

Narrative Rationality and the Logic of Good Reasons

This chapter provides a theoretical basis for examining the tension between scientific and lay rationality that continues to undermine attempts to address such vital healthcare issues as vaccine hesitancy (Larson 2020) or lack of compliance with regulations and test regimes during a pandemic (Fancourt et al. 2020). Rather than treating different responses and attitudes towards particular issues as rational or irrational in purely scientific terms, the theoretical framework we discuss here acknowledges different types of rationality, and hence plural conceptualizations of evidence. In outlining this framework, the aim is to elaborate a nuanced and socially responsive approach to expertise and knowledge – an approach that can offer insight into the sources of controversy around medical phenomena such as Covid-19 and a more productive means of communicating medical information.

2.1 The Narrative Paradigm: Basic Tenets

The basic assumption underpinning what has come to be known as the narrative paradigm is that '[n]o matter how strictly a case is argued – scientifically, philosophically, or legally – it will always be a story, an interpretation of some aspect of the world that is historically and culturally grounded and shaped by human personality' (Fisher 1987:49). Even a scientific argument or claim, however abstract, is ultimately processed as a story and interpreted not in isolation but as part of a particular narrative take on the world. In this sense, all knowledge is 'ultimately configured narratively, as a component in a larger story implying the being of a certain kind of person, a person with a particular world view, with a specific self-concept, and with characteristic ways of relating to others' (Fisher 1987:17).

Importantly, our embeddedness in the narratives that constitute our world and within which we live our lives does not preclude an ability to reflect on, question and assess these narratives. We assess the narratives that surround us against the principles of *coherence* and *fidelity*, as discussed in detail later in this chapter. As such, we are all 'full participants in the making of a message', whether we are authors or audience members (Fisher 1987:18). The narrative paradigm suggests that we ultimately assess different versions of competing narratives on the basis of the values we believe each encodes and the extent to which they resonate with our own values and beliefs. This explains, for instance, the diametrically opposed responses we have witnessed to scientific arguments about the need to wear a face mask during the Covid crisis (see Chapter 3). On the one hand, these arguments are vocally rejected by some on the basis that the mandate to wear a mask encroaches on their personal freedom and is a form of control over their bodies; at the same time, others accept the mandate willingly and see compliance with it as a matter of moral responsibility to protect themselves and those they may come into contact with. Neither group can simply be

dismissed as irrational. The narrative paradigm attempts to make sense of such responses through the concept of narrative rationality, understood as a “logic” intrinsic to the very idea of narrativity’ (Fisher 1985b:87). Narrative rationality asserts that ‘it is not the *individual form* of argument that is ultimately persuasive in discourse. That is important, but *values* are more persuasive, and they may be expressed in a variety of modes, of which argument is only one’ (Fisher 1987:48; emphasis in original). Greenhalgh (2016:3) makes a similar point in the context of using narrative research in healthcare when she argues that ‘[s]tories convince not by their objective truth but by their likeness to real life and their emotional impact on the reader or listener’.

This is not the same as arguing that all knowledge is equally rational or true, or that any ‘good reason’ (in Fisher’s terms, as discussed below) is as good as another. The concept of narrative rationality merely suggests that ‘whatever is taken as a basis for adopting a rhetorical message is inextricably bound to a value – to a conception of the good’ (Fisher 1987:107). Whether originating in a transcendental belief in universal human rights or in adherence to a specific religious stipulation, ‘a value is valuable not because it is tied to a reason or is expressed by a reasonable person per se, but because *it makes a pragmatic difference in one’s life and in one’s community*’ (Fisher 1987:111; emphasis in original). It follows, then, that it is only by creating awareness about the specific values people adhere to and invest in their narratives that we can adequately understand why they believe in these particular stories. As such, the narrative paradigm provides a radical democratic ground for social political critique (Fisher 1987). It refutes the assumption that rationality is a privilege of the few and the exclusive possession of ‘experts’ who (a) have specialized knowledge about the issue at hand, (b) are cognizant of the argumentative procedures dominant within the field, and (c) weigh all arguments in a systematic and deliberative fashion (Fisher 1987). From the perspective of the narrative paradigm, all human beings are rational. While technical concepts and criteria for judging the rationality of communication can be highly valuable in the specialized contexts in which these concepts are developed, they do not represent absolute standards of truth. No community, knowledge or genres can have a final claim to such standards. Moreover, as soon as the expert ‘crosses the boundary of technical knowledge into the territory of life as it ought to be lived’ (Fisher 1987:73), he or she becomes subject to the demands of narrative rationality. When the medical expert, for instance, engages in public discourse regarding pandemic-related measures or in dialogue with patients about everyday health problems, he or she is obliged to leave the rationality of their technical community and submit to the narrative criteria for ‘determining whose story is most coherent and reliable as a guide to belief and action’ (Fisher 1984:13). Such a democratic understanding is a prerequisite to elaborating effective narratives that can enhance the reception of medical knowledge and reduce some of the sources of resistance and misunderstanding that continue to plague public communication during critical events such as pandemics.

The starting point for the narrative paradigm is that storytelling is *the* defining feature of humanity; we are *homo narrans* (narrating humans) before being *homo sapiens* (wise or knowing humans). The *homo narrans* metaphor is central to the narrative paradigm: it shifts the focus to the everyday, pre-reflective, practical aspect of being in the world in Heideggerian terms. The assumption is that it is ‘through our practical engagement with the world that a thing becomes what it is’ (Qvortrup and Nielsen 2019:149). Because we dwell in narratives, we respond to (communicative) experiences instinctively before we begin to evaluate them consciously. Indeed, the narrative paradigm assumes that rationality

itself 'is born out of something prerational, an experience that in the very moment defies classification and explanation, but delivers us something to classify or explain after the fact' (Qvortrup and Nielsen 2019:156). While traditional rationality is a skill that has to be actively learned and cultivated and – importantly – involves a high degree of self-consciousness, 'the narrative impulse is part of our very being because we acquire narrativity in the natural process of socialization' (Fisher 1987:65). The narrative paradigm thus offers a way of conceptualizing the world in which 'practice precedes theory' (Qvortrup and Nielsen 2019:149), and indeed Fisher presents narrative rationality as 'an attempt to recapture Aristotle's concept of *phronesis*', or practical wisdom (Fisher 1985a:350; emphasis in original). In the context of healthcare, the narrative paradigm suggests that clinicians are instinctively guided first by the narratives they have come to subscribe to over time, some of which arise from their practical experience of delivering healthcare, and only secondarily by the evidence from controlled trials and other theoretically informed data. The same is true of a significant proportion of frontline healthcare workers in England (mostly black and ethnic minorities) who continued to turn down the offer of vaccination when it was introduced in early 2021 (Sample 2021), despite having the same access to arguments explaining the importance of vaccination as their white colleagues (see Chapter 5 for a fuller discussion of this issue). Lay members of the public similarly adopt or shun the healthcare options available to them on the basis of how they fit into the narratives to which they subscribe and that constitute their sense of self, rather than on the basis of scientific evidence that they cannot, at any rate, directly assess for themselves. Ultimately, the logic of narrative rationality 'entails a reconceptualization of knowledge, one that permits the possibility of wisdom' (Fisher 1994:21).¹

In understanding the scope of this claim, and some critiques of it discussed in the literature (e.g., Kirkwood 1992; see Chapter 6 for details), it is important to note the difference Fisher draws between narrative as paradigm and narrative as mode of discourse. 'The narrative paradigm', he explains, 'is a paradigm in the sense that it expresses and implies a philosophical view of human communication; it is not a model of discourse as such' (Fisher 1987:90). Narration here is to be understood as a conceptual framework rather than a text type or genre. It is also not a retroactive discursive phenomenon, that is, the act of telling a story, but a metaphor for living (Qvortrup and Nielsen 2019:152). Rather than seeing narratives as temporal wholes consisting of a beginning, a middle and an end, the narrative paradigm considers narration as an open-ended possibility. While the philosophical ground of the rational world paradigm is epistemology, that of the narrative paradigm is ontology (Qvortrup and Nielsen 2019:146). The rational world paradigm functions through 'self-evident propositions, demonstrations, and proofs, the verbal expressions of certain and probable knowing' (Fisher 1984:4). The narrative paradigm, on the other hand, is concerned with the primary mode of being in the

¹ The narrative paradigm draws on the original conception of *logos* in ancient Greece, a conception Fisher traces back to Isocrates and his work *Antidosis*, which encompasses both story and reason and 'outward and inward thought' (Fisher 1987:13). *Logos*, as understood in the ancient world, was not the territory of a privileged discourse: 'all communicative behaviour was presumed to be rational, although not necessarily in the same way' (Fisher 1987:24). Fisher expands the notion of *logos* to include rhetoric and poetic discourse (along with philosophy and science), but he also draws on this broad conception of *logos* to rethink the understanding and practice of logic. Logic, he suggests, must be understood to include 'a systematic set of concepts, procedures, and criteria for determining the degree of truthfulness or certainty in human discourse' (Fisher 1987:27).

world, with the way in which we instinctively and pre-reflectively embed any experience within a story or the set of stories that constitute our world in order to make sense of it. This is different from the specific form that a given discourse might take, whether it is a novel or a scholarly paper for instance. In the paradigm (rather than mode of discourse) sense, all forms of communication ultimately contribute to and can only be understood with reference to larger societal narratives. As a mode of discourse, on the other hand, we can distinguish between narration, exposition, argumentation, and various other genres and explore their appropriateness or otherwise for communicating health and other types of knowledge. Fisher suggests, for example, that ‘narration works by suggestion and identification’ whereas ‘argument operates by inferential moves and deliberation’; from the narrative paradigm perspective, ‘the differences between them are structural rather than substantive’ (Fisher 1984:15). As Roberts (2004:130–131) puts it, ‘[p]eople are not essentially arguers, but rather storytellers, and sometimes those narratives merely take the form of argument’.

2.2 Narrative Paradigm vs Rational World Paradigm

Before we discuss how the narrative paradigm might help us appreciate some of the tensions and concerns that continue to hamper the delivery of healthcare in many contexts, it is useful to explain how it differs from the type of rationality traditionally used to assess arguments and responses to them, including in medical and scientific contexts.

The narrative paradigm assumes that all human beings are capable of reasoning, irrespective of their level of education or training. In some ways, society already acknowledges the inherent (narrative) rationality of all humans, their innate practical wisdom: it does so when it appoints lay members of the public to juries that have the power to decide the fate of defendants, and when it acknowledges the right of all citizens to vote in elections, irrespective of their background or education. In such contexts, truth is associated with identification, not deliberation – with what ‘rings true’ among voters and members of the public. In most other contexts, however, rationality is associated with a scientific, empirical approach to knowledge, which assumes that (educated) people are able to assess arguments by applying the standards of formal and informal logic. This view of rationality focuses on the world as a set of puzzles that can be solved through inferential analysis and ‘empirical investigations tied to such systems as “cost-benefit” analysis’. ‘Method, techniques and technology’ are the means used by this type of rationality to solve problems; ‘efficiency, productivity, power, and effectiveness are its values’ (Fisher 1994:25). True knowledge is understood to be objective: ‘the result of observation, description, explanation, prediction, and control’ (Fisher 1994:25). In medicine, this type of rationality is often frequency-based, in the belief that “‘although we can’t predict the future for the individual case, we can be ‘usually’ right (eg, 95% of the time)” as long as events or cases are frequent enough’ (Wieringa et al. 2018a:88; citing Hacking 2001). Healthcare decisions, the argument goes, should therefore be guided by large amounts of data, ideally collected through systematic reviews of randomized controlled trials (RCTs). Fisher asserts that this scientific, empirical view of rationality ‘informs the mind-set of researchers and consultants for virtually all levels of decision making in every social, political, educational, legislative, and business institution in society’ (Fisher 1994:25). It constitutes the dominant way of understanding reason that has prevailed in the Western tradition since Plato: as ‘an achievement of training, skill, or education’ (Stroud 2016:1). In medicine, it has reached its point of

culmination in the evidence-based medicine (EBM) paradigm, which argues that healthcare decisions should be grounded in high-quality medical research. EBM provides tools to distinguish between high- and low-quality evidence and to appraise research evidence based on scientific rationality (see Chapters 1 and 6 for a more detailed discussion). The knowledge produced by this type of rationality tells us what is ‘instrumentally feasible and profitable’ but not how to address issues of justice, happiness and humanity (Fisher 1994:25). It is ‘knowledge of that’ and ‘knowledge of how’ but not ‘knowledge of whether’ (Fisher 1994:25); it ‘gives one power but not discretion’ and ‘drive[s] out wisdom’ (Fisher 1994:26):

Medical doctors *know that* by using certain technological devices they can keep one alive even when the brain is ‘dead’, They *know how* to do this. The question of *whether* they do this is beyond their science. . . . Doctors and scientists, as *technicians*, may dismiss, ignore, or relegate this sort of knowledge to others – it is not their business – but they cannot do so without denying their humanity.² (Fisher 1994:25; emphasis in original)

At the point where medical doctors cross the boundary of technical knowledge – where knowing that and knowing how dominate – and enter ‘the territory of life as it ought to be lived’ (Fisher 1987:73), they are ‘off-duty’. They then pass from the domain of facts to the domain of values, from what they *know* to what they should *do* (Lonergan 1992; Engebretsen et al. 2015). Questions such as *whether* to impose lockdowns or make vaccination mandatory are not strictly scientific but political. In relation to such questions, the expert takes on the role of a counsellor ‘which is, as Walter Benjamin notes, the true function of the storyteller’ (Fisher 1987:73). Outside the controlled context of an experiment or trial, practical problems also become the focal point for competing expert stories that address the issue from different angles. The question of whether or not to impose lockdowns or make vaccination mandatory, for instance, might be framed very differently from the point of view of immunologists, psychiatrists, sociologists and educational scientists. The narrative paradigm asserts that none of these experts can ‘pronounce a story that ends all storytelling’ (Fisher 1987:73).³

Narrative rationality attempts to combine knowledge of *that* and knowledge of *how* with knowledge of *whether*, and supplements them with ‘a praxial consciousness’ (Fisher 1994:25). Because values are central to this view of rationality, the operative principle of the narrative paradigm is ‘*identification* rather than *deliberation*’ (Fisher 1987:66; emphasis in original). Thus, for example, despite being ‘told from a subordinate position in the knowledge hierarchy’, narratives of natural childbirth that draw on ‘subjective, experiential and visceral knowledge’ (Susam-Sarajeva 2020:47, 48) can challenge institutional narratives of progress, science and modernity precisely because they persuade through identification rather than logical argumentation. In the words of Ina May Gaskin, author of *Ina May’s Guide to Childbirth*,

[stories] teach us the occasional difference between accepted medical knowledge and the real bodily experiences that women have – including those that are never reported in medical textbooks nor admitted as possibilities in the medical world. . . . Birth stories told by women who were active participants in giving birth often express a good deal of practical wisdom, inspiration, and information for other women.

(Gaskin 2003, cited in Susam Sarajeva 2020:48)

² Fisher acknowledges that ‘many doctors and scientists are keenly aware of this fact’ (Fisher 1994:25).

³ Stengers (2013) also discusses the difference between practical problems and scientific problems, the role of experts and the question of who owns the problem in some detail.

Hollihan and Riley's study of parents of difficult children, who came together in a network of parental support called 'Toughlove', found that participants felt that the 'rational world, with its scientific notions of child-psychology . . . did not speak to them' (Hollihan and Riley 1987:23), whereas the Toughlove story, which lay the blame on their children and encouraged them to adopt tough measures to discipline them, 'resonated with their own feelings that they were essentially good people whose only failing had been that they were too permissive and not as tough as their own parents had been' (Hollihan and Riley 1987: 23).

Narratives, then, compete to the extent that they are able to connect and resonate with the audience's values and sense of self; rational arguments, on the other hand, compete on the basis of the extent to which they follow the rules of logical inference. The rational world paradigm assumes that 'the primary mode of decision-making and judgments in human communication is argument' (Stroud 2016:1); the narrative paradigm posits that it is 'the provision of good reasons' (Stroud 2016:2), which, as we explain shortly, concerns the implicit and explicit values encoded in any message, whatever form that message takes. Narrative rationality assumes that all human beings are rational in the sense of being able to think and to hold views about various aspects of life; that they are 'reflective and from such reflection they make the stories of their lives and have the basis for judging narratives for and about them' (Fisher 1984:15). It explains how people come to 'feel at home (dwell) in multiple stories, imbuing subsequent actions with intrinsic meaning' (Qvortrup and Nielsen 2019:159). Narrative rationality is not dependent on argumentative competence in specialist fields nor on formal education, although Fisher does recognize that education can make us 'more sophisticated' in understanding and applying the principles of assessing narratives from the perspective of the narrative paradigm (Fisher 1984:15). In essence, however, narrative rationality has its own logic – the logic of good reasons – which ultimately subsumes rather than displaces traditional rationality (Fisher 1987:66). Table 2.1 sums up the differences between the rational world paradigm and the narrative paradigm as outlined in Fisher (1984:26, 30) and elsewhere.

Table 2.1 Rational world paradigm vs narrative paradigm

Rational world paradigm	Narrative paradigm
Humans are essentially rational beings.	Humans are essentially storytellers.
The appropriate mode of human decision making and communication is argument – discourse that features clear-cut inferential or implicative structures.	The paradigmatic mode of human decision making is 'good reasons', which vary in form among situations, genres and media of communication.
The conduct of argument is ruled by the dictates of situations – legal, scientific, legislative, public and so on.	The production and practice of good reasons are ruled by matters of history, biology, culture and character.
Rationality is determined by subject-matter knowledge, argumentative ability and skill in employing the rules of advocacy in given fields.	Rationality is determined by the nature of persons as narrative beings – their awareness of <i>narrative coherence</i> , whether a story 'hangs together', and their constant habit of testing <i>narrative fidelity</i> , whether or not the stories they experience ring true with the stories they know to be true in their lives.

Table 2.1 (cont.)

Rational world paradigm	Narrative paradigm
The world is a set of logical puzzles that can be solved through appropriate analysis and application of reason conceived as an argumentative construct.	The world as we know it is a set of stories that must be chosen among in order for us to live life in a process of continual re-creation.

2.3 Narrative Probability, Narrative Fidelity and the Logic of Good Reasons

The main purpose of Fisher's narrative paradigm is to provide a theoretical framework that can account for the way in which any communicative encounter – whether it involves a scientific theory, a fictional story or a factual account – is assessed by different individuals with different life experiences and values, not by resort to logical inference but on the basis of good reasons. Fisher (1987:48) defines good reasons as '*elements that provide warrants for accepting or adhering to the advice fostered by any form of communication that can be considered rhetorical*' (emphasis in original). By 'warrant', he means 'that which authorizes, sanctions, or justifies belief, attitude, or action' (Fisher 1987:107). The suggestion here is not that anything that 'warrants' a belief or action is good in and of itself, but only that whatever is taken as a basis for accepting a claim is 'inextricably bound to a value – to a conception of the good'. In this sense, 'values may be reasons and ... reasons affirm values in and of themselves' (Fisher 1987).

Unlike traditional conceptualizations of reasoning, the logic of good reasons maintains that reasoning is not restricted to discourse that takes the form of argument, nor does it have to be expressed in the form of inferential structures; reasoning exists in all forms of human communication, including non-discursive ones (Fisher 1984:1). The components of the familiar logic of reasons associated with the rational world paradigm generally revolve around establishing the factual status of the elements that constitute any message, including whether certain facts have been omitted, and the patterns of reasoning adopted by the communicator; they pertain to questions of definition, justification and procedure (Fisher 1987). The logic of good reasons is at odds with traditional, technical approaches to knowledge because it acknowledges a high degree of subjectivity in assessing all forms of communication, including scientific data. When we assess a story, we decide, consciously or subconsciously, whether we can identify with and adhere to the values that underpin it. This implies subjective involvement. Fisher argues that 'the intrusion of subjectivity is not a fault' in the logic of good reasons, and that 'by making the considerations of values a systematic and self-conscious process, the logic of good reasons fills the space left open by technical logic, with its primary concern with formal relationships and certitude' (Fisher 1987:110). A good example that supports Fisher's argument is the fierce debate generated by Richard Herrnstein and Charles Murray's 1994 book *The Bell Curve*, which offers an analysis of racial differences and levels of intelligence in American Society based on IQ scores, and suggests that intelligence and cognitive ability are largely inherited. In a review of the book, more than 20 years after its first publication, Siegel (2017) expresses grave concern over its apparent,

‘unfortunate’ resurgence. He states that the authors’ defence over the years has been ‘It’s in the data’, and that most critics have failed to challenge it because they simply focused on its sources or reasoning. By contrast, Siegel argues that ‘those points should actually take a secondary position within a thorough rebuke’ of the book and its authors. Instead, he suggests, we should question the authors’ motives (and hence values) by asking *why* they saw fit to investigate racial differences in the first place. ‘Even if we assume the presented data trends are sound’, he insists, we have to reject the book’s argument because it tacitly invites its readers to prejudice individuals on the basis of race. In doing so, whatever the status of the data on which it is based, it condones prejudice. The ultimate value for Siegel, himself a supporter of big data, who founded the international conference series ‘Predictive Analytics World’, is that ‘[j]udging by way of category is the epitome of dehumanizing’, and as such must be rejected outright.

The two principles that define narrative rationality and embody the logic of good reasons in Fisher’s paradigm are narrative probability (what constitutes a coherent story) and, more specifically, narrative fidelity (whether a story resonates with the audience’s experience and values). These may be thought of as tests that we apply – whether instinctively or through conscious reasoning – to decide whether a narrative coheres and offers good reasons for action and belief. A message that is judged by a particular audience to be high in narrative probability and narrative fidelity enhances identification and is more likely to be adopted or adhered to by members of that audience. As will become clear from the discussion below, narrative probability largely incorporates traditional forms of reasoning, allowing Fisher to assert that narrative rationality subsumes rather than displaces traditional rationality, as mentioned earlier. We discuss both principles in more detail below. In what follows, however, it is important to reiterate that the terms ‘narrative’ and ‘story’ as we use them here subsume any mode of discourse (argument, set of instructions, report on an experiment or account of a set of events), in line with the basic assumption in the narrative paradigm that ‘there is no genre, including technical communication, that is not an episode in the story of life’ (Fisher 1985a:347). A narrative, moreover, is not necessarily restricted to a single text or encounter but may be constructed from a variety of sources; even a story elaborated in a single text will always be part of an ongoing societal narrative.

2.3.1 Narrative Probability (Coherence)

Narrative probability or coherence concerns the internal consistency and integrity of a narrative, assessed on the basis of three considerations that are all familiar components of traditional reasoning: first, the structural makeup of the narrative, or the way it coheres internally, within its own bounds (**structural or argumentative coherence**); second, its external consistency and completeness in terms of how it differs from or accords with other stories on the same issue that we are aware of (**material coherence**); and third, its believability in terms of the consistency and reliability of the characters involved – primarily the character(s) articulating the story but also those depicted in it as sources of information or authority (**characterological coherence**).

According to Fisher (1987:88; emphasis in original), we assess structural or argumentative coherence on the basis of whether a narrative reveals contradictions within itself:

Narrative *coherence* refers to formal features of a story conceived as a discrete sequence of thought and/or action in life or literature . . . that is, it concerns whether the story coheres or “hangs together,” whether or not a story is free of contradictions.

We depart from this definition in one important respect that has implications for the way we understand narrative fidelity and the logic of good reasons. Where Fisher seems to assume that narrative probability is a static quality present *in* the narrative, and that contradiction undermines the potential for adherence to a given story (as evident from the above definition), we follow Stroud (2002:387) in considering incoherence and contradiction as “potential entry points for novel ideas and values into the auditors’ belief system” (see Chapter 6). This revision is important if we are to avoid the kind of circularity that results from assuming that we are locked into a system of values and can only accept new narratives if they are free of contradictions and already confirm our existing beliefs. Without internal (and external) contradictions there would be no scope for engaging an audience or introducing them to different perspectives on an issue. We would forever be locked into understandings of the world that confirm rather than productively challenge our existing beliefs and prejudices. And yet, we know that some of the most effective narratives – such as those elaborated in the Bible and the Qur’an – feature contradictory statements that believers do manage to reconcile and identify with. At the same time, despite much criticism of the narrative paradigm on the basis that it implies that successful narratives necessarily reinforce rather than challenge the values of the audience (Kirkwood 1992, Stroud 2002), there are instances in Fisher’s prolific output where he seems to acknowledge a less passive role for the audience (Fisher 1985b:86):

The narrative paradigm sees people as storytellers – authors and co-authors who creatively read and evaluate the texts of life and literature. It envisions existing institutions as providing ‘plots’ that are always in the process of re-creation rather than as scripts; it stresses that people are full participants in the making of messages, whether they are agents (authors) or audience members (co-authors).

If the audience is to play a part in the making of messages, rather than receiving and assessing them passively, we cannot rule out the possibility that some discrepancies and contradictions can be productive and may enhance rather than undermine narrative probability for some audiences. With this qualification in mind, we may now look at some examples of the way structural (in)coherence is assessed in practice.

Writing about the Swedish position on wearing masks in public during the Covid-19 crisis (see Chapter 3 for further details), and citing examples of towns and municipalities actually *banning* the use of face masks rather than enforcing it, Walravens and O’Shea (2021) ask “How on earth did we end up in this situation?” In their answer to this question, they cite several instances of structural incoherence in the institutional Swedish narrative of the pandemic that they suggest have led to confusion and account for the low levels of compliance on the part of the public. The story begins with the Swedish public health agency stating that ‘there were “great risks” that masks would be used incorrectly’, and later that ‘masks are ineffective and that their use could actually increase the spread of Covid-19’. Indeed, the country’s chief epidemiologist, Anders Tegnell, even wrote to the European Centre for Disease Prevention and Control in April 2020 warning against the advice to wear masks because it ‘would . . . imply that the spread is airborne, which would seriously harm further communication and trust among the population and health care workers’ (cited in Vogel 2020). By August 2020, Walravens and O’Shea continue, ‘when mask-wearing was becoming widespread in other European countries, Tegnell said that the evidence for mask-wearing was “astonishingly weak” and that their use could increase the spread of the virus’. Finally, the Swedish prime minister announced a U-turn, mandating the use of masks on

public transport only, and with a confusing set of rules: masks were to be worn on public transport ‘from 7am to 9am and 4pm to 6pm, for those born “in 2004 and before” who do not have a reserved seat’. Predictably, only 50% of commuters complied. As Walravens and O’Shea conclude, ‘the public transport announcement was not only confusing due to its complexity but also due to the fact that its content directly contradicts the mask guidance from March until December’.

Because no story exists in a vacuum but must be situated within wider narratives to be understood and assessed, a high level of structural coherence is not sufficient for the audience to decide whether to adhere to a given narrative. ‘The meaning and merit of a story’, Fisher explains, ‘are always a matter of how it stands with or against other stories’ (Fisher 1997:316). The second component of narrative probability, material coherence, therefore concerns how a narrative relates to other (potentially competing) narratives on the same issue that we are familiar with and willing to entertain. It is partly by appeal to material coherence, by ‘juxtaposing stories that purport to tell the “truth” about a given matter’, that we are able to ‘discern factual errors, omission of important arguments, and other sorts of distortion’ (Fisher 1994:24). Arguments both for and against measures such as lockdowns and the closing or opening of schools during the Covid-19 crisis rely heavily on charges of material incoherence to discredit the opposing camp and win adherents.

Describing himself as ‘no lockdown junkie’ nor ‘a wobbly-lipped pantry boy who’s scared of a bit of flu’, Christopher Snowdon, head of Lifestyle Economics at the Institute of Economic Affairs, defends the third national lockdown announced in England as follows in an article published in *Quillette* on 16 January 2021 (Snowdon 2021):

I had hoped that we could muddle through with local restrictions, but the emergence in December of an extraordinarily infectious new strain put an end to that. The number of COVID cases doubled in the first half of December and doubled again in the second half. Much of London, Kent, and Essex seemed impervious to even the stringent tier 4 restrictions. We did not need a model from Imperial College to see which way this was going. In London and the south-east, there are now more people in hospital with COVID-19 than at the peak of the first wave. There are more on ventilators too, despite doctors using mechanical ventilation less than they did in the spring. It is going to get worse for some time to come. We had to get the numbers down.

The ‘facts’ cited in the above stretch (for instance, that a new extraordinarily infectious strain had emerged in December, or that there are now more people hospitalized in London than at the peak of the first wave), and many others used in the article to make the case for the necessity of the latest lockdown are drawn from other narratives in circulation at the time and judged to be relevant to the issue at hand. They are facts insofar as Snowdon subscribes to the narratives from which they are drawn.

In ‘The case against lockdown: a reply to Christopher Snowdon’, also published in *Quillette* on 5 February 2021, Toby Young, editor of *Lockdownsceptics.com*, likewise details various ‘facts’ derived from narratives similarly in circulation at the time and to which he subscribes in order to point to material incoherence in Snowdon’s account (Young 2021):

If lockdowns work, you’d expect to see an inverse correlation between the severity of the NPIs [non-pharmaceutical interventions] a country puts in place and the number of COVID deaths per capita, but you don’t. On the contrary, deaths per million were actually lower in those US states that didn’t shut down than in those that did – at least in the first seven-and-a-half months of last year. Trying to explain away these inconvenient facts by factoring in any

number of variables – average age, hours of sunlight, population density – doesn't seem to help. There's no signal in that noise.

Incidentally, Snowden's claim that the first British lockdown reduced COVID infections is easy to debunk. You just look at when deaths peaked in England and Wales – April 8th – go back three weeks, which is the estimated time from infection to death among the roughly one in 400 infected people who succumb to the disease, and you get to March 19th, indicating infections peaked five days before the lockdown was imposed. Even Chris Whitty, England's Chief Medical Officer, acknowledged that the reproduction rate was falling before the first hammer came down.

Among other pieces of information derived from a variety of sources, Young accepts as fact that 'deaths per million were actually lower in those US states that didn't shut down than in those that did' and considers this as a competing narrative that has relevance to the issue at hand and that Snowden has chosen not to bring into the argument.

Similarly, when the well-known Italian philosopher Giorgio Agamben initiated a heated debate in February 2020 following publication of a blog post titled 'The invention of a pandemic',⁴ many of the arguments against his rejection of what he described as 'frenetic, irrational and entirely unfounded emergency measures adopted against an alleged epidemic of coronavirus' centred on instances of material incoherence. Citing the National Research Council in Italy as his source for asserting that Covid-19 is not much different from the flu and hence does not warrant the drastic measures being introduced by government, Agamben argued that

The disproportionate reaction to what according to the CNR [*Consiglio Nazionale delle Ricerche*] is something not too different from the normal flus that affect us every year is quite blatant. It is almost as if with terrorism exhausted as a cause for exceptional measures, the invention of an epidemic offered the ideal pretext for scaling them up beyond any limitation.

In one of the many responses that followed, both supportive and dismissive, Jean-Luc Nancy begins with what he presents as two instances of material incoherence in Agamben's narrative:

Giorgio Agamben, an old friend, argues that the coronavirus is hardly different from a normal flu. He forgets that for the 'normal' flu there is a vaccine that has been proven effective. And even that needs to be readapted to viral mutations year after year. Despite this, the 'normal' flu always kills several people, while coronavirus, against which there is no vaccine, is evidently capable of causing far higher levels of mortality. The difference (according to sources of the same type as those Agamben uses) is about 1 to 30: it does not seem an insignificant difference to me.

The availability of a flu vaccine and lack of it in the case of Covid-19 is a piece of information deemed relevant to the narrative woven by Agamben but not brought to the attention of the reader. As is the 'fact', drawn from the same source used by Agamben according to Nancy, that the difference between the flu and Covid-19 in terms of fatality is 1 to 30. These missing elements of the narrative provide a basis for considering Agamben's story of what is happening in the context of the pandemic unreliable.

⁴ See www.journal-psychoanalysis.eu/coronavirus-and-philosophers/ (Agamben's article is published in Italian on Quodlibet, www.quodlibet.it/giorgio-agamben-l-invenzione-di-un-epidemia/).

Before we discuss the third component of narrative probability or coherence, namely characterological coherence, it has to be acknowledged that the distinction between structural and material coherence is far from clear cut. While it implies a clear boundary between the components of distinct narratives (those within the text or narrative being assessed and others that are recovered from external sources), this boundary is ultimately constructed by those elaborating an argument and may or may not be accepted by the auditors. For instance, the narrative of a new strain of the virus emerging in the UK in December 2020 is woven by Snowden into the overall narrative of lockdowns now being necessary and lends structural coherence to his story. It is totally ignored by Young in his rebuttal, implying that it lies outside the scope of the narrative he is contesting. As Baker (2006:148) thus argues:

The overlap between structural and material coherence is a by-product of two assumptions ... First, narratives construct reality for us; they do not represent it. This means that any boundaries assumed to exist between separate narratives are constructed by us in the course of elaborating the narratives in question; they are not stable, solid boundaries that we simply have to 'discover' and can easily agree on. Second, narratives are not tied to individual, concrete texts but are usually diffuse and have to be pieced together from a variety of sources. Our assessment of the integrity of a diffuse narrative – such as 'America spreading democracy and dignity abroad' – may invoke structural or material coherence, depending on how we piece the narrative together and what we construct as lying within or outside its boundaries.

Beyond structural and material coherence, Fisher (1987:47) argues that 'coherence in life and literature requires that characters behave characteristically'; indeed, without the kind of predictability that arises from characters behaving consistently there can be 'no trust, no community, no rational human order' (Fisher 1987:47). Characterological coherence, the third component of narrative probability, is assessed on the basis of the perceived reliability of the character(s) associated with the story – both narrator(s) and actor(s) depicted or appealed to in the narrative. It is routinely signalled by the familiar practice of citation and references in academic and scientific writing (Baker 2006:149). Above all, however, it is assessed on the basis of the 'intelligence, integrity and goodwill (ethos) of the author, the values she or he embodies and would advance in the world' (Fisher 1994:24).

The story of Neil Ferguson, the Imperial College epidemiologist whose modelling of the virus is thought to have played a major role in persuading the British government to press ahead with a full national lockdown on 23 March 2020, rather than follow the Swedish model, is a case in point. Ferguson could be regarded as the 'narrator' or 'author' of a widely circulated and influential narrative in support of a strict lockdown policy. Although he later insisted that 'his university department's role and his in particular have been overstated', *The Guardian*, among many other sources, insists 'there's little doubt that he became the public figurehead for the argument that without a lockdown hundreds of thousands would die in Britain' (Anthony 2020). Depending on what source is consulted to piece together the story of the events that led to his resignation from the government's Scientific Advisory Group for Emergencies (SAGE) in May 2020, we may reach different assessments of the extent to which he exhibited characterological (in)coherence when his own behaviour was found to be at odds with his official advice. Some sources (narrators of competing narratives of the event) led with headlines such as 'Government scientist Neil Ferguson resigns after breaking lockdown rules to meet his married lover: Prof Ferguson allowed the woman to visit him at home during the lockdown while lecturing the public on the need for strict social

distancing' (*The Daily Telegraph*, 5 May 2020).⁵ The *Telegraph* article goes on to quote Sir Iain Duncan Smith, the former leader of the Conservative party, as saying: 'Scientists like him have told us we should not be doing it, so surely in his case it is a case of we have been doing as he says and he has been doing as he wants to'. *The Independent* headline on the same day read: 'Neil Ferguson: Government coronavirus adviser quits after home visit from married lover' (Cowburn 2020). *The Independent* went on to report details that are clearly considered pertinent to assessing the extent of Neil Ferguson's characterological (in)coherence:

It was claimed that Prof Ferguson allowed a woman – described as his 'lover' – to visit him at home in London on at least two occasions during the lockdown despite strict rules against mixing households. The woman reportedly lives with her husband and children.

...

The day after the lockdown was announced, on 24 March, Dr Jenny Harries, the deputy chief medical officer, said that couples who do not cohabit must either move in together or not meet at all for the duration of the restrictive measures.

The woman who visited Prof Ferguson is said to have entered his home on 30 March and 8 April.

This type of detail – including the status of Ferguson's lover as married with children and the fact that the rules were broken twice rather than once against clearly worded advice from the deputy chief medical officer – is important in painting a negative picture of the character under scrutiny. Such details undermine the coherence of Ferguson as a character whose advice may provide a warrant for adherence to the narrative supporting a full national lockdown.

Other details missing from *The Daily Telegraph* and *The Independent* stories were reported by *The Guardian* on the same day and are likely to have mitigated the perception of characterological incoherence for some parts of the audience to some extent. Acknowledging merely that Ferguson flouted the rules 'by receiving visits from his lover at his home' and that the visits 'clearly contravene the government's "stay at home, save lives" message, which urges people to remain within their family groups and not mix with members of other households', *The Guardian*'s report quotes Ferguson's reference to the incident as 'an error of judgement' (Stewart 2020). It then goes on to paint a very positive picture of his character:

Colleagues have described Ferguson, 51 – whose background is in modelling rather than medicine – as a workaholic.

His colleague Christl Donnelly told the *Guardian* earlier this year: 'He works harder than anyone I have ever met. He is simultaneously attending very large numbers of meetings while running the group from an organisational point of view and doing programming himself. Any one of those things could take somebody their full time.

'One of his friends said he should slow down – this is a marathon not a sprint. He said he is going to do the marathon at sprint speed. It is not just work ethic – it is also energy. He seems to be able to keep going. He must sleep a bit, but I think not much'.

Not only do narratives that impact our assessment of characterological coherence vary depending on who is narrating and what stakes they have in portraying a given

⁵ www.telegraph.co.uk/news/2020/05/05/exclusive-government-scientist-neil-ferguson-resigns-breaking/.

character from a specific light; they also vary over time. Revisiting the issue in December 2020, *The Guardian* featured an interview with Neil Ferguson in which he provided a wider context for his ‘error of judgement’ (Anthony 2020). Back in the first half of 2020, we are told,

he was putting in 16- to 18-hour shifts until, as he puts it, he had ‘a kind of week off in May’. He’s referring to the exposure of an incident in which his lover left her family home and visited him on at least two occasions, thus breaking lockdown rules. Some sections of the press could barely conceal their jubilation.

....

He says that negative attention predated the quarantine transgression. ‘People had set up bots, which bombarded my email account with over a million emails a day from late March onwards’, he explains.

He was also the subject of countless hacking attempts and a torrent of ‘very unpleasant messages’. He found the sheer weight of the aggression ‘emotionally debilitating’.

This type of contextual detail that Ferguson is allowed to provide several months after the events that led to his resignation makes it possible for many members of the audience to look back on the entire affair and sympathize with his predicament, excuse his ‘error of judgement’ on this one occasion. Like Ferguson, many will have been tempted to visit a loved one surreptitiously at some point during the lockdown, but perhaps were fortunate not to be caught and not to be in the public eye and suffer the consequences. If Ferguson, in addition to the pressure and anxiety most people suffered during that period, was also working 16–18 hours a day and battling with such intense hate campaigns, there may be enough warrants for many to (re)assess him as a reliable, trustworthy character and hence to consider his advice on lockdown and other issues as credible after all.

Addressing a wider issue, an open letter⁶ signed by 26 scientists – described in a *Nature*’s news roundup⁷ on 13 May 2020 as having ‘rallied behind’ Ferguson – argued that advice provided to the government is not the result of an individual effort but of collaborative work and consensus among researchers. The signatories do not question the fact that Ferguson’s apparent lack of integrity discredited his advice. Rather they argue that the real narrator of the lockdown story was not Ferguson alone but a whole community of scientists whose ‘character’ warrants adherence:

his individual error of judgement has been used to try to discredit the wider scientific basis for the lockdown. This amplifies the misconception that a single scientist was the ‘architect of the lockdown’, having single-handedly convinced the government to introduce drastic social distancing measures. But while Prof Ferguson is undoubtedly an influential scientist, the reality of how science has informed, and keeps informing decision-making is quite different.

For those to whom this narrative rang true, the need to observe lockdown rules remained part of a credible story that warrants adherence, and the characterological coherence of the (collaborative) narrator was reconstituted.

⁶ https://docs.google.com/document/u/1/d/e/2PACX-1vSxP91cr4TOPVvi9gwW4mGL9BL2wyQAVjFOw-pB2aRe3uXXXIfyDrJpEf5Qp0B8_l9en6buMOLTjRSYq/pub.

⁷ www.nature.com/articles/d41586-020-01362-0.

Interestingly, another high-profile UK character who was accused by some of a similar breach of lockdown rules, this time in December 2020, received a very different treatment from the media and the public. Captain Sir Tom Moore, affectionately known as Captain Tom (Figure 2.1), was 99 years old and recovering from a broken hip when he decided in April 2020 to raise funds for the National Health Service (NHS) by walking laps in his garden. Starting with a modest goal of £1,000, his story touched the pulse of a nation struggling to come to terms with the reality of the pandemic, and within 24 days he had raised a staggering £33 million, made many media appearances and become a household name. He died in early February 2021, having been knighted by the Queen and honoured in a variety of ways and venues. Given this background and level of visibility, attacks on his character for a similar breach as Ferguson's were vociferously rejected by the mainstream media and seemed to make no difference to the public's trust in him. The story goes as follows. British Airways and Visit Barbados treated Captain Tom and his family to a holiday in Barbados on the occasion of his 100th birthday, in early December 2020, as a reward for his remarkable achievement. Reporting his death from Covid-19 on 3 February 2021, *The Express* was careful to state that he and his family 'set off [on the trip to Barbados] before his hometown of Bedford was placed into Tier 3 on December 19, and later Tier 4 on December 20' (Hawker 2021). Questions could still be asked, of course, about his exposure to the virus during his trip and whether he brought it back to his hometown. *The Express* indirectly refutes this potential charge,



Figure 2.1 A birthday message for Moore was displayed on advertising boards in a deserted Piccadilly Circus in London on April 30 last year. Copyright Chris J Ratcliffe / Stringer / Getty images.

without actually stating it, and goes on to detail some of the many tributes paid to him by leading figures:

This afternoon, Captain Tom's family released information which revealed he tested positive for coronavirus on January 22 after returning home from hospital where he was diagnosed with pneumonia.

The family added he was tested regularly for the virus between December 9 and January 12 and each test returned a negative result . . .

The Prime Minister and the Queen have led the tributes which have poured in from around the world.

Boris Johnson said: 'Captain Sir Tom Moore was a hero in the truest sense of the word.

'In the dark days of the Second World War, he fought for freedom and in the face of this country's deepest post-war crisis, he united us all, he cheered us all up, and he embodied the triumph of the human spirit'.

Some attacks on Captain Tom's character nevertheless followed, but were met with outrage rather than a questioning of his credibility. The British celebrities magazine *Hello*, for instance, reported on 3 February 2021 that Piers Morgan, a high-profile broadcaster and television personality, 'hit out at critics of the holiday – which occurred before strict travel restrictions came into force – and revealed the full extent to which their comments have hurt Sir Tom's loved ones' (Strong 2021). Instead of contesting Captain Tom's behaviour, Morgan berated those who commented negatively on the trip, casting doubt on their integrity rather than his:

'I hope you can live with yourselves. I really do, because it was despicable and the very worst of this country is some of the stuff that I read on Twitter and social media in the last few days.

He continued: 'The Prime Minister rightly came out and condemned it. We have to do something about this. That people think it's ok to abuse the likes of Captain Tom and his family after they raised £39 million for this country, for the NHS'.

Why do charges of characterological incoherence receive such different responses from various groups in society? Perhaps because some characters, like Captain Tom, 'stand in as metaphors for larger ideas and values' (Stache 2018:576); they become larger than life, a character in a story about the nation or about humanity at large, a symbol of generosity of spirit, resilience and other qualities that inspire us and that we particularly need to believe in during a crisis. Questioning the credibility of such characters means questioning more than a piece of advice or account of a set of events: it means questioning values that the audience has invested in emotionally and needs to hold on to at a time of calamity. This may also explain why certain 'facts' like the implications of Captain Tom's trip to Barbados for the spread of Covid-19 in the UK are considered irrelevant to the structural and material coherence of his narrative.

Ultimately, as Fisher (1987:24) explains, despite the components of narrative probability appearing to be identical to formal methods of testing the quality of reasoning of a given message, in each of them 'values are manifest', and at any rate, 'values inform "reason"' (Fisher 1987:24), as will become clearer in our discussion of narrative fidelity.

2.3.2 Narrative Fidelity

Whereas narrative probability concerns 'the formal features of a story conceived as a discrete sequence of thought' (Fisher 1987:88), narrative fidelity 'pertains to the individuated components of stories – whether they represent accurate assertions about social reality

and thereby constitute good reasons for belief or action' (Fisher 1987:105). It concerns the truth qualities of a story, that is to say, how well the narrated experiences resonate with those of readers and thus appear as 'real' (authentic) experiences. This means that assessing a narrative for fidelity proceeds by examining the components of the logic of good reasons, which allow us to 'weigh values in discourse to determine their worthiness as a basis of belief and action' (Fisher 1994:24). According to Fisher, the components of the **logic of good reasons** correspond with the five steps that characterize the **logic of reasons**, which he summarizes as follows (Fisher 1987:109):

First one considers whether the statements in a message that purport to be 'facts' are indeed 'facts' . . . Second, one tries to determine whether those that have been offered are in any way distorted or taken out of context. Third, one recognizes and assesses the various patterns of reasoning, using mainly standards from informal logic. Fourth, one assesses the relevance of individual arguments to the decision the message concerns, not only are these arguments sound, but are they also all the arguments that should be considered in the case. Fifth . . . one makes a judgement as to whether or not the message directly addresses the 'real' issue in the case. The components needed to transform the logic of reason into a logic of good reason are also fivefold.

Using similar criteria to those of the logic of reasons, Baker (2006:152–153) explains the logic of good reasons as follows:

- *Fact*. We begin our assessment of fidelity by asking what implicit and explicit values are embedded in a narrative. This criterion assumes that the narrative itself is a story of values, and that we can trace and identify these values in the narrative.
- *Relevance*. Like the second component of the logic of reasons, this criterion concerns the relevance of what is presented in the narrative; but the focus here is on values rather than arguments and facts: 'Are the values appropriate to the nature of the decision that the message bears upon?' Included in this question must be concern for omitted, distorted and misrepresented values.
- *Consequence*. This criterion focuses on the real world consequences of accepting the values elaborated in the narrative. Here, we ask '[w]hat would be the effects of adhering to the values – for one's concept of oneself, for one's behavior, for one's relationships with others and society, and to the process of rhetorical transaction?'
- *Consistency*. 'Are the values confirmed or validated in one's personal experience, in the lives or statements of others whom one admires and respects, and in a conception of the best audience that one can conceive?'. This is a question of whether the values expressed in the narrative are consistent with one's own experience of the world.
- *Transcendent issue or values*. This is the most important component of the logic of good reasons and hence the most important criterion in assessing any narrative. Under this heading, Fisher invites us to ask whether 'the values the message offers . . . constitute the ideal basis for human conduct', irrespective of the facts and '[e]ven if a prima-facie case exists or a burden of proof has been established' in relation to a specific narrative. Fisher stresses that identifying and assessing the transcendent value in a narrative 'is clearly the paramount issue that confronts those responsible for decisions that impinge on the nature, the quality, and the continued existence of human life, especially in such fields as biology and weapons technology and employment'.

As evident from the above summary, narrative fidelity ultimately rests on an assessment of transcendental values, as we saw earlier in the example of Siegel's (2017) review of Richard Herrnstein and Charles Murray's *The Bell Curve*. Transcendental values are rarely the subject of dispute and are often taken for granted, but 'when brought to the surface they reveal one's most fundamental commitments' (Fisher 1987:109). Transcendental values often exceed everyday values such as precision, accuracy, accord with existing knowledge, truthfulness and usefulness in the context of scholarly work. They may also exceed pragmatic values such as efficiency and success. The ultimate values we live by 'look not only to the past and present, but also to the future, the future beyond the immediate moment'; they include 'justice, happiness, and humanity', but for Fisher the ultimate value is 'love, that is an abiding concern for the welfare and well-being of others' (Fisher 1994:28).

Different sets of transcendental values may come into conflict and lead to major public controversies, especially during prolonged crises such as pandemics. It is also during such crises that narrators are more likely to spell out what they see as ultimate, non-negotiable values that must be protected at all costs, whereas in normal circumstances such values are usually left implicit and taken for granted rather than explicitly articulated. Two examples will suffice to demonstrate the kind of tension that drives different people to accept or reject a narrative on the basis of such values, however well supported the narrative may be, logically and scientifically.

Toby Young's rebuttal of Christopher Snowden's argument in favour of the third UK lockdown in January 2021 (discussed under material coherence earlier) attracted many comments. One commentator makes explicit what he or she considers to be a transcendent, non-negotiable value that trumps all other values (Snowdon 2021):

But I've recently realised my own prejudices are clouding my judgment. I'm desperately trying to find an angle to win the argument against lockdowns, a key indicator that proves I'm right. But what for?

This is the thing, more so than anything on Toby's website, or explained in Ivor Cummins stats, or Mike Yeadon's science, I've realised that the numbers aren't the key to my argument. My argument, my opinion and my belief is much more simple and incontestable than any figures. Simply put, enforced lockdowns are wrong, amoral, evil and not an option. No matter the cases, deaths, NHS pressure . . . it's never acceptable to restrict the liberty of millions of people to meet, talk, play, work, sing, learn or worship. Under any circumstances. The virus occurred naturally and deaths from it are very sad. But the imposition on liberty and the damage caused by lockdowns is wilfully inflicted, unacceptable and unforgivable.

The value that this particular commentator sees as sacrosanct is freedom and individual liberty. Others writing in a variety of venues during that period expressed commitments to a very different set of values.

Many arguments against lockdown, apart from those which assume that the pandemic is a manufactured hoax, generally accept that without a lockdown there would be higher fatalities, mostly among the elderly and those with underlying health conditions. Writing for *The Guardian* on 30 May 2020, as lockdown rules were increasingly being relaxed in the UK, a palliative care doctor offers a visceral, heartfelt account of what it was like to work with Covid-19 patients. Headed "'This man knows he's dying as surely as I do": a doctor's dispatches from the NHS frontline' (Clarke 2020), much of her narrative revolves around a particular patient she is about to attend to, Winston, who is on the verge of dying and

whose life and humanity, she argues, are obscured by the ‘mathematical abstraction’ of modelling and statistics. ‘Here in the hospital’, she points out, ‘the pandemic is a matter of flesh and blood. It unfolds one human being at a time’.

Winston is an 89-year-old man from a care home who ‘used to work in the local glass factory. His wife died three years ago. He has two sons called Michael and Robert’. As the story unfolds, Dr Clarke adds details that highlight not only the humanity of Winston and his two sons who are watching him die, but also the brutalizing inhumanity to which healthcare providers like herself are subjected by the pandemic:

I’m already wearing my mask. I’ve pressed the metal strip down hard on to my nose and cheekbones, endeavouring to make it airtight. Now I layer on more protection. Apron, gloves and visor, the minimum with which we approach our patients these days.

In PPE [personal protective equipment], everything is sticky and stifling. Voices are muffled and smiles obscured. Sweat starts trickling into your underwear. Even breathing takes more effort. Behind our masks, we strain to hear each other speak and are forced to second guess our colleagues’ expressions. Being protected entails being dehumanised.

... My hospital badge is hidden from view and my eyes – the only part of my face still visible – are obscured by a layer of Perspex. So much for the healing presence of the bedside physician. I scarcely look human.

All those arcs and sweeps and projections and opinions – the endless, esoteric, disorientating debates about whether flattening or crushing the curve is more desirable – arrive, in the end, at precisely this point, this moment of cold simplicity. Six feet away, a father, a man I am yet to lay eyes on, is dying of a disease only named a month ago. ...

Everything about this is wrong. The physical barriers between us. The harsh and jarring words that conceal rising panic. The glaring need – that can’t be met – to rip off the masks and gloves and shake hands, sit down, read each other’s expressions and begin, inch by inch, to cross the gulf that divides us.

This narrative evokes transcendental values with which many readers will identify: compassion, respect for human dignity and the sanctity of life. Rather than engaging in ‘reasoned’ arguments about the merits or otherwise of lockdowns or herd immunity, Dr Clarke appeals to our shared humanity. The values which inform her decisions – and, she hopes, those of her readers – are spelled out unequivocally in the concluding paragraphs, and contrasted with other values (such as economic productivity and individual freedom) that feature in many of the debates around Covid-19:

You could argue – indeed, some commentators have essentially done so – that there was little point to a man like Winston. He was 89 years old, after all, and probably hadn’t been economically productive for three decades. He was lucky, frankly, to have had an innings like that. Of course the young must come first. You might even champion another old man’s exploits – the charm and determination and ebullience of Captain Tom – while being secretly at peace with the expendability of certain parts of the herd.

But to those of us up close with this dreadful disease – who see, as we do, the way it suffocates the life from you – such judgments are grotesque. The moment we rank life according to who most ‘deserves’ it, we have crossed into a realm I don’t want to be a part of – and I struggle to believe many other Britons do either. The way out of this pandemic cannot, surely, entail the sacrifice of those deemed less worth saving? ...

Winston, though vulnerable, was loved and cherished. His death was not inevitable, his time hadn’t come. He was no more disposable than any of us.

Narratives such as Dr Clarke's, which espouse values of humanity and compassion, ring true for many but by no means all members of society. Large sectors of every society continue to argue against lockdowns, for herd immunity, and believe that sacrificing men like Winston to allow the majority of productive, healthy citizens to live their lives and keep the economy going is regrettable but inevitable. This argument also appeals to transcendent values: those of expediency, material success and political acumen. As Fisher (1987:188; emphasis in original) explains, people who rank these values higher than all others have found them '*relevant to their material lives, consequential in determining their survival and well-being, consistent with statements made by those who subscribe to the myth that humans are masters of their fates and with examples of those who succeeded by following it*'. These are 'realistic' values that appeal to many, but Fisher suggests that idealistic stories such as Dr Clarke's will always resonate with large sectors of the public. These stories 'generate adherence because they are coherent and "ring true" to life *as we would like to live it*'. Their appeal 'resides in their evoking the best in people and activating it' (Fisher 1987:187; emphasis in original).

Fisher's narrative paradigm is not without its critics and limitations, and we will return to this issue in the final chapter to acknowledge the most important of these limitations and suggest some ways in which the model's weaknesses might be addressed. Warnick (1987), for example, has argued that Fisher's theory is based on a simplified understanding of the rational logic that he (Fisher) refutes. She claims that Fisher only attacks one subform of what he calls traditional rationality – technical rationality – without acknowledging other forms, such as practical reasoning and moral judgement. Furthermore, while acknowledging that people can be wrong, Fisher is silent on how they can avoid being deluded, given his dismissal of traditional rationality (Warnick 1987:177). As she puts it, 'a rhetorical narrative may "ring true" in the lives of particular audience members, may resonate with their own experience and that of those who they admire, and nevertheless be a bad story' (Warnick 1987:179). Acknowledging this criticism, we do not suggest that everything that 'rings true' to an audience is necessarily good according to some universal standard. We only claim that any argument inevitably adheres to a concept of the good and that to identify and understand this notion is relevant when engaging with or arguing against a particular position.

We revisit the narrative paradigm and attempt to expand and update it Chapter 6. The next three chapters, meanwhile, examine different perspectives on some of the major controversies surrounding Covid-19, using the logic of good reasons to interrogate the values that inform various positions and the consequences of adhering to them.