

Narrative and Argumentation in a Case of Alleged Child Abuse

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The relationship between argument and narrative has been the subject of much debate, particularly in the area of law, where a number of theorists have argued for the priority of one over the other in the decision-making process, the premise being that argumentation and narrative are two distinct text forms. Through the rhetorical analysis of a series of expert reports in a case of alleged child abuse, we seek to explore the dynamics between argumentation and narrative. In so doing, we argue that while certain actions may undermine the robustness of an argument, it is these very actions that make possible the telling of a persuasive story. We conclude with a plea for the development of rhetorical skills among social workers so as to be better able to discern future directions for the benefit of service users.

Keywords

Narrative, abduction, rhetoric, social work, Munchausen Syndrome by Proxy

Social work is infused with narrative: plot, characterization, genre, voice, authorship, and readership; all play a part in social work practice. Social workers draw on the stories of others in order to construct stories about the past (what happened), as the basis for constructing their own stories about preferred futures (what they want to happen). That is the structure of much assessment and care planning. Social workers characterize, implicitly or explicitly, the actors in those stories. Social workers frame situations as instances of, or related to, particular wider narratives. As Wilks (2005) says: “We are a story-telling lot, we social workers” (p. 1249).

Riessman and Quinney (2005) found that the majority of the literature on narrative and social work focused on narrative as a method, the use of narrative in social work education, and autobiographical narratives of social workers, and were disappointed by the limited use of narrative in social work research. The use of narrative as a lens through which to understand the materials and processes of social work was even more limited at that time—and is still limited today. While there are

exceptions, for example, Hall (1997, 2013), Urek (2005), and Baldwin (2013), even these do not explore the narratives with which social workers work—those of service users, family members, colleagues, doctors, attorneys, experts, teachers, the courts, and so on—as a form of argument. In stating this claim, we make the important distinction between narrative analysis and discourse analysis (see, for example, Wertz et al., 2011). Discourse analysis often focuses on small units of language (the word, phrase, and sentence) rather than the narrative as a whole, seeking patterns in the use of such language. Narrative analysis seeks to understand the work that stories are called upon to do, how plot, events, and characters are configured within the story as a whole, and the action of stories in the world (see Frank, 2010). Discourse analysis seeks to locate language usage in larger configurations of power (e.g., Fairclough, 2010), and while narrative might draw on notions of “meta-narrative” or “dominant narratives,” the purpose in so doing is to analyze the interaction between these and smaller narratives, how narratives compete for privilege, and how narratives draw on the available social and cultural storied resources as a means of persuasion (for example, see Wagenaar, van Koppen, & Crombag, 1993, on the notion of anchored narratives). While there are many good discourse analyses of narrative data (e.g., Hall, Sarangi, & Slembrouk 1997, 1999; Hall, Slembrouk, & Sarangi, 2006), narrative analysis of social work practice remains an underexplored area.

By taking a narrative approach, it is possible to understand the multiple texts with which social workers work (interviews, case notes, court reports, expert reports, and so on), not as simply descriptive accounts of circumstances, nor as textual or verbal vessels conveying evidence, but as a form of deliberative rhetoric intended to persuade others as to a particular course of action (see Eberhard, 2012, on the rhetoric of health and medicine). Social workers have to evaluate such texts as their subsequent narrative (in the form of a care plan, for example) will serve to stabilize a particular story and turn it into a premise for further argument (see Hannken-Illjes, 2007). For example, the acceptance of the expert’s narrative of Munchausen Syndrome by Proxy (MSbP) in the UK case under discussion here formed the basis of the local authority’s argument in their application for the removal of the child from the birth family.

Texts such as expert reports may be usefully understood as narratives for, according to Parrett (1987), “argumentation and narrativity overlap in many sequences of discourse” (p. 165). Lucaites and Condit

(1985) similarly state that “a narrative voice pervades virtually every genre and medium of human discourse” (p. 90). As we will argue, texts such as expert reports blend argumentation (in Aristotelian terms, the rhetoric of *logos*) with narrative, itself deploying rhetorical techniques peculiar to it. As such, an examination of the relationship and dynamic between narrative and argumentation is useful.

Below, we explore the dynamics between argumentation and narrative through the rhetorical analysis of a series of expert reports in a case of alleged child abuse. We begin by outlining the relationship between narrative and argumentation and introduce our stance that narrative and argumentation are inextricably linked. We then provide an overview of the expert reports we will use to make our case and pursue our argument in the following manner. First, we outline the process of abductive reasoning and the criteria by which the robustness of abductive arguments can be evaluated based on Thagar’s (1978) criteria of defeasibility, consilience, simplicity, and introduction of ad hoc theories. As we proceed, we discuss how in the expert reports the pediatrician undermines his own abductive argument by reducing these qualities. Following this, we turn to some general features of narrative, which are important to understanding how narrative and argument might differ in the ways that are pertinent to their rhetorical efficacy: narrative relationships, narrative causality, and narrative environment. We then conduct a narrative analysis of the reports and embark on a discussion of the criteria for narrative persuasiveness and how the pediatrician’s story is able to meet such criteria. Finally, we turn to the lessons that might be drawn from this case for social workers if they are to analyze and evaluate expert reports, rather than simply accept such reports as seems to be case currently (see Social Work Outlaw, 2015).

Narrative and Argumentation

The debate over the relationship between narrative and argumentation has, for the most part, focused on law and legal proceedings (e.g., Bennett & Feldman, 1981; Bex, 2009, 2013; Bex, Prakken, & Verheij, 2006; Bex et al., 2007; Pennington & Hastie, 1991, 1992, 1994; Wagenaar et al., 1993). Much of the debate, with the exception of Bex (2009, 2013) and Bex and Verheij (2013), suggests that legal decision-making is predominantly framed either in terms of evidence *or* in terms of narrative. For example, Bennett and Feldman (1981) cite research to indicate that a coherent story that is untrue appears

more persuasive than a true story that is fragmented; similarly, Wagenaar et al. (1993) argue that in criminal trials, linking thin evidence through story may be compelling even if the argument is logically absurd (see, for example, their account of a case of alleged sexual abuse on pp. 3–5). Pennington and Hastie (1991, 1992, 1994); Bex (2013); and Bex, Koppen, Prakken, and Verheij (2010) take a slightly different approach, arguing that both stories and evidence-based reasoning are required in the decision-making process and that a good story need necessarily cover the “facts,” though there may, of course, be an argument over what the facts are and their relevance. For Pennington and Hastie, both coverage of the facts and coherence of the story are required for a story to be persuasive. However, in holding to the position that it is through stories that jurors organize the complex mass of evidence to which they are exposed, Pennington and Hastie seem to be implying that story is more influential than argument in determining what happened. Bex and colleagues have attempted a hybrid theory, linking argumentation and story in legal decision-making. Their basic stance is that stories are developed to explain observed facts and that competing explanatory stories can be evaluated according to their anchoring in evidence (Bex et al., 2006, 2007; Bex & Verheij, 2011).

The position we take in this article is closer to that of Pennington and Hastie, in that we agree that a good story may take precedence over argument, but we differ in our analysis of the relationship between story and argument. Rather than viewing argumentation and narrative as two distinct text forms, often with narrative playing a secondary and somewhat suspect role, we want to suggest that narrative and argumentation are inextricably linked. We maintain that argumentation is at least implicitly narrative in form and narrative is a form of argumentation. This approach to the relationship between narrative and argumentation aligns more closely with the stance taken by White (1987) and Hannken-Illjes (2011), based on Quintilian:

Or again what difference is there between a proof (*probation*) and a statement of facts (*narratio*) save that the latter is a proof put forward in continuous form, while a proof is a verification of the facts coherent with the statement? (c. 95 CE/1920)

In other words, narrative and argumentation are not two separate text forms but two aspects of the same form (see Olmos, 2013), though perhaps at times one or the other is foregrounded for rhetorical purposes.

The Expert Reports

In making our argument we will focus on a series of reports prepared by a pediatrician in the UK in a case of alleged Munchausen Syndrome by Proxy (MSbP). MSbP is generally presented as a form of child abuse (or a psychiatric diagnosis of the perpetrator) in which the perpetrator fabricates or induces illness in another in order to seek medical attention. In the literature, the vast majority of cases report a mother as perpetrator and her child(ren) as victim(s). Since its formulation by Meadow (1977), it has become a highly contested diagnosis with its proponents claiming that it is a valid diagnostic category with a respectable history and which, over the years, has saved the lives of many children (Wilson, 2001). On the other hand, others argue that it is conceptually confused, empirically flawed, and operationally questionable (see Mart, 1999; Morley, 1995).

The reports under consideration here formed much of the basis of the local authority's case for the removal of the child under the provisions of the Children Act (UK, 1989), though they had, in fact, already formed their opinion that this was a case of MSbP prior to receiving these reports and had attempted to argue for *estoppel*—that is, to argue that this matter had already been determined by previous court proceedings and so the only matter remaining was that of disposal (i.e., what should happen to the child). It was only when their arguments for estoppel failed that the pediatrician was jointly instructed by the mother and the Guardian *ad litem* (appointed by the court to advocate for a minor) to report on the question of whether or not this was a case of MSbP. Following the first report, the Guardian ad litem unilaterally solicited three further reports for her own purposes. Together these reports constitute the pediatrician's opinion on the case, though the later reports should be seen more as being produced in the service of those bringing the case against the mother than jointly instructed, independent reports. These reports present the pediatrician's argument that this was, indeed, a case of MSbP and were highly influential in determining the outcome of the domestic court proceedings in which the judge freed the child for adoption. However, on appeal, the European Court of Human Rights found that the local authority's investigation of the case and the subsequent court proceedings had violated not only the human rights of the parents but also those of the child whom the social services were supposedly protecting (see Baldwin, 2008). Hence, a close analysis of these reports may aid understanding of how this situation may have arisen.

The argument of the reports is framed as the best explanation of the data (abduction), and has the appearance of a generic text. However, as Hydén (1997) writes, such texts “all contain a ‘story’ about one or several persons, their actions and mutual relationships, and specifically about the possible relationship between the person/persons and the authority in question” (p. 246). The issue we explore here is the relationship between the pediatrician’s overt argument and his implicit narrative.

Although there are similarities between Pennington and Hastie’s concepts of “consistency” and “coverage,” and the terms “defeasibility” and “consilience” as used in the literature on abduction, these concepts serve different purposes. For Pennington and Hastie, consistency and coverage are features of a good story, a story which may simply override argument; here we will argue that a good story becomes possible *because of* the failings in an ostensibly logical argument. In other words, as the logical argument of the reports is undermined by the pediatrician’s own attempts to make his hypothesis work, it becomes possible to tell a good story which then serves the same purpose. This claim is contra Bex and colleagues, who argue that competing explanatory stories can be assessed by their relative alignment with supporting arguments, and contra Bennett and Feldman in that it does not presume there to be a true story masked by good storytelling.

Abduction

Abductive reasoning, otherwise known as inference to the best explanation, is a form of inference that seeks to establish a hypothesis which best explains and accounts for the available data. In the theory-forming process of analyzing data, several competing hypotheses may provide explanatory power of the data, so one must be able to reject all such alternative hypotheses before one is warranted in making the inference. One infers, from the premise that a given hypothesis would provide a “better” explanation for the evidence than would any other hypothesis, to the conclusion that the given hypothesis is true (Harman, 1965).

This process, from data to explanatory hypothesis, can be thought of as an interpretive or theory-forming inference. In its most basic form, the process of abductive reasoning can be reduced to the following pattern:

D is a collection of data (facts, observations, givens).
 Hypothesis H explains D.
 No other hypothesis can explain D as well as H does.
 Therefore, H is probably true. (Josephson, 2001)

This type of imaginative reasoning is quite common and can be found in day-to-day life as well as in various fields such as law, science, and medicine. We can see its usage quite clearly in adversarial law, where a prosecutor may evaluate the data of a case to determine that the presence of the accused's fingerprints at the crime scene (D) and his lack of an alibi (D) can be best explained by his involvement in the crime (H). This reasoning is also found within the medical field, where a doctor may determine that a combination of symptoms can be best explained by a particular diagnosis. The determining factor in choosing one hypothesis as the "best" explanation is the reasoning that no other explanation succeeds in accounting for the facts while remaining both plausible and simple enough to be readily accepted. It is clear that in the case presented here that the pediatrician, while not using the term abduction, was deploying such, explicitly stating that, "This is the unifying hypothesis in this case, i.e. it is the diagnosis which readily explains all the known facts" (p. 30).

Given that this was so, the persuasiveness or robustness of the argument presented in the reports implicitly rests on the criteria for a sound abductive argument, as introduced by Thagar (1978). While practitioners of law and medicine arrive at the "best" explanatory hypotheses through abductive reasoning, abductive inference is generally *defeasible* (Thagar, 1978), meaning that the conclusion is subject to retraction if further investigation of the facts shows that another alternative explanation proves "better" (Walton, 2001). For example, a prosecutor's hypothesis can be weakened if new data suggests that the accused was seen shopping at the time of the crime, and the doctor's diagnosis can be similarly weakened with the presence of new and contradictory symptoms.

When we examine the reports of the case we find a number of occasions in which the pediatrician reduces the defeasibility of his argument. First, in responding to the mother's statement which documented the many occasions on which test results aligned with her description of his symptoms, the pediatrician accepts that there might be occasions on which the test results indicated that the child might be unwell, but that it is the *pattern* of presentations that is important and that

the pattern is not dependent upon any single instance. He does not, however, take the next step of stating how many such instances would undermine the pattern, but rules out virtually every occasion on which test results were abnormal by saying that they were either false positives or that abnormal test results do not necessarily indicate that the child was unwell. In other words, contradictory evidence is dismissed as not being relevant to the diagnosis. In doing so, he undermines the defeasibility of his argument in that it becomes difficult, if not impossible, to argue against his position, because evidence supporting that counter argument is ruled inadmissible.

Second, consilience adds to an argument by unifying and systematizing the data available, so that the hypothesis becomes stronger as it explains or accounts for more of the data than a competing hypothesis (Thagar, 1978). The consilience of an argument becomes greater if, when new data is made available, it can absorb these data and further unify it within its claim (Thagar, 1978). Consilience is the ability of a hypothesis to explain the range of data, and this, indeed, is the claim of the pediatrician. However, the pediatrician's hypothesis (MSbP), in and of itself, cannot absorb data that indicates abnormality (e.g., test results) or incidents of genuine—and uncontested—illness. One way of dealing with these incidents is to remove them from needing to be considered by the core hypothesis, but by doing so, the consilience of the argument is significantly reduced.

Third, the robustness of an initial hypothesis is increased if no further ad hoc theories are required to explain the data than the narrow range it was introduced to explain (Thagar, 1978). This process of including narrow theory within an argument may strengthen consilience while reducing its level of simplicity. From the above comments around consilience, we see that the MSbP hypothesis is unable to explain “all the known facts” and so significant data are excluded from consideration. In order to justify such exclusion, the pediatrician is forced to introduce secondary hypotheses. The first of these is the hypothesis that it is customary for mothers in such cases to seek “to break down the alleged abuse into its component parts and attempt to ‘shoot down’ the evidence piece by piece” (p. 21); the second is the hypothesis that it is normal to find abnormalities in the test results of children and thus abnormal test results do not necessarily indicate that the child is unwell. These two hypotheses are introduced into the report without any supporting evidence, but are required in order to explain a wide range of data—documented abnormalities, abnormal test results, episodes of genuine

illness, problems with testing procedures, other occasions where tests failed to find laxatives, and so on (p. 21)—and thus to defend the core hypothesis of MSbP.

Fourth, simplicity in argumentation is achieved by requiring less information in order to establish a suitable hypothesis (Thagar, 1978). By requiring fewer initial conditions and postulates in order to explain data, simplicity often conflicts with a consilience approach and this is what we find here: a consilience argument does not have to be simple, in that it might, for example, expand to suggest multiple causalities for the presence of a variety of symptoms. A simpler hypothesis may forego pursuing multiple postulates in favor of a single causality, but then risks not being able to explain a wide range of data. Thus, in our case example, the pediatrician strongly rejects multiple causation, a conclusion achieved by requiring less information in order to establish a suitable hypothesis. While at first sight the MSbP hypothesis appears simpler, it requires a number of conditions and postulates to explain data—in the form of unsupported ad hoc hypotheses and an insistence on a pattern in the data that is not dependent upon the individual pieces of data. A simpler hypothesis—multiple causation—would have extended the range of data covered by the hypothesis and thus the consilience and robustness of the argument.

Narrative

Before commencing our analysis of the narrative aspects of the reports, there are three general points that need to be raised in order to understand how narrative and argument might differ in the ways that are pertinent to their rhetorical efficacy: narrative relationships, narrative causality, and narrative environment.

Narrative Relationships

Abduction is a form of reasoning that is, in some ways, abstracted from the context within which it is deployed. The abductive process moves from data through hypothesis to best inference without being required to accommodate the particular intentions, desires, or even foibles of the person making the argument. As such it is, or at least gives, the appearance of, an agentless argument—the argument stands or falls on the criteria for robustness, without regard for whether the author is virtuous or malevolent, the reader disinterested or partisan. In narrative,

on the other hand, authors and readers co-construct the text, and the persuasiveness of a given narrative depends upon this relationship. Thus, a narrative becomes more persuasive through the ethos of the author and appeal to the pathos of the reader. In the case under discussion here, for example, the expertise of the pediatrician stated in the preamble to the main report (comprising his experience, qualifications, positions, etc.) serves to establish the author's credibility and trustworthiness (*ethos*) to tell this category of story; and his characterization of the mother helps align his opinion with that of the social services (*pathos*). (For a full discussion of this dynamic, see Baldwin, 2011). The move toward narrative thus allows an argument to draw on these rhetorical strategies in addition to those accessible by argument itself (*logos*) and the melding of ethos, pathos, and logos then strengthens the persuasiveness of a narrative.

Narrative Causality

Abduction follows the general structure outlined above: data, hypothesis, and best inference. Data are linked to the best inference through the hypothesis that stands against other hypotheses and a judgment made as to the best inference on the basis of a set of criteria. Narrative does not work in this way. All narratives are unique configurations of events, desire, characterization, genre, and authorial intent within a plot. Further, these configurations are contingent—they could be otherwise—and while, in non-fictional stories, there has to be some degree of narrative-to-world fit, there is also a degree of world-making within the process of narration (see Herman, 2009). In particular, the world-making function of narrative can be seen in the ways authors present (or imply) causation. Thus, prior events may be presented (or implied) as being causative of current situations—see the discussion of narrative structure below—and can be taken to be so if such causation makes sense within the established plot, characterization, and genre. Causation is thus an outcome of a good story, rather than the basis for it.

Narrative Environment

Abductive arguments stand or fall alone. The rationality of any given argument is internal to that argument and does not depend on whether other abductive arguments about similar issues have failed or succeeded. For instance, the argument that case X is a case of MSbP is

not dependent upon case Y being a case of MSbP, and, indeed, case Y, unless linked in some other way to case X, is irrelevant to the argument regarding case X. Again, narratives do not work in this way. In their telling, narratives enter into a narrative environment that may support or undermine their acceptance or plausibility (see Randall & McKim, 2008). If the narrative environment into which they enter holds stories that are similar to the new story, then the new story is more likely to be evaluated favourably than if the new story is contrary to the accepted stock of stories. For example, in this case the social worker leading the case reported that the mother had made a false report of a house fire. False reporting of house fires is, according to Artingstall (1998), a feature of cases of MSbP. This presumably explains the pediatrician's acceptance and repetition of the story without checking the veracity of the report. Had he done so he would have found that the social worker's report was itself a fabrication (see Baldwin, 2005).

In addition to resemblance to other stories, narratives that resemble an archetypal story are viewed as more persuasive than those that deviate from that archetype, what Bruner (1990) terms *canonicity*. According to Bruner, this canonicity acts as a sort of measuring stick for stories, gauging how a certain story performs when compared to what is generally understood to be the template for a canonical narrative in a particular area. The greater the conformity of any given story to the canonical template, the greater the endowment of legitimacy and authority to that story. Anything deviating or being exceptional to this idea of canonicity may be judged or evaluated as of legitimacy and authority to that story. A good story should be well-structured (understandable) and plausible, with a "plausible" story correctly describing a general pattern of states and events one expects to come across in the world. Anything deviating from expectations and recognizable patterns is deemed "bad" and subject to negative evaluation. Thus, the interpretation of abnormal test results as clinically insignificant moves the story towards canonicity while an interpretation of these as indicating genuine illness would move the story away from canonicity. Similarly, the characterization of the mother as an archetypal MSbP perpetrator—there is nothing in the reports to suggest that she is anything but—enhances canonicity. Indeed, actions that would normally be viewed as appropriate—for example, the mother's challenging of the pediatrician's interpretation of the medical data—was interpreted through the lens of MSbP as seeking to shoot down the evidence piece by piece, a

ploy usual in such cases (and thus itself suspicious), rather than being part of due process (see Baldwin, 2011).

Criteria for Narrative Persuasiveness. Like the case for abduction, narratives are more or less persuasive, dependent upon a number of interlocking criteria: clarity of central action, level of detail, coherence and consistency, and structure. These criteria, however, are not reliant on consilience, defeasibility, or the exclusion of ad hoc theorization as criteria of persuasiveness.

Clarity of Central Action. Bennett and Feldman (1981), in their work examining the role of narrative in judicial proceedings, argue that a narrative with a clear central action is generally more persuasive than one in which the central action is blurred, ambiguous, or confused (see also Wagenaar et al., 1993). Clarity in central action enables readers to construct inferences about how events, characters, and motivations relate to the central action, and allows readers to decide whether the inferences are compatible with each other and how such inferences may support the plot trajectory toward unequivocal interpretation of events (p. 41). Without clarity of central action, the polysemic potential of the story (the potential for being read in numerous ways) may result in the reader making inferences that do not point to the preferred interpretation. In simple situations it may be relatively easy to identify the central action; in complex situations it may be more difficult.

One way to clarify the central action of a complex story is to simplify the situation to focus on a single cause rather than multiple causes. This focuses attention and avoids the potential threat to telling a cohesive and consistent story that the interaction of multiple causes might pose. For example, it may be easier to tell, and hear, a story of suicide focusing on one precipitating factor rather than many. In the reports analyzed here, the pediatrician is at pains to avoid multiple causation: “For any one incident in isolation it would usually be easy to hypothesise a genuine medical reason, but in this case any hypothesis must explain the overall pattern of events” (p. 23). In other words, singular causation is to be preferred over multiple causation resulting in clarity of central action, namely MSbP abuse. The danger inherent in this process of reductionism is that the story loses credibility, so attention to the level of detail is required.

Level of Detail. A narrative is made more or less persuasive (or believable) according to not only what is included but also according to what is excluded from the final narrative—that is, the level of detail that is provided (see Bartlett & Wilson, 1982). On the one hand, including detail may make a situation appear more dramatic—for example, on p.11 of the main report, the pediatrician lists 21 items that the child’s mother reported as her son being allergic to, this being in the context of the report opining that the child’s medical history was a function of the mother’s MSbP behaviour. However, when one examines the list more closely, one finds that five of these are closely linked to dairy products (which is itself listed as a sixth allergy in this family), five linked to citrus fruits (again with the category “citrus fruits” being listed as a further allergy), and four potentially linked to food and drink additives. The other five are all fruit. Had the pediatrician listed but five families of allergies the impact of the list might possibly have been lessened.

On the other hand, removing a certain level of detail, especially if that detail presents an internally contradictory or too complex a picture, helps clarify the central action—there is less “noise” to distract the reader. For example, there is no mention of the highly contested nature of the MSbP hypothesis or its rejection as having evidentiary probity in a number of jurisdictions (see Baldwin, 2011, for a summary of these aspects of MSbP)—facts which, if included, might undermine the credibility of his argument. Hence the level of detail, and thus the persuasive impact of any story, needs to be carefully considered lest too much detail disrupts the intention of the story, or the removal of too much detail results in the story becomes sketchy, vague, or ambiguous.

Cohesiveness and Consistency. It has been demonstrated by Bennett and Feldman (1981) that as “structural ambiguities in stories increase, credibility decreases, and vice versa” (p. 85). In Bennett and Feldman’s work, structural ambiguities refer to the clarity (or lack thereof) in the central action which gains its meaning from its setting and its resolution, the understandability of the connections made within the story, and the consistency of these connections with the central action and one another. The consistency of these connections provides interpretative clues that support one interpretation and exclude all others (p. 81). Thus, in Bennett and Feldman’s research, they found that a cohesive and consistent narrative was thought generally by participants to be true when it was not, and a fragmented, inconsistent, or ambiguous narrative was thought false when, in fact, it was true. For Bennett and Feldman, the

structural aspects of the story become “crucial to judgment in cases in which a collection of facts or evidence is subject to competing interpretations” (p. 85). There are, of course, limitations to this, in that a story must bear enough relationship to the evidence to be considered structurally adequate, but even so there is always freedom within those limits for the adequacy of competing stories to be considered.

On first reading, the pediatrician’s story appears both cohesive and consistent, with little, if anything, internal to the reports that would disrupt the narrative flow. This cohesiveness and consistency, however, is achieved through two processes of “narrative smoothing,” processes which bring “the clinical assessment into conformity with some kind of public standard or stereotype” (Spence, 1986, p. 212). The first is the presentation of the case within a cohesive frame, failing to acknowledge the contested and controversial nature of MSbP diagnosis, and the citation of supporting sources only. The second is the emphasis on the mother as embodying many of the characteristics of the MSbP perpetrator without reference to those characteristics and behaviours that stand contrary to such an interpretation.

Similarly, whereas in abductive reasoning the introduction of ad hoc hypotheses is reason to question the robustness of the core hypothesis, in a story such additional explanations appear as part of a developing plot and thus do not jeopardize coherence or consistency provided they move the plot forward. So, for example, the introduction of the ad hoc hypothesis that “abnormal test results do not mean that the child is unwell” helps keep the trajectory of the story, established by the emplotment of events as a case of MSbP, on track, rather than undermining the plot.

Structure. Unlike abductive arguments that must take a particular form, authors can deploy a number of narrative techniques in order to enhance the persuasiveness of their narratives. One such technique is the choice of how to structure one’s story. Narratives, as was argued earlier, have particular narrative trajectories that are given a certain forward momentum by the structuring of events in specific ways. The purpose of the structure is to lead the reader along the narrative trajectory toward the desired conclusion and thus reduce the possibility of polysemy. This is similar to Pennington and Hastie’s (1986) observation that the ordering of evidence significantly influences the judgment. An analysis of the structure of the main report illustrates this phenomenon. After the introductory remarks establishing the ethos of the author (see below),

there are four sections dealing with the medical records. The first addresses the medical history of the mother's first child (approximately 1 page); the second presents the medical history of the second child (approximately 13 pages); the third presents the medical history of the mother (approximately 8 pages) and the maternity records regarding the mother and the unborn, index-child-to-be (approximately 2 pages). There follows a section titled "Analysis" and then a conclusion in which the pediatrician makes his recommendations.

Such a structure is quite normal and, one might say, logical. It is, however, also rhetorical in that it presents material in a way that mirrors the argument that the mother had a pattern of behaviour: structure and content come together. Further, the structure lends the argument momentum—child one, child two, the mother, and child three—establishing an implicit narrative causality through analysis to the (inevitable) conclusion and recommendations. In narrative terms, the pediatrician does not only tell his readers that there is a pattern of behaviour but shows his readers through his choice of narrative structure.

Similarly, the structure of each section can be viewed as rhetorically structured in that incidents that the pediatrician claimed were medically unexplained (part of the basis for his argument that the incidents were a result of the mother's behaviour) are interspersed with other incidents that are not remarked upon but gain their significance from their positioning within the lists of other (supposedly) unexplained symptoms. Thus the reader is invited to interpret the latter, unremarked-on incidents as potentially suspect (for this inferential approach to establishing connections between incidents, see Bennett & Feldman, 1981, pp. 125ff). No evidence whatsoever is presented in the report that such incidents were in fact fabricated and no claim was made that they were—the result being that the inference made by the positioning of these incidents is that there is a stronger pattern than if we removed these incidents. While this would serve to undermine an abductive argument—the hypothesis not clearly being able to explain the data—within a narrative, such inferences are invitations for readers to fill the gaps, a rhetorical technique designed to enhance the persuasiveness of the story. This technique is, however, dependent upon the reader filling the gaps in line with the author's intent, and while this cannot be guaranteed (witness our counter-story here, for example), the structure of the narrative strongly leads in the preferred direction.

Implications

To this point, we have argued that the expert reports in this case form a rhetorical blend of argument and narrative, illustrating the relationship between narrative and argumentation in an alleged case of MSbP. While the pediatrician clearly states that his theory is the best available to explain the data as a whole, this position is undermined at various points as he introduces ad hoc theories in order to justify the reduction in consilience through dismissing consideration of a wide range of data, and thus reduces the defeasibility of his argument. However, in doing so, he is able to clarify the central action, provide enough detail to deliver a credible story, enhance the cohesiveness and consistency of that story, and structure his story so as to lead the reader to the preferred conclusion. Argument and narrative work alongside each other. Logos, ethos, and pathos thus intertwine.

If this is so, then social workers need to develop the rhetorical skills with which to evaluate such texts. In terms of logic, social workers need to understand the type of arguments being put forward and the criteria by which to evaluate such arguments (logos). In terms of ethos, we need to be able to reflect upon how the credibility and trustworthiness of the expert is achieved and the impact that ethos has on us, as readers. To what extent are we swayed by the credentials, position, experience, and expertise of the “expert”? How do we respond to invitations to fill the gaps? Certainly, we should pay attention to what experts say, but at the same time, we need to remember that “even when the experts all agree, they may well be mistaken” (Russell, 2004). Being able to discern the means by which experts construct their (persuasive) reports requires a knowledge and understanding of rhetoric.

Similarly, we need to be reflexive about the impact that pathos has on us. Just as authors are not innocent narrators, we are not innocent readers: authors and readers each have their desires, intentions, interests, and predispositions. The failure of the social workers in this case to evaluate critically these reports contributed to the violation of the human rights of both the parents and the child whom they were supposedly charged with protecting (see Baldwin, 2011). It also speaks to the ease with which we can be seduced by a significantly flawed argument when framed as a narrative that aligns with our preferred outcome (see Baldwin, 2011). Hence, we need to be aware of how we are influenced by ethos and pathos if we are to act in the best interests of service users.

Just as authors are not innocent (Social Work Outcast, 2015), the social worker who works day in and day out with families and children is the real expert in such cases, and to abandon that expertise is to abandon our integrity. Skill in rhetorical analysis may help move social work out of the shadow of expert reporting and re-establish social workers as integral to the decision-making process.

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