, deemed it for some reason to be an appropriate
time from which to reflect back on the life. But by the same
token, autobiography is partial in that the point of writing
is not the end of the life and unknowably distant from it. The
author is still in the midst of the plot, and what is to come
might change everything, make the time of writing of greater or
in any case of different significance. The meaning of the life
might utterly change.

Autobiography is also partial in the sense of being subject
to the technical limitations inherent in the form: by the author's
capacity for insight or for self-expression; by her writing skill.
Partial because subject to the technicalities and fallability of
memory; because of its retrospection (differing from a diary
or a letter), partial in that what is recalled is necessarily
mediated by the present of writing: can only be an interpretation
of the past, never 'the past' itself.[4]

They are partial in that most of the life is not included
in the writing. No-one can refer to everything that happens.[5] It
follows that what is written has been selected, consists of
episodes in the life chosen as representative of it, of the
chosen theme or period, or which present the life most desirably:
which is the other face of their partiality.

In the sense that they are written by the author about
her own life, the author has an interest in what is written,
a concern with the way she and the life is displayed. For
the text will be a representation remaining beyond the death
of the author.

> *At the grave of Henry James, Auden asked intercession*
> *for the vanity of the writer's calling, for the*
> *treason of all clerks. Vanity and treason there were..*
> *but there was also the hope of creating against time,*
> *of making language outlast death. That is the essence*
> *of classic literacy. Not very many, today, admit to*
> *the arrogance, to the obsessive aloneness neeeded for*
> *that hope.*
>
> *Steiner 1975: 178-9*

That which is written down as autobiography may also be delib-
erately partial, full of omissions, suppressions or lies. In
any case, cannot be taken at face value.

This double implication of partial-ness as a framework for
the interpretation of writing which is autobiography is precisely
apposite here, for it involves the complementary ideas of a
whole and of truth: that there is a complete or at least a more
complete story which could be (have been) related, and that
there could be (have been) an objective, less partial, more
dis-interested, more truthful version. The differences between
the partialities of autobiography <u>qua</u> form and the wholeness
of its referents, <u>which it cannot but fail to represent</u>,
constitutes a space – <u>for the essentiality of interpretation</u>.
As writing, the autobiography is essentially an interpretation
of 'the life'. As a text to be read, it is an interpretation

of a life which it is the work of reading to (de)interpret.

For how could the overwhelming partialities of autobiography

as a form of the written be compensated for, except by what

the reader can bring to the text? Which principally is the

very idea that what is written is (only) partial and that

the partialities have to be compensated for. To be able to

fill these spaces is the task and triumph of expert readers,

to add to, to complete or at the very least to supplement the

text, particularly incomplete by the nature of the genre to

which it perhaps belongs.

In that the dtexts are autobiographical and, _ergo_, partial,

but in particular ways, particular kinds of interpretive work

are made possible, required, demanded by their form.

One kind of reading that may be opened up by their need

for supplementation might be a concentration on the veracity

of the accounts. Did what the author said happened, happen

in fact? Thus checking with their GP or hospital records for

confirmation of the status of their condition for example or

their date of diagnosis; with their spouses for congruent

details of family life; or with their employers for their

current and past employment history, for example; to know

that about some points of the life referred to would be,

according to such a reading, to have a criterion against which

to interpret the general referential status of the whole

story via an assessment of the credibility of the author on

at least some of the elements of the life.

Or supplemented by psycho-analytic theory, for example,

a reading could work to compensate for the dtexts' obvious

incompleteness vis à vis the life in terms of the psyche of

the author; of the power of the unconscious to block from

consciousness and thus from what can be referred to by an

individual, the deep trauma or psychic conflicts which, in

the absence of a skilled Analyst, has to remain as the hidden-

but-readable-truth of the life:

> If one considers the problem [6] from a psychoanalytic
> viewpoint, the first and most obvious explanation would
> be this: 'Instead of talking about their psychic feelings
> directly, they talked about these feelings by talking
> about physical matters; consciously unacceptable thoughts
> and feelings are repressed into an unconscious mode of
> experiencing, and it is possible that your subjects could
> not tolerate a conscious experience of their feelings
> about their disability, so they repressed them and when
> asked about them, displaced them onto physical matters.'
> This process is called 'somatization', 'Soma' = the body,
> so 'somatizing = body-izing feelings, as a substitute for
> consciously experiencing them, and representing them
> through the explicit medium of words.   (emphasis in original)

James 1981: 25

Read through constructivist sociology (and see Chapter 1.3)

that which was absent would be absent by virtue of the premise

of such a reading, that no one individual can ever refer to,

because they cannot by definition comprehend, the full social

context within which all are necessarily partially ignorant or

deluded. Such a reading might look in the dtexts for the

social forces constituting and constraining 'the life' as

represented: class, economic circumstance, institutional practices

and so on (cf Wright & Treacher 1982; Chapter 1 and this thesis,

passim).

For example:[7]

> It is argued [in our paper] that readiness to accept
> responsibility for one's health depends partly on views
> held about the aetiology of illness and this position
> is explored using material on causation and the circum-
> stances where blame is attributed, derived from semi-
> structured interviews with a sample of 41 working class
> mothers...Roughly half the sample held fatalistic views
> on the aetiology of illness and thought they were only
> morally accountable in very restricted circumstances.
> These women tended to be less well-educated than the
> rest of the group and they were less likely to be buying
> their own homes.
>
> Pill & Stott 1982: 43

The incompleteness of the authors' accounts of MS in the dtexts

may also be read as technical, owing to the interviewer's

inadequacy, her failure to elicit a fuller account by failing to

ask the most fruitful or pertinent questions (see Chapter 4: 138-9)

or by failing to pursue what more there was that could have

been said. Who had let pass the surface account which should

have been recognised as partial at its face value: a face value

which was a mask for the true or at least more complex, more

complete story of the life.

These forms of reading however would all be explanations of

absences in the dtexts, absences which in their particulars

become visible as such to such readers by virtue of the ex-

planations themselves and read(able) into the spaces of absence

by an expert reader who knows what is lacking: brings to their

reading and understanding of what was written what ought to

have been there, but that which also, by virtue of the same

work of reading, <u>cannot but be absent from them</u>. The explanation

of absence(s) as well as the substance of what is absent has

to be extra-textual, brought into the partial text by the

reader yet verifiable from the text itself (whatever that could

be) by a particular supplementary reading.

   And: as the hypothetical or actual readings above showed

(as does my use of them here), although those readings concur

that there would be absences in the dtexts, they do not concur

in what those absences are. The relation of what is present

in the dtext to what is readable as absent is not the same in

each case.

<div align="center">*</div>

So: whatever else, the relation of autobiography as a form of

writing to 'the life' it represents is one which consists of

distance. Given this generous and necessary space for inter-

pretation, predicated on the dtexts' similarity to autobiography

as form, that space may at the same time also be supplemented

by their difference(s) from it.

   We will look at them in two respects. To re-cite de Man:

> Autobiography seems to depend on actual and potentially
> verifiable events in a less ambivalent way than fiction
> does. It seems to belong to a <u>simpler mode of referent-
> iality</u>, of representation and diegesis. It may contain
> lots of phantasms and dreams, but these deviations from
> reality remain rooted in a single subject whose identity
> is defined by <u>the uncontested readability of his proper
> name</u>.   (my emphasis)

de Man 1979: 920

7.2   READING FOR DIFFERENCE

7.2.1   (A Simpler) Mode of Referentiality

As autobiographies, the dtexts require to be brought into being,

have no existence except that they are read; a reading which is

essential in order to bring the life (back) to life.

> *I was scandalised when I read that thing, 'Living*
> *with MS' book by a doctor, whatever, I can't think*
> *of the lady's name, I have it upstairs. I'll look*
> *for you. Ransome? Elizabeth Ransome? [8] But,*
> *she's a medical doctor and she went through all this*
> *business of being considered hysterical and so on.*
> *And her husband left her. And I, admittedly her*
> *story may not give as full an account of the other*
> *side's motives as one might have, but all the same,*
> *I was scandalised that anybody could do that. It's*
> *all very well to say in general what people might or*
> *might not do, but when you read one person's*
> *account of what actually did! And I know of other*
> *cases where husbands also, in most cases, walked*
> *out on their wives like that.*
>
> *Daniel*

As autobiographies, the dtexts are addressed to someone, to

those both contemporaneous and in the future who will be their

readers (although circuitously, <u>via</u> AW and the tape-recorder;

cf Chapter 5). They are inherently addressed communications,

produced for some reason, intended to communicate - something.

What that intention is held to be makes a difference to their

interpretation, to the supplementation of that aspect of their

inherent partiality.

Unlike autobiographies, however, the dtexts cannot be

construed to have originated in the desire of their authors

to place their own voices permanently in the world to transcend

the silencing of death; rather perhaps that they gave their

consent to relate their lives in order that the life may be

laid out for the scrutiny of experts, laid out in order to

contribute to knowledge about MS; to provide, in being so picked

over, unwitting evidence for an explanation of the disease.[9]

In any case, told for the virtual[10]purpose of knowledge about

the disease and thus for the sake not of the authors but of

others; not the readers of the dtexts perhaps but for those on

whom the readers may then have an effect (the analyst as

first reader, her analysis then, perhaps, influencing others who

read her text who will then, perhaps, understand MS differently,

more clearly, and may use that knowledge in their relations with

people, other 'people with MS').

As a consequence of the assumption of this greater yet

narrower communicative purpose than autobiography in general,

it would follow that, far from attempting to conceal, to disguise

or to delude their audience (to present themselves in the 'best'

way), the language in which the life is described is an effort

to be literal rather than literary, for it would be only by

.relating that life literally that they could be so fruitful for

those greater purposes. Thus for readers, the task would become

that of disentangling the literal referents from the literary

effects inherent in the form in which the life is given.

Read, then, for that which is literal in them, the dtexts

as writing contain more than is required, that will have to be

(readily can be) discarded. For it is not in that they consist

of a whole story of a life that this usefulness may come, but

from small pieces (which happen to be tied together within a

a whole story); events, material for the readers to pick out
and piece together - the circumstances prior to the onset of
the disease for example or the process leading towards its
diagnosis - the rest to be cast away, leaving only the essential
components exposed. But which elements are essential? Those
which would have this "(simpler) mode of referentiality";
those directly related to MS.

Would it be preferable to say, then, that the dtexts are
(more) like history, the record of a network of stable and
actual facts which, although they may have to be carefully de-
interpreted by readers (insofar as the record is in autobiographical
form), remain as it were the basic text to be read? their
author-narrator properly able to refer to such a stable set
(even though partially)?

But: there is a peculiarity in the dtexts in that the domi-
nance of the theme of MS in the life appears as the explanandum -
that which is to be explained - by virtue of the biographical
details. Yet those very details, the details of the lives which
are referred to <u>are those very details</u> which explain, further,
the theme of MS; provide the context against which the difference
MS makes, what MS is, takes on its poignancy and concreteness:

> (I) tend to push myself a bit too much sometimes, I
> know, and then I regret it the next day. Well my
> legs feel very wobbly, well one thing, I do come
> back very quickly. I can't read. That's the one
> thing that really annoys me. Well I can read for a
> reasonable period but whereas before I'd get into a
> book and start enjoying it, I, there's no point in me -
> well there <u>is</u> a point in me picking up a book and

> doing it, but I can't do it continuously. Have to
> have a long rest in between you know because the
> eyes start playing up (after) say half an hour,
> the eyes start to merge.

> George

Each detail, read as having been told for its significance

towards the theme (of MS) has been chosen, presumably (by

virtue of the dtexts' communicative purpose) for its force of

signification, selected from all possible things that might

have been referred to. And as such, what that significance is

is constituted by the episode itself, tied to it (as if the

'descriptive rhetoric' could be stripped away, leaving the -

literal - essence, the "actual and verifiable events" that

autobiographies at least partially consist in). Insofar as

the details of a life are used to illuminate, to explain

about a disease, the details that are chosen by the author -

that are in the text - are those that produce that understand-

ing: constitute that which there is to be understood.

Furthermore: insofar as the dtexts were elicited in response

to a request to be told, not about the life but about the disease,

the possibility that they may be peculiarly occasioned accounts

arises, to fill this aspect of their partiality.[11] For it may

be the case that "MS" features throughout each one (one of the

"essential elements") and in many ways structures and dominates

them simply because of that request. Left to themselves, it

would follow that each person may not have accorded such a

potent presence to MS in their own unsolicited or differently

solicited accounts of their lives: their genuine autobiographies.
And as such, the dtexts may seriously mislead if the purpose of
reading them is, as it may be, not only for information about
MS but in order to understand the place of MS, the difference
having MS makes in a life, or the way knowledge of MS is accounted
for. In that sense, far from the surplus in the dtexts being
that which is not directly of relevance to MS (which may be
"cast away"), it may be the case that there is too much 'about
MS' in the story of the life. But by the same token, it follows
that since there is the possibility that the prominence of MS
in the life was an artefact of the occasion of their telling,
neither can it be concluded that the prominence is not what
would have been given to MS in any case.

They are not, in any case, by virtue of their autobiographical
partialness, a "whole life" but selections, on request and in
regard to their communicative purpose. But that which has been
'selected' to refer to is unverifiable in terms of its degree
of representativeness of the life, because no other details
are available to readers about the life apart from those given
in the dtexts (and those selections, selected from again in
this text). 'The life' as referent of the words and the
silences has to be extrapolated from the assumption of their
typicality, of their power to reveal the character of the indi-
vidual referring (partially) to his/her own life, and thus
the dtexts have a readability predicated on the possibility of
making at least intelligent and defensible guesses, as reader,

about other aspects of that life not present(ed) in the dtexts.

And: to do this, it has to be assumed that what is sought does indeed exist prior to its being sought 'in' the life that is being referred to (and that it is representable in speech/writing). Thus in order to read the dtexts as being about the life, about MS, what that aboutness could consist of and how it may be readably discerned beneath the surface, as the referent of the dtext, also has to be already known, understandable. (And this would account for why the dtexts are not surprising: to me as reader, they describe what it is like to have MS in the very way I would expect. It would also account for why, for me, that absence of surprise is itself surprising and that it is not).

So it seems that even if the language in which the life is described is understood as tending towards the literal and away from the literary to an extent significantly different from that in 'genuine' autobiographies (cf. 7.1), nevertheless, in that even to begin to assess the referential relation between the dtexts and the life they are about demands supplementation by readers, a supplementation that has itself no verifiability outside what they already know or are concerned with, the dtexts' 'literalness' vis à vis the life is both assumed and imposed. In that sense, it is the reading of the dtexts that tends towards the literal.

Furthermore: This reading work is working on a dtext that as much forms as is formed by 'the life'.[12] Rather than the life (lying as a reservoir of all that could have been drawn on, certain aspects of which are drawn to the surface so to speak) giving rise to the autobiography which partially represents it, there are ways in which autobiography as a form of writing gives rise to 'the life' that it ostensibly (if problematically) describes (literally).

For instance: the idea of discrete facts. To seek for at least some literally described events as that which the author's interpretation interprets presupposes a neat, linear, sequential and therefore divisible thread of a life: into 'events'. Yet it would seem that the representation of a life is made according to the exigencies of narrative form - of "temporality and emplotment" (Ricoeur 1984);[13] the requirements of narrative inexorably conferring form. It follows that that which is (re) told must in another way form rather than be formed by the life 'itself'.

> AW   *And so, how does the pattern go?` I mean does it have a pattern of remission and*
>
> Anne   *Fortunately, well I hope not. I had a a major relapse in seventy-four, and I lost most of the use in both my legs and that was when I was in hospital for about two and a half months, something like that. But then I had physiotherapy and ACTH . you know that do you? [14] - and got back a considerable amount. Then I had, two years later another relapse and I lost the use of my right hand, and then I had another relapse about two years later and I started losing the sight of one eye but since then I've not had a relapse, so I'm hoping the pattern is broken.*

To say this then is to say that the chronology of a life is
undercut by the fact that everything, every 'event' related
(can) mean something else later, to a later self, to someone
else (to another reader); is a general figure of this reading.
And those second interpretations themselves may be replaced
with yet another: "it" was incontinence...then venereal disease..
multiple sclerosis..no longer MS (Bob).[15] But it is not that
"it" comes to mean different things, be differently defined,
but that the referent of the "it" is not itself stable. There
is no stable 'chronology' or even successive re-interpretations
of 'the same' facts: no "it".

So whilst in their language, the dtexts may represent the
(impossible) attempt on behalf of their authors to be clear
(literal) about the life: yet, qua autobiography, there are
ways in which it is only this that can be achieved. Only
things that are now clear, at the time of producing the auto-
biography, are referrable to: things about which it is 'now'
possible to know what 'clear' would be. So it is impossible to
represent chaos - and thus chaos is not (re)presentable, not
here. Although the (original) authors do refer to what they
do not know, they can specify what it is they do not know and
why. The reason given for not knowing is for example because
they are not themselves knowledgeable about that thing ("I'm
not a doctor" for instance: cf 130 above), not that anything
about the life referred to is non-sense, meaning-less to the
person whose life it is. So in that sense, the clarity with

which the life is described cannot be taken as arising from

the life, as the knowledge about the life held by the person whose

life it is, but is imposed on it by the limits of language.

It seems, then, that there is a residue which cannot be brought

to language; that cannot be represented, cannot be presented

except as an absence, and therefore can only be read into the

dtexts by those who could understand what else could have been

there.   And even that has to be speculation.

> *[MS seems to be] the ultimate exemplar not only of*
> *ontological but of epistemological nihilism.*

> *And yet there is in the dtexts no chaos, nothing*
> *that resembles the abyss.   There is no pain.   Indeed*
> *everything is "just normal, just life, you know" (George).*
> *The worst is always over, or somewhere else, never in the*
> *present, the present of the dtexts' time.   Yet that re-*
> *markable absence of chaos is also 'in' the dtexts.   This*
> *extraordinary absence of 'madness', of nihilism...*

> *Chapter 6: 172*

And yet in a sense that is pre-figured in/by the dtexts themselves.

The authors state that "others" cannot understand what it is like

for them, even those who share the same situation ("other people

with MS" who are, according to George, for example, "so self-

centred"), an existential isolation that cannot itself be repre-

sented as such, only referred to as referent of an absence that

can be spoken of: the absence of "understanding".   As authors,

referring to their own lives, it appears that they know that their

lives cannot be truly, literally, represented (to others).   As

communicative texts, the dtexts cannot but fail to communicate.

And yet of course they do.   But what it is that is (appears to

have been) communicated is unknowably related to the author's

intentions, to their view of their own lives. Others cannot know whether they really understand (or fail to understand) about that life: only feel as if they might by reading, re-enacting the words, "bringing the life (back) to life" (above:p223). What they understand is what they can, not what there is.

***

But all that just written is also interpretation.

***

How have we got here? By reading the dtexts in terms of their author's intentions - of a particular communicative purpose, to contribute to knowledge about MS - from which arose the interpretation of their texts' tendency towards "simpler referentiality": a beginning from which all else has followed. All that has just been written depends on the concept of 'the author's intentions', which is to say, has been predicated on the assumption of the dtexts' representing, or rather the question of the dtexts being that of the relation between the text and their authors' intentions. Which brings us, or rather returns us, to the other question of difference between the dtexts and the form of autobiography.

7.2.2 The (Uncontested) Readability of the Proper Name

> It seems that the word [person] originally and exclusively
> meant a 'mask'. Naturally, the explanation of the Latin
> etymologists that persona came from per-sonare, the mask
> through (per) which the voice (of the actor) sounds, was
> invented retrospectively. (Despite the fact that there
> was a distinction made between persona and persona muta,
> the mute role in drama and pantomime).
>
> Mauss 1973: 78

According to traditional literary theory, the verifiability of autobiography as a text of the author's own life (its epistemo-logical status qua quasi-factual text), rests on "the subject whose identity is defined by the uncontested readability of his proper name" (de Man 1979: 920) which uniquely identifies them; places an individual on the point of intersection of time and space, amongst those others, past and present, to whom s/he is related and distinguishes her/him from all those others to whom s/he does not relate, is not; the proper name of a person which authorises and authenticates a text as auto-biography.

The authority of a work qua autobiography rests on an identity between the voice of the author of the text and the nominated author who has affixed her name to the work. This naming of/by the author marks the claim of the text that the life written about is not fictional; that, even though only partially representable, even though the interpretation and significance of those elements which make up the life might have been glossed over, (cannot be taken at face value), in its bare bones of events and actions, what happened according to the text did in fact occur, and to that person.

De Man, however, contests, "the uncontested readability of the proper name", contending that, insofar as autobiography, as writing, cannot represent the person themselves, autobiography as a particular form of writing, is "a figure of reading", that produces effects, the effect of representation which, in being

representation and not the thing itself, <u>masks</u> the author-as-origin of the story: removes them beyond ascertainability by readers. Autobiography, as figure, both giving and taking away a face:

> To the extent that language is figure (or metaphor
> or <u>prosopopeia</u>), it is indeed not the thing itself
> but the representation, the picture of the thing,
> and, as such, it is silent, mute as pictures are
> mute. Language, as trope, is always privative..
> To the extent that, in writing, we are dependent on
> this language we are all..deaf and mute - not silent.
> That is to say eternally deprived of voice and
> condemned to muteness.

> de Man 1979: 930

Thus "the author", whose proper name seemingly authorises the facticity of the life that an autobiography is about, is an effect of the figurality of the text, the form of writing that is autobiography. But for de Man, this is insofar as it is a literary rather than a referential form of text, "made up of tropological substitutions".[16]

> *Socrates:* *You know, Phaedrus, that's the strange thing*
> *about writing, which makes it truly analogous*
> *to painting. The painter's products stand*
> *before us as though they were alive, but if*
> *you question them, they maintain a majestic*
> *silence. It is the same with written words.*

> *Plato* <u>*The Phaedrus*</u>*: 275e*

What of the dtexts then? For their authorisation is effected differently: there is a deliberate <u>dis</u>connection between the dtexts and the proper name of the individual. The practice of anonymysing sociological data, regarded as part of the ethic

of the discipline towards its subjects, of altering "the proper
name" (eg Chapter 4, Fn 4) violates, then, one of the ground
rules of autobiography. The point is that the story(teller)
cannot be identified.

The pseudonyms used to identify the dtexts do however
refer to that proper name, or rather to the space where the
proper name could have been. It is the space that identifies
the words as the words of a (once) extant person; that refers
to the face to which the words belong (out of which they once
issued). But that face is masked by the name of anonymity,
the mask (to follow de Man) re-masked by any-name: Daniel,
George, Anne. The (only proper) name that is affixed to the
dtexts is that of the researcher, my name, Anna Wynne ("AW");
a signature which works at once to protect the privacy of the
individual, (for it is that proper name that identifies the
names used in the dtexts as pseudonymous) and at the same time
works to authenticate the relationship between the dtexts'
actual authors and the life the dtexts refer to. The "contract"
concerning the veracity of the name that has been hidden is made,
in the dtexts, by surrogate, by the researcher stepping into
the space left by the anonymising of the author(ship) of the
original: authenticating the relationship between the empirical
individual and the tale told; through the rhetorical figure of
ethos[17] persuading the readers of her own authority. Thus the
author/ity of the dtexts as not-fictional is the name of the
researcher, not only of her own part in the dtexts - as "AW" -
but of the whole dtexts.

But it is not the researcher's proper name which authorises in
itself, but insofar as it links her to the patronymy of tradition,
refers back to the discipline from which 'she' takes her
authority,[18] a linkage/lineage by which the analyst/author is
uniquely distinguished from other authors, authors of other
kinds of writing: fiction, autobiography. And thus establishes
the dtexts as - not those kinds of text. Authorises them as
what, at least, they are not. <u>Insofar as, that is, the 'life'</u>
<u>to which they refer is not hers, its meaning not hers</u>. It is
that reference back to the authority which is also the referent
of her proper name which empowers the analyst-as-author (an
author no less de-faced by the "readability of (her)proper name")
as the impenetrable interface between - readers and the originary
authors of the dtexts.

But this is only the first turn of the "de-facement" of the
original author(ship) of the dtexts. For the mask of anonymity,
whilst masking each individual, works to unify each of the
dtexts as one, their original authors as a collectivity.

> *It was by conferring this unity on the authors that*
> *the reading of the dtexts as addressed communications*
> *in the previous section was made possible.*

For what matters for analysis, for analytic interpretation, for
reading the dtexts (here), is that all their authors are members
of a collectivity, collected for their sameness ('people with
MS' rather than the individuals (re)named George, Daniel, Meg).[19]
Thus while each individual's autobiography represents that

individual and that unique life, at the same time it represents

(to follow this reading) an experience presumed to be common to

all or at least these particular people-with-MS (the claim may

be more or less modest). To begin with, in order to begin, it

was assumed by the researcher (a presumption of research) that

MS imposes a certain symmetry amidst whatever individual

differences there may be in the people's lives. And that in

the individually produced, elicited, autobiographies, that

symmetry will be unwittingly produced by each author and available

to be discerned by a reader who knows what to look for, who

expects that certain symmetry. The anonymising of the dtexts

works to make the differences between each person as epiphenomenal,

as it were, rather than fundamental. Each individual is a

(any) subject.

Thus although the dtexts may be autobiographical, it is as

a collectivity rather than as a collection that they are presented

for sociological interpretation. But that subjecthood, that

collectivity, is an effect - made possible by its presumption and

inserted in the space opened up by the dis-placement of the

original Proper Name.

Thus reading the dtexts as being about 'people with MS'

is an essential de-facing the face that autobiographical writing

confers: gives the authors, but now as a collectivity, an

autonomous, recognisable existence. But at the same time taking

it away, to be read beneath to the common phenomenon of MS.

Assuming that all lives in which MS occurs have a commonality

which makes them into one life - one form of life - makes any

individual life stand for MS and stand for any individual-life-with-MS. So the individual is created and de-faced. Through the work of language in the mode of reading to create and destroy.

***

So: what has happened to the author/authority of the dtexts as texts whose putative referent is 'a real life', this second fold of the three-fold question of their reference?

First, the original author, whom the figure of autobiography already masks, is de-faced by a pseudonym; dis-placed by the proper name of the analyst, whose own name also has as its authenticating referent the discipline in whose name the work is produced.

But the pseudonym does not only open up the possibility for that different source of authority: it also makes all the original authors as one, the collective referent of 'any name', which in turn allows for the finding of a cohere-ing referent as 'the life' of that any-name - the life-with-MS.

And it is that tradition, the discipline which author-ises the epistemological status of the dtexts which provides the substance of that referent - the life-with-MS, the know-ledge of which that discipline consists. In that sense, then, one could say that indeed, like all autobiographies, the author and the life the author's text is about (insofar as

they are readable; produced by reading) are identical. That
in this respect there is no difference between the dtexts and
'genuine' autobiographies.

But then, what has happened to the question of the literalness/
literariness of the language in which the life is represented?
If we retain this latter reading that the author of the dtext is
the discipline, then the tendency towards literalness is still
predicateable on the intentions of <u>that</u> de-facing, dis-placing
author: that it is the (sociological) intention of the dtexts
which tends towards the literal. All that was said about the
de-stabilising of that tendency/intention by the form of
autobiography, <u>qua</u> genre, however, still holds.

**

Since we have come to this point having begun with de Man, let
me return to him in order to move away once more.

For de Man, the defacement of the subject and thus of the
life as the life of that subject which is the effect of the
figure that is autobiography is a consequence of the tropes
exclusive to and definitive of literary language: its literary
form. What I am doing is saying that in reading the dtexts
against the *form* of autobiography (and it is my contention that
this is not optional), the same stabilising/destabilising occurs.

But, <u>pace</u> de Man, this is not insofar as the dtexts are literary

productions but as a consequence of the very nature of the

reading to which they have been here submitted. It is in their

being written down which makes it possible to read them

(impossible not to read them) against the form of autobiography

in the first place. In their being in writing, independent of

its possible genre. Which seems to bring us again to Plato:

but to oppose him. For far from "maintaining a majestic silence",

the dtexts, as writing, never cease responding to (my) questions.

BUT: This has been to read the dtexts paying attention only

to one voice: the person-with-MS; to autobiography as a figure

of reading that is essentially mono-logic, a reading that has

produced an argument about the interpretability of the dtexts

that has, perhaps consequentially, ignored the fact that the

dtexts are also dialogue. Which brings us to the third fold

of the three-fold question of the dtexts' referential status

with which this Section began : of the dtexts to the interview

as the event which is their most immediate referent.

The question of the dtexts as dialogue also raises at last

the question of the difference between writing and speech: a

difference which has, unintentionally perhaps had its own

effects on the last two chapters. For the Question of the

Self was concerned with self-reference in speech, and the re-

reading against autobiography concerned the dtexts as writing.

This third fold of the question of the dtexts' referential

status concerns for the first time both speech and writing:

writing as the representation of an event, writing whose

putative referent is an event in speech.

CHAPTER EIGHT

READING AGAINST FORM : OF DIALOGUE

> This essential drifting, due to writing as an iterative
> structure cut off from all absolute responsibility, from
> <u>consciousness</u> as the authority of the last analysis,
> writing orphaned and separated at birth from the assist-
> ance of its father, is indeed what Plato condemned in
> the Phaedrus. If Plato's gesture is, as I believe, the
> philosophical movement par excellence, one realises what
> is at stake here.

Derrida 1986: 316

So: to the third fold of the three-fold question of the dtexts'

referential status, to that which gives the dtexts their uniqueness

vis à vis other forms of the written: the relation of the dtexts

to the event - the interview, the conversation - that is their

"most immediate" ostensible referent.

*

By certain typographical conventions, what each dtext represents

as it lies on the page is a dialogue. But how does that bear on

the question of their referential status? For the written form

of dialogue does not in itself necessarily entail that it has as

its referent an actual event.

The description of writing as 'majestically silent', cited

in the previous Chapter (p234) is from the _Phaedrus_, one of the

Dialogues of Plato (1952), which are perhaps the classic exemplars

of the form.[1] But Plato's Dialogues are generally regarded as

having a highly complex and mediated relation to the events to

which they refer:

Socratic Dialogues

> This term may be conveniently given to the dialogues
> which on stylistic grounds may be assigned to the
> earliest period of Plato's writing: probably before
> his last visit to Sicily and Italy in 387 BC. It is
> possible that he began writing even before Socrates'
> death...Towards the end of the period the dialogues
> become more and more elaborate and Plato is beginning,
> it seems, to wrestle with the problems for himself.

Ferguson 1970: 35[2]

As Plato, however, began "to wrestle with the problems for him-

self" (and the _Phaedrus_ is generally assigned to the later

Middle Period of Plato's writing),[3] as the Dialogues become ever

more distant from their originating source, Plato retained the

dialogue form, not for the sake of its representational faith-

fulness to those long past events,[4] but, it is argued, for its

unique appropriateness as the vehicle for his philosophy.[5]

The reason for its appropriateness is, according to Rowe

(see Figure 8.1 overleaf) eminently plain (cf. also Hamilton 1988;

Nussbaum 1986: 87-8 and _passim_; Rowe 1984: Chapter 4):

> Plato regards the dialogue form as capable - at least
> to a degree - of transcending the limits of ordinary
> written discourse...One of the dangers of such compo-
> sitions (as Socrates tells us) is that they inevitably
> give us a false impression of certainty.

Rowe 1987 (Fig 8.1)

Living dialogue

The *Phaedrus* is generally recognized as a rich but deeply problematic work. Two problems in particular confront the interpreter. One is that while Socrates is allowed in the course of the dialogue to lay down clear rules for the arrangement of written (and spoken) compositions, the dialogue itself seems to disobey those rules, and indeed to lack a unifying structure or theme of any kind. The first part consists largely of three set speeches on love, the third of which contains the famous image of the soul as a charioteer and his horses, driven upwards by erotic impulse towards knowledge and truth; then, in the second part, Socrates and Phaedrus embark on a long discussion of rhetoric which appears completely to lose sight of the substantive topics of the first part.

The second problem concerns the final section of the conversation, where Socrates devalues the written word by comparison with the spoken — or with one form of it, the living conversation between philosopher and pupil. This alone, he suggests, can lead to genuine intellectual progress. Does Plato then mean to devalue his own written products (including the *Phaedrus* itself)? But why then did he write so much? Or is the criticism of writing undermined by the very fact that it is itself made in a written work?

In this second problem, Griswold firmly sides with what is probably the majority view, that Plato regards the dialogue form as capable — at least to a degree — of transcending the limits of ordinary written discourse. But he argues the case in a thoroughly original way, which is closely linked to his answer to the first problem, about the structure of the *Phaedrus*. Through its unsystematic arrangement, Griswold thinks, the dialogue form deliberately sets out to mirror that of real dialogue, and to distance itself from "artfully written compositions". One of the dangers of such compositions (as Socrates tells us) is that they inevitably
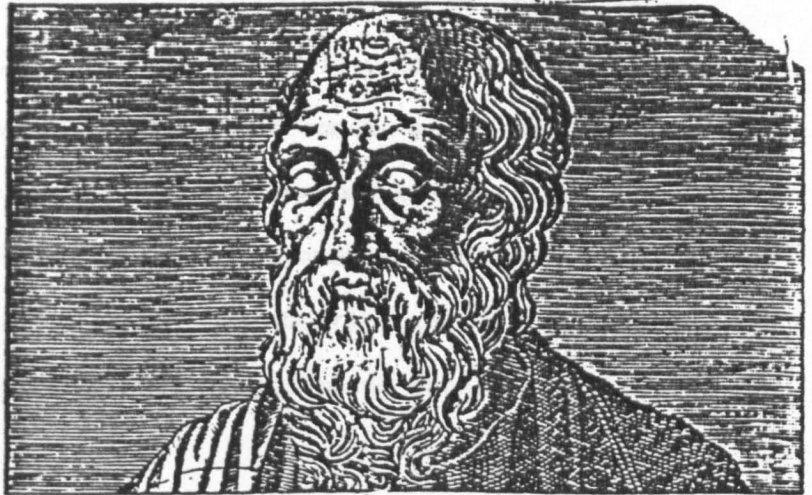
Plato

give a false impression of certainty. Live conversation avoids this danger because of the constant possibility of the *questioning* of any idea as it is put forward; while its written counterpart in the *Phaedrus* achieves the same effect by means of what Griswold identifies as a dialectical or "palinodic" relationship between its various sections, whereby each successive section partially undercuts and qualifies the one before.

So in the third speech of the first half Socrates recants the results of the earlier two, but goes beyond anything he can justify in rational terms; the section on rhetoric then develops an account of a technical dialectical method, which while it allows some advance towards clarity is seen as incapable of illuminating many of the essential dimensions of the objects it studies (hence, according to Griswold, the stripping away of the "metaphysical, mystic, and religious" aspects of Socrates's main speech in the account given of it in this section); and finally, in a kind of Hegelian synthesis, the last section proposes a third form of discourse — actual, living dialogue — which will combine both the "madness" of Socrates's speech and the sober techniques of true rhetoric. In its own way, the *Phaedrus* itself invites us, as readers, to enter into conversation with it.

The purpose of the exercise is that self-discovery (the "self-knowledge" of Griswold's title) which Socrates identifies as his project at the beginning of the dialogue. This Griswold sees as the unifying theme of the work. What Socrates seeks, and each of us is to be persuaded to seek, is to know

himself both as an individual and as a member of the human species, which will include knowing those things that are truly desirable for him. But the continuing reflections on method themselves already teach the importance of one dimension of the Socratic concept of self-knowledge: knowledge of one's ignorance, and of the limits of human understanding.

The immediate question, according to Griswold's own strict rules of interpretation, is how much of this is in any clear way verifiable from the text. The answer is perhaps about half. Down to the end of Socrates's central speech, there is much that is genuinely illuminating in Griswold's treatment; from then on, however, his interpretation looks increasingly forced. Why, for example, does the discussion of the rhetoric so consistently pretend to be about the right way of speaking and writing, if it is really about an inferior sort of dialectic? Irony, Griswold will reply, and there is certainly plenty of that in the *Phaedrus*; but if it is quite as extended as he suggests in this case, it begins to look pointless and perverse. Nevertheless, this is a useful book, which amounts virtually to a full commentary on the dialogue. But its special merit is that it makes an imaginative attempt, of a kind that has rarely been made in any detail, to come to terms with the *Phaedrus* as an artistic (and philosophical) whole.

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Figure 8.1[6]

If to that suggestive depiction of the virtues unique to the form of dialogue is added not only the question of the relation between the form(s) and the interpretability of the dtexts already under discussion here, but also of the consequences of the difference held to exist between writing and speech (opened up in the previous two chapters as fundamentally involved in the problematic of the dtexts), (writing about) a re-reading of the dtexts against the <u>Phaedrus</u> becomes rich with possibility.

Having come to a point where the question of the difference between writing and speech - and all that is held to entail - began to be pressing, and alerted to the interpretive relevance of the form of the dtexts as dialogue by Rowe's review, I was reminded[7] that Walter Ong (much cited in current sociological interest in the question of writing)[8] substantiated his summary of the classical opposition to writing in this same Dialogue:[9]

> Writing, Plato has Socrates say in the Phaedrus, is inhuman, pretending to establish outside the mind what in reality can only be in the mind. It is a thing, a manufactured product... Secondly, Plato's Socrates urges, writing destroys memory. Those who use writing will become forgetful, relying on an external resource for what they lack in internal resources. Writing weakens the mind... Thirdly, a written text is basically unresponsive. If you ask a person to explain his or her statement you can get an explanation; if you ask a text, you get back nothing except the same, often stupid, words which called for your question in the first place... Fourthly, in keeping with the agonistic mentality of oral cultures, Plato's Socrates also holds it against writing that the written word cannot defend itself as the natural spoken word can: real speech and thought always exist essentially in the context of give-and-take between real persons. Writing is passive, out of it, in an unreal, unnatural world.

Ong 1982: 79[10]

Having never read Plato, I myself turned to the primary text:[11]
and read something quite different. It should go without saying
that this is as much reading the _Phaedrus_ against the dtexts and
the general concerns of this thesis as the other way about. It
cannot perhaps go without saying that the interpretation of the
Phaedrus which is to be advanced in this chapter is in fundamental
opposition, so far as I am aware,[12] to that of traditional and
even not so traditional philosophers' interpretations (Derrida
1981; Nussbaum 1986).

Although certainly throughout the _Phaedrus_ continual refer-
ence is made both to the spoken and the written word, what is at
issue are the differences between bad and good, proper and improper
writing-and-speech - as media for the pursuit of knowledge. To
read the _Phaedrus_ as consisting of Plato's injunction against
writing as such is to ignore the form in which the dialogue is
written.[13] On the contrary, the substance of the Dialogue occurs
within the folds of such a convoluted form that no "statements"
can be taken at their face value. For in reading any particular
passage of the text, the whole form of the Dialogue as dialogue
and the movement of the argument within it are set in play against
each other. In a similar way, no few lines may be taken to stand
by (for) themselves in the dtexts without remembering (an idea of)
the whole form of the text. Although in both cases, when I say
"no few lines...may be taken", I mean that it is only when they
are so extracted that it is possible to interpret them with
confidence: to extract the things that Plato held against writing,
what people say about their MS. It is only close reading that

makes either text difficult, sets each part into oscillation, At first reading, both are excessively simple to understand, One of the things that makes them so simple and, if thought about, so difficult, is their common form - as dialogue,

So: what effects does the *form* of dialogue have on the interpretability of a text's substantive matter? What may be learned about the dtexts <u>as</u> knowledge, the knowledge of people with MS, from the <u>Phaedrus</u>? Or, to put it more complexly, what is engendered[14] in the reading of the two dialogues against each other?

8.1   EFFECTIVE FEATURES OF DIALOGUE

As a form of the written, dialogue:

> I   Refers to a unique event:
>
>> i   in space and time;
>> ii   involving actors;
>> iii in relation to each other;
>> iv   occurring in a particular way.
>
> II   Refers to an event óf speech:
>
>> i   in which speech represents speakers;
>> ii   which is about something.
>
> III   Refers to the time dialogue takes:
>
>> i   giving a context for the interpretation of
>>   particular passages in their sequence,
>> ii   and their place in the whole,
>> iii for action and re-action. For something to
>>   happen. For the movement of inquiry.

I   DIALOGUE REFERS TO A UNIQUE EVENT

i .   ...in space and time...

The first essential feature of dialogue is that it is an event,

occupying a unique position in time and space. Insofar as a text

in dialogic form claims through its particulars an identifiably

unique position qua event, this marks its basis in and therefore

the text's relation to reality. Such particulars do not only

identify an event as the event it is (as referent of the text) but

in their precise nature, become one of the means whereby the event

is interpretable.

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227   **SOCRATES: Where do you come from, Phaedrus my friend, and**
where are you going?

    PHAEDRUS: I've been with Lysias, Socrates, the son of Cephalus, and I'm off for a walk outside the wall, after a long morning's sitting there. On the instructions of our common friend Acumenus I take my walks on the open roads; he tells me that is more invigorating than walking in the colonnades.

b   SOCRATES: Yes, he's right in saying so. But Lysias, I take it, was in town.

    PHAEDRUS: Yes, staying with Epicrates, in that house where Morychus used to live, close to the temple of Olympian Zeus.

    SOCRATES: Well, how were you occupied? No doubt Lysias was giving the company a feast of eloquence.

    PHAEDRUS: I'll tell you, if you can spare time to come along with me and listen.

    SOCRATES: What? Don't you realize that I should account it, in Pindar's words, 'above all business' to hear how you and Lysias passed your time?

c   PHAEDRUS: Lead on then.

    SOCRATES: Please tell me.

    PHAEDRUS: As a matter of fact the topic is appropriate for your ears, Socrates, for the discussion that engaged us may be said to have concerned love. Lysias, you must know, has described how a handsome boy was tempted, but not by a lover—that's the clever part of it. He maintains that surrender should be to one who is not in love rather than to one who is.

    SOCRATES: Splendid! I wish he would add that it should be to a poor man rather than a rich one, an elderly man rather than a

d   young one, and, in general, to ordinary folk like myself. What an attractive democratic theory that would be! However, I'm so eager to hear about it that I vow I won't leave you even if you extend your

walk as far as Megara, up to the walls and back again as recommended by Herodicus.

Figure 8.2

From **Plato's Phaedrus**, translated with Introduction
and commentary by R Hackforth (Cambridge & NY 1952)
in Hamilton & Cairns (1962): 475-525.

There is a difference in the means by which the event referred to is represented in the dtexts and in the Phaedrus. For example, whereas in the Phaedrus the place of the event in time and space is vividly established within the first few exchanges (Fig 8.1; 227a),[16, 17] in the dtexts such details as occur, occur as if incidentally, dispersed throughout the texts and never all those necessary. Thus although both texts powerfully assert a present in which the event occurred, the very richness and sufficiency of the detail given so early in the Phaedrus, when compared to the way real dialogue (the referent of the dtexts) only incidentally and tangentially refer to their own setting marks the former, by its very artistry, as the invocation of (rather than the record of) an actual dialogue; the text a product of skillful writing.[18]

As such, the details of the Phaedrus' setting may not only be understood as a fictional 'literal' description but, because of the reading invited by language used literarily, the movement of the text's interpretation is urged towards figure, the descriptors in/of the Dialogue as figuratively evocative as they can be: occurring outside the city walls, through the heat of the afternoon and so on, adding to or even providing the key for an interpretation of the whole text as a philosophy (cf. Nussbaum 1986; Ferrari 1987).[19]

The details in the dtexts, insofar as each dtext is by comparison understood as the record of an actual event, on the contrary it seems require only to be read literally. The identification of the dtexts qua event occur in the main outside the event 'itself' - given for example in Appendix 3.2, this text. They too however work as 'more' than literal in that being cited

outside the main text, _in_ an Appendix, they symbolise, stand as
evidence for the status of the dtexts as authentic, the dtext
as the record of a dialogue which actually occurred (and see 236
above).

I.ii   ...a unique event involving actors...

What happens in a named time and place is...activity. To name
a setting presumes activity; awaits, forecasts, demands the
presence - of actors. In the _Phaedrus_ the speakers present them-
selves and their setting together, at the very beginning. Thus
there seems to be no author producing effects by writing but
rather the unmediated immediate presence of Socrates and Phaedrus
come upon by us as they come upon each other, revealing who and
where they are in their speech. The dtexts do not set themselves
up in this way: the scene is explicitly set by the presenter,
the author/analyst who places the speakers on the appropriate co-
ordinates and then as it were steps back into silence (cf Chapter
3.3). Because of the 'actual' or 'artefactual' absence of the
author in/of the dialogues, in both texts the voices become read-
able as speakers speaking for themselves. But the quality of that
becoming is tied to the quality of the absence of the authorship.
The fact that the dtexts appear unauthored in this sense makes
their reading as voice, unmediated presence, much stronger: no
'Plato' using dialogue to express his philisophy, playing on the
possibilities of form. Consequently, the interpretation of the
dtexts' substance appears to be free of the problem of author's

intentions; what an author, a third party, presumed living
dialogue to be like or the form to be useful for, but simply
arising out of the event itself; an event reciprocally authenti-
cated as the unmediated and actual referent of the dtexts.

Insofar as there 'is' no intervening author, this in turn has an
effect on the relationship of the reader with the text. For
rather than the reader's position being the one addressed by the
text (as is still the case with prose for certain contemporary
literary theorists, even given 'the death of the author', cf.
Tompkins 1980),[20] with dialogue the reader is placed in the
position of (as if in the position of) being, rather, a witness
to the communication between others: the communication occurring
discretely within the (referent of the) text, the referred to
event. This position of the reader as over-hearer renders the
object of interpretation the interlocutors themselves, via their
own words; of seeing how the speakers understand or fail to under-
stand each other on the basis of how one responds to the other.

But insofar as the absence of the author in the Phaedrus
is a stylistic choice (cf. 243 above), 'Plato' may be re-invoked
and the involvement of the reader as the author's addressee
restored: the interpretative relationship the problematic one
of reader-text-interlocutors-author. Insofar as the absence of
an author in the dtexts is deemed actual, the reader's inter-
pretative position apparently remains simpler: reader-text-
interlocutors.

I.iii   ...involving actors in relation to each other...

The kind of event a dialogue refers to offers a further context for its interpretation. How the speakers speak together, the relationship between them, opens the interpretation of the substantive matter of their talk in a particular way.

In the Phaedrus, the relationship is named at the very first as friendship: "Phaedrus, my friend" (Fig 8.2; 227a). Insofar as we know what friendship is (then, still now), their talk is then yet another instance of what it is to talk between friends, to be interpreted in that light. Intractable additional interpretative problems are thereby opened for the reader of such a written dialogue, who then cannot ignore the possibility that the tone of the original speech might have been informal, teasing, sarcastic, familiar; possibilities unmarkable in speech in its written form but which, insofar as the dialogue is deemed to be authored (the very specification of the relationship as friendship of significance) may be part of the author's intended meaning. If one were to retain 'Plato's intentions' as essential to the interpretation of the Phaedrus, this very ambiguity of the written as opposed to the spoken word could arguably be part of his 'case against writing'.

The dtexts appear to represent a different kind of relationship between the interlocutors. In several of them AW asserts at the beginning "I know nothing about you", and in any case, as the event unfolds, her questions and her interlocutors' replies demonstrate their lack of mutual personal knowledge. As strangers

then, following this interpretation, their talk will *differ from*
talk between friends; as writing, the wild disruptive effects of
tone almost certainly absent from the dtexts not because un-
markable in writing but because they were unlikely to have been
there in the original event.

I.iv   ...coming about in a particular way.

In the Phaedrus, the setting of the talk describes what is to come
as that which has occurred by chance, Socrates and Phaedrus
coming upon another out walking (Fig 8.2; 227e). Introducing
themselves as friends, meeting each other by chance, it follows
that they can talk about anything that occurs to them. The fact
that philosophy is what they talk about echoes/exemplifies what
Socrates will later say and with which Phaedrus will agree, that
to have a concern for philosophy is to have a concern that consumes
all that life, is that life (257b).[21] But that interpretation is
dependent upon the 'chance nature' of their encounter, the nature
of the unique event represented in/by the text of the Phaedrus.

By contrast, as a pre-arranged meeting between strangers, for
a specified purpose ('tell me about your MS' - cf. 190 above), the
dtext dialogue is more closed in its potential scope than the
Phaedrus, or rather readable as closed:- the substance to be
about MS, the interest in talking about it not necessarily mutual;
the occasion of the unique event thus reinforcing the 'fact' that
it is between strangers and to be interpreted as such. The dtexts
thus do not conform to Rowe's demarcation between "living dialogue"

and the written as lying in the former's comparative open-endedness.
For the very idea of open-endedness at every moment which Rowe
describes (Fig 8.1) is an effect that lies within the power of a
writer (Plato-as-author) to represent. (Rather undercutting his
endorsement of Griswold's argument, Rowe, in deploring the lack of
a unifying theme in the Phaedrus, ie the Dialogue's very open-
endedness, is pointing to the very success of Plato's conformity
to the idea (Rowe's idea) of the unique characteristic of living
dialogue).

After the first time of reading, the opening of the Phaedrus can
also be read as opening up from the very beginning the possibility
of reading the dtext, its form and its substance, in play against
each other. For the question, Socrates' very first inquiry - from
whom and from whence Phaedrus comes - are to be precisely those
questions which Socrates will later reproach him for asking: he
will admonish Phaedrus that the proper question concerns only the
truth or falsehood of what is said, not who speaks or what country
he comes from (275c). But by then, it will have been that very
question of who the speaker is which has been set up as the enquiry
of philosophy, the question of the self inextricably bound with
the pursuit of knowledge of the truth (230a). Except: yet again
to anticipate, the method which is apparently being favoured in
the Dialogue for that pursuit is precisely dialogue; the process
of statement and refutation in which Socrates needs to have Phaedrus
say that which appears to be important but will be shown not to be
so; to state that which is obvious in order for its grounds to be

put into question. In which case it is critical who says which words; that it is Phaedrus who replies to this question. And so on (and see III.i below).

The infinite contestability of any proposed interpretation of the Dialogue's meaning that is advance in/by the text that is to unfold is present from the beginning; made present through the possibility of re-reading passages of the texts against the context of others. In that that possibility is given by writing which evokes the event of dialogue, the content of the text is rendered doubly ironic; attention oscillating between the form in which it is written and the event to which the writing purports to refer: to the difference (pointed to) between its appearance and the reality which it could have been representing as referent.

Ironic play in the event of the dtexts is readable in the voice of the narrator as was discussed in Chapters 7 and 8; but this is a different mode and attribution of irony. And besides, such potential for irony of the dtexts comes after, in the writing about them (rather than in the re-reading of their substance).[22] This difference between the two dialogues makes in turn a difference; unlike with the _Phaedrus_, it turns attention away from the form of the dtexts as writing towards their referent as that which is interpretable (and see the early chapters of the thesis and the break at 4/5).

But: the readable presence or absence of irony in the dtexts is effected by their referential relation to an actual event, a relation that cannot be determined from the texts themselves.

II   DIALOGUE REFERS TO AN EVENT OF SPEECH

i   ...in which speech represents speakers...

The event which written dialogue represents is an event in and of

speech. What follows (although differently in each text because

of how the absence of the author is construed) is that the words

on the page represent speech which represents speakers, present in

their own words. What is involved in the reading of dialogue inso-

far as it refers to an event in speech is an apparently unproblematic

instance of the classical (and currently contested)[23] prioritisation

of voice over writing. For as the representation of an event in

speech, the written form (would be that which) clearly comes

after the speech. This is vital to the argument (by Rowe, for

example, Fig 8.1) that being (written) in dialogue, the Phaedrus

represents Plato's preference for speech as the medium for philo-

sophic enquiry. It is also, of course, vital to the interpretation

of the speakers through the dtexts (of their 'understanding of

science', their 'experience of MS').[24]

That (written) speech represents the speaker is apparently a premise

of the Phaedrus:

At first, Phaedrus evinces reluctance to report
(paraphrase) Lysias' speech, but having been teased
into the admission that he has been practicing its
oration for just such an occasion, consents to begin.
But before he can, Socrates interrupts:

SOCRATES: Very well, my dear fellow, but you must first show
me what it is that you have in your left hand under your cloak, for I
surmise that it is the actual discourse. If that is so, let me assure you
of this, that much as I love you I am not altogether inclined to let
you practice your oratory on me when Lysias himself is here present.
Come now, show it me.

Figure 8.3

That is, Lysias himself is brought to the present of the dialogue-as-event in his "actual discourse."

At the level of the event, read after the first time, after, (to concur with Ong, p245 above) what will be said by Socrates against writing, in that Socrates then proceeds in fact to 'misuse' and 'abuse' Lysias' argument about love without Lysias having any opportunity to defend his own words, this passage becomes interpretable as an exemplification of one of the very things about the written that he is later (held)to denigrate: the fact that writers cannot protect their own work from abuse (275e). But speakers can. Actually being "here present" in his speech, Phaedrus can defend his own opinions of Lysias' speech to Socrates (234c/e). At the level of the text, in that Phaedrus' speech is itself in written form, that he cannot now defend his words from my 'abuse' (p263 below) merely endorses the contrast with and this ground of preference for speech. However, in that the Phaedrus is written, the 'abuse' that Lysias' speech is subjected to can be put into question, re-interpreted by reading this passage in the context of what is to come after: a possibility unique to writing.

What at the level of the event appears as an irony against writing reappears, read at the level of the text, as one of the virtues of the written, the play offered by one reading against the other itself a virtue unique to the written form (and/or that very play, that very indecipherability of the intended meaning, a further mark against writing, demonstrable only in a written text about the difference between writing and speech).

However, the opposition being discussed in this passage of the Dialogue is in any case not as simple as speech as against writing. Lysias' 'speech' is a written text, delivered orally. Phaedrus' offer was to recite what he remembered of it, a recitation that would represent only its essential gist (228d/e).[25] Socrates, then, is asking to hear the written speech because it is the primary source, not because it is written by and 'is' Lysias himself here present; unmediated by another's interpretation. But re-read in the light of what is to come, perhaps the crucial target of Socrates' attack is the fact that Lysias' speech is an argument designed to persuade an audience to his view of a question, that is not written in dialogic form, giving thereby a "false impression of certainty" (Rowe 1987) about the question; the fact that it is monologic, making it an example of the improper use of the art of rhetoric: for the sheer amoral joy of manipulating an audience (see 291 below).

At this point in the event, the presence that is directly being put into question is the presence of Lysias-in-his-writing, the presence of author-in-text. At the level of the interpretation of the Dialogue as a whole, form against substance, the double questioning of presence expands to that of 'Socrates' in 'his own speech'; and of 'Plato' in 'his writing' - a play made possible by (reading) writing in the form of dialogue which invokes a referent though it does not have one ("Play", that is, in the engineering sense, of the slack that allows, is essential for the movement of one surface against another: for movement).

As in the _Phaedrus_, in the dtexts the presence(s) invoked by speech

at the level of the event is not just that of the interlocutors.

But the others who are brought into the dialogue as if they were

"themselves here present" are brought to the present of the dialogue's

time as event through reports of their speech (see for example p191

above)(and _pace_ the ostensive reference held, for example by

Ricoeur, to be the differentiating and exclusive mode of reference

of spoken-as-opposed-to-written discourse (Ricoeur 1981: 148-9)).

In the _Phaedrus_ it is Lysias' absence from the time of

the dialogue which is present in the text, his possible presence

invoked through his writing. In the dtexts, those others are also

absent, but brought to the present of the dtexts' dialogue by the

invocation of their speech: that is more immediately. Indeed, the

dialogue of the dtexts to a great extent consists of the reports

of dialogues with or between others: "I stopped and I said,'wait a

minute. Did I hear you right? Was that what you said?' And he

said, 'you haven't been told?'" (Daniel); "I was talking to my

neurologist about it and he said, 'well fine..'" (Mea)[26] and so

on. To tell of a life is to tell of dialogues with others, through

speaking of which the life is represented.   .

But the referred-to-speech of others is not given verbatim.

This opens towards an interpretation by the reader of the dtexts

of the referer, the speaker present in the dtext-event who is

referring to them. For in reporting the speech of the absent others,

their meanings and intentions, the speakers in the dtext dialogues

in exposing (only) their own interpretations of the original

speech, offer insight to the character and understanding of them-

selves - as persons who would interpret others' speech in the
ways they do, revealing how they make sense of 'the world'.

Thus the reader's work of interpreting the interpreter,
how the 'author', the speaker in the dialogue, is interpreting
those to whom/whose speech s/he is referring, is intermittantly
operative. This produces as an effect a constant shifting of
the reader's relation to the dtext and to its referents beyond
the immediate, in a way different from the reader of the Phaedrus
(in that the latter has no actual referent, but a consistently
mediated appearance of a relation to one).

But this effect is a concomitant of the premise that
speech recorded vertabim (the speech of the dialogue-as-event)
is the unmediated representation of speakers' speech, a premise
of difference that holds only insofar as the form of dialogue-in-
writing is held to be neutral in effect.

There is yet another interpretive effect of the reference to
past speech with others in the dtexts: for in that those referred
to dialogues, qua dialogues, share the effective features of
the form - as event, having a relation to reality and so on - the
time of the past in which the life was lived through is brought
not only to the present of the dialogue's time but straight
through to the present of the reading of the dtexts. A continuous
time-dimension is thus effectuated as the environment, as it
were, in which (all) speech occurs, the present to which the
dtexts refer a continuity with the time of reading which is always
now: connecting the reality of reading, this event, to the

referent of the dtexts, thereby producing the reality of that to
which the dtexts refer - beyond the textual record itself. It is
this continuity of the past present of speech with the present of
reading that engenders the obviousness of interpreting the dtexts
through what the reader (now) knows (at every time of reading).
But it is an interpretative opportunity effectuated by virtue of
the constitution of the continuity of time by the interlocutors'
reference to dialogues which are/were in speech and not, as in
the Phaedrus, in writing.

At the same time, in that the constitution of a seamless
web of time as the dimension in which speech occurs is one of the
effects inherent in dialogue qua form, once rendered visible,
rests in turn on an adherence to a difference between presence
in writing and in speech.

III   DIALOGUE REFERS TO THE TIME IT TAKES

As written form, dialogue not only refers to an event at a point
in time, it has as its referent the passage of time: the time
talk takes. As the dialogue as an event presages actors, so the
dialogue as an event which itself takes time presages action;
something that happens through the dialogue, the speech of one with
another. Action and re-action.

This time dimension opened up by the form once again operates
differently as an interpretative context in the case of the
Dialogue and of the dtexts (a difference, to reiterate, engendered
not least by holding a difference between them as referential texts).

In that the _Phaedrus_ is a representation rather than the record of an actual event, unlike with the dtexts, its order could have been written otherwise; it thus invites a reading which pays attention to the precise topography of the speeches, their relation in the internal order of the dialogue-event; to the argument of the text as a whole.

Thus: that which occurs (is said) early in the Dialogue is that which is open to change, to development, through the time dialogue takes. Phaedrus, having read the text of Lysias' speech aloud to Socrates, asks for his opinion:

SOCRATES :   In fact it struck me as an extravagant performance, to demonstrate his ability to say the same thing twice, in different words but with equal success.

PHAEDRUS : Not a bit of it, Socrates. The outstanding feature b of the discourse is just this, that it has not overlooked any important aspect of the subject, so making it impossible for anyone else to outdo what he has said with a fuller or more satisfactory oration.

SOCRATES : If you go as far as that I shall find it impossible to 235 agree with you; if I were to assent out of politeness, I should be confuted by the wise men and women who in past ages have spoken and written on this theme.

PHAEDRUS : To whom do you refer? Where have you heard anything better than this?

SOCRATES : I can't tell you offhand, but I'm sure I have heard something better, from the fair Sappho maybe, or the wise Anacreon, or perhaps some prose writer. What ground, you may ask, have I for saying so? Good sir, there is something welling up within my breast, which makes me feel that I could find something different, and something better, to say. I am of course well aware it can't be anything originating in my own mind, for I know my own ignorance; so I suppose it can only be that it has been poured into me, through my ears, as into a vessel, from some external source, though in my stupid d fashion I have actually forgotten how, and from whom, I heard it.

Figure 8.4

Given time, he can then be shown to have been drawn by the movement in/of the dialogue from confidence in his own opinion towards

a recognition of the fallibility of his pretentions to knowledge:
his own ignorance.   Or rather, readers, overhearing the event
as it proceeds, can understand Phaedrus to have understood nothing
about his own ignorance, as he repeatedly agrees with whatever
Socrates says: "Yes indeed"; "Of course" (Fig 8.9: 258c/d).
Indeed his final utterance in the Dialogue will be to say that,
"friends have all things in common" (279c), apparently surrendering
to Socrates the entire onus of the work of thinking.[27] The
potential for change, for an increase in his knowledge opened up
by the time dialogue takes marks Phaedrus' failure.[28] And our
own success at noticing his failure, a mark of our own enlighten-
ment effected, unlike him, by Socrates, reading the Dialogue
through time (a time that may be repeated, re-lived through,
which is the exclusive virtue of the written): the time of the
dialogue 'itself' however crucially being uni-directional, mono-
linear.   In fact it is the irreversible linearity of speech that
allows for the self-questioning movement that is the Dialogue's
quintessential virtue as a form of enquiry.   Inquiry which <u>needs</u>
time.

By contrast, and in that the order of speeches arises in the dtexts
from the event and not as a consequence of decision, not arranged
<u>as</u> constituting an argument, it is not so much the sequence of
the speeches that is the relevant context for interpretation but
rather the 'whole'; the period of time it takes to transfer the
experience/knowledge of MS from one to another, for all that
ideally could have been transferred, the question then becoming

one rather of how sufficient, how complete, that transfer was.

But when it comes to their reading, the temporal dimension of the dialogue qua referential form suggests a way of interpreting the substance against the sequence in which the speech occurred during that period. Given the effective features of the form, insofar as the dtexts' referent is a dialogue which began between strangers, the time to which the dtext refers provides the time for a deepening level of intimacy, of trust, of frankness. Read in this way, a horizontal dimension of movement is discernible in the dtexts that offers a criterion for the interpretation of passages according to where they occurred along this time dimension.

As strangers, not friends, not everything can be spoken of at first: what is spoken of rather beginning with the neutral and most distant events; reaching in those interviews which were the most successful (the experience of MS the most faithfully transferred) intensely private talk of life and death: winding up again to the surface, to end the interview at the level of the everyday, the reversion to strangerhood. Marks of such a cadence such as, "I've never told anyone this before..." (James) and, as already referred to in Chapter 6, Daniel's return to an incident the second time revealing it to have been in fact utterly negative, utterly bleak and despairing, themselves rely on time: both revelations occurring well on into the time the dialogue took.

To identify a cadence of intimacy developing through the time of the dtexts' referent however relies on taking the usually unspeakable as the most significant; to interpret through the

fore-knowledge of what is usually sayable in such circumstances: above all, that that which is the most terrible _is_ the most true (what is said most faithful to the experience itself). This sits in stark contrast against the Phaedrus' portrayal of the true as, "the right, the beautiful and the good" (278c).[29] But that is a contrast arising from the other effective features of the reference of dialogue: the sequence of speech through a period of time between strangers.

As a context for interpreting the matter of the text, then, the temporal dimension of talk opened up by dialogue works in the dtexts to offer the idea of a whole experience (the time for every aspect of MS to be referred to) against the idea of the depth of the experience, the closeness of the words to the experience, the matter to be transmitted.

But in that sense, against appearances, the time referent of the dialogue increases the interpretative problematic of the dtexts, for the breadth/depth of what is conveyed does not cumulatively form a richer dimensionality to the experience as that which may be being conveyed. Rather they are in conflict. For whilst the cumulation towards the completion of a full account requires each reference to the experience to be equivalently faithful to it, the 'cadence of intimacy' developing through the time the dialogue takes suggests that each reference cannot be equally faithful.

However, the relation of particular passages of talk to the experience spoken of, neither their breadth nor depth (their

completeness nor their faithfulness) can be ascertained either from the words themselves or from their place in the context of the time the event took without reference to the dimension of time opened up as an effect of the form, effectuated in/by the dtexts as dialogue-in-writing.

The passage cited in Figure 8.4 from the Phaedrus also raises another aspect of the effect of temporality on interpretation (the consideration of which will prepare the way for the second part of this chapter, concerning the kind of inquiry dialogue represents), which has to do with the kind of movement of argument that the form of the dialogues allow.

Compared with Phaedrus' early claim to knowledge (Fig 8.4: p262 above), Socrates' early claim to an ignorance of himself in the same passage marks (as) the beginning of an unfolding through the time of the Dialogue of what it would be to pursue his own questioning. At this point in the Dialogue, that Socrates may be ignorant and still speak authoritatively, qua philosopher, is a puzzle that may be accounted for by reading the text rather than through to the event. For what at this point he feels "welling up" in him to say does not, he says, originate with him. He knows himself (refers to himself as) merely a "vessel" for the "something better to say" on love than Lysias, the precise source of which he has "actually forgotten" but the general source of which is the works (writings amongst them: 235a) of others more knowledgeable than him. His speech, his knowledge, originates elsewhere.

But this reference to the authority of his speech residing
in the works of others, his endorsement of the authority of
others, will be undercut in its turn (in time). For the speech
on love he is then "impelled" to make (237-241d) is the very
speech that he will regret (see Fig 8.8). This endless refutation
of statements (deemed to be the essence of Socratic dialogue) is
dependent on the monolinear temporality of dialogue. (To pursue
this point here: this passage, ironicised by what comes after -
by a particular passage, that is, that comes after - is then
re-interpretable as meaning that the fault lay not so much in his
reliance on sources from elsewhere which should have been
rejected tout court, but his failure to engage them in dialectic,
the movement towards truth that requires the (works of) others in
order to begin but requires that the other be questioned. (That
'Plato' is not 'against writing' is arguable upon this basis:
that the dialectic essential to enquiry is the mode made possible
by the representation of speech in writing rather than in speech
itself: in the Phaedrus's referential form).

Initial claims to ignorance are also made early in the dtexts'
dialogic event - by AW: thus it is the people with MS who are
deemed 'the others', those who are knowledgeable about the matter
under inquiry, of themselves and their knowledge of MS. They
tell AW through the time the dialogue takes more than she tells
them: it is they who respond to her questions; she questions only
them. During the course of the dialogue it follows that the
latters' knowledge is similarly being "poured into" AW.

If the claim is at this point in the Phaedrus that knowledge

does not originate in an individual but that each individual

is a medium through which the knowledge of others more knowledge-

able speaks, the same may be said of AW as an individual, through

whom her tradition speaks. But this would be to say that both

interlocutors in the dtexts' dialogue were passive: that what

the people with MS 'pour into' AW as vessel is what they want to,

and is all that they have to say. But on the contrary, being

knowledge produced in dialogue, action and reaction through time,

responses are evoked from/by the other. She, speaking from her

tradition, asks the questions which set the grounds, the domain

for response. Thus although what the others know about themselves

may be being transferred through the time of the dialogue, what is

transferred is only 'what they know' that she knows how to ask,

and, what they can hear her to be asking.

Nevertheless, given this limitation, it appears that at the

level of the event to which they refer, there is offering and

acceptance of knowledge: the transferral of the matter, knowledge

of MS, from one to the other, its substance terminating with the

end of the time of the event. In this sense the time dialogue

takes is not, as in the Phaedrus a time, at least potentially,

for mutual change.

But as a text to be read, the time of the event of the dtexts

in effect opens up to rather than marks the end of dialogue; opens

to the use of the event of speech for the development of a thesis

through the other no longer present; the action opened indefinitely

to a silent dialogue between dtexts and reader, reading against

the event, questioning the grounds of speech, a dialogue which
continues the movement of what passes in the dtext qua event.

In the _Phaedrus_, this movement of/by dialogue, the shifting of the
grounds, occurs as the exchanges proceed (as if) through the
time of the event.   In Figure 8.4 above (p262):

Phaedrus:	says Lysias' speech is as the final word on this aspect of the subject of love;
Socrates:	says that he cannot agree because he knows that better arguments have already been made on the topic;
Phaedrus:	demands, who said better? Identify your sources.
Socrates:	does not only not cite his authorities but refutes Phaedrus' assumption that Lysias, or anyone, could be the source and origin of their own speech - thereby putting into question the grounds upon which Phaedrus' opinion was premised.

Socrates does not only point out that Phaedrus is mistaken, but
to a deeper ground that his question concealed, that he had failed
to be aware of. The movement in the Dialogue is not question-and-
answer; "When were you first diagnosed?" "Well it was about..."
and so on. Not the transferrence of information but a shifting, a
movement beneath what is said; a movement that will continue, can
be interpreted as having continued by virtue of the time dialogue
was to take. The temporal monolinearity of speech as referent
of the Dialogue is critical for this under-cutting; the identi-
fication of this movement of theorising in/by the text; engendered
in the activity of reading against form.

It is not, pace Rowe (Fig 8.1), the similarity of the Phaedrus

to "living dialogue" but its difference from it (at least in

the case of the dtexts as the basis of comparison) that the

open-endedness of the Dialogue lies: its being written, not

its being dialogue that allows for the representation of a

proper uncertainty.

***

***

To re-capitulate in order to move away: questioning the

referential status of the dtexts, their relation to actuality,

ends in an aporia: their immediate characteristics, their

immediacy - as a unique event, of speech, between interlocutors -

conferred on 'the referent' by their form as dialogue. One

can see how they may be read as having/read through to those

origins (as was done in Chapter 4), but not how one may securely

ground a claim that they do.

The question of the interpretation of the dtexts has been tied

since the beginning of Chapter 6 to a question of reference.

Implicit in this pursuit, in the sequence of the thesis, has

been that their sociological interpretation cannot begin until

that question has been addressed. Yet it has been in the work

of interpretation that their status is engendered, interpre-

tation which is effected - in specific ways - by the form in

which as texts they are structured; the form(s) against which the dtexts have been here read.

What happens if we suspend the problem of referential status at this point but nevertheless continue with re-reading the dtexts against the _Phaedrus_, moving towards what becomes its substantive matter, the nature and limits of enquiry? For each of the dtexts is, like the _Phaedrus_, itself an inquiry, the production-of-knowledge-through-dialogue.

8.2   AGAINST THE FORM OF INQUIRY

Unique to inquiry in the form of dialogue, its most obvious

feature, is that it is person ified; is the engagement of one

person with another. For the movement of dialogic enquiry, the

other is essential to each interlocutor.

As a way of beginning: what difference does it make that

what the inquiry consists of happens as a response of one to the

other, that movement of responsiveness the impetus for the happen-

ing of 'what happens'? What is this requirement for the other?

As far as the dtexts are concerned, to enquire into the experience

of MS, into lay conceptions of science, to do this research, it

is that knowledge is to be passed in/by dialogue from one to the

other, that the researcher is face-to-face with a spokesperson of

the world of experience that is being enquired about, that it is

the latter who is questioned by the former, that exemplifies what

such inquiry is. In each other's presence, in the immediacy of

speech, inquiry occurs closest to the original source of experience.

Furthermore, it is only in co-presence that the other can be

questioned according to the interests of the inquirer, pursuing

the matter. It follows that the other is absolutely and obviously

necessary to the inquiry (at this first stage: although as has been

remarked, their subsequent absence is no inhibition

when it comes to the work of interpretation of the dtexts).

According to Rowe (Fig 8.1), in the _Phaedrus_, true philosophic

inquiry is that which occurs through speech with the other, "the

living conversation between philosopher and pupil. This alone

(Socrates suggests) can lead to genuine intellectual progress,"

through the use of the other's responses.

Most obviously, the "intellectual progress" is that

of "the pupil",[30] for whom the "philosopher" is the essential

other through whom enlightenment may be effected, the source of

education. But "the other" is also essential for "the philosopher."

Much of the substance of the _Phaedrus_ qua inquiry concerns

an exposition of the relation between the erotic form of love - $\acute{\epsilon}\rho\omega\varsigma$

(eros) - with the love of wisdom - $\varphi\iota\lambda o\sigma o\varphi\iota\alpha$ - philo-sophia. It is

love of the other, the beautiful (male) other which is the

essential impetus which begins a man on the quest for wisdom, is

essential to the beginning of his aspiration. For through and

only through the love aroused by the beauty of his beloved will

he be reminded of the vision of the ideal world of truth that

all souls once glimpsed, in the time when, before birth:

> pure was the light that shone around us, and pure
> were we, without taint of that prison house which
> now we are encompassed withal, and call a body,
> fast bound therein as an oyster in its shell (250c).

Only through love of the other will he be prompted to recapture

that vision - of wisdom itself (246-257). Which is why there

is no question so fundamental for this philosophy, the question

of love not only its project but its origin. Mere introspection

is sterile:[31] the desire for wisdom only engendered through

desire for the other.

SOCRATES: Lead on then, and look out for a place to sit down.

PHAEDRUS: You see that tall plane tree over there?

SOCRATES: To be sure.

b PHAEDRUS: There's some shade, and a little breeze, and grass to sit down on, or lie down if we like.

SOCRATES: Then make for it.

PHAEDRUS: Tell me, Socrates, isn't it somewhere about here that they say Boreas seized Orithyia from the river?

SOCRATES: Yes, that is the story.

PHAEDRUS: Was this the actual spot? Certainly the water looks charmingly pure and clear; it's just the place for girls to be playing beside the stream.

c SOCRATES: No, it was about a quarter of a mile lower down, where you cross to the sanctuary of Agra; there is, I believe, an altar dedicated to Boreas close by.

PHAEDRUS: I have never really noticed it, but pray tell me, Socrates, do you believe that story to be true?

SOCRATES: I should be quite in the fashion if I disbelieved it, as the men of science do. I might proceed to give a scientific account of how the maiden, while at play with Pharmacia, was blown by a gust of Boreas down from the rocks hard by, and having thus met her death was said to have been seized by Boreas, though it may have happened on the Areopagus, according to another version of the occurrence. For my part, Phaedrus, I regard such theories as no doubt attractive, but as the invention of clever, industrious people who are not exactly to be envied, for the simple reason that they must then go on and tell us the real truth about the appearance of centaurs and the Chimera, not to mention a whole host of such creatures, Gorgons and Pegasuses and countless other remarkable monsters of legend flocking in on them. If our skeptic, with his somewhat crude science, means to reduce every one of them to the standard of probability, he'll need a deal of time for it. I myself have certainly no time for the business, and I'll tell you why, my friend. I can't as yet 'know myself,' as the inscription at Delphi enjoins, and so long as that ignorance remains it seems to me ridiculous to inquire into extraneous matters. Consequently I don't bother about such things, but accept the current beliefs about them, and direct my inquiries, as I have just said, rather to myself, to discover whether I really am a more complex creature and more puffed up with pride than Typhon, or a simpler, gentler being whom heaven has blessed with a quiet, un-Typhonic nature. By the way, isn't this the tree we were making for?

Figure 8.5

In both cases, for the inquiry represented by the dtexts and by
the Phaedrus, the other is essential for their very existence.

But what is the purpose of inquiry, its matter, that is made
possible in/by dialogue? And here it seems the texts substantively
diverge.

Taking a passage this time out of the chronological sequence in
the event, (as if) before the inquiry of the Phaedrus properly
gets underway, before they have found the plane tree under which
they will sit and talk, Socrates makes the famous statement that
his concern is with seeking only to "know myself" (230a) (Fig.
8.5). This is regarded not only as an explicit statement of the
matter of the Phaedrus in particular:

> The purpose of the exercise is that self-discovery
> (the 'self-knowledge' of Griswold's title) which
> Socrates identifies as his project at the beginning
> of the dialogue...the unifying theme of the work.
>
> Rowe 1987 (Fig 8.1)

but is agreed upon by scholars to be the fundamental key to Plato/
Socrates' entire philosophy:

> The inscription 'know thyself' upon the temple of
> Apollo at Delphi expresses the essence of the philo-
> sophy of Socrates, who turned philosophy away from
> the study of external nature to that of man as a
> moral being.
>
> Hamilton 1986: 25[32]

the matter of all Socratic inquiry.

> What Socrates seeks...is to know himself both as an
> individual and as a member of the human species.
>
> Rowe 1987: (Fig 8.1)

The enquiry which the Dialogue represents is personified, then, to follow this line, because it is knowledge of persons, as individuals and as members of a species that is the matter for inquiry, that grounds philosophy. To enquire about persons requires persons to enquire from/with.

As characterised by Rowe, this telōs of Socratic philosophy appears in one sense the same as the telōs of socio-logical inquiry (at least that represented by the dtexts):[33] knowledge of the individual and of society, of persons. Knowledge of a genus of persons, 'people with MS' in their particularity, derived from knowledge of the individuals through whom the inquiry is (has to be) effectuated: Daniel, Meg, George.

But whilst in both cases it seems the knowledge of the other is the object of inquiry, what of knowledge of the self? How is this related to the form of inquiry represented in/by dialogue in the Phaedrus and in the dtexts? For in the former we appear to have knowledge of the self as the first priority; in the latter, a concern only for the knowledge of the other to the inquirer.

Indeed, the inquiry directed towards and based upon the dtexts appears to fall under the mockery directed by Socrates against the "men of science" (Fig 8.5: 229c/d) in that it too is about "extraneous matters," about others not in their 'nature' but in their experience,[34] a matter for inquiry which, like with that of the men of science, seems to operate with a presumption that it is possible to distinguish the truth of

certain statements as distinct from unlikely myths. In fact one
might say that the matter for the dtexts' inquiry is to find good
grounds for disbelieving myths - what everybody (thinks they) know
about what chronic illness is like, how non-scientists regard ·
science. The question of what the self is - the nature of the
inquirer or the inquired of - does not seem to be the question
at the heart of the dtexts.

And yet: dialogic inquiry, in being conducted between/by human
beings, being personified, is predicated¯on a knowledge of
'human nature' - of the self-and-other, a knowledge of human nature
that, however, both inquiries deny to be fully possible (denials
which in turn are grounded upon what they deny).

According to Ong, the limits to 'self-knowledge' are those which
could not have been known to 'Plato/Socrates himself':

> In fact, as Havelock has beautifully shown, Plato's
> entire epistemology was unwittingly a programmed
> rejection of the old, oral, mobile, warm, personally ·
> interactive lifeworld of oral culture...Plato of
> course was not at all fully aware of the unconscious
> forces at work in his psyche to produce this reaction,
> or overreaction, of the literate person to lingering,
> retardant orality.

Ong 1982: 80-1

This is however to begin with a universal theory of the self:
to take the existence of "the psyche" as axiomatic, beyond the
possibility of question. With an ironic twist, to accept the
"word of the men of science" (229d); not to take seriously the
pursuit of knowledge of the nature of the self as that with

which inquiry has to begin, but rather to proceed with the dis-
covery of the nature of others - "Plato" for example - as the
first and achievable necessity.

To Ong, Socrates' project of knowledge of himself is
limited by the irrecoverability of the unconscious; to Socrates
himself, it is limited by the difference between gods and men who,
being members of different species, do not have equal access to
knowledge. Whilst gods exist in the presence of wisdom, souls
are torn by birth from its contemplation, and life is the struggle
to return to a position that is possible only, and only for some,
beyond life. Both limits to self-knowledge are premised on
knowledge of what human nature is: the bottom line of their inquiry
(pre)formulating what (else) can be dis-covered about the nature
of human beings, the self and/or others.

But: this is to identify a flaw at the heart of the Phaedrus
qua inquiry, based on a confidence in the power of reason to lead
to the truth. However, the Phaedrus does not allow the matter to
be so simply settled.

Whilst knowledge of 'humans' in their nature is not the object
of the dtexts, the 'matter' of their inquiry is similarly pre-
dicated on a concept of the nature of persons as the ground for
the pursuit of inquiry with/of the other. For basic to the
representation of inquiry as two speakers speaking with one
another is the very normality of, the inherently human possibility
of, communication - one mind, consciousness with another, the

words the media of this communication, the transmission of understanding, of meaning. That it is simply in the nature of persons that they can and do communicate: the very predicate of intersubjectivity.

At the same time, one of the limits of human under-standing of oneself by others is, it is said many times in the dtexts, limited by the impossibility of knowledge without the same experience. That is, although the whole inquiry of the dtexts as a dialogic event is premised on the possibility of understanding what the other experiences through communication with them, one of those communications is that without experience of MS, no explanation or description can convey the whole authentic lived experience to another: that only one-self can know what it is to be that self. To say that though is to presume one can know that another does not know what it is like; is predicated on what it denies: the possibility of comprehension, of knowing the other. (And to understand that that is 'what the dtexts say' is to accept as knowledge that each self is beyond speech, in utter isolation. And that that knowledge, by the same token, has no grounds).

Furthermore, for the dtexts as a form of inquiry, it is also necessary that the others, the people with MS, know them-selves, over and above whether they are speaking of that knowledge, whether the 'experience of MS' can be represented in/by their speech, their responses to questions. That they can and do have 'self-knowledge'.

Both dialogues then stand witness to the absolute necessity of the self and the other for the engendering of their practice of inquiry. In being personified, inquiry, pursued one with another, is inexorably represented - as a feature of the form - as having its fundamental ground the nature of the self as the predicate of all knowing, all inquiry. And yet that ground is the _matter_ of inquiry: that which is not known. In being personnified, dialogic inquiry is formulated as aporetic. Deeply contradictory.

Far from this being a "flaw" discovered in the argument, there is in the _Phaedrus_, in the very passage quoted in Fig 8.5, a perfect self-descriptive image within/of the text:

230 and I'll tell you why, my friend. I can't as yet 'know myself,' as the inscription at Delphi enjoins, and so long as that ignorance remains it seems to me ridiculous to inquire into extraneous matters. Consequently I don't bother about such things, but accept the current beliefs about them, and direct my inquiries, as I have just said, rather to myself, to discover whether I really am a more complex creature and more puffed up with pride than Typhon, or a simpler, gentler being whom heaven has blessed with a quiet, un-Typhonic nature. By the
b way, isn't this the tree we were making for?

Figure 8.6

The latent significance of the couching of the question of the nature of the self in a comparison to the nature of the Typhon was released by a coincident reading of Melville's _Moby Dick_ (1988) during the second drafting of this chapter.

According to Tanner's Introduction, the Typhon occurs in a

myth from Plutarch's <u>Isis and Osiris</u>:

> Osiris is a priest/god/king who sails the seas
> hunting Typhon, an aquatic monster. Once a year
> Typhon dismembers Osiris who then disappears from
> the earth and the land is infertile. In a vernal
> phallic ritual, Osiris is healed and the fertility
> of the land is restored.
>
> Tanner 1988: xxvi [35]

Tanner is suggesting that Melville's whale stands for that which

cannot be captured in words, in writing; for "the hopelessness

of our categorizing ambitions" (viv) for knowledge of what

things are; for inquiry; the whale which bears on its body scars

that are "hieroglyphical", a self-describing writing that is

both mythical and indecipherable.

Socrates' comparison between the question of the nature

of the self with that of the Typhon, as that which creates and

destroys Osiris, whose name represents dominant power that is

both secular and sacred yet dependent on the Typhon for its

existence, explodes.

Here in the <u>Phaedrus</u>, 'in' the very project of knowledge

of the self, a perfect analogy for enquiry: having no ground to

begin and yet having to. For philosophy which cannot begin

with the empirical question as the "men of science" do, but

has to be concerned with the grounds upon which their questions

depend, a project that engenders its own death in that there is

no stable ground for that or any other kind of inquiry to begin.

No true knowledge of the nature of the self because no true

knowledge of the other. No true knowledge of the other because

always contaminated by ignorance of the self. No ground for inquiry, only movement: the movement involuntarily engendered by response one to another. Yet the engendering, preservation and death of the sacred - truth, the human - only in/by inquiry. In its self-description, the Dialogue trying to grapple with the double face of inquiry: its true monstrosity, no less monstrous because disfigurement, disintegration and death are the source of fertility, the endless and essential cycle in which death and generation are not opposed but the same thing.

Having come so far and in such a way, this passage becomes key to the decipherment and the indecipherability of the Phaedrus: the central destabilising principle at the core of the text perfectly represented by the perpetual instability between its form and content. The fatal personification of inquiry in/by all dialogic forms.

And yet: there appears in both dialogues to be some kind of progress, some kind of movement, development, about the matter in hand, the impetus arising as a response to the other's state-ments, what is said by the other to each: a movement towards clarity that appears not to be dependent upon knowledge of the (self or) other themselves but upon their works. To revert to the chronology of the text:

Phaedrus urges Socrates to respond with his own speech on the

question:

> SOCRATES: But, my dear good Phaedrus, it will be courting ridicule for an amateur like me to improvise on the same theme as an accomplished writer.
> PHAEDRUS: Look here, I'll have no more of this affectation, for I'm pretty sure I have something to say which will compel you to speak.
> SOCRATES: Then please don't say it.
> 236 PHAEDRUS: Oh, but I shall, here and now, and what I say will be on oath. I swear to you by—but by whom, by what god? Or shall it be by this plane tree? I swear that unless you deliver your speech here in its very presence, I will assuredly never again declaim nor report any other speech by any author whatsoever.
> SOCRATES: Aha, you rogue! How clever of you to discover the means of compelling a lover of discourse to do your bidding!
> PHAEDRUS: Then why all this twisting?
> SOCRATES: I give it up, in view of what you've sworn. For how could I possibly do without such entertainment?

Figure 8.7

In declaring himself to be a lover of discourse, it is not only

Phaedrus himself "here present" but the works of others which

Socrates is saying he could not do (philosophy) without.

Is it then that it is not the presence-in-speech of others

that is essential to dialogic enquiry but their works? That the

personnification-in-dialogue is vital not in that it represents

co-presence but that it represents the duality of inquiry? An

impetus for inquiry that can occur even given the essential

absence of self-knowledge?

But this possibility is immediately driven down in its turn.

Socrates proceeds to argue against the case about Love put by

Lysias, but he breaks off his speech before Phaedrus expects:

> **SOCRATES**: That was a terrible theory, Phaedrus, a terrible theory that you introduced and compelled me to expound.
> **PHAEDRUS**: How so?
> **SOCRATES**: It was foolish, and somewhat blasphemous, and what could be more terrible than that?
> **PHAEDRUS**: I agree, if it merits your description.
> **SOCRATES**: Well, do you not hold Love to be a god, the child of Aphrodite?
> **PHAEDRUS**: He is certainly said to be.
> **SOCRATES**: But not according to Lysias, and not according to **242** that discourse of yours which you caused my lips to utter by putting a spell on them.

Figure 8.8

He has, he explains, been carried away by arguing point-by-point against the case put forward in Lysias' speech, by the requirement to make a response symmetrical to Lysias' own. Has been lead to say what he did not mean to say at all. It was the symmetry that invited completion that was determining the argument of his own speech in response.

To answer a case (the work of others) by refutation, point-by-point, is to respond to its underlying form, to complete the circle of symmetry but, as Socrates has demonstrated, in thus responding, to collude in the case's grounds. Given the need for all discourse for the works of others, this acceptance that form is symmetrical (or a-symmetrical, which is within the same concept), it is not surprising that inquiry appears to be an accretion which suggests cumulative movement "towards clarity", through the negation or reversal, in any case oriented 'against' and engendered by what went before.

Through recognising that he said what he did not mean because of responding to the structure of Lysias' argument, and thus to its false premise, Socrates appears to be rejecting the imposition on substance by form, by positing an independent criterion.

However: the pivot of Socrates' refutation of Lysias' and then his own speech half completed in response rests on the rule of non-contradiction. Halting his own con-forming speech Socrates steps outside, or rather underneath, and is thus able to see that the fault of both speeches was their unexpressed assumption: that Love can be evil. If Love is a good (which it is), it cannot at the same time be bad. The identification of a contradiction reveals there to have been a mistake. On the basis that we know at least something (what a contradiction is: that something _is_ a contradiction)[36] we may be sure that the argument is false even if we do not know what the true statement of the argument would be.

But that axiom of non-contradiction is precisely a con-comitant of the rule of form - something cannot be both a triangle and a circle because...forms are like that. The concept of form is itself part of the old _mea geometrica_ (Johnson 1983); profoundly epistemological, essentially linear; and is operating not only beneath Lysias' mistaken speech but Socrates' refutation of his conformity with it. (The spatial, geometrical, epistemological metaphors - "beneath", "outside" and so on themselves inescapably involved in the demonstration of the inescapability from the epistemology of form).

This responsiveness, the need for the other even at its most abstract - for Lysias' monologic argument - its most a-personal, pre-formulates inquiry.

And yet: to move with the text, even if (by demonstration) form is inescapable, Socrates appears to offer a way of escape for inquiry. For his response to Lysias was not only foolishly based on a contradiction but, he says, blasphemous. It was against the gods. Since the gods are/know the truth of things, inquiry that leads towards blasphemy must not be true (or should not be pursued?). At first sight, this transcendental moral criterion seems utterly alien to the practice and evaluation of sociological inquiry.

And yet: what still obtains as that which is to be held sacred - beyond question - is the idea of 'the human', the very absence of which in the works of deconstruction (and of ethnomethodology in earlier times: see Chapter 3.1) is the criterion invoked by critics to vilify such works as being beyond the pale. Over and above where theorising may lead is the anathema pronounced on all works which are read as de(con)structive[37] of the idea of the human. One may attempt to unravel the question of how man came to be what he is but not question what is involved in saying "that he is".[38] One may inquire, but is bound (for shame) to hold back from anything that leads to infinite regress: to the abyss. For such paths lead, blasphemously, to nihilism:

a(n axiomatically derived) contradiction of 'what is'. But by the same token, the sanctity of reason/method as that which drives inquiry is diminished, for it may not, for fear of the anathema, be freely followed to such a bitter end.

Yet: the question of responsibility, of the author for the text as it is written, the interviewer towards the interviewed remains: deeply troublesome.

And yet: even Socrates' certainty about the moral criterion of blasphemy is dissolved as the dialogue proceeds.

> **SOCRATES:** Tell me then, when an orator, or a king, succeeds in acquiring the power of a Lycurgus, a Solon, or a Darius, and so winning immortality among his people as a speech writer, doesn't he deem himself a peer of the gods while still living, and do not people of later ages hold the same opinion of him when they contemplate his writings?
>
> **PHAEDRUS:** Yes, indeed.
>
> **SOCRATES:** Then do you suppose that anyone of that type, whoever he might be, and whatever his animosity toward Lysias, could reproach him simply on the ground that he writes?
>
> **PHAEDRUS:** What you say certainly makes that improbable, for apparently he would be reproaching what he wanted to do himself.
>
> 258 d **SOCRATES:** Then the conclusion is obvious, that there is nothing shameful in the mere writing of speeches.
>
> **PHAEDRUS:** Of course.
>
> **SOCRATES:** But in speaking and writing shamefully and badly, instead of as one should, that is where the shame comes in, I take it.
>
> **PHAEDRUS:** Clearly.
>
> **SOCRATES:** Then what is the nature of good writing and bad? Is it incumbent on us, Phaedrus, to examine Lysias on this point, and all such as have written or mean to write anything at all, whether in the field of public affairs or private, whether in the verse of the poet or the plain speech of prose?

Figure 8.9

For how may praise or blame be properly attributed?

In/by the Phaedrus it is addressed by Socrates as a question of the relation between rhetoric, dialectic and truth. Both rhetoric and dialectic are techne - which concern the ordering of discourse, formulations which wrest the virtual potency of discourse into powerfully effective methods. They are both methods that presume an other to discourse in that they are essentially addressed communications. In that they are techne, at the same time they presume a 'technician', with the capacity

to release discourse's latent power; a technician who may thus

be praised or blamed according to the uses to which s/he puts it.

The uses are in turn adjudged according to their consequences,

the telos which every inquiry moves towards.

According to traditional interpretation, the thrust of the

Phaedrus is to elevate dialectic and to denegrate rhetoric as

the proper mode of writing-and-speech, for inquiry.[43] However:

According to Rowe (Fig 8.1), having dealt with the topic of love:

> Socrates and Phaedrus now embark on a long discussion
> of rhetoric which appears completely to lose sight of
> the substantive topics of the first part.

Rowe 1987 (Fig 8.1)

But to read the text:

SOCRATES: Must not the art of rhetoric, taken as a whole, be a kind of influencing of the mind by means of words, not only in courts of law and other public gatherings, but in private places also? And must it not be the same art that is concerned with great issues and
261 b small, its right employment commanding no more respect when dealing with important matters than with unimportant? Is that what you have been told about it?

PHAEDRUS: No indeed, not exactly that. It is principally, I should say, to lawsuits that an art of speaking and writing is applied —and of course to public harangues also. I know of no wider application.

Figure 8.10

Phaedrus surrenders to Socrates' contention: that rhetoric occurs

in all inquiry, it is an effect inherent in inquiry per se (and

operative, then, pace Rowe, in "the substantive topics of the

first part") in that the objective and the effect of inquiry is

to influence others, whatever its substantive topic.

Phaedrus also surrenders another belief about rhetoric, its relation to that which is true:

> **PHAEDRUS:**   what I have heard is that the intending orator is under no necessity of understanding what is 260 truly just, but only what is likely to be thought just by the body of men who are to give judgment; nor need he know what is truly good or noble, but what will be thought so, since it is on the latter, not the former, that persuasion depends.

Figure 8.11

For on the contrary, Socrates argues, the rhetorician has to have true knowledge - of the soul in its nature and its variations <u>in order to</u>, "influence men's souls", the object "on which our discourse is brought to bear" (270a), the souls of his audience.

> **SOCRATES:** Since the function of oratory is in fact to influence men's souls, the intending orator must know what types of soul there d are. Now these are of a determinate number, and their variety results in a variety of individuals. To the types of soul thus discriminated there corresponds a determinate number of types of discourse. Hence a certain type of hearer will be easy to persuade by a certain type of speech to take such and such action for such and such reason, while another type will be hard to persuade. All this the orator must fully understand, and next he must watch it actually occurring. exemplified in men's conduct, and must cultivate a keenness of perception in e following it, if he is going to get any advantage out of the previous instruction that he was given in the school. And when he is competent to say what type of man is susceptible to what kind of discourse; when, further, he can, on catching sight of so-and-so, tell himself, 'That is 272 the man, that character now actually before me is the one I heard about in school, and in order to persuade him of so-and-so I have to apply *these* arguments in *this* fashion'; and when, on top of all this, he has further grasped the right occasions for speaking and for keeping quiet, and has come to recognize the right and the wrong time for the brachylogy, the pathetic passage, the exacerbation, and all the rest of his accomplishments—then and not till then has he well and truly achieved the art. But if in his speaking or teaching or writing he fails in any of these requirements, he may tell you that he has the art of b speech, but one mustn't believe all one is told.

Figure 8.12

But whilst the rhetorician (the inquirer) has to have a precise
and ordered knowledge of souls in order to address each
particular audience in the way that will be most effective, this
knowledge may be put to any kind of use. Though Socrates
deplores those who employ it merely, "for the sake of speaking
to and dealing with his fellow men" (273e) (and see 258 above),
its proper employment, "to speak what is pleasing to the gods"
(273e) appears to be a matter of choice rather than necessity.
Rhetoric is a techne that is a matter of structuring discourse
in certain ways (expounded in the text in some detail: see Fn 45),
a formal organisation that produces effects irrespective of the
contents of what is communicated. It is then the form, the
rhetorical structuring, that makes (any) content persuasive.

Nevertheless this cannot be done without true knowledge
also of the topic in hand, or at least the effectiveness of
rhetoric lies in the degree of the rhetorician's knowledge of
the truth of it. Even were a rhetorician him/herself unconcerned
with the truth but believed what was most effective was reference
to the probable (as Phaedrus suggested: see Fig 8.10) (see also
Fig 8.5: 229e, where the reduction of the question of the
existence of centaurs,[39] the Chimera and so on by "the men of
science" to the "standard of probability" is precisely the
business which Socrates himself has "no time for"):

> The multitude get their notion of probability as a
> result of a likeness to truth, and we explained just
> now that these likenesses can always be best dis-
> covered by one who knows the truth (273d).

Knowledge of the truth, then, is essential to successful discourse,

but successful discourse need not in itself be true or have
the telōs of truth. It is then in knowing the truth and
deliberately turning away from it that the reprehensibility,
the proper attributability of "shame" to the discourser lies.
The more effective the discourse, the greater the knowledge
of the truth the rhetorician must have possessed and the
greater his blasphemy. (Hence the deep disgrace of Socrates'
response to the rhetorical form of Lysias' speech, the speech
which, in responding with his own rhetoric, persuaded Phaedrus
that he was hearing the truth from Socrates). Rhetoric, that
is, persuades those to whom it is addressed into taking that
which appears to be the truth as true.

Given the a-moral, virtual, ubiquitous effectiveness of the
technē of rhetoric but the necessity of knowledge of the truth
for its most effective employment, it is the method of dialectic
which, Socrates urges, is the means by which truth may be
approached - the apparently a-personal method of argument which,
if followed rigorously, will lead inquiry in the right direction.

Within the text, dialectic is described as the method
of division (Nussbaum 1986: 228); of things into their genus
and species, the one as the one of many - the method by which
Socrates has already dis-covered the immortality of the soul
(245-246).[40] But it is a form of inquiry which is concerned not
simply with questions and answers about what things are, but
with the grounds of questions and the relation of those grounds

to possible answers (see p269 above), dependent therefore on responses from and to the other. In that sense, the personification of inquiry in/by the Phaedrus represents in its own form the method of division, which by dividing inquiry between interlocutors is able to show what inquiry is. It seems then that the co-presence of the interlocutors is essential to activate the process, between whom dialectic may move.

Following this line of interpretation, Phaedrus' failure to understand his own ignorance by the end of the Dialogue, the ease with which he surrenders himself to whatever Socrates says, is, then, in itself an exemplification of the inadequacy of rhetorical technē, that it can evoke agreement that is not knowledge; that pacifies rather than incites further questions; fails to incite the desire for wisdom in those to whom it is addressed. Socrates' entire discourse has, then, been rhetorical.

The dialectic in the Phaedrus, then, consists of Socrates' speech against himself, his pursuit of the knowledge of what is through the questioning of his own arguments, a dialectic that does not need an external other, 'present' or not. For dialectic the personification is not essential. If this is the case, then the remedy of the attributability of shame and responsibility upon the criterion of blasphemy for the aporia consequent on holding knowledge-of-the-self-and-other as the essential ground of inquiry, of the nature of souls (and see 281-282 above) is in turn dis-solved.

For if dialectic is self-driven, interminable, what comes before modifying what comes after, to whom could shame or praise be attributed? Indeed the more rigorously the technē of dialectic was followed, the greater the impossibility of attributing shame.

But there are three elements to inquiry, not only rhetoric and dialectic but also its telōs: at its most ideal, "that which is pleasing to the gods". The proper writing-and-speech is that which moves towards truth. But if no-one is responsible for the telōs of dialectic-driven inquiry, does it follow nevertheless that if followed, it moves towards the truth of things? Strikingly, whilst the identification of the immortality of the soul is arrived at through dialectic (245-246), whilst dialectic is shown capable of producing the axiom: that the soul is movement and therefore immortal, the nature of the soul is approached only by analogy, couched in a rhetorical figure, in the image of the winged charioteer and his winged, disparate horses, thrashing between heaven and earth (246-257). On the one hand this is firmly stated to be merely a likeness of the nature of the soul and not what the soul is (the Truth of the soul) (246) and yet dialectic has come no closer. Truth itself is beyond both dialectic and rhetoric, behind the appearance of language. Inquiry cannot reveal it. How then could inquiry be blasphemous since what is true (what would please or displease the gods) is beyond mortal knowledge?

But in that case, the virtuousness of proper inquiry might lie in the acknowledgement of the ignorance of all humans; in

that inquiry which has the telōs of uncertainty: the putting into question not only what we thought we knew but its grounds upon which we thought we could be confident, the inexorable movement of dialectic/rhetoric towards the truth.

Then, in that Socrates claims to have come to know the truth about Love, the soul, and the nature of proper philosophic inquiry (227a-279), the Phaedrus is an inquiry which is not proper, which has blasphemy as its telōs. The dialogue as event has failed to induce "geniune intellectual progress". Dialogue is not, then, necessarily dialectical: does not need and need not incite the love of wisdom, true philo-sophia, in its interlocutors. May fail in effect.

But as a text, the Phaedrus effectively incites absent readers - absent that is from the event but present-to-the-text in the movement of reading; its very open-endedness soliciting their participation in the inquiry which has clearly failed to reach a satisfactory conclusion (in that Socrates has reached one), an open-endedness engendered in reading its written form. In which case, in   reading, reading the play of the form against content has produced an effect on the reader, engaging her in dialectic with the text about which it is possible only to be uncertain. In which case the Phaedrus is not blasphemous, but a proper inquiry.

But this is not pace Rowe because Plato deliberately wrote in

palinodic form, designed the text intentionally to engage the
reader in dialectic. The effect is not inherent in the dialogue
form, in the text. For it may, as with Rowe himself, invoke a
response that regardes the uncertainty of the meaning of the
text as, "deeply problematic" in that the irony (uncertainty)
which Rowe perceives, "if it is quite as extended as he (Griswold)
suggests is the case..begins to look pointless and perverse" (Rowe
1987 (Fig 8.1).

It does not incite 'the same reading' from all readers,
but depends on what it is read against: the essential other that
formu-lates inquiry, not least an inquiry into the meaning of a
text.

But let us go back a little: it is not enough to aspire to, to
have a desire for knowledge of the truth, nor even to follow the
dialectical method in order to move towards it, for it cannot be
dis-connected from techne. Rhetoric is the art of effective
communication, of engendering agreement by the other to the appear-
ance of truth: yet it is involved in any use of words that carry
influence. Dialectic 'is' questioning, particularly the grounds
of statements. But that questioning, in that it is discourse, in
that it is not ineffective, involves a rhetorically induced
response with/from its audience. Therefore the knowledge that
may be so reached cannot be relied upon insofar as it is knowledge
produced in discourse, achieved by discourse.

The traditional interpretation of this central theme of the
Phaedrus is that it represents Plato's preference for the
method of dialectic as the proper means of philosophy and his
rejection of rhetoric. However, as I have striven to show, the
relation between rhetoric and dialectic is represented in/by
the Phaedrus as chiasmic: rhetoric is dialectical in its
dependency for its effects on the other and dialectic is rhetorical
in that it is influential discourse: the truth is that which,
because of the chiasmic potency of techne in inquiry is
produced and denied by that relation.

This despair, this 'nihilism' - engendered in inquiry - is what
inquiry is. It is not that inquiry needs the other but rather
that the other already and always is - whether absent or present.
The personnification of inquiry that produces the chiasm of
dialectic/rhetoric - the personification inherent in dialogue
as a form of writing - points to the fallibility of all forms:
the epistemology inherent in all discourse. Inquiry, like the
image of the soul as the charioteer, doomed to thrash through
the sky, perpetually ungrounded and yet bound to move by the
irreconcilability of its essential elements which can never
become the whole of which they are parts.

But is this Typhonic, mythical, hieroglyphic, indecipherable,
decipherable self-inscribed image of inquiry peculiar to a
dialogue that resembles inquiry in its very form, embodying the

inquiry of what inquiry 'is'? Because the Phaedrus is the

invocation of dialogue, the appearance of dialogue, written

with consummate art?

So: to turn explicitly to the dtexts, to their form as/for

inquiry in respect of rhetoric, dialectic, telōs:

What of rhetoric? Within the event read through the text, as

dialogue the discourse can be identified as movement-through-

rhetoric on both sides. The interlocutor with MS appears to

draw the other, AW, along towards a comprehension of their own

experience, that is, persuaded in the sense that she may then

know something of what it is like to be the other - known to

have been persuaded by her consent to the version given - "I see",

"and then what?", the movement from one aspect of the experience

to another turning where comprehension appears to have been

sufficiently achieved. And rhetorical in the other direction

by the same token in that she is interested in what the other

has to say and is prepared, committed to an uncritical acceptance

of the other's knowledge. In that sense the rhetoric is not a

persuasion from one view to the other's but from 'no view'.

That is, within the dialogue, the movement of inquiry

as communication but above all as active and reactive (speech)

has a rhetorical impetus: effected <u>in that</u> the matter of inquiry

unfolds. This is not to suggest that the rhetorical effect-

iveness of the dtexts dialogue is achieved by the knowing

application of the technē of rhetoric - the ability to name

and use its constituent elements; rather from concurrence

with the Socratic definition of the presence of rhetoric in

all uses of words which "influence men's minds" - and what

words would have no influence? Were one an expert rhetorician,

the formal structures could be nonetheless identified in the

discourse, as Edmondson identifies the ethos, pathos and logos

in sociological research texts (1984). It would then appear

to follow that for the dtexts there is a way out of one of the

paradoxes: in that the most effective rhetoric is based on the

fullest knowledge of the nature of the other, that the

hearer (the researcher/inquirer) is persuaded of the plausibility

but is not convinced that she (I) know(s) the truth of the

other's words, is a concomitant of their amateur and un-witting

employment of the technē. Thus it is <u>not</u> essential to "know"

the other in order for her to be persuaded, to be persuasive.

An escape from the aporia of self-other-knowledge as the ground

of inquiry inherent in inquiry personnified.

At the same time, the failure in the event to question the grounds

of the other's statements, the very absence of critical refutation,

is a mark of the absence of dialectical method; the dtexts at

the level of the event representing an inferior kind of inquiry,

marked by the engendering through co-presence only of agreement

(this difference pointing up, by its difference, the effective-
ness and expertise of the Phaedrus qua dialogic inquiry).

What, then, of their telōs? What are they, as inferior
inquiries, towards? at the level of the event?

In the Phaedrus, the point of proper rhetorical/dialectical
inquiry is to both reach towards and persuade the other of the
truth, and thereby please the gods: in the dtexts, dialogue
has as its telōs rather the gathering of the experience/knowledge
held by the other: the telōs the faithfulness of, the correspondence
of the representation of that experience to the experience itself
(for which there is no criterion).

Yet this would appear, then, also to be a virtue unique
to the dtexts: insofar as the interlocutors ineffectually employ
rhetoric/dialectic, then so far are they free of the predominance
of form-on-content, escaping by a twist of irony the fate of
inquiries rigorously conducted according to the formal rules of
the techņēs. By the very lack of skill of the interlocutors.
That is insofar as they are inquiry personnified.

At the same time, as with the Phaedrus, there is a dis-embodied
form of responsive argument that drives their inquiry, apparently
irrespective of their personnified dialogic form. There is a
form formulating the inquiry, a presumption of what elements
are required in order to elicit all those things necessary for
the understanding of the experience of the other; for the
responding, its full representation - of autobiography, the

form of a life, a narrative structure (Chapters 6 & 7). Structures
which order that which is said and in so doing, produce an
unbridgeable space between what the discourse consists of and
what it could have, an unknowable distance between the referent(s)
of the dtexts and their ordered representation.

There is also moment-by-moment the rationality, the
epistemology inherent in language as a system, a structure
of grammar[41] - of subject-object-verb - ordering and categorising
and inexorable as far as the discourse - qua text - is intelligible,
which it indisputably is. Formulating the movement of inquiry,
irrespective of its personnified form.

But at the level of the text - <u>and there is no other level</u> -
the form of dialogue is itself rhetorical - persuasive in all
the respects brought out by reading the dtexts against the
<u>Phaedrus</u> in 8.1; of the reality of the event as a unique, identi-
fiable occasion, of a particular kind, between speakers, about
something: the effectiveness of the form of dialogue (and:
persuasive that <u>these are the effects of the form</u>).

The art, the technē of rhetoric is, as the <u>Phaedrus</u> persuades
us, to make something appear in a certain way; it is the manipu-
lation of appearance predicated, according to Socrates, on
knowledge of what is. If the form of dialogue in writing is
rhetorical in that it has effects on interpretation (for readers
who are thinking about what dialogue entails) that reading is

predicated on knowledge of what living dialogue is, even if
it is at one remove, knowledge of the knowledge of others of
what living dialogue is (reading the text against Rowe).

But this truth is not ascertainable, for to inquire into the
question, the dtexts have to be read, and reading is inexorably
work upon the text in which it is not the case that the text is
the passive object of the work of reading. The activity of
reading belongs neither to the reader nor to the text nor to
its readable referents. Although the truth of the dtexts may
not be ascertained, nevertheless it is the telōs of their reading.
Reading is a form of inquiry.

Reading them as the record of an actual event, a dialogue
between two speakers in communication about something in which
that something is the object of the reading-inquiry, is
predicated on the effects engendered by their form as dialogue
rather than necessarily arising from the event represented. In
that sense it is their form that persuades readers that there is
a referent to which they refer. The form of dialogue produces an
effect: it therefore itself rhetorical rather than referential.
As readers we are persuaded by the form of the text (and here
dis-suaded) that they are referential.

The dtexts as a written form are rhetorical in effect - and the
question of their referential status, whilst it is a question
that may be addressed as I have been doing since the beginning
of Chapter 6, is dialectical as an event of reading. Reading

that puts not only questions to the questions and answers of which it apparently consists but that puts the grounds of reading into question, as the attribution of the form's rhetoricity.

The relation between reading and text is chiasmic: as with the Phaedrus, the necessity for the personnification of inquiry in dialogue is at the same time its undoing.

But: the metaphor of chiasm - the likening of inquiry to the greek letter chi -χ- represents the ontology of binary-ism. A parallel and a cross between only two. In only two movements. Essentially misleading. Essentially leading.

NON-MEDICAL LITERATURE ON MULTIPLE SCLEROSIS

As has been indicated (Figure 2.2; p40), the epidemiological/
neurological/clinical/laboratory-based research literature on
MS is extensive.

The contribution of the social sciences to the study
of MS has been on a far more modest scale. Chiefly it concerns
psychological or socio-psychological aspects of the condition,
descriptions of pathological or normative 'adjustments' to the
disease or detailed accounts of certain psychological symptoms
seen to be either manifestations or concomitants of it (for
example Miles 1979; Brooks & Matson 1982; Maybury & Brewin 1984;
Simons 1984). Medical sociologists do not appear by and large
to have been interested in it (exceptions are Davis 1970;
Cunningham 1977; Pollock 1984; Stewart & Sullivan 1982 - the
first three unpublished MPhil or Doctoral dissertations).

Apart from these two categories of research literature
are what might be called 'lay texts': books on its management
and advice for other sufferers written by people who themselves
have the condition (Dowie, Povey & Whitley 1981; Graham 1981),
or by members of the medical profession (Matthews 1978; Burnfield
1978). There are also articles published in booklet form by
the two major MS charities (the Multiple Sclerosis Society and
Action for Research into Multiple Sclerosis), educational

series written by 'experts' specifically for an MS audience
(as in the ARMS Education Service series (eg: Batchelor &
Fielder (1981); Bauer (1978); Budd (1977); and Greer (1980),
and autobiographical accounts, published either in book form
(Forsythe 1979 for example) or in popular and/or paramedical
journals or magazines (for example the article by Maggs (1981)
in the Nursing Times).

THE 'DISCOVERY OF MULTIPLE SCLEROSIS' AS INVOKED IN THE LITERATURE

"Almost every authority since Valentiner (1856) who has written
about Multiple Sclerosis has mentioned the occurrence of remissions."

Brown & Putnam 1939: 913

"Multiple Sclerosis has been recognised as a disease for a long
time. According to Sällstrom, it was probably mentioned first
by Cruveillher in 1848."

Limburg 1950: 15

"The first pathological accounts of the disease were given by
Cruveillher in 1835 and Carswell in 1838."

Brain 1951: 512

"(T)he question of the role of heredity in Multiple Sclerosis was
posed by Charcot himself after hearing of a familial case from
Duchenne (see Charcot's Oeuvre Completes 1894). Yet almost one
hundred years after Charcot's definitive description of the
symptomatology and pathology of the disease, to which little has
been added since, the relative role of genetic and environmental
influences in the etiology of Multiple Sclerosis has not been
assessed with certainty."

Myrianthopoulos 1970: 88

"Credit for the first description of the clinical manifestations
of Multiple Sclerosis is generally accorded to Charcot in the
mid-nineteenth century, who became familiar with the disease
through watching its gradual development in one of his servants.
He was unable to identify the cause but suggested a relationship
to an antecedent illness and cited cases that had developed
following typhoid fever, cholera and smallpox. By the turn of
the century, the condition had become well established in medical
literature and knowledge was widening with regard to both its
clinical manifestations and prevalence."

Office of Health Economics 1975: 4

"Although there had been earlier partial descriptions, Multiple
Sclerosis was first identified as a distinctive disease in 1868
by the great French neurologist working at the hospital of the

Salpétrière in Paris. It may seem strange that a disease that now
seems so well defined should have remained so long unrecognised,
but the methods of examining the patient with organic disease of
the nervous system were only then being developed and Charcot's
great contribution to medicine was in linking the careful
observation of symptoms and signs of disease in life with the
pathological findings in the nervous system after death. He called
this new disease that he had separated from the many causes of
paralysis to be found in the wards of the Salpétrière, 'sclérose
en plaques', a phrase that in his original lecture he feared would
sound barbarous to his audience. The 'sclérose' or sclerosis of
his title means hardening and refers to the scarring that is the
end result of damage caused to the nervous system by Multiple
Sclerosis."

Matthews 1978: 1

"In his classical work on MS in 1868, Charcot regarded nystagmus,
intentional tremor and scanning of the speech as the clinical
triad. In 1894 Devic considered cases of optic neuritis
accompanied by myelitis as optic neuromyelitis. According to
their original descriptions of the clinical manifestations
MS and neuromyelitis could be easily differentiated. In recent
years however Charcot's triad is observed only in 10% of chronic
cases."

Baoxun et al 1980: 260

"Although the first pathological descriptions of Multiple Sclerosis
were published by Cruveillhier in 1835 and Carswell in 1838 it was
not until 1872 that Charcot provided the first extensive clinical
description of the disease. The first clinical case of Multiple
Sclerosis in England was reported by Moxon in 1873."

Poskanzer at al 1980a: 232

"It was first classified as a disease entity distinct from what
was then largely described as 'choeriform paralysis' - 'chorea'
being the name given to disorders involving loss of muscular
control - by Charcot whose life's passion it was to sort out the
neurological diseases nosologically, thereby improving their
status.
        He identified Multiple Sclerosis largely thanks to his
charwoman. 'In spite of her costing him a small fortune in broken
plates,' Freud was to recall, Charcot kept her for years in his
service; when at last she died, he could prove in the autopsy
'that 'choreiform paralysis' was the clinical expression of
multiple cerebro-spinal sclerosis.' [..] (O)ne obvious possibility
[of cause] is the presence of psycho-social risk factors. Multiple
Sclerosis, Charcot observed, was commonly related to long-continued
grief and vexation."

Inglis 1981: 207

"Multiple Sclerosis was first described by a French pathologist,
Jean Cruveillhier in 1830, and then by the Scottish physician
and pathologist, Sir Robert Carswell in 1838. The French
pathologist Jean-Martin Charcot studied several cases between
1860 and 1869 and observed three distinctive clinical signs:
nystagmus, intention tremor and scanning speech."

Maggs 1981: 414

'OUTCOMES' OF MULTIPLE SCLEROSIS

The degree of depression found in spinal MS patients is related
significantly to selected illness, demographic, and social
variables. The most significant correlations were found between
depression severity and both Perceived Social Support Friendship-
based and Family-based scores. The loss of emotionally significant
others, whether they be family or friends, apparently adds a further
threat to the already severe burden of loss of functional ability
and knowledge of the presence of the disease. According to Caplan
(1976) emotionally significant others act as 'buffers' for a person
pressured by short-term crisis or long-term difficulty. These
patients may see themselves as abandoned, mis-understood, and
rejected, and may feel responsible for the fact that the important
people in their lives are turning away from them. It is conceivable
that a part of the depression seen in these Ss is due to 'grief'
over the loss of those significant others.

Reizen 1984:

The fact that hysteria and multiple sclerosis may occasionally both
be present adds to the difficulty of diagnosis. An examination of
the cerebrospinal fluid should always be made in any case of hysteria
when doubt exists as to the possibility of a concomitant organic
state.
        A hysterical overlay in multiple sclerosis is by no means
uncommon. It should be suspected if a degree of unsteadiness or
apparent weakness of the limbs, accompanied by an unwillingness to
walk without support, cannot fully be accounted for by the physical
signs. This situation may arise in the early stage of the disease
either because the patient, knowing the nature of the complaint,
anticipates its downward course, or from the anxious over-protection
frequently shown by parents, relatives and friends. The detection of
this overlay is important, since a simple rational explanation follow-
ed by persuasion and walking exercises often results in a marked
improvement.

McAlpine 1972: 253

The Interviewees

	MS Status
Mike[++]	diagnosed
Ian[++]	diagnosed
Des[+]	diagnosed
George[+]	diagnosed
Daniel[++]	diagnosed
Hilary[++]	Sister of diagnosed, deceased.
James[+]	Husband of diagnosed, deceased.
Bob[+]	diagnosed
Meg[++]	under diagnosis
Jane[+]	diagnosed
John[+]	under diagnosis
Anne[++]	diagnosed

[+]   obtained from the ARMS Research Unit's Research Register

[++]   obtained from personal contacts

All interviews were conducted in the interviewee's own
homes except for James', interviewed in mine.

All names are pseudonyms.

All tapes, notes and transcripts are held
in the Brunel-ARMS Research Unit, Brunel
University, Uxbridge, Middlesex and are
available for perusal on request from the
Director.

ITEMS NOT DIRECTLY CITED IN THE CHAPTER, BUT CRITICAL TO

ITS WRITING.

Barth 1967
Barth 1972
Borges 1964
Bradbury 1985

Cage 1970
Calvino 1977
Calvino 1981
Culler 1982
de Man 1983

Eagleton 1982
Eco 1983

Foster (ed) 1985

Gray 1981

Lyotard 1979; 1982

Nietzsche 1968, 1974
Norris 1982

Parker 1985

Ray 1984

Sharratt 1984

CHAPTER ONE : FOOTNOTES

1. The Contents page of Wadsworth and Robinson (1976) nicely
    encapsulates the range of topics which constitute the
    domain of this kind of medical sociology.

2. "One of the central problems of the sociology of knowledge
    is the status of logic and mathematics. These branches of
    knowledge are so impersonal and objective that a sociological
    analysis scarcely seems applicable. Time and again, in his
    Ideology and Utopia (1936) Karl Mannheim's determined advocacy
    of the sociology of knowledge stops short at this point. He
    could not see how to think sociologically about how twice two
    equals four."

    Bloor 1973: 173

3. See for example Spector & Kitsuse (1977) and the debates on
    their work. Also and especially the debates in the social
    study of science, for example: Latour & Woolgar 1979; Barnes
    & Edge 1982; Knorr-Cetina & Mulkay (eds) 1983.

4. See especially Ashmore 1983; Woolgar 1983.

5. The same applies to Woolgar's paper on Irony (1983).

6. This discussion is based on extensive notes taken at Bury's
    presentation of an early draft of this paper (subsequently
    published, Bury 1986) to the London Group of the BSA Medical
    Sociology Society, 11 July 1984, much of which was taken
    down verbatim. All the phrases within quotation marks are
    such.

7. Bury explicitly referred to Wright & Treacher's edited
    collection (1982) and to Berger & Berger (1975) as researchers
    working within the perspective of social constructivism.
    See Bury (1986) for a full list of those he was referring to.

8. See Gellner 1975; Russell 1983 - and Chapter 3: 72-3 above.

9. In their footnote, Wright and Treacher cite Macleod 1977
    and Lecuyer 1978.

CHAPTER TWO : FOOTNOTES

1.   According to Firth, the account of MS given by d'Esté is
     so "vivid" that: "the veriest tyro in medicine, reading it,
     could not fail to reach a correct diagnosis." (1948: 18)

2.   According to Kurtzke:

          For over a century, MS has intrigued workers in all
          the neural sciences, with perhaps more publications
          resulting than for any other neurological disease. How-
          ever, we face today a situation little different from
          that of Charcot: it is still really a disease of unknown
          cause, inadequate treatment, and unpredictable outcome."

          Kurtzke 1980a: 170

3.   According to Bauer:

          It may appear curious that after more than a hundred years
          of clinico-pathological experience and research, the
          diagnosis of MS is still a problem: on the other hand, the
          influence of virologic, immunologic, biochemical, morpho-
          logical and neurophysiologic data obtained with modern
          research technology confronts us with baffling questions:
          for example, do we really know what multiple sclerosis is
          and is it a specific disease entity? To remain on solid
          ground in the face of such questions we need a well-defined
          clinical basis of description and classification, re-
          considered from time to time to meet the challenge of
          changing concepts and new knowledge."

          Bauer 1978: 659

4.   The benefits to be derived from 'triangulation' also applies
     according to Kurland and Westland (1954) to the relation
     between clinical, laboratory and epidemiological modes of
     research into MS:

          The epidemiological approach may be considered as one of
          the three general methods by which we develop knowledge
          of disease, the others being the clinical study of the
          individual patient and the experimental approach in the
          laboratory. 'No single one of these suffices to the
          exclusion of others; each has its individual usefulness
          and the fullest measure of progress is to be expected
          when all three are brought into action.'(Gordon 1948;
          1951). Indeed, we can expect that even slight progress
          in one field will potentialize progress in the others.

          Kurland & Westland 1954: 682

5.   See Footnote 1.

6.   This constitutes another problem with the use of 'history'
      as a means of tracing the social construction of medical know-
      ledge (See Chapter 1.3).

7.   One of the few epidemiological studies which are based on pro-
      spective data is the series carried out in the late 1960's,
      early 1970's, by a research team including Kurtzke, Beebe,
      Nagler etc on the medical records of US Veterens of World
      War II and Korea. See for example Kurtzke et al 1979.

8.   This is of course only a rough indicator, since each term
      in the title of articles is listed separately in the Index.
      However, it seems reasonable to suppose that the proportion
      of terms to numbers of articles would not differ significantly
      over a single decade.

9.   Kurtzke, in two overviews of epidemiological literature,
      categorises extant studies into four levels of reliability
      (liberally citing his own work), and discusses the technical
      criteria by which such a categorisation should be made. He
      reserves for his Grade A those studies which "(A)ppeared
      reasonably complete as to case ascertainment...had followed
      appropriate (Kurtzke 1977) survey methodology and had used
      well-defined diagnosis criteria." In his conclusion he remarks:

          (T)he problems and pitfalls of population-based surveys
          are numerous (Kurtzke 1977). It is not possible for one
          person to know each site of survey so intimately that
          all the potential biases can be neatly discounted. My
          specific ratings of A, B, C for these surveys can certainly
          be contested and even in the 'A' works there are definable
          differences among many of the surveys. Still, the alter-
          native is that, if only one's own study is 'correct', the
          situation as to the world-wide distribution of multiple
          sclerosis would remain that which would have been produced
          at the Tower of Babel.

          Kurtzke 1980a: 78

      Cf. the discussion of Bury's views on social constructivism
      in the previous chapter.

10.   See Bauer, 1978, for a version of this view:

          Five years ago I went through all the research that was
          being done, the money that was being appropriated for
          MS research worldwide and I found that it was equivalent
          to the price of two bombers or, to put it in a less sombre
          vein, it was the amount of money that is spent in three
          days in West Germany for the consumption of beer.

          Bauer 1978: 3

11.   In their 'Nationwide survey' of MS in Japan, Kuroiwa et
       al (1975) found:

              Prodromal symptoms: There were no prodromal symptoms
              in 43% of the series [of 1,084 case notes of MS].
              The most common prodromal symptoms were headache (17%),
              fever (11%), upper respiratory infection (7%), nausea
              and vomiting (6%) and skin rash (1%).

              Kuroiwa et al 1975: 847

12.   There are crucial issues here about how MS is researched,
       the kinds of auguments made as warranting one method rather
       than another and, most importantly, the interdependence of the
       relation of method to findings. See Wynne & Robinson (1983)
       for a detailed exposition of this argument in respect of the
       'sex ratio' in MS (commonly held to be predominantly female)
       and the development of research towards what is seen to be
       peculiar(ly) female physiology/psychology.

13.   See Footnote 6.

14.   Cf. the effects of the atomistic technique of Conversational
       Analysis in respect of talk, discussed in Chapter Three.

15.   This still, even though, with the introduction of NMR scanning
       techniques, there has been found a puzzling lack of correlation
       between lesions in the Central Nervous System (the identifiers
       of MS) thus made visible and manifested symptoms in a patient;
       the fact that autopsies sometimes reveal lesions of MS un-
       suspected during the person's lifetime; and the possibility
       of asymptomatic or benign forms of the disease (See: McAlpine
       1961; Castaigne et al 1981; Gilbert & Sadler 1983; Herndon &
       Rudick 1983).

16.   There are also references in the literature to the role of
       the medical profession's expectations: for example
       Myrianthopolus (1970), who refers to the effects of expectations
       on the proffering of the diagnosis of MS; and Dean et al (1981)
       who suggest that because doctors in Sicily (where their research
       was located) expect MS to be rare, it is underdiagnosed.
             This further complicates the matter of 'counting cases' of
       MS. It also of course reinforces the contention that 'the
       facts' do not simply arise from the documentary evidence, being
       made here. If the very possibility of MS is not amongst the
       'already knowns' being brought to bear on a case, then the case
       for all practical purposes is not one of MS.

CHAPTER THREE : FOOTNOTES

1.　The concept of "theoretical auspices" is taken from
　　McHugh et al (1974:2-3):

> For the analyst any speech, including his own, is
> of interest not in terms of what is says but in terms
> of how what it says is possible, sensible, rational
> in the first place.　Our interest [is] in what we
> call the grounds or <u>auspices of phenomena</u> rather than
> in the phenomena themselves.　(Authors' emphasis)

　　The theoretical auspices which have produced the problematic
　　of reflexivity as the issue with which the thesis is
　　struggling have already constituted what has been written so
　　far.

2.　It should be reiterated that the question of theorising is
　　not confined to this chapter but pervades the thesis in its
　　entirety.

3.　This use of the term technical is intended as the antonym
　　of 'theoretical' or 'epistemological'.　Rendering the latter
　　as the former is one of the means by which, according to
　　Woolgar (1983), the 'methodological horrors' are managed in
　　practice.
　　　　　This has the uncomfortable concomitant that
　　the horrors are recognised prior to their 'management'.　As
　　will be argued later in this chapter, the fact that the
　　'horrors' are horrors already for the people with MS appears
　　to preempt this particular difficulty.

4.　The concept of the parallax effect was explained by James
　　Burke in his television programme on the historical rela-
　　tivism of scientific knowledge 'The Day the Universe Changed'
　　(1985).

5.　By which I mean the epistemology, the means by which absent
　　knowledge is identified and then produced.

6.　That is, the thinking that machines can be imagined to be
　　doing in the freedom of fiction is essentially recognisable
　　<u>as</u> such.　The very concept of 'thinking' precludes the
　　absolute alienness of 'aliens'.

7.　cf Horace Miner's paper, 'Body ritual among the Nacirema'
　　(1965) for a witty and serious attempt to apply the making
　　strange device to the reader's own (American) culture.

8.   See Fn 3.

9.   Quite which of the many studies described in Chapter 2 of
     Studies in Ethnomethodology (1967) properly come under this
     rubric of breaching is not altogether clear: but there are
     at least the following seven, in which Garfinkel instructed
     his students to:

     i.   report on what was said in a conversation, and what was
           understood by each party to have been talked about;
     ii.   ask subjects to clarify their commonplace remarks;
     iii. to view the activity in their own homes as if they were
           boarders;
     iv.   ditto, but to act as boarders;
     v.   engage in a conversation, but respond on the assumption
           that the other is lying;
     vi.   bargain for fixed-price goods;
     vii. to breach   normal body space in the course of a con-
           versation with friend or family member.

10. In the book's dedication to Cicourel, "For Aaron, who first
     served us the sweet poison."

11. For example:

          Conversational Analysis is currently the most productive
          and prolific form of analysis which has been developed
          with ethnomethodological concerns in mind.

          Benson & Hughes 1983: 154

12. BSA Sociology of Language Group Conference, 'International
     Multi-Disciplinary Conference on Interaction and Language
     Use' (1984).
          Speakers included: G Jefferson; E A Schegloff; W Cosaro;
     J Heritage; J M Atkinson; C Heath; S Levinson; A Pomerantz
     and, in theory but not in the event, H Garfinkel.

13. I have for the most part not named the originators of the
     various comments I report, although their names were included
     in my fieldnotes.

14. It cannot of course be presumed that silence indicated agreement.
     I have concentrated in this informal ethnography on the
     contributions of self-avowed practitioners of CA, a strategy
     designed for my immediate purposes and which should not be
     taken to represent the views of all the participants.

15. Figure 3.3 shows an audiogram, developed by IBM as part of
     the drive to reproduce human talk on (in?) (by?) machines,
     which makes the same kind of presumption.
          It was notable that at the Symposium held at the
     University of Surrey 'Language and Knowledge: AI and

Sociological Approaches' (1984) it was the work of CA's
that was of most interest in terms of its practical
relevance to the participants who came from the field of
AI research.

16.   See Birnbaum et al 1984; Szuchet & Sh 1984. See also
        my comment on p54 and Chapter 2, Footnote 14, regarding the
        effect of the detail in Broman's diagnostic criteria for
        MS vis à vis Schumacher et al's.

CHAPTER FOUR : FOOTNOTES

1.   To be more precise (and see Appendix 3.2) two of the
     twelve people interviewed were relatives of people who had
     had MS and had died, and two had not at the time of the
     interview been confirmed as having MS. The interview
     material from the former has been excluded here: the latter
     has been used (and its status indicated in the text).

2.   There is a debt to be acknowledged here to Barthes S/Z
     (1975) and Hofstadter's Gödel, Escher, Bach (1980), not
     so much in terms of content but for their confirmation
     of the substantive necessity of resisting conforming to form.

3.   In the theoretical sense of Alan Dawe's proposal of:

          Another metaphor for sociological analysis than
          that of science: the metaphor of the conversation.

     Dawe 1978: 409

4.   The names are pseudonymns.

5.   An extrapolation from advice tendered to postgraduate research
     students in the Methodology Seminars of the Department of
     Sociology, Brunel University 1982-3, and at the ESRC Post
     Graduate Summer School, University of Surrey, July 1983.

6.   Although George had recalled that it was the faith healer
     who had told him he had MS because, as will be seen below,
     he referred to his doctor's confirmation of the diagnosis as
     the end of his quest for knowing what was wrong, I am taking
     the status of the faith healer's knowledge as being by George's
     account, 'less than' that of the doctor even though 'greater
     than' his own.

7.   cf. 'The Discovery of the Diagnosis' (Brunel-ARMS Unit 1983)
     for accounts of the distress sometimes caused by this not
     infrequent initial doctors' response to patients' presenting
     symptoms (and see Appendix 3.1), interpreted by the latter
     as meaning that in the doctors' view, their troubles were
     'all in the mind'. There are three cases on record in the
     Unit where the early diagnosis of hysteria lead to admission
     to psychiatric hospitals and in one case to Electro-Convulsive
     Therapy. Whether these individuals would have regarded these as
     instances of 'incorrect' or incorrect diagnoses, and whether
     they would have accounted for them in a similar manner, is
     a moot point. There were no such instances in my resesarch
     group.

8. This respondent - Bob - had reported that he had under-
    stood his earliest symptoms - incontinence and blurred
    vision - to be connected with his practice of "self-
    abuse" and somehow then with syphillis when an uncle,
    returning from the trenches of the First World War had
    told him of the lectures on VD given to the troops. This
    had prevented Bob from seeking treatment for twenty years -
    and severe physical and social suffering - because he
    'already knew' what was wrong.

9. See Chapter Two which could be interpreted along these
    lines.

10. See Chapter Two, 49-55 and passim.

11. See Chapter Two, 34-35, 37 above.

12. The Clinical Epidemiology Branch, National Cancer Institute,
    Bethesda Naval Hospital was one of the research bases for
    the unique series of prospective epidemiological studies
    of MS which drew on the records of 5,305 Veterans of the
    Second World War and the Korean Conflict. See for example
    Kurtzke et al 1979.

13.   Theoretical life [to the Greeks] meant more than
                science because it was not conceived as arising
                from mere curiosity or from practical necessity,
                but out of wonder, as an attempt to escape from
                ignorance.

                Blum 1971: 303-4

    See also Blum's later book (1974) in which he draws a
    fundamental distinction between the Aristotelean model of
    theorizing as a progression (through questions and answers)
    and the Platonic, for which the form is rather a continuous
    questioning of theorizing's own grounds.

A version of this chapter was subsequently published in
Woolgar (ed) 1987.

CHAPTER FIVE : FOOTNOTES

1.   See Appendix 5.1 which lists those works whose reading in-
      formed the writing of this chapter but which are not cited
      within the text.

2.   For example:

           The speaker is an enthusiastic supporter of Spencer.
           But on this issue he accepts that Spencer may be wrong,
           although personally he doubts it, and he constructs two
           alternative accounts of what is happening in current
           research into stoichiometries.

                 5. We are seeing many experiments done now on
                     stoichiometry. I don't think the question is
                     solved yet, so let's keep an open mind and let's
                     pursue both possibilities...

           Mulkay & Gilbert 1982: 171

      and

               *Although 'medical science' appears to feature strongly
           in the data, in the talk both of myself and of the people
           with whom I was speaking, how can instances of it be
           picked out as being certain talk's topic without pre-
           supposing what is to count as 'talk about medical science?'
           Our talk seems to provide for a hearing that our topic
           is substantively about knowledge: what is known and by
           whom and from whom knowledge may be sought. One could
           say that all along we are displaying the project of
           research into MS.*

           Chapter 4: 138, above

3.   Putting aside, that is, the possibility of fraud.

4.   Cf. Marcel Proust for the classic fictional representation of
      the creativity of remembrance (1981). See also Gerrard
      Genette's Narrative Discourse (1980) for a modest and
      infinitely rich analysis of the narrative structure readable
      as producing the text's effects. He concludes, however:
      "Perhaps the best thing would be, as with Proustian narrative
      itself, never to 'finish', which is, in one sense, never to
      start.' (1980: 268). That is, there can never be any end or
      beginning to the phenomenon of recall.

6.   See Chapter Two: fn 11.

7.   Cf. fn 12; <u>pace</u> Steve Fuller (1987).

8.   The idea of music as having a relation to questions of philosophy - to which this is only the most superficial reference - reaches its apogee in Thomas Mann's (1949) <u>Dr Faustus: the life of the German composer Adrian Leverkühn, as told by a friend</u>, which is 'about' Nietzsche.

9.   This is not to become involved in the question of how composers actually compose but rather a means of thinking.

10.   I am indebted to Gerhard Baumann (pers. comm) for a caveat: that there are two forms of notation, prescriptive and descriptive, the former instructing players what to do the latter describing the sound which the player then produces in any way that s/he can. As Baumann commented, scores which use the second form can be read and enjoyed; the first requires that the reader has a knowledge of how the instrument could be played. My reference seems to be to the prescriptive system.

11.   Ong makes a point similar to this in an essay published after this chapter was first drafted (Ong 1986).

12.   The use of the term 'technical' in this way is itself questionable. I use it here in the sense other analysts have, as an assumed antonym for 'theoretical'. As is increasingly recognised, and as this paper itself witnesses, things 'technical' have an epistemological import. For the most profound exegesis, see Heidegger's 'The Question Concerning Technology' (1978). Cf. also debates on Artificial Intelligence; Torrance (1984) for example.

13.   Again I am indebted for a comment from Baumann, who informed me that in Kantian terms, this means a perception not based on previous sensory experience but on logical deduction, a philosophical definition of which I was not aware, used as a technical antonym to a posteriori, induction, from effect to cause. In the sense I am using it here, it is intended to make the point that a knowledge of the structure of grammar has to come before the hearing of sound as words, a knowledge that is based on experience which in turn is based <u>axiomatically</u> on logic; ie in a reflexive rather than either a <u>deductive or</u> inductive relation.

14.   I am reminded of Searle's much cited example of The Chinese Room - which he uses to sustain the claim that it is possible to manipulate symbols effectively without understanding or intentionality. This claim he then employs to attack the

proponents of 'strong' AI - that machines can be intelligent (Searle 1984).

15. And see above re. remembrance of the meaning of talk rather than of the words themselves. See also Garfinkel's breaching experiment (Garfinkel 1967: 38-42).

16. I am assuming this is not possible.

17. NB: an art based on science:

> Isaac Pitman devised his system after a profound and epoch making study of the phonetic structure of the English language. The system is a result of his scientific analysis.
>
> Pitmans New Era Shorthand: iii

See also Nisbet (1977).

18. The "generally" is added in order to exclude those signs known as 'short forms' which are non-phonetic abbreviations of common words and phrases such as Dear Sir, The Chairman said and so on.

19. See Fn 11 above. In the same article, Ong points to the utter impossibility for members of a literate society not to think of words "vaguely perhaps, but unavoidably - in hand-writing or typescript or print."(Ong 1986: 24).

20. Sign language, I understand, allows the deaf a literally three-dimensional space for speech, the space in front of the body in which the signs are placed. The question of the relation between the form and the possibilities of language this suggests appear extraordinarily interesting.

21. > The idea of the Textual Commentator is taken from a paper by Anna Wynne (1983). Wynne distinguishes between comment and original text by changing the typography, as I have done above in Introductions.
>
> Mulkay 1985: 77, fn 2

22. Cf. McHugh, Raffel, Foss & Blum (1974) On the Beginning of Social Inquiry, a book written collaboratively "of necessity",..

> .through the standard terms of ego and alter. Ego, for us, is the speaker who, by speaking, necessarily forgets his reason for speech. Alter reminds ego why he speaks by formulating ego's auspices.
>
> 1974:4

For their text, this collaboration requires, it appears, different speakers-and- responders. But they add:

> in so far as ego and alter and collaboration are serious ideas there can be nothing that 'corresponds' to them in the real world.

1974: 6

23.   A peculiarly western conception of the metaphor for temporality. On the epistemology of metaphors of time cf. de Man (1969); Ricoeur (1984).

24.   Jane Austen made precisely this point towards the end of Northanger Abbey (1979):

> The anxiety which in this state of their attachment must be the portion of Henry and Catherine, and of all who loved either, as to its final event, can hardly extend, I fear, to the bosom of my readers, who will see in the tell tale compression of the pages before them that we are all hastening together to perfect felicity.

Austen 1979: 237 (of 239 pages in total)

25.   For more on the question of the assumption of things that lie outside the margins of 'the text proper' see Derrida (1979) on Nietzsche's marginal (sic) note regarding his umbrella.
    For an exposition of what should be included, see Ellmann's Preface to the recently published Corrected Text of Joyce's Ulysses (1986). Which raises another difference than that between the oral/aural and the written - between the handwritten, the drafted, and the 'final printed version' of texts (a question dealt with technically by the traditional hermeneutic exegesis, according to Ricoeur (1981).

26.   (T)here is, after all, a limit to what a young physicist can learn from even a Newton. Having once grasped the fundamental points of the Principia, he is not likely to draw very much as a physicist from re-readings (.) How different is the relation of the sociologist to a Simmel or a Durkheim. Always there will be something to be gained from a direct reading: something that is informative, enlarging, and creative.

Nisbet 1977: 480

Nisbet's argument is applied, however, only to sociological works , to the writings of great sociologists. Such an author was:

> (W)ith deep intuitions, with profound imaginative grasp, reacting to the world around him, even as does the artist, and, also like the artist, objectifying internal and only partly conscious, states of mind.
>
> Nisbet 1977: 477

However, their works:

> (F)or all the deep artistic sensitivity and intuition, no more belong in the history of art than the works of Balzac or Dickens do in the history of social science.
>
> Nisbet 1977: 481

Although Nisbet's theory of reading, upon which his argument about the benefits of re-reading texts rests, belongs to the now displaced Romantic tradition, it is not without irony that I acknowledge that it was re-reading this article that partly provided the impetus for the current chapter's re-approach to the question of analysis.

27. There have been some 'beginnings' of a "radical rethinking" of the implications of the fact that analytic writings are, as texts, "involved in all the technical problems of words, including rhetorical problems" (Frye, cited in Marcus 1980: 507), particularly as applied to the genre of ethnography in anthropology (cf. Clifford 1981, 1982; Marcus & Clifford 1985). The problem, for Marcus (1980), admits however of a means of solution: that is that once readers are aware of the rhetorical content of such texts, s/he may then as it were subtract those superfluous effects and thus recover the unrhetorical essence. For them the lesson is that:
> (F)ieldwork and cultural description emerge as newly complex practices rather than observational empirical or inductive research activities.
>
> Marcus & Clifford 1985: 267

A similar consciousness of the effects of analytic writings is manifest in the works of discourse analysts within the sociology of science (see Ashmore 1985; Mulkay 1984a, 1984b for example), effects which they have employed in their attempts to draw attention to reflexivity in/by analysis.
    However, and see Fn 2 above, for them 'data' retains a curious - once thought about - immunity from their re-thinking.

CHAPTER SIX : FOOTNOTES

1. The intersection is at the writing of Husserl (eg: 1964) although
   the relation of each, of continental philosophy and of ethno-
   methodology to Husserl and of phenomenology, either philo-
   sophical or sociological, to Husserl's philosophy are not
   simple to trace, and perhaps await writing.
           But see, for sociology, Wolff's 'Phenomenology and
   Sociology' in Bottomore and Nisbet (eds) (1978) and for
   philosophy, Derrida's 'Speech and Phenomena: Introduction to
   the Problem of Signs in Husserl's Phenomenology' (1973).

2. Hilary Lawson, whose book 'Reflexivity: The Post-modern
   Predicament' (1985) discusses the concept against Nietzsche,
   Heidegger and Derrida, and who has been an occasional member
   of the Discourse Analysis Workshops which have been concerned
   with the implications of reflexivity for their own practice
   in the sociology of science, was a student of Montefiore's
   at Oxford, a connection I only learnt of after the first
   drafting of this chapter.
           Lawson does not discuss sociological work with
   reflexivity in his book. There is as yet as far as I am aware
   no text which relates the former explicitly and in depth to
   philosophy.

3. Particularly arising from his strategic concentration upon
   texts of those writers who, like Rousseau, were themselves
   critics as well as practitioners of literature. Because,
   according to de Man, "(c)ritics are a particularly self-
   conscious and specialised kind of reader", in the writings
   of such authors, "the complexities of reading are displayed
   with particular clarity" (de Man 1971: viii). In that essay,
   however, de Man reserves the "complexities" as being the
   consequence of "the distinctive characteristics of literary
   language" (ibid: ix). It is only later that he comes to argue
   that the figurality of language brings a complexity to the
   reading of other kinds of writing - notably to philosophy
   (see his 'The Epistemology of Metaphor' 1978).

4. For example: "(L)iterary fictions do refer by virtue of
   their referring components, which (exactly as in ordinary
   discourse) we take literally, approximately, or metaphorically
   so as to adjust their relation to reality." (Martin 1982: 235);
   and, "In spoken discourse, this reference by discourse to the
   speaking subject presents a character of immediacy that we
   can explain in the following way. The subjective intention
   of the speaking subject and the meaning of the discourse
   overlap each other in such a way that it is the same thing to
   understand what the speaker means and what his discourse
   means." (Ricoeur 1981: 200).

5. The word 'deconstruction' has become as polysemic in terms
of the concept to which it refers as the word reflexivity
(or the word ethnomethodology). A use perhaps unique to
sociology is where it appears as the opposite process to
constructivism, ie to designate the process by which the 'social
construction' of, for example, knowledge, is exposed/brought
to analytic visibility (See for example Woolgar 1988a:8). For
the most explicit account of deconstruction as not only a
philosophical but as a political strategy, see Derrida's
'Time of a Thesis: Punctuations" (1983) and also the last
section of his 'Signature Event Context' (1982).

6. Although, according to Bryan Turner, "(T)he social sciences
have often neglected the most obvious 'fact' about human
beings, namely that they have bodies and are embodied. When
they have taken this factual substratum into account, the
results have often been trivial." (1984: 227)
        What I mean here is that that "neglect" is not an
absence but on the contrary, it is from its being taken as
the axiomatic grounding of "empirical selves" that certain
consequences have arisen. Turner, after (some might say a
long way after) Foucault (1977) takes up the body's significance
for the order of the political. One of the arenas where
knowledge of the body ("this factual substratum") is taken as
the grounding of analysis – medical sociology/medical anthro-
pology – and some of the consequences of that axiomatic
basis has already been discussed in Chapter I, although in a
way that would now at this stage of the thesis be seen to be
perhaps enviably naive about the reading and interpretation
of texts.

7. Athough, not for Socrates for whom, according at least to
two thousand years of subsequent commentators, knowledge of
the self was philosophy; and for whom philosophy was "a
preparation for death" (See Book X of the Republic)(But also
Chapter 8 of this thesis).   And perhaps I have no right to
presume this to be the case for other philosophers/literary
critics/sociologists.

8. Cf: 'Beyond Good and Evil'. And, for Nietzsche perhaps him-
self: "Philosophy, as I have hitherto understood and lived it,
is a voluntary living in ice and high mountains" (Ecce Homo,
Foreword). The propensity to read the man in the work,
despite the declamation, "I am one thing, my writings are
another" ('Why I Write Such Excellent Books' in Ecce Homo: 69)
is not confined to biographical accounts (Hayman 1980 for
example) and 'fiction' (Mann's 'Dr Faustus'), but is used by
philosophers as the basis of the interpretation of his
writings, the Introduction to 'Ecce Homo' being an excellent
example of the latter.

9. As is stated in the Introduction to 'Being and Time',

> (A) dogma has been developed which not only declares the question about the meaning of Being to be superfluous, but sanctions its complete neglect. It is said that 'Being' is the most universal and emptiest of concepts...Nor does this most universal and hence indefinable concept require any definition, for everyone uses it constantly and already understands what he means by it. In this way, that which the ancient philosophers found continually disturbing as something obscure and hidden has taken on a clarity and self-evidence such that if anyone continues to ask about it he is charged with an error of method.

Heidegger 1962: 21

For a much later re-addressal of the Question of Being, see 'What is Metaphysics' (1978) where it is approached through the Question of the Nothing.

As I have come recently to comprehend, the direction of Derrida's work is to uncover the metaphysical predicate of presence - presence exemplified in the assumption of the immediacy of speech to self, of self-presence in speech - an uncovering 'against' what was the founding insight of Husserl's phenomenology, itself formulated by Husserl against Descartes as the foundation of modern philosophy. Perhaps the most interesting thing about this chapter is that it came to a concern with the effects of the presumption of the self through another route than the discipline of philosophy, through the close reading of the dtexts.

10. It has been suggested that there is a need for a footnote addressing "the effects of AW's utterances" and the extent to which the dtexts might only exhibit "occasioned pronouncements on self, body etc rather than what the victims felt" (Woolgar 1988b).

Certainly if one reads the dtexts with that kind of concern, the role of "AW's utterances" in eliciting the topics is far from passive.

But certainly here in this chapter the intention has nothing to do with representing (and subsequently analysing) "what the victims felt"; the case made out in Chapter V for the unknowable difference between the dtexts and 'the original interview' precludes any such intention. That it is so difficult not to read them in that way, to resist that frame for their interpretability is precisely the theme: the assumption of 'speech as immediate self-presence'.

In this section of the chapter the invitation, the temptation, to read the dtexts as referring directly to 'empirical selves' has been deliberately courted, both by

the extent of the passages quoted and their matter
(cf. the generally trivial substance of the texts which
certainly early CA worked on) in order put up the hardest
case for re-consideration.

11. "For the able-bodied, normal world, we are representations
    of many of the things they most fear - tragedy, loss, dark
    and the unknown. Involuntarily we walk - or more often sit -
    in the valley of the shadow of death. Contact with us throws
    up in people's faces the fact of sickness and death in the
    world. No-one likes to think of such things which in them-
    selves are an affront to all our aspirations and hopes. A
    deformed and paralysed body attacks everyone's sense of well-
    being and invincibility. People do not want to acknowledge
    what disability affirms - that life is tragic, and we shall
    all soon be dead."

    (Hunt 1966)

12. Included in the recently published 'The Anthropology of
    Experience' (Turner & Brunner (eds) 1986) is a paper by
    Phyllis Gorfain, 'Play and the Problem of Knowing in Hamlet:
    an Excursion into Interpretive Anthropology', in which she
    interprets Hamlet as, "not only an expressive text through
    which our culture tells itself about itself, but also a
    reflexive text"(1986: 200).

13. The lengthy passages quoted here which allow for the long
    sweep of narrative to get under way are being used to
    seduce the reader into another form of resistance to the
    question of the referent. That the content is so terrible
    is also part of this strategy (see also Footnote 10).

14. I could, on reflection, have used another passage from
    'Daniel's' dtext here. Perhaps the use of a different dtext
    weakens the argument by opening it to the accusation that
    'different people' speak differently of themselves. But I
    would contend that any of the dtexts contain similar passages.
    The ones I have used here are those which first struck me as
    intensely puzzling.

15. "Tragedy, then, is a representation of an action that is
    worth serious attention, complete in itself, and of some
    amplitude; in language enriched by a variety of artistic
    devices appropriate to the several parts of the play; present-
    ed in the form of action, not narration; by means of pity
    and fear bringing about the purgation of such emotions."

    (Aristotle 1981: 39)

16. Wordsworth thus describes the position of the poet to the
    experience he writes about in 'The Prelude'.

17. This comes from his reading of Lacan.

18. *For Aristotle (see the passage quoted in footnote 15), the presence of narration disqualifies a text from the genre of tragedy.* By this criterion, the presence of the narrator in the dtexts would by the same token qualify them as — whatever is the opposite to the poetic mode of writing.

19. This will be returned to as the question of the difference between writing and speech as discussed in dialogue in Plato's Phaedrus.

CHAPTER SEVEN : FOOTNOTES

1.   As will become apparent, this view is not that of de Man.

2.   See Chapter 6's Footnote 15.

3.   The use of this collective pronoun in preference for the
      singular which is the approved practice in sociological
      argument (and which differs from much of philosophy, which
      uses the "I" form as a matter of course) involves some not
      inconsequential rhetorical (epistemological) effects. To
      anticipate a point that will be made later (235-6),
      it is this collective pronoun which invokes the authority
      of the discipline as part of the referent of the proper
      name of the researcher. It also works to bind readers to
      writer, anticipating their agreement by including them
      in(to) the collectivity (see Blum: 1974).

4.   There are throughout this chapter many returns to questions
      raised earlier in the thesis, only some of which are made
      explicit. Here, for example, to the earlier reading of the
      Diary of the Comte d'Esté (Chapter Two) and the issues
      concerning the theory of history in Chapter 1.3.

5.   And another: a re-iteration, but which is not the same,
      of the point made in Chapter 5 passim and in its Footnote 4,
      returned to in a new context. Such cross-referrals, such
      cross-referability, which supplement the text read in the
      con-text of the thesis as a whole   make a substantive
      point: the interminable and yet very specific supplementations
      brought to a text in reading.

6.   This is an extract from a letter written to me by James in
      respect of an earlier research project. As he put it:

            I understand from XX that you have been interviewing
            some MS sufferers, and that they have been responding
            to questions which were intended to elicit responses
            about psychological feelings by talking about material
            phenomena, including their bodies and arrangements
            surrounding the maintenance thereof. I understand
            you are pondering why this might be.

7.   An extract from the Abstract of their paper. Pill & Stott's
      research was not about MS (cf Chapter 2, Appendix 2.1 for
      the relative paucity of sociological research into MS). I
      have used this example because their data was not dissimilar
      to mine ("semi-structured interviews") and because it is
      not implausible (see Chapter 1) that such an approach would
      be taken to the 'patients' perspective' on MS.

8. I add, with some diffidence, that the correct reference
    is to Elizabeth <u>Forsythe</u> (1979). Also see 7.

9. .. as the concomitant of participation in a research
    project.

10. I use this term for its polysemic resonance: the sense
    of non-persuasive; of virtuous; and 'in essence or effect
    though not nominally' (OED).

11. See Chapter 6, Fn 10.

12. See also Chapter 6.4.

13. Elements Ricoeur takes from Aristotle's <u>Poetics</u> (see Chapter
    6, Fn 15). The presence of narrative, incidentally, is,
    for Aristotle, incompatible with the form of Tragedy, which
    must be the representation, rather, "of an action".

14. ACTH is a steroid often given as an immunosuppressive
    therapy during acute episodes of MS to control symptoms.

15. See Chapter 4:119 and its Fn 8.

16. According to de Man:

    > The interest of autobiography, then, is not that it
    > reveals reliable self-knowledge - it does not - but
    > that it demonstrates in a striking way the impossi-
    > bility of closure and of totalization (that is the
    > impossibility of coming into being) of all textual
    > systems made up of tropological substitutions.

    de Man 1979: 922

    From which he <u>excludes</u> non-literary textual systems.

17. According to Edmondson, Aristotelean rhetoric consisted of
    three elements which, in combination, produced the persuasion
    of speech: <u>ethos</u> (self presentation of qualities of the
    speaker which suggest they are worth listening to, such as
    reliability, maturity and moral authority); <u>pathos</u> (sensi-
    tisation of the audience, putting them in the desired frame
    of mind); and <u>logos</u> (the form of argument which constitutes
    reason and logic). (I am paraphrasing her version of
    Aristotle).
        For Aristotle, apparently, rhetoric is essentially
    manipulative, a view that is also by tradition attributed to
    Plato (but see Chapter 8). Edmondson opposes this, arguing
    that "sociological communication cannot be achieved without
    rhetorical uses and rhetoric is concerned in the first place
    with conveying meaning suasively" (1984: 28). For Edmondson,
    though, these are figures which facilitate the conveying of

the meaning of the text from author to reader but which
have no effect on its 'meaning' as such. Nor does she
appear to have any problem with the question of reference.
    It is worth noting, in view of what is to come in
Chapter 8, that the techniques and effects of rhetoric
identified by Aristotle were those in speech. Edmondson
transfers them unproblematically as applying to writing.

18.   See Fn 3 above.

19.   Although of course the appropriateness of the inclusion
       or exclusion of particular individuals or groups of
       individuals may be and is contested, as is the relationship
       of one set of subjects to the 'whole-set' of society.

CHAPTER EIGHT : FOOTNOTES

1.   It is, I am coming to realise (see Fn 12) impossible to
      over-estimate the influence of the Dialogues - by which I
      mean the influence of the interpretive tradition of Plato -
      not only on the subsequent course of philosophy but on
      academic enquiry. Even Derrida -whose constant struggle
      is against the metaphysics of logo-centrism - in tracing
      its origins back to Plato as responsible for the "philo-
      sophical movement par excellence" substantially concedes
      to that tradition. For his concept of 'general writing'
      is dependent on a de-construction and dis-placement of
      the prioritisation of voice over writing which he attributes
      to Plato (cf. Derrida 1982, but also 1977; 1981).

2.   A major element of philosophical debate concerning the
      Dialogues is, precisely, which ideas are attributable to
      which of the two philosophers. As Ferguson explains in
      his Preface: "(I) have assumed on the evidence of Aristotle
      ...that the Theory of Forms belongs to Plato not Socrates"
      (1970: xi). "(T)hrough contact with the Pythagoreans in
      Sicily and South Italy in 388-87BC he (Plato) came to the
      Theory of Forms as a solution...and propounded it in
      Phaedo; he elaborated it in Phaedrus; the Banquet (Symposium)
      and the Republic" (1970:2). It is on this ground amongst
      others that Ferguson in fact excludes all except two short
      paragraphs of the Phaedrus from his book which is, as its
      title makes clear (Socrates: A Source Book) concerned only
      with the "main source material about Socrates" (1970:xi).
          A further complication, and a further ground for
      asserting that the Dialogues are not literal records is that
      as Ferguson explains, there are two major extant sources for
      Socrates who did not himself write; not only Plato but
      Xenophon. But whilst, "both knew him personally...and both
      depict him in dramatic situations...in the pages of Xenophon,
      Socrates appears as an eminently worthy but dull, prosy and
      sententious moralist...in the pages of Plato he is witty,
      humorous and a great metaphysical thinker as well" (1970:1).

3.   According however to a more recent edition of the Dialogues
      (Saunders 1987), this certainty about the dates and the order
      in which they were written is currently replaced by un-
      certainty, except "within rather broad limits".

4.   For example: "(W)e are not to suppose that the dialogues
      written by Plato actually took place in the form in which
      he has written them. Obviously they must be based on some-
      thing historical: but their literary elegance suggests an
      extensive degree of Platonic manipulation. In the end, how-
      ever, what matters is not their historical accuracy but
      their philosophy." (Saunders 1987: 18).

5. For example: "The dialogue form permitted Plato...the
    playfulness and the bitterness, the irony and the fairness
    for which the dialogues are also famous. It allowed him
    almost the freedom of the contemporary novelist. As a form
    it imposed no limitations on his poetic imagery, and it
    allowed him the utmost philosophical seriousness. But not-
    withstanding his unrivalled mastery of the dialogue, he
    never subordinated meaning to form. Contentless art, he
    held, is not art" (Hamilton: 1962: xiv).

6. To be noted is the ease with which the absence of the
    text referred to - Griswold's book - fails in practice to
    inhibit readers from forming their own view of it which may
    differ from the view of the text which refers to it, here
    Rowe's critique. How is it that it seems so plain that
    Rowe has missed the point of Griswold's book? It was
    what I took to be Griswold's point about the Phaedrus that
    persuaded me to read the Dialogue for myself.

7. "Socrates: If men learn (writing) it will implant forget-
    fulness in their souls: they will cease to exercise memory
    because they rely on that which is written, calling things
    to remembrance no longer from within themselves, but by
    means of external marks...(it is) a receipe not for memory
    but for reminder. And it is no true wisdom...but only its
    semblance, for by telling them of many things without
    teaching them you will make them seem to know much, whilst
    for the most part they know nothing, and as men filled, not
    with wisdom, but with the conceit of wisdom, they will be
    a burden to their fellows" (275a/b).

8. See Baumann (ed) 1986 for example.

9. The capital is used throughout to denote the Phaedrus.

10. This passage is from the chapter entitled 'Writing Re-
    structures Consciousness', in which Ong argues that "the
    use of a technology (such as writing) can enrich the
    human psyche, enlarge the human spirit, intensify its inner
    life" (1982: 83), an argument clearly refuting (his reading
    of) Plato's view, similarly based on a fundamental differ-
    ence held to exist between writing and speech. This also
    presumes, it should be noted in anticipation, that speech
    historically came before writing, originating not in
    consciousness but, "wells up into consciousness out of
    unconscious depths" (1982: 82). Whilst writing "heightens"
    consciousness, it does not "inevitably well up out of un-
    consciousness". The consequences and grounds for this view
    will be discussed later: here I am concerned to discuss
    the interpretability of that which is only in writing. But
    in that the dtexts (and the Phaedrus) readably represent
    speech, what the source of speech is held to be utterly
    affects that interpretability. The immediate and explicit

relevance of citing Ong here is to substantiate the
relevance of reading the dtexts against the Phaedrus.

11. That is, the text in translation. As reader of an
already re-interpreted text I am involuntarily subject to
the problematic both in practice - particular translator's
reading of the greek - and in principle (see de Man 1986
and the attached references). This is particularly
frustrating when the argument is dependent upon close and
rigorous attention to reading the text. (See also Fn 28).

12. Although I have since studied Plato under the aegis of
academic philosophy at the University of Sussex, the
interpretation of the Phaedrus I am advancing in this
chapter - produced originally as a response to the text in
ignorance of how it is traditionally interpreted - although
one I can now say with some authority differs from that
philosophic tradition, is not one I would wish to substantially
amend.

13. There is the same kind of contestable traditional reading
of Plato's being 'against poetry'. For example: "Plato's
polemic against the poets is at its most vigorous and
sweeping in Republic X. All the poets...speak to the
lowest elements in us...The poets present us with false
models for behaviour, false images of virtue. They make
no distinction between good and bad and have no concern
for the truth" (Rowe 1984: 148). See also Murdoch 1977;
Sesonske 1966.

14. I use this verb because it is particularly apposite in that
it depicts an activity that produces a third by contact
between two: the production of something which is new and
yet which is at the same time rooted in both those things
which have been conjoined. It also implies a birth which
itself may become the source of the birth of others - an
interminable continuity, a dynamic of becoming. Like all
metaphors it is ontological and therefore epistemological:
but faithful to the text:

> Socrates: ...the dialectician selects a soul of the
> right type, and in it he plants and sows his words
> founded on knowledge, words which can defend both
> themselves and him who planted them, words which
> instead of remaining barren contain a seed whence
> new seeds grow up in new characters, whereby the
> seed is vouchsafed immortality, and it possesses
> the fullest measure of blessedness that man can
> attain unto. (276e/277a).

15. With a few exceptions, the dtexts will not be quoted from
in this chapter.

16. This is to follow the philosophic convention of reference to the text by paragraph numbers.

17. And also throughout: see for example 230b; 242a.

18. Cf. Nussbaum on the relation between the Dialogues and dramatic art, 'Interlude 1 : Plato's anti-tragic theater (sic)' (1986: 122-135). She also writes: "Plato is said to have given up a promising career as a tragic poet to write them: scholars have observed that the dialogues show many traces of his former metier" (1986: 126).

    For another example of the technique, see the opening scenes of any of Shakespeare's plays in which the speeches describe the speakers, the setting in which the drama is to take place and the dramatic situation which will be unfolded.

19. "Phaedrus...is going from the urban house where he has been conversing with Lysias to take a walk, for the sake of his health, outside the city walls, in what we shall see to be a place of burgeoning sensuous beauty. It is also a dangerous place: a place where a pure young girl was carried off by the impassioned wind god...where the traveller risks possession by the power of eros at the hottest hour of the day. In this same way, some important features of Plato's thought and writing seem to have left the Republic's city house and to be moving in the direction of greater wildness, sensuousness and vulnerability" (Nussbaum 1986: 200). See also Fn 28 below.

20. As the title of the collection of essays by contemporary literary theorists edited by Tompkins indicates - Reader Response Criticism: from formalism to poststructuralism - (1980), whilst the various essayists differ in their theoretical positions, "New Criticism, structuralism, phenomenology, psycho-analysis and deconstruction (and hence in) their definition of the reader, of interpretation and of the text" (1980:ix), their common ground is that the central issue, "the status of the literary text" is one which can only be addressed as the relation between reader-text.

21. "The crucial point for the reader of the dialogue...is that when Plato explores through Socrates the difficulties and implications of Socrates' own assumptions and arguments, he is not exploring matters of purely theoretical interest. For to Plato and Socrates, philosophy is morals, philosophy is politics, philosophy is life" (Saunders 1987: 34).

22. By which I mean that the theoretical grounds of statements made in the early sections of the dtexts are not put into question by those that come after.

23. Principally by Derrida (see Fn 1). It is upon this
prioritisation of voice that Husserl's phenomenology is
based (Husserl 1964; see also Hindess 1977); and also
Searle's and Austin's work on speech as performative
(Searle 1969; Austin 1962 but see also Searle 1977 in
which he gives a critique of Derrida's 1982 critique of
phenomenology). It is also drawn upon by Ricoeur for
his contention that the human sciences may be addressed
hermeneutically (Ricoeur 1981) (and see Chapter 5, this
text).

24. See Chapter 5.

25. "Phaedrus: I didn't learn the speech by heart, Socrates,
I assure you, but I will summarise point by point from
the beginning of the argument almost all that Lysias said."
(228e).

26. See Chapter 4, 110.

27. Nussbaum's translation is (and see Fn 11): "People who
love each other share everything" (1986: 233) - one of
her interpretive themes being the Dialogue's representation
of the speech between Phaedrus and Socrates as itself the
birth of eros one for the other, in which Phaedrus, being
the beloved, would be the one who properly submits to
he who he loves. See also Fn 19.

28. Or: the failure of dialectic at the level of speech and
its success at the level of the written. See 8.3 below.

29. According to Hamilton, the greek word kalon means both
the fine and the beautiful - as the term for the shameful
aichron, also means the ugly. See Fn 11.

30. "The twin purposes of education and philosophical investi-
gation in principle always go hand in hand" (Rowe 1984: 27).

31. According the the philosopher Agazzi, that philosophy
allows introspection to be a valid and legitimate means of
philosophic inquiry is that which distinguishes it from
the human sciences (Agazzi 1988).

32. As implied by the discussion immediately following, and
in 8.3, this interpretation that the two are alternatives
is a misreading of the text.

33. The claim does not, perhaps, have to be so carefully
circumscribed.

34.   See pp 278-278, below.

35.   Hamilton's translation uses the word "Typho" which, according
           to his footnote, is the name of the hundred-headed father
           of the winds, who may or may not be Typhon under another
           name (Hamilton 1988: 25).

36.   But cf. Nietzsche on the assumption of non-contradiction,
           which may only be a 'human' "inability", not an absolute
           guarantee of non-sense (Nietzsche 19 ʼ

37.   See Chapter 3.1.1.

38.   See Fn 9, Chapter 6, on Heidegger and the Question of Being.

39.   The case of the centaur is a favourite example used by
           those philosophers interested in the question of language
           and reference in that the word has as its referent something
           known not to exist (an example often raised in discussions
           on the MA Philosophy course at Sussex).

40.

Socrates: our proof assuredly
will prevail with the wise, though not with the learned.
      Now our first step toward attaining the truth of the matter is to
discern the nature of soul, divine and human, its experiences, and its
activities. Here then our proof begins.
      All soul is immortal, for that which is ever in motion is immortal.
But that which while imparting motion is itself moved by something
else can cease to be in motion, and therefore can cease to live; it is
only that which moves itself that never intermits its motion, inas-
much as it cannot abandon its own nature; moreover this self-mover
is the source and first principle of motion for all other things that are
moved. Now a first principle cannot come into being, for while any-
thing that comes to be must come to be from a first principle, the lat-
ter itself cannot come to be from anything whatsoever; if it did, it
would cease any longer to be a first principle. Furthermore, since it
does not come into being, it must be imperishable, for assuredly if a
first principle were to be destroyed, nothing could come to be out of it,
nor could anything bring the principle itself back into existence, see-
ing that a first principle is needed for anything to come into being.
      The self-mover, then, is the first principle of motion, and it is as
impossible that it should be destroyed as that it should come into
being; were it otherwise, the whole universe, the whole of that which
comes to be, would collapse into immobility, and never find another
source of motion to bring it back into being.
      And now that we have seen that that which is moved by itself is
immortal, we shall feel no scruple in affirming that precisely that is
the essence and definition of soul, to wit, self-motion. Any body that
has an external source of motion is soulless, but a body deriving its
motion from a source within itself is animate or besouled, which im-
plies that the nature of soul is what has been said.
      And if this last assertion is correct, namely that 'that which
moves itself' is precisely identifiable with soul, it must follow that soul
is not born and does nv die

41.   Why could the world <u>which is of any concern to us</u> -
not be a fiction? And he who then objects: 'but to the
fiction there belongs an author?' could he not be met
with the round retort: <u>why</u>? Are we not permitted to be
a little ironical now about the subject as we are about
the predicate and object? Ought the philosopher not to
rise above the belief in grammar? All due respects to
governesses: but is it not time philosophy renounced the
beliefs of governesses?

Nietzsche 1968: Note 34.

REFERENCES

Acheson, D (1972) 'The Epidemiology of Multiple Sclerosis',
    in McAlpine et al.
Agazzi, E (1988) 'Human Beings as a Subject Matter for Philosophy',
    paper presented at the XIII World Congress of Philosophy,
    Brighton, 21-27 August.
Alter, M (1971) 'Multiple Sclerosis among Orientals and Caucasians',
    Neurology, 21, 122-130.
Amis, Martin (1981) Other People: A Mystery Story, London: Jonathan
    Cape.
Apple, D (1960) 'How Laymen Define Illness', J.Health and Human
    Behaviour, 1, 219-225.
Aristotle (1965) 'On The Art of Poetry (Poetics)', in Aristotle,
    Horace, Longinus: Classical Literary Criticism, Trans.
    T S Dorsch, Harmondsworth: Penguin Books.
Ashmore, Malcolm (1983) 'The Six Stages', paper presented at the
    Discourse Analysis Workshop, University of York, April.
Ashmore, Malcolm (1985) 'A Question of Reflexivity: Wrighting
    Sociology of Scientific Knowledge', unpublished DPhil Thesis,
    University of York.
Asimov, Isaac, Warrick, Patricia and Greenberg Martin (eds) (1984)
    Machines that Think: The Best Sci-Fi stories about robots and
    Computers, London: Allen Lane.
Austen, Jane (1979) Northanger Abbey, London: Chatton & Windus.
Austin, J L (1962) How To Do Things With Words, Oxford & New York:
    Oxford University Press.

Balogh, R W (1981) 'Grounding the Alienation of Self and Body:
    a Critical Phenomenological Analysis of the Patient in Western
    Medicine', Sociology of Health and Illness, 3, 2.
Baoxun et al (1980) 'Multiple Sclerosis: A Clinical Study of 70
    Cases', Chinese Medical J 93(4), 260-264.
Barlow, J S (1960) 'Correlation of the Geographic Distribution of
    Multiple Sclerosis with Cosmic Rays', Acta Psychiat. Scand,
    35, Supplement 147.
Barnes, Barry (1977) Interests and the Growth of Knowledge, London:
    Routledge Kegan Paul.
Barnes, Barry and Edge, David (eds) (1982) Science in Context:
    Readings in the Sociology of Science, Oxford: Oxford University
    Press.
Barth, John (1967) Giles Goatboy or the Revised New Syllabus,
    London: Secker & Warburg.

Barth, John (1972) Lost in the Funhouse, Harmondsworth: Penguin Books.

Barthes, Roland (1975) S/Z, London: Jonathan Cape.

Barthes, Roland (1976) The Pleasure of the Text, London: Jonathan Cape.

Batchelor, R and Fielder, Angela (1981) 'Immune Responsiveness and Multiple Sclerosis', ARMS Education Service, unpub.

Bauer, Helmunt (1978) 'Multiple Sclerosis: A World Review', talk to the ARMS AGM, London, April; publised in the ARMS Education Series.

Baum, H M and Rothschild, B B (1981) 'The Incidence and Prevalence of Reported Multiple Sclerosis', Ann Neurol 10 (5), 420-428.

Baumann, Barbara (1961) 'Diversities in the Conceptions of Health and Physical Fitness', J Health and Human Behaviour, 2, 39-41.

Baumann, Gerd (ed) (1986) The Written Word: Literacy in Transition, Wolfson College Lectures 1985, Oxford: Clarendon Press.

Becker, M H (ed) (1974) The Health Belief Model and Personal Health Behaviour, Health Education Monography 2.

Benson, Douglas and Hughes, John A (1983) The Perspective of Ethno-methodology, London: Longman Press.

Berger, P L and Berger, B (1975) Sociology: A Biographical Approach London: Basic Books.

Birnbaum, G, Kotilinek, L, Schwartz, M, and Sternad, M (1984) 'Spinal Fluid Lymphocytes Responsive to Autologous and Allogenic Cells in Multiple Sclerosis and Control Individuals', J Clin Invest, 74, 1307-1317.

Blaxter, Mildred (1979) 'Concepts of Causality: Lay and Medical Models', Res in Psych Med, 2.

Bloor, David (1970) Knowledge and Social Imagery, London: Routledge Kegan Paul,

Bloor, David (1973) 'Wittgenstein and Mannheim on the Sociology of Mathematics', Studies in History and Philosophy of Science, 4, 173-191.

Bloor, David (1970) 'The Strong Programme and the Sociology of Knowledge', Chapter 1 in Bloor Knowledge and Social Imagery (second printing).

Blum, Alan (1971) 'Theorizing', in Douglas, J (ed) (1971), 301-319.

Blum, Alan (1974) Theorizing, London: Heinemann.

Boden, Margaret (1977) Artificial Intelligence and Natural Man, Hassocks UK: Harvester Press.

Borges, Jorge Luis (1964) Labyrinths, Harmondsworth: Penguin Books.

Bottomore, Tom and Nisbet, Robert (eds) (1978) A History of Sociological Analysis, London: Heinemann.

Bradbury, Malcolm (1985) 'Italo Calvino (1923-1985)', Obituary, The Sunday Times,

Brain, W Russell (1951) Diseases of the Nervous System, Oxford: Oxford University Press. 4th Edition.

Brandt, S et al (1981) 'Multiple Sclerosis with Onset in a 2-Year Old Boy', Neuropaediat 12 (1) 75-82.

Brennan, M E and Lancashire, R (1978) 'Association of Childhood Mortality with Housing Status and Employment', J Epid Comm Health, 32, 28-33.

Brickner, R M and Simons, D (1950) 'Emotional Stress in Relation to Attacks of Multiple Sclerosis' in 'Multiple Sclerosis and the Demyelinating Diseases', Ass Nerv Ment Dis, 28.

Broman, Tore, Andersen, Olaf and Bergmann, Lorenz (1981) 'Clinical Studies of Multiple Sclerosis: Presentation of an incidence material from Gottenburg', Acta Neurol Scandinav 63, 6-33.

Brooks, Nancy and Matson R R (1982) 'Social-Psychological Adjustment to Multiple Sclerosis: a Longitudinal Study' Soc Sci Med, 16.

Brown, M R and Putnam, T J (1939) 'Remissions in Multiple Sclerosis', Arch Neruol & Psychiat, 41, 913-920.

Brunel-ARMS Research Unit (1983) 'Discovering the Diagnosis of Multiple Sclerosis', General Report No 3, April.

Budd, Keith (1977) 'Pain in Multiple Sclerosis', ARMS Education Series, unpub.

Burke, James (1985) 'The Day the Universe Changed', BBC-2 programme, March 19.

Burnfield, A and Burnfield, P (1978) 'Common Psychological Problems in Multiple Sclerosis', Br Med J, 1 (6121) 1193-1194.

Bury, Michael (1984) 'Social Construction and the Development of Medical Sociology', paper read to the London BSA Medical Sociology Group, 11 July.

Bury, Michael (1986) 'Social Construction and the Development of Medical Sociology', Sociology of Health and Illness, 8 (2), 137-169.

Cage, John (1970) Silence, Mass., USA: MIT Press.

Calvino, Italio (1981) If on a Winter's Night a Traveller..., London: Secker & Warburg.

Calvino, Italio (1977) The Castle of Crossed Destinies, Secker & Warburg.

Carswell (1838) 'The Discovery of Multiple Sclerosis', cited in Brain (1951).

Cassell, Eric (1976) 'Disease as an 'It': Concepts of Disease Revealed by Patients' Presentation of Symptoms', Soc Sci Med, 143-146.

Castaigne, P., Lhermitte, F., Escourolle, R., Maun, J T., Gray, F., and Lyon-Caen, O (1981) 'Les Sclérose en Plaques Asymptomatiques', Rev Neruol (Paris) 137, 729-739.

Charcot, J M (1868) 'Leçons sur les Maladies Chroniques du Système Nerveaux: 1. Des Sclérose de la moelle épinière', Gaz. d hôp 41, 405-406, 409.

Charcot, J M (1872) Leçons sur les Maladies de Système Nerveaux Paris: Delahaye.

Charcot, J M (1877) Lectures on the Diseases of the Nervous System, London: The New Sydenham Society. Trans. George Sigerson.

Clifford, James (1981) 'On Ethnographic Surrealism', Comparative Studies in Society and History,23, No 4, October, 539-564.

Clifford, James (1982a) 'The Making of Ethnographic Texts' in Clifford, James, Person and Myth, p129--57.

Clifford, James (1982b) Person and Myth: Laurice Leenhardt in the Melanesian World, Berkeley: University of California Press.

Collins, Randall (ed) (1984) Sociological Theory, London: Jossey-Bass.

Comaroff, Jean (1982) 'Medicine: Symbol and Ideology' in Wright & Treacher (eds), 49-68.

Corsaro, W A (1982) 'Negotiation and the Structure of Discourse in Medical Consultation', Sociology of Health and Illness, 4, No 3.

Cowie, Bill (1976) 'The Cardiac Patient's Perception of His Heart Attack', Social Science and Medicine, 10, 87-96.

Crawford, R (1980) 'Healthism and the Medicalization of Everyday Life', Int. J Health Services, 10 (3), 365-388.

Cruveiller (1848) 'The Discovery of Multiple Sclerosis', cited in Limburg (1950) as 'Cit. Lewy Kraus-Brughs Handbuch 10.2. 1924, 96.'

Culler, Johathan (1982) On Deconstruction, Ithaca: Cornell University Press.

Cunningham, Diane J (1977) 'Stigma and Social Isolation: Self-Perceived Problems of a Group of Multiple Sclerosis Sufferers', HSRU, Report No 27 (unpub).

Dallmayr, F R and McCarthy, T A (eds) (1977) 'The Crisis of Understanding', Introduction to Dallmayr & McCarthy (eds), Understanding and Social Inquiry, Notre Dame Indiana: University of Notre Dame Press.

Davis, Marcella Z (1970) 'Transition to a Devalued Status: the Case of Multiple Sclerosis', San Francisco Medical Center, June (Unpublished Doctoral Dissertation).

Dawe, Alan (1978) 'Theories of Social Action' in Bottomore & Nisbet (eds) A History of Sociological Analysis, London: Heinemann.

de Man, Paul (1969) 'The Rhetoric of Temporality' in Singleton Charles S (ed) Interpretation: Theory and Practice, Johns Hopkins University Press, 173-209.

de Man, Paul (1971) Blindness and Insight: Essays in the Rhetoric of Contemporary Criticism, New York: Oxford University Press.

de Man, Paul (1971) 'Ludwig Binswanger and the Sublination of the Self' in de Man, Blindness and Insight, New York: Oxford University Press, Chapter 3.

de Man, Paul (1978) 'The Epistemology of Metaphor', Critical Inquiry, V, 13-30.

de Man, Paul (1979) 'Autobiography as Defacement', Modern Language Notes, XCIV, 918-938.

de Man, Paul (1979) Allegories of Reading: Figural Language in Nietzsche, Rilke and Proust, New Haven: Yale University Press.

de Man, Paul (1986) 'Conclusions: Walter Benjamin's "The Task of the Translator"' in de Man Resistance to Theory, Theory and History of Literature Vol 33, Manchester: Manchester University Press, 73-105.

Dean, G., Savettieri, G., Giordano, D., Butera, C., Taibi, G., Morreale, S., and Karhausen, L (1981) 'The Prevalence of Multiple Sclerosis in Scicily: II Agrigento City', J Epid Comm Health, 35 (2) 118-121.

Derrida, Jacques (1973) 'Speech and Phenomena: Introduction to The Problem of Signs in Husserl's Phenomenology' in

Derrida, Speech and Phenomena and Other Essays on Husserl's
    Theory of Signs, Evanston, Ill.: Northwestern University
    Press.
Derrida, Jacques (1977) 'Limited Inc a b c ...', Glyph, 2, 162-254.
Derrida, Jacques (1979) Spurs: Nietzsche's Styles, Chicago &
    London: University of Chicago Press. Trans. Barbara Harlow.
Derrida, Jacques (1979) 'The Supplement of Copula: Philosophy
    before Linguistics' in Harari J V (ed) Textual Strategies:
    Perspectives in Post-Structuralist Criticism, Cornell:
    Cornell University Press.
Derrida, Jacques (1981) 'Plato's Pharmacy' in Disseminations,
    Chicago: University of Chicago Press, 63-171. Trans.
    Barbara Johnson.
Derrida, Jacques (1982) 'Signature Event Context', in Derrida
    Margins of Philosophy, Brighton: Harvester Press. Trans.
    Alan Bass, 307-330.
Derrida, Jacques (1983) 'The Time of a Thesis: Punctuation' in
    Montefiore A (ed) Philosophy in France Today, Cambridge:
    Cambridge University Press. 34-50.
Douglas, Jack (ed) (1970) Deviance and Respectability: The
    Social Construction of Moral Meanings, Basic Books Inc.
Dowie, R., Povey, R., and Whitley G (1981) 'Learning to Live With
    Multiple Sclerosis', Multiple Sclerosis Society, unpublished.
Downie, Patricie, A (ed) Cash's Textbook of Neurology for
    Physiotherapists, London: Faber. 3rd Edition.

Eagleton, Terrence (1982) 'The Revolt of the Reader', New Literary
    History, 13, (3), 449-452.
Eco, Umberto (1983) The Name of the Rose, London: Secker & Warburg.
Edholm, D and Burnfield, A (undated) 'Fatigue', ARMS Education
    Series.
Edmondson, Ricca (1984) Rhetoric in Sociology, London: Macmillan
Eisenberg, L (1977) 'Disease and Illness: Distinctions between
    Professional and Popular Ideas of Sickness', Cult Med Psychiat,
    1, 9-23.
Elder, R G (1973) 'Social Class and Lay Explanations for The
    Aetiology of Arthritis', J Health and Social Behaviour, 14,
    28-38.

Fabrega, M (1975) 'The Need for an Ethnomedical Science', Science,
    189, 969-975.
Feasby, T E, and Ebers, G C (1982) 'Risk of Multiple Sclerosis in
    Isolated Optic Neuritis', Can J Neurol, 9 (2) 269-273.
Ferguson, John (1970) Socrates: A Source Book, London: Macmillan
    and Co for the Open University.
Ferrari, G R F (1987) Listening to the Cicadas: a Study of Plato's
    Phaedrus, Cambridge: Cambridge University Press.
Field, Professor (1978) extract from transcript of ARMs AGM,
    London, 1978; cited in Bauer 1978, p31.
Figlio, Karl (1982) 'How does Illness Mediate Social Relations?
    Workmen's Compensation and Medico-Legal Practices, 1890-1940'
    in Wright & Treacher (eds), The Problem of Medical Knowledge,
    Edinburgh: Edinburgh University Press.

Firth, Douglas (1945) 'The Case of Augustus d'Esté : (The Medical
    History of Augustus d'Esté 1794-1848 by his Mother and
    Himself)', Cambridge University Med Soc Mag, 23.1, 13-22.
Fischman, H R (1982) 'Multiple Sclerosis: a New Perspective
    on Epidemiologic Patterns', Neurology, 32 (8), 864-870.
Forsythe, Elizabeth (1979).Living with Multiple Sclerosis,
    London: Faber and Faber.
Foster, Hal (ed)(1935) Post Modern Culture , Pluto Press.
Foucault, Michel (1977) Discipline and Punish, London: Allen
    Lane.
Freidson, E (1961) Patients' Views of Medical Practice, New York:
    Russell Sage Foundation.
Fuller, Steve (1987) 'What is the Philosophy of Technology and
    What Use Is It?', paper given to the Science, Technology and
    The Human Sciences Research Workshop series, Brunel University,
    24 March.

Gabbay, Jean (1982) 'Asthma Attacked? Tactics for the Reconstruction
    of a Disease Concept', in Wright and Treacher (eds) The Problem
    of Medical Knowledge, 23-48.
Gall, J C Jnr (1958) 'Multiple Sclerosis in Children: Clinical
    Study of 40 cases with Onset in Childhood', Paediatrics, 21,
    703-709.
Garfield, E (1982) 'Patient Compliance: A Multi-Faceted Problem
    with No Easy Solution', Current Contents, 37, 5-13.
Garfinkel, Harold (1967) Studies in Ethnomethodology, Englewood
    Cliffs, New Jersey: Prentice Hall.
Geertz, Clifford (1975) The Interpretation of Cultures, London:
    Hutchinson.
Gellner, E (1975) 'Ethnomethodology: the Re-Enchantment Industry
    or the Californian Way of Subjectivity', Philosophy of the
    Social Sciences, 5 (4) December; 431-450.
Genette, Gerard (1980) Narrative Discourse, Oxford: Basil Blackwell.
Gilbert, J T., and Sadler, M (1983) 'Unsuspected Multiple Sclerosis',
    Arch Neurol, 40, 533-536.
Gordon, J E (1948, 1951) Lectures on Epidemiology, Harvard School
    of Public Health: Boston and Mass.
Gorfain, Phyllis (1986) 'Play and the Problem of Knowing in "Hamlet":
    an Excursion into Interpretive anthropology' in Turner, V and
    Bruner, E (eds) The Anthropology of Experience, Illinois:
    University of Illinois Press.
Goudsblom, Johan (1980) Nihilism and Culture, Oxford: Basil
    Blackwell.
Graham, Judy (1981) Multiple Sclerosis: A Self-help Guide to its
    Management, London: Thorsons.
Gray, Alasdair (1981) Lanark: A Life in Four Books, Canongate.
Greer, Rita (1980) 'A View on Diet', ARMs Education Service.
Gregory, Richard Langton (1977) Eye and Brain: The Psychology of
    Seeing, London: Weidenfeld & Nicolson. 3rd edition.
Griswold, Charles L Jnr (1987) Self-Knowledge in Plato's Phaedrus,
    Yale: Yale University Press.

Hall, M H., Chng, P K., and MacGillivray, I (1980) 'Is Routine
    Antenatal Care Worthwhile?' Lancet, 12 July, 78-80.
Hamilton, Edith and Cairns, Huntington (eds) (1961) The Collected
    Dialogues of Plato, Including the Letters, Bollingen
    Series Lxxi, Princeton: Princeton University Press.
Hamilton, Walter (1988) Plato: Phaedrus and the Seventh and
    Eighth Letters, Translated and Introduced by Walter Hamilton,
    Harmondsworth: Penguin Books.
Harrington, J M (1978) Shift Work and Health: A Critical Review
    of the Literature, HMSO.
Hayman, Ronald (1980) Nietzsche: A Critical Life, London: Weidenfeld
    and Nicolson.
Heath, Christian (1982) 'The Consultation's End: The Co-Ordination
    of Speech and Body Movement', Int J Soc Lang.
Heath, Christian (1983) 'Maintaining Participation in Conversation',
    paper presented to BSA Medical Sociology Conference, University
    of York, September.
Heidegger, Martin (1978) 'The Question Concerning Technology' in
    Krell, D F (ed) Martin Heidegger: Basic Writings, London:
    Routledge Kegan Paul, 283-317.
Heidegger, Martin (1978) 'What is Metaphysics?', ibid, 91-112.
Heidegger, Martin (1987) Being and Time, Trans. J Macquarrie and
    E Robinson, Oxford: Basil Blackwell.
Helman, Cecil (1978) 'Feed a Cold, Starve a Fever: Folk Models
    of Infection in an English Urban Community', Cult.Med Psychiat
2, 107-137.
Herndon, R M., and Rudick, R A (1983) 'Multiple Sclerosis: the
    Spectrum of Severity', Arch Neurol, 4 , 531-532.
Hindess, Barry (1977) Philosophy and Methodology in the Social
    Sciences, Hassocks: The Harvester Press.
Hofstadter, Douglas R (1980) Gödel, Escher, Bach: An Eternal
    Golden Braid: A Metaphysical Fugue on Minds and Machines
    in the Spirit of Lewis Carroll,Harmondsworth: Penguin Books.
Hughes, David (1982)'Control in the Medical Consultation: Organising
    Talk in a Situation where Co-participants have Differential
    Competence', Sociology, 16, No 3. August.
Hunt, Paul (ed) (1966) Stigma, London: Geoffrey Chapman.
Husserl, Edmund (1964) The Idea of Phenomenology, Tr William
    P Alston and George Nakhnikian, The Hague: Martinus Nijkoff.
Hyllested, K., and Kurland L T (eds) (1966) 'Studies in Multiple
    Sclerosis: Further Explorations of the Geographic Distribution
    of Multiple Sclerosis', Neurol Scand Suppl 19, 42.

Idler, Eileen (1979) 'Definitions of Health and Illness and Medical
    Sociology', Soc Sci Med, 13a, 723-728.
Illich, Ivan (1975) Medical Nemesis, London: Calder & Boyars.
Index Medicus.
Ingleby, David (1982) 'The Social Construction of Mental Illness'
    in Wright and Treacher (eds).
Inglis, Brian (1981) 'The Diseases of Civilization', London: Hodder
    and Stoughton.

Isager, H., Larsen, S., and Hyllested, K (1980) 'School Contact between Patients with Multiple Sclerosis', Int J Epid, 9, (2), 145-147.

Isayama, Y., Takahashi, T., Shimoyomi, T., Yamadori, A (1982) 'Acute Optic Neuritis and Multiple Sclerosis', Neurol, 32, (1), 73-76.

James, Oliver (1981) 14th July. Personal communication.

Jefferson, Gail (1984a) 'Data: presented for use at workshops, BSA Sociology of Language Study Group. International and Multi-disciplinary Conference on Interaction and Language Use, Plymouth Polytechnic, 16-19 July.

Jefferson, Gail (1984b) 'Notes on 'Latency' in Overlap Onset', paper presented to BSA Sociology of Language Group ibid, 16th July.

Johnson, Les (1983) Lecture Series, 'Theories of Knowledge', Brunel University.

Jones, R A., Wiese H J., Moore, R W., and Haley, J V (1981) 'On the Percieved Meaning of Symptoms', Medical Care, 19, 7, 710-717.

Joyce, James (1986) Ulysses - The Corrected Text, Edited by Hans Walter Gabler with Wolfhard Steppe and Claus Melchior and with a new Preface by Richard Ellmann; London: The Bodley Head.

Kennedy, Ian (1981) The Unmasking of Medicine, London: Allen and Unwin.

Knorr-Cetina, Karen and Mulkay, Michael (eds) (1983) Science Observed: Perspectives on the Social Study of Science, London: Sage.

Knorr-Cetina, Karen and Whitley, R (eds) (1980) 'The Social Process of Scientific Investigation', Sociology of Science, Vol IV, 239-268.

Krell, David Farrell (ed) (1978) Martin Heidegger : Basic Writings, London: Routledge Kegan Paul.

Kurland, L T (1970) Handbook of Clinical Neurology, Volume 9, North Holland Publishing Company.

Kurland, L T., and Westland (1954) 'Multiple Sclerosis', Ann NY Acad Sci, 58, 682.

Kuroiwa, Y., Igata, A., Itahara, K., Koshijuma. S., Tsubaki, T., Toyokura, Y., Shibasaki, H (1975) 'Nationwide Survey of Multiple Sclerosis in Japan: Clinical Analysis of 1,084 Cases', Neurol, 25, 845-851.

Kurtzke, John F (1980a) 'Geographic Distribution of Multiple Sclerosis: an Update with Special Reference to Europe and the Mediterranean Region', Acta Neurol Scandinav, 62. 65-80.

Kurtzke, John F (1980b) 'Multiple Sclerosis: An Overview', in Rose, F C (ed) Clinical Neuroepidemiology, London: Pitman Medical Ltd, 170-195.

Kurtzke, John F., Beebe, G W., Norman, J E (1979) 'Epidemiology of Multiple Sclerosis in US Veterans: 1. Race, Sex and Geographic Distribution', Neurol, 29, 1228-1255.

Landis, R (1898) 'Contribution à l'étude de la sclérose en plaques chez l'enfant', Paris 39p8° No 322.

Last, Murray (1981) 'The Importance of Knowing about Not Knowing', Soc Sci Med, 15b, 387-392.

Latour, Bruno and Woolgar, Steve (1979) (1986) Laboratory Life: The Social Construction of Scientific Facts, London: Sage.

Lecuyer, B P (1978) Bilan et perspectives de la sociologie de la science dans les pays occidentaux', Archives Europeénnes de sociologie XIX (2), 257-336.

Lederer, H D (1952) 'How the Sick View Their World', J Social Issues, 8, 4-15.

Leiter, Kenneth (1980) A Primer on Ethnomethodology, Oxford: Oxford University Press.

Lewis, P D (1982) 'Clinical Diagnosis of Neurological Conditions', Chapter 1 in Downie (ed) 1982.

Limburg, Charles C (1950) 'The Geographic Distribution of Multiple Sclerosis and its Estimated Prevalence in the United States', in Association for Research in Nervous and Mental Diseases, Multiple Sclerosis and Demyelinating Diseases, Baltimore: Williams & Wilkins, 15-24.

Locker, David (1981) Symptoms and Illness: The Cognitive Organization of Disorder, London: Tavistock Publications.

Lodge, David (1984) Small World, Harmondsworth: Penguin Books.

Lyotard, J F (1979) The Post Modern Condition: A Report on Knowledge, Manchester: Manchester University Press.

Lyotard, J F (1982) 'Presenting the Unpresentable: The Sublime', Artforum, 64-69.

Mabry, J H (1964) 'Lay Concepts of Aetiology', J Chron Dis, 17, 371-386.

MacLeod, R (1977) 'Changing Perspectives in the History of Science' in Speigel-Rosing and Price (eds) Science, Technology and Socity, London/Beverley Hills: Sage.

Maggs, Angela (1981) 'MS - 1', Nursing Times, March 5, 414-418.

Mann, Thomas (1949) Dr Faustus: The Life of the German Composer, Adrian Leverkühn, as Told by A Friend, Trans H T Lowe-Porter, London: Secker & Warburg.

Mannheim, Karl (1936) Ideology and Utopia, London: Routledge Kegan Paul.

Marcus, George (1980) 'Rhetoric and the Ethnographic Genre in Anthropological Research', Current Anthrop, 21, 4, 507-510.

Marcus, George and Clifford, James (1985) 'The Making of Ethnographic Texts', Current Anthrop, 26, 2, April.

Martin, Graham (1982) 'A New Look at Fictional Reference', Philosophy, 57, No 220, 223-236.

Marwick, Arthur (1970) The Nature of History, Harmondsworth: Penguin.

Matthews, Brian W (1978) Multiple Sclerosis : The Facts, Oxford: Oxford University Press.

Mauss, Marcel (1973) 'A Category of the Human Mind: the Notion of Person, the Notion of Self'', in Mauss, M Sociology and Psychology, London: Routledge Kegan Paul.

Maybury, C P., and Brewin, C R (1984) 'Social Relationships, Knowledge and Adjustment to Multiple Sclerosis', J Ne Ne Psy, 47, (4), 372-376.

Mayrl, William W (1977) 'Ethnomethodology: Sociology without Society?' in Dallmayr, F R, McCarthy TA (eds).

McAlpine, D (1972) 'Some Aspects of the Natural History of MS (Contd): Precipitating and Aggravating Factors', Chapter 4 in McAlpine et al (eds) 1972.

McAlpine, D (1961) 'The benign Form of Multiple Sclerosis: a study based on 241 cases seen within 3 years of onset and followed up until the 10th year of more of the disease', Brain, 186-203.

McAlpine, D., Lumsden, C E., and Acheson, E D. (1972) Multiple Sclerosis: a Re-appraisal, London and Edinburgh: Churchill Livingstone. 2nd edition.

McHugh, Peter, Raffel, Stanley., Foss, David ,C, and Blum, Alan (1974) On the Beginning of Social Inquiry, London: Routledge Kegan Paul.

Mead, G H (1977) 'Self', in Thompson & Tunstall (eds), 144-158.

Mehan, Hugh B and Wood, H Lawrence (1975) The Reality of Ethnomethodology, New York: John Wiley.

Melville, Herman (1988) Moby Dick, Oxford and New York: Oxford University Press.

Miles, Agnes (1979) 'Some Psycho-social Consequences of Multiple Sclerosis: problems with social interaction and group identity', Br J Med Psychol, 52 (Dec), 321-351.

Miner, Horace (1965) 'Body Ritual Among the Nacirema', Am Anthrop, 58, June.

Montefiore, Alan (ed) (1983) Philosophy in France Today, Cambridge: Cambridge University Press.

Moxon, W (1873) 'Case of Insular Sclerosis of Brain and Spinal Cord', Lancet, i, 236.

Mulkay, Michael (1984) 'Noblesse Oblige: An example of analytical parody', paper presented at: 'Discourse and Reflexvitiy' Workship, Brunel University, March.

Mulkay, Michael (1984) 'The Scientist Talks Back: a One-Act Play with a Moral, about Replication in Science and Reflexivity in Sociology', Social Studies of Science, 14, 265-282.

Mulkay, Michael (1985) The Word and the World: Explorations in the Form of Sociological Analysis, London: George Allen & Unwin.

Mulkay, Michael and Gilbert, N (1982) 'Accounting for Error: How Scientists Construct their Social World when they Account for Correct and Incorrect Belief', Sociology, 16, 2, May, 165-183.

Murdoch, Iris (1977) The Fire and the Sun: why Plato banished the Artists, London: Clarendon Press.

Myrianthopoulos (1970) 'Genetic Aspects of Multiple Sclerosis', Chapter 5 in Kurland (1970).

Natanson (1973) 'Phenomenology and Social Role', in Natanson (ed)
    Phenomenology and the Social Sciences, Evanston Ill: North-
    western University Press, 205-206.
National Multiple Sclerosis Society (undated) 'World Distribution
    of Multiple Sclerosis'.
Nietzsche, Fredrich (1968) The Will to Power, Trans W Kaufmann
    and R J Hollingdale, New York: Vintage Books.
Nietzsche, Fredrich (1974) The Gay Science, New York: Vintage Books.
Nietzsche, Fredrick (1979) Ecce Homo: How one Becomes what One Is,
    Harmondsworth: Penguin Books.
Nietzsche, Eredrich (1984) Beyond Good and Evil: Prelude to a
    Philosophy of the Future, Harmondsworth: Penguin Books.
Nisbet, Robert (1971) 'Sociology as an Art Form', in Thompson and
    Tunstall (eds), 477-481.
Norris, Christopher (1982) Deconstruction: Theory and Practice,
    London: Methuen.
Nussbaum, Martha (1986) The Fragility of Goodness, Cambridge:
    Cambridge University Press.

Oakley, Ann (1980) Women Confined, Oxford: Martin Robertson.
Office of Health Economics (1975) Multiple Sclerosis, Luton:
    White Crescent Press.
Oldman, David (1983) 'Making Aliens: Problems of description in
    Science Fiction and Social Science', Theory, Culture & Society,
    2, No 1,
Ong, Walter (1982) Orality and Literacy: the Technologizing of
    the Word, London & New York: Methuen.
Ong, Walter (1986) 'Writing is a Technology that Restructures
    Thought', in Baumann, G (1986), 1-22.
Oppenheim, H (1913) Lehrbuch der Nervenkrankheiten (6th edition),
    Karger: Berlin.

Parker, Ian (1985) 'Ethnomethodology and Deconstruction: Conversation,
    the Self and the Text', paper presented at the Graduate Research
    Forum, Brunel University, September.
Phillips, A and Rakusen, J (eds) (1978) Our Bodies:Our Selves - a
    Health Book by and for Women, Boston Womens' Book Collective.
    Harmondsworth: Penguin Books.
Phillipson, Michael (1985) Painting, Language and Modernity, London:
    Routledge Kegan Paul.
Pill, Reisin and Stott, Nigel C H (1982) 'Concepts of Illness
    Causation and Responsibility: some preliminary data from a
    sample of working class mothers', Soc Sci Med, 16, 43-52.
Plato's Phaedrus (1952) in Hamilton & Cairns (eds), 475-525:
    from Plato's Phaedrus, trans. with Introduction and Commentary
    by R Hackforth, Cambridge and New York: 1952.
Plato (1941) The Republic of Plato, trans John Llewelyn Davies and
    David James Vaughan, London: Macmillan and Co.
Pollner, Melvin (1974) 'Mundane Reasoning', Phil of the Soc Sciences,
    5, 35-54.
Pollock, Kristian (1984) 'Mind and Matter: a study of conceptions
    of health and illness among three groups of English Families
Pollner, Melvin (1987) Mundane Reason: Reality ind Everyday and
    sociological discourse, Cambridge: Cambridge University Press.

with particular reference to Multiple Sclerosis,
Schizophrenia and Nervous Breakdown', PhD Thesis, Kings
College Cambridge, March (unpub).

Poskanzer, D, C., Schapira, K., Miller H (1963) 'Multiple
Sclerosis and Poliomyelitis', The Lancet, Nov 2, 317.

Pritchett, Diannah (1982) 'Towards understanding the doctor-
patient relationship. A socio-psychological approach to
communication difficulties between 'expert' and 'laymen''.
Paper presented at BSA Medical Sociology Group Conference,
University of Durham, September.

Proust, Marcel (1981) A la Recherche du Temps Perdu, tr. Scott
Moncrieff and Terence Kilmartin, London: Chatto & Windus.

Ray, William (1984) Literary Meaning: From Phenomenology to
Deconstruction, Oxford: Blackwell.

Reizen (1984) 'Depression in Multiple Sclerosis', J Clin Psych
40, No 4, July.

Restivo, S (ed) (1981) 'New Directions in the Sociology of Science',
Int Soc for the Sociology of Knowledge Newsletter, 7.

Ricarp, H B Warner (1981) 'Multiple Sclerosis and the Epstein-
Barr Virus (Letter)', The Lancet, Dec 5, 1290.

Ricoeur, Paul (1981) 'The Model of the Text: Meaningful Action
Considered as a Text', Chapter 8 in Ricoeur (1981).

Ricoeur, Paul (1981) Hermeneutics and the Human Sciences,
Cambridge: Cambridge University Press.

Ricoeur, Paul (1984) Time and Narrative Vol I , Chicago: University
of Chicago Press.

Rogers, Mary F (1984) 'Everyday Life as Text', in Randall Collins
(ed).

Rowe, C J (1984) Plato, Brighton: The Harvester Press.

Rowe, C J (1987) 'Living Dialogue (Review)' THES, 13 March.

Russell, Denise (1983) 'Anything Goes', Social Studies of Science,
13, 3, 437-464.

Russell, W R (1971) 'Multiple Sclerosis: Occupation and Social
Group at Onset', Lancet, 2, 832-834.

Sacks, Harvey (1963) 'Sociological Description', Berkeley J of
Sociology, 8, 1-19.

Sacks, Harvey (1974) 'On the Analysability of Stories by Children',
in Turner (ed).

Sacks, Harvey, Schegloff, Emanuel, and Jefferson, Gail (1974) 'A
Simplest Systematics for the Analysis of Turn Taking in
Conversations', Language, 50, 696-735.

Sällstrom, Thor (1942) 'Occurrence and Distribution of Multiple
Sclerosis in Sweden: Geographic Pathology of Multiple
Sclerosis', Acta Medica Scandinav, Supp CXXXVII, 1-141.

Saunders, Trevor J (1987) Plato: Early Socratic Dialogues,
Harmondsworth: Penguin Books.

Schegloff E and Sacks, H (1973) 'Opening up Closings', Semiotica,
8, 289-327.

Schenkein, J (ed) 1979) Studies in the Organisation of Conversational
Interaction, Academic Press.

Schumacher, G A., Beebe, G., Kibler, R F., Kurland, L T.,
Kurtzke, J F., McDowell, F., Nagler, B., Sibley, W A.,
Tourtellotte, W W., and Willman, T L (1965) 'Problems of
    experimental trials of therapy in Multiple Sclerosis:
    Report by the Panel on the Evaluation of Experimental
    Trial Therapy in Multiple Sclerosis', Ann N Y Acad Sci,
    122, 552-568.
Schutz, Alfred (1954) 'Concept and Theory Formation in the
    Social Sciences', J Phil, 51, 257-73.
Science Citation Index (1982) ISI Institute for Scientific
    Information.
Searle, John R (1969) Speech Acts: an Essay in the Philosophy
    of Language, Cambridge: Cambridge University Press.
Searle, John R (1977) 'Reiterating the Differences: a Reply
    to Derrida', Glyph 2, 198-208.
Searle, John R (1984) 'Minds, Brains and Science', (Reith
    Lectures)London: BBC Publications.
Sesonske, A (ed) Plato's Republic: Interpretation and Criticism,
    London: Wadsworth (1966).
Shakespeare, William (1957) Hamlet: Prince of Denmark in
    The Complete Works of Shakespeare, London: Oxford University
    Press.
Sharratt, Bernard (1982) Reading Relations: Structures of
    Literary Production: a Dialectical Text/Book, Brighton:
    Harvester Press.
Sharratt, Bernard (1984) The Literary Labyrinth: Contemporary
    Critical Discourses, Sussex: Harvester Press.
Sheremata, W., Curless, S B., and Dunn, H G (1981) 'Childhood
    Multiple Sclerosis: a report of 12 cases' (Meeting),
    Ann Neurol, 10 (3), 304.
Simons, Aart E (ed) (1984) Multiple Sclerosis: Psychological
    and Social Aspects, London: William Heinemann Medical Books.
Singleton, Charles S (ed) Interpretation: Theory and Practice,
    Johns Hopkins University Press (1969).
Smith, Dorothy E (1978) 'K is Mentally Ill', Sociology, 12,
    23-53.
Smith, Stevie (1985) The Collected Poems, Harmondsworth: Penguin.
Snow, L (1974) 'Folk Medical Beliefs and their Implications for
    the Care of Patients', Annals Item Med, 81, 82-96.
Sontag, Susan (1979) Illness as Metaphor, London: Allen Lane.
Spector, M., and Kitsuse, J (1977) Constructing Social Problems,
    California: Benjamin Cummings Pub Co.
Stazio, A., Kurland T L., Bell, L G., Saunders, M G., and
    Rogot, E (1964) 'Multiple Sclerosis in Winnipeg Manitoba:
    Methodological Considerations of Epidemiologic Survey',
    J Chron Dis, 17.
Steiner, George (1975) 'In a Post-Culture' in Steiner, George
    Extraterritorial, Harmondsworth, Penguin, 178-9.
Stewart, David C., and Sullivan, Thomas J (1982) 'Illness
    Behaviour and the Sick Role in Chronic Disease: the case
    of Multiple Sclerosis', Soc Sci Med, 16, 1397-1404.

Stimson, G N (1974) 'Obeying Doctor's Orders: a view from the other side', Soc Sci Med, 8, 97-104.

Stimson, G N., and Webb, B (1975) Going to See the Doctor: the Consultation Process in General Practice, London: Routledge Kegan Paul.

Sudnow, D (ed) Studies in Social Interaction, The Free Press (1972).

Szuchet, S., and Yim, S H (1984) 'Characterization of a Subset of Oligodendrocytes separated on the basis of selective adherence properties', J Neurosci Res, 131-144.

Tanner, Tony (1988) Introduction to Melville's Moby Dick, Oxford and New York: Oxford University Press, vii-xxvii.

Taylor, R., Illsley, R., Poskanzer, D C (1980) 'Multiple Sclerosis in the Orkney and Shetland Islands VI: the Effects of Migration and Social Structure.', J Epid Comm Health, 34, 271-276.

Thompson, Kenneth and Tunstall, Jeremy (eds)(1977) Sociological Perspectives, Harmondsworth: Penguin Books.

Tolstoy, Leo (1960) The Death of Ivan Ilyich, trans Rosemary Edmonds, Harmondsworth: Penguin Books.

Tolstoy, Leo (1980) Anna Karenina, Oxford; Oxford University Press.

Tompkins, Jane P (ed) (1980) Reader-Response Criticism: From Formalism to Post-Structuralism, Baltimore and London: Johns Hopkins University Press.

Torrance, Steve (ed) (1984) The Mind and the Machine: Philosophical Aspects of AI, Chichester: Ellis Horwood Ltd.

Townsend, P and Davidson, N (1982) Inequalities and Health, Harmondsworth: Penguin.

Tucker, Anthony (1985) 'Saying it Like It Is', The Guardian, Thursday August 15th.

Turner, Bryan, S (1984) 'Ontology of Difference', chapter 10 in Turner, B S The Body and Society: Explorations in Social Theory, Oxford: Basil Blackwell, 227-251.

Turnery, Roy (1974) Ethnomethodology, Harmondsworth: Penguin Books.

Turner, Roy (1970) 'Words, Utterances and Activities' in Douglas, J (ed).

Valentiner, W (1856) 'Uber die Sklerose des Gehirns und Rückenmarks', Deutche klin, 8, 147, 158 and 167.

Wadsworth, D., and Robinson, D (1976)(eds) Studies in Everyday Medical Life, London: Martin Robertson.

Walker, Teri (1984) 'On Beginning an Enquiry', paper presented to Discourse Analysis Workshop,March. (unpub).

Weider, Lawrence (1974) 'Telling the Code' in Turner, R (ed).

Weizenbaum, Joseph (1966) 'ELIZA - A Computer Program for the Study of Natural Language Communication between Man and Machine', CACM, 9, 36-45.

West, Patrick (1979) 'An Investigation into the Social Construction and consequences of the Label Epilepsy', Sociol Rev, 27, No 4, 719-741.

Wiener, C (1975) 'The Burden of Rhematoid Arthritis: Tolerating Uncertainty', Soc Sci Med, 9, 97-104.

Wolff, Kurt H (1978) 'Phenomenology and Sociology', in Bottomore and Nisbet (eds), 532-556.

Woolgar, Steve (1980) 'Discovery Logic and Sequence in a Scientific Text' in Knorr, K D., Krohn, R., and Whitley, R (eds) The Social Process of Scientific Investigation, Sociology of the Sciences vol IV, 239-268.

Woolgar, Steve (1981) 'Interests and Explanation in the Social Study of Science', Soc St Sci, 11, 365-394.

Woolgar, Steve (1981) 'Science and Ethnomethodology: a Prefatory Statement', in Restivo, S (ed) 'New Directions in the Sociology of Science', Int Soc for the Soc of K Newsletter, special issue, 7, 10-45.

Woolgar, Steve (1983) 'Irony in the Social Study of Science', in Knorr-Cetina and Mulkay (eds), 239-266.

Woolgar, Steve (1988) Science: The Very Idea, London and New York: Tavistock Publications.

Woolgar, Steve (ed) (1988) Knowledge and Reflexivity: New Frontiers in the Sociology of Knowledge, London: Sage.

Wright, Peter and Treacher, Andrew (eds) (1982) The Problem of Medical Knowledge: examining the Social Structure of Medicine, Edinburgh: Edinburgh University Press.

Wynne, Anna and Robinson, Ian (1983) 'Questioning the Facts: Making Common Knowledge', Unpub Mimeo, Brunel-ARMS Research Unit, Brunel University.