Chapter 4: Bakhtin and Narrative Psychology

> Under this almost infinite number of forms, the narrative is present at all times, in all places, in all societies; the history of the narrative begins with the history of mankind; there does not exist, and never has existed, a people without narratives. (Barthes, 1966 in Polkinghorne, 1988: 14)

In this chapter I shall build an argument for the importance of narrative work in the study of madness. Using the work of the Russian critical literary theorist Mikhail Bakhtin, this chapter examines in detail the emergent role of narrative psychology in relation to key aspects of narrative study: multi-voiced discourse; the formation of the dialogic self; and the use of space and time in the development of an overarching plot. The chapter goes on to look specifically at illness narratives, critically examining the typologies that underpin much of the research on illness narratives in relation to Bakhtin's work. I shall argue that whilst typologies of illness give cultural meaning to narratives, they are grounded in physical illness experiences and often ignore the multi-voiced nature of narratives and the dynamic spatial and temporal contexts. The chapter will end by outlining my arguments for examining firsthand accounts of madness and the key questions this research seeks to address.

Previous chapters have critically examined the role of psychiatry and medicine in relation to madness. In essence psychiatry and medicine constitute professional narratives; they tell a story, but the story they tell has immense power. They are what Bakhtin would describe as authoritative discourses, discourses that cannot be challenged, whose status is 'off limits', as Dentith, writing on Bakhtin, describes "it

seeks to withdraw *beyond dialogue*, to surround itself with an uncrossable exclusion zone" (Dentith, 1995: 57, emphasis added). There is, as Bakhtin describes, a discursive hierarchy, with the authoritative discourse at the top speaking what is deemed to be the unproblematic truth, with all other discourses deferring to this (Dentith, 1995: 43). For Bakhtin, speaking of literature rather than science, such authoritative discourses are embedded in the monologic novel, whose dominant voice is the author's. True thoughts gravitate towards the author's consciousness, whilst untrue thoughts are repudiated (Bakhtin, 1984a: 79-80). The author has the final word, with all other voices subordinate to that of the author. It is via the authoritative discourse that judgement, explanation and placement of others occur. This contrasts with what Bakhtin describes as the polyphonic novel, where the narrator renounces their authority, giving equal precedence to the characters in the story. In the polyphonic novel, there is "a plurality of independent and unmerged voices and consciousnesses, a genuine polyphony of fully valid voices" (Bakhtin, 1984a: 6). Characters are presented as full subjects with consciousnesses independent to that of the author. They exist not to support the authorial voice, nor are they used to serve the purposes of the plot only to be discarded. Rather characters are vocalised with their own consciousness and with their own world independent to that of the author. However, polyphony does not result in relativism by simply celebrating what others have to say, thereby failing to engage with different voices. Rather polyphony makes meaningful engagement with both self and other through the intersubjective discursive space (Dentith, 1995: 42, 94). Puustinen argues that the doctor-patient relationship is "inevitably polyphonic in nature", meaning that consultations are permeated with multiple voices, opinions, beliefs, fears and so on. He goes onto argue that "medicine tries to reduce this polyphony of voices to a 'systematic monologised whole'" (Puustinen, 2000: 41). Whilst I agree that the discursive

relationship between doctor and patient is monological, I take issue with Puustinen's claim that its origins are 'inevitable polyphonic'. The presence of a diversity of opinions or convictions in consultation does not equate to polyphony, but reflects another Bakhtinian concept, heteroglossia, a term that historically precedes the emergence of polyphony. Heterglossia refers to the diversity of languages and utterances that emerge from a society and are spoken at any one time by individual speakers of that language (Bakhtin, 1981). Heteroglossia includes the 'official' languages of the social classes, professional groups, religion, government, as well as 'unofficial' speech genres such as dialects, slang and colloquialisms. In the present day, heteroglossia is more evident through mediums such as the internet, newspapers, films, television dramas, reality TV and so on. Heteroglossia directly challenges the authoritative discourse referred to earlier, as it encompasses diversity and multiplicity, as opposed to a single absolute truth.

Bakhtin's work, particularly his concept of heteroglossia, has implications for how we construe the self. Preceding social constructionist thinking by several decades, Bakhtin describes the self as 'unfinalised', in a continual process of transformation.[1] The self or identity is therefore not a bounded, fixed, stable entity, but a fragmented, dynamic and discursive product of our cultural and historical situatedness and our social relations; "[the] proper person is conceived…not as the pure and enduring nucleus but [as] the sum and swarm of participations" (Perkins, 1990 in Bruner, 1990: 107).

Bruner (1990) refers to this as the distributed self. The distributed self lives in a world of dialogue and language and is in this sense relativistic. It only exists in relationship to

[1] Rom Harré (1983) decades later, described this as an 'identity project'.

some other, be that another person, another part of the self or another section of society (Bakhtin, 1981). In this sense, using Bakhtinian terms, we can add to Bruner's reference of the distributed self, and also call the self dialogic. When we describe the self as dialogic we place language at the centre of understanding, as the self does not access meanings from the world directly, but construes meaning through social discourse. The self draws upon both the official and unofficial speech genres of heteroglossia, so that the self or consciousness is a product of the intersubjective space. Consciousness or self exists not in isolation, but in dialogue with the other, so that "consciousness is in essence multiple" (Bakhtin, 1984a).[2] The narrative provides a space where the unfinalised self can be transformed, a space where the author can form "a dialogic relationship to one's self" (Bakhtin, 1984a: 117). Polkinghorne describes it thus:

> We achieve our personal identities and self concept through the use of narrative configuration, and make our existence into a whole by understanding it as an expression of a single unfolding and developing story. We are in the middle of our stories and cannot be sure how they will end; we are constantly having to revise the plot as new events are added to our lives. Self, then, is not a static thing or a substance, but a configuring of personal events into an historical unity which includes not only what one has been, but also anticipations of what one will be. (Polkinghorne, 1988: 150)

In this quote, Polkinghorne uses the story as a metaphor to express the continual construction of the self. The use of narrative as a metaphor was first conceptualized by

[2] The concept of a multiple consciousness relates to the phenomenology of Heidegger, for whom

Theodore Sarbin, who argued that narrative functions as a root metaphor or superordinate category encompassing subordinate concepts such as novels, poems, dramas, fables, myths and autobiographies.[3] Over the past forty years, there has been an increased interest in the use of narrative in the social sciences. This Sarbin argues, has led to a reconfiguration of the social sciences, moving away from viewing conduct through mechanistic or computational metaphors, for example, and moving towards explanations in terms of drama, role playing, games, ritual and text (Sarbin, 1986: 10). For Sarbin and other theorists, narrative underpins our very existence, as our life experiences are rendered meaningful to both ourselves and others through the narrative structure (see also Bruner, 1990; Gergen and Gergen, 1983; 1986; 1993; Polkinghorne, 1988; and Ricoeur, 1991a, 1991b). Moreover, we come to understand our lives through the narrative in terms of "ups and "downs", "progress" and "setbacks", "fulfilment" and "frustration" (Gergen, 1999: 70). To live life and represent it in this way is to live in a "storied world", where both ourselves and others become characters in our story (ibid). Stories and their meanings are not fixed, but dynamic and fluid, and, according to Gadamer, influenced by temporal distance. We interpret past experiences and apply them to our present situations, and, as we do so, both the meaning of the experience changes as well as our present lives (Gadamer in Freeman, 1993). Our stories, then, are also acts of reflexive monitoring or, as Freeman describes, acts of "historical imagination", which intentionally give meaning and significance to the interrelationship of past events (Freeman, 1993: 47). Without such stories, he argues, there would be no past, nor would be there be a self, but just a "sequence of dispersed accidents"

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consciousness was always embedded in context.

[3] Sarbin bases his argument of narrative as a root metaphor on Stephen Pepper's work (1942 in Sarbin, 1986). Pepper argues that there are six types of world view, within which root metaphors are located. One of these types, contextualism, has as its root metaphor in the historical event. This relates not to the past as such, but to the fluidity between different temporal spaces. The metaphor is therefore

(Freeman, 1993: 47). Story telling becomes so habitual that it structures experience itself, as Bruner radically asserts, "in the end, we *become* the autobiographical narratives by which we tell about our lives" (Bruner, 1987: 15, emphasis in original). As life progresses, our stories become richer, thus there is a dialectical, symbiotic relationship between experience and narrative.

The stories we tell are, in general, stories of exceptional events, which we try to render meaningful and comprehensible through the production of narrative (Bruner, 1990: 49). We make sense of unusual events that deviate from what we ordinarily know of the world through story telling. When relating past events, Josselson argues, we choose those experiences that lead to our present position and make the story both meaningful and coherent (Josselson, 1995; 35). We also use narratives to gain distance from particular events or aspects of the self/life, as well as using them to retrospectively chart improvement. Freeman notes that many firsthand narratives are accounts of growth, development or enlightenment that chart the upward trajectory to the present time of writing; "the *history* one tells, via *memory*, assumes the form of a *narrative* of the past that charts the directory of how one's self came to be" (Freeman, 1993: 33, emphasis in original).

It is in the space between recollection and development, Freeman argues, that the self is re-written and reconstructed (Freeman, 1993: 49). Josselson (1995) describes this as a narrative transposition of Kierkegaard's argument that we live life forwards, but understand it backwards. The notion of development then, despite its connotations of moving forward in time, can only be identified backwards in retrospect as a form of

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characterised by flux, change and context, rather than linearity. Sarbin argues that the narrative is a

historical inquiry (Freeman, 1993: 12). In the narrative, with the exception of diaries and journals, the end determines the story, acting as the organizing principle around which the story is told. The end therefore confers meaning and significance to those events leading up to it, which would otherwise remain incomprehensible. Importantly though, when we describe the "endpoint" of the narrative, it is an ending for others, not for the author. For the author, the life narrative continues beyond a specific story. That said, one of the values of studying human lives historically through the narrative is that it provides us with the opportunity to learn from the trajectories of human experience, something that cannot be captured or predicted through traditional positivistic methods of inquiry.

Self and Audience

Whilst a narrative often presents, and indeed is intended, as a silent conversation with the self, all narratives are written to be read, be their audience private or public, self or others, and in this sense, the narrative is a dialogic performance, not a monologue.[4] In some cases the audience may be likened to Mead's generalized other or Cooley's looking-glass self (Mead, 1934; Cooley, 1902); the diary for example, often functions as a silent audience or a mirror of the objectified self. In this form of narrative, the narrator becomes aware of the self separated into "I, the subject" and "me, the object" of reflection, the experiencer and the observer of experience, the narrator and the narrative figure (Wiener and Rosenwald, 1993; Crites, 1986). Crites argues that the "I" presents the single point of view, situating the story and providing its continuity and coherence. The importance of the "I" in the formation of narrative is that it distances the self from the intersubjective experience, so that the self can claim the personal past as its own

historical act and, as such, it too can be construed as a root metaphor.

(Crites, 1986).[5] As Crites suggests, identity is a central feature of the narrative, and "the more complete the story, the more integrated the self" (Crites, 1986: 162). Freeman notes how the fragmentation of self can be a prime motivating factor for writing a firsthand narrative, so that re-writing the self through the narrative becomes an attempt to reconstruct a sense of self as whole. Narrative identity gives unity to an individual's life. Gergen and Gergen concur stating that we use narratives reflexively to reconstruct a sense of self. "The fact that people believe they possess identities fundamentally depends on their capacity to relate fragmentary occurrences across temporal boundaries" (Gergen and Gergen, 1983: 255). Statements of identity such as "I am a schizophrenic" have within them a narrative structure, whereby the experience of self is organised within a temporal plot based around the present temporal statement (e.g. "My Dad left home, I struggled to get my exam results, I was lonely at University, I began to hear voices") (Polkinghorne, 1988). The narrative therefore becomes a place of struggle for coherence and identity, where the self is formed in the narrative space. Schafer argues that telling stories has a dual, dialectical function; they are told both to the self and the other:

> We are forever telling stories about ourselves. In telling these self-stories *to others*, we may, for most purposes, be said to be performing straightforward narrative actions. In saying that we also tell them *to ourselves*, however, we are enclosing one story within another. This is the story that there is a self to tell something to, a someone else serving as an audience who is oneself or one's self. (Schafer, 1981 in Bruner, 1990: 112-3, emphasis in original)

[4] Narratives are also written to be heard, but there is an important distinction between writing one's story and telling it to others.
[5] As I shall illustrate in chapter six, Kempe's narrative provides an extreme example of Crites' argument as Kempe the author is separated from Margery the subject via the dictation of her story to a third party.

To state there is an "I" in the narrative is to infer, as Crites does, that there is a single voice. Returning to Bakhtin, this would infer that firsthand narratives are monological, with a single consciousness. However, within the same text it is possible for the narrator to communicate with future selves as s/he envisions a variety of alternative lives and multiple ways of being. As time is condensed within the narrative, past, present and anticipated future selves therefore communicate with one another within a dynamic temporal space (Wiener and Rosenwald, 1993). Is this true polyphony, though? Answers are difficult to find in Bakhtin's work, as he focuses almost exclusively on the novel, paying little attention to the autobiographical genre that concerns this research. Some Bakhtinian scholars might argue that firsthand narratives negate polyphony as the authorial voice cannot be displaced, as both author and hero are one and the same person. Are they though? Bakhtin, in a brief reference to autobiography, suggest that there are two '*I*s', the teller and the told:

> Even had he created an autobiography or a confession of the most astonishing truthfulness, all the same, he, as its creator, remains outside the world he has represented in his work. If I relate (or write about) an event that has just happened to me, then I as the *teller* (or writer) of this event am already outside the time and space in which the event occurred. It is just as impossible to forge an identity between myself, my own 'I,' and that 'I' that is the subject of my stories as it is to lift myself up by my own hair.
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> (Bakhtin, 1981: 256, emphasis in original)

This suggests that there may be room for polyphony in firsthand narratives. For example, diaries and journals are more likely to be polyphonic as the texts are unfinalised, written in the present and there is no end-point or goal to which the author is gravitating. Instead the author of the diary grapples with uncertainties, tensions and contradictions within a developing story. Memoirs on the other hand, are far less likely to be polyphonic. The author of these texts is writing for a particular purpose and a particular audience. There is an end-point to which the narrative is being driven, which dictates the events leading up to it. Other voices in the text are used to support the authorial position rather than open up another consciousness. As the reader, I engage in a dialogue with the text and as such need to ask "who is speaking, whose voice is expressed in the writing, to whom am I listening"? The position of the writer not only affects their understanding of themselves, but also the reader's response, as the narrative may lend itself to different interpretations depending upon the position from which it is written (Bolton, 2003; Puustinen, 2000). This dialogic function of the narrative and the positioning of the narrator to the reader pivotally structures the narrative; for example is it written as the wise elder addressing the naïve youngest, the victim to his abuser, the survivor to the suffering? As the writer engages with the reader when writing the narrative, hearing the story from their perspective, the text is rewritten and edited, manipulating both the response and the presentation of self. In this way, for Bakhtin, the self becomes double. Bakhtin notes that:

> one cannot really see one's own exterior and comprehend it and no mirrors or photographs will help…our real exterior can be seen and understood only by other people, because they are located outside us in space, and because they are others. (Bakhtin, 1986 in Freeman 1993; 146).

Whilst the exterior can only be construed by taking the perspective of the other, the interior, according to Bakhtin, is something known only to the self, invisible, mute and private. Whilst it could be argued that the interior is something which remains elusive, it can be represented in the narrative and is increasingly done so in the present day, for example in voyeuristic television programmes such as documentaries, reality TV and talk shows. The presentation of the interior, even if written as a private diary,[6] is a product of the interactional relationship between writer and reader; it is recreated with the reader in mind, so that it becomes a dialogue not only with the self, but also with the absent recipient. However, the self in narrative amounts to more than a transactional relationship, it is in Bruner's words "dialogue dependent", conceived as much for the reader as it is for intrapsychic purposes (Bruner, 1990: 101). As argued earlier, the author of the narrative manipulates the text in their awareness of the reader. The context of the text determines the reader's response, whether they are saddened, amused, horrified and so on. However, the reader, when deconstructing the narrative in the search for meaning, equally determines what the text is saying, which for research becomes a methodological dilemma, one that I shall address in the next chapter (Gergen and Gergen, 1986: 24).

Narrative Structure

All narrative is rooted in the cross-cultural heritage of storytelling (Bruner, 1990). When people write a narrative, it is in no way a "free" construction, rather it is bound by both the experiences retold and by the cultural heritage of story telling being constrained by the shared stories, language and modes of representation made available

[6] Gergen refers to such narratives as "public actions carried out in private" (Gergen, 1999: 134).

by the social world (Freeman, 1993: 198). Narratives traditionally have a strong temporal structure, which is predominantly sequential, and it is this that provides a structure internal to the discourse that determines the overarching plot. Moreover, it is only by engaging with the overall plot or *fabula* that the meaning of these events can be established (Bruner, 1990: 43). After all, we do not deal with the world event by event, nor do we understand a book sentence by sentence, rather we frame them into a larger structure in order to ascertain meaning (Bruner, 1990; 64). There is a dialectical relationship therefore between the individual events and the overall plot structure or *fabula*, which provides the interpretative context from which we impute meaning. The *fabula* is a well-established narrative plot that lays claims to human universality, providing story schemas which bind communities through shared beliefs, values and moral codes they transmit. The fabula stems from the cultural repertoire of stories whereby it is appropriated by the individual and integrated into the personal story (Gergen, 1994; Polkinghorne 1988). Within a culture of stories, both teller and listener share a deep structure of the nature of experience and the nature and rules of story telling (Bruner, 1987; Frank, 1995; Polkinghorne, 1988). In the present day, these cultural, biographical stories stem from multiple sources; family oral histories, autobiographical books, newspaper articles, films, soap operas, news stories, the increasing number of celebrity magazines, reality television shows, they all provide a narrative model on which we base self-understanding (Gergen, 1994).

However, the temporal ordering of narratives is less powerful in present times than it was a hundred years ago. Novelists such as Proust (*Remembrance of Things Past*), Joyce (*Ulysses*) and Woolf (*Mrs. Dalloway*) experimented with the rules of temporality, thereby shifting understandings on the conception of time in relation to narrative.

Experience therefore is not always grasped as a linear pattern, but instead is conceptualised as taking place within multiple concepts of time.[7] Ricoeur has explored in detail the relationship between narrative and time and has identified two forms of time within the narrative, episodic and configurational (Ricoeur, 1991a; Polkinghorne, 1988). Episodic time is measured and linear, and refers to the sequential ordering of a series of events, whereas configurational time is more fluid and phenomenological, moving back and forth between different temporal spaces, providing a much richer, more complex account of time. Ricoeur describes the relationship between time and narrative thus:

> If we must speak of the temporal identity of a story, it must be characterised as something that endures and remains across that which passes and flows away.
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> (Ricoeur, 1991a: 22)

For Ricoeur, it is the dynamic nature of configurational time that turns the narrative from a sequence of events into a meaningful story, with the plot uniting the different temporalities.

For narratives with a complex temporal structure, a more simplistic sequential structure may be imposed upon the text by the reader, with a tendency to reduce temporalities to one type of time. Whenever we read a narrative, we are guided by cultural expectations of what makes a "good story" and a "good ending", perhaps ignoring those parts of the

[7] The concept of human experiences of time as extended awareness as opposed to a linear progression has its foundations in the philosophies of William James, Husserl and Heidegger. For example, Heidegger describes three levels of human consciousness in relation to time. The first is the self in everyday time, the things we have to do, places we need to be and is characterised by temporal language and calculations of time. The second is awareness of a self progressing through time, from birth to death,

narrative that fail to coincide with what we expect. The challenge to the researcher is to resist the inclination to impose a temporal structure that creates a "good story" based on our own linear time concepts (Bülow and Hydén, 2003). Young, in her example of a Holocaust survivor, contends that when experiences are strongly related to a sense of self/identity, life can be anchored around that one particular experience and the stories that make up that experience can be told in any order (Young, 1989). The temporal order of the narrative may be related, therefore, to the type of experience the writer is relating; for example traumatic events, a theme I shall return to later when discussing illness narratives. It is important to note that I am not suggesting that there is no temporal order in the narrative, in general narratives do follow a sequential pattern. Rather I am arguing that the use of time in the narrative may change because of cultural influences (e.g. the novel, the spatial compaction of time through advanced travel methods) and the level of trauma related in the narrative. Mishler argues that narrative researchers who adopt the linear perspective are less attentive to the complexities of temporality than scholars in other disciplines such as history, anthropology and literature (Mishler, 1995: 91). Drawing from the discipline of literature, Bakhtin's concept of the chronotope (literally meaning *time-space*) provides a means for exploring the temporal structure of a narrative as, he argues, the voice of the narrator is positioned not only in time (history), but also in space (culture) (Bakhtin, 1981). Chronotope refers to the particular way in which time and space are conceived and represented both internally in the text (for example through the use of metaphor) and externally in its relation to the social world (for example historic events or social changes such as industrialisation) (Bakhtin, 1981: 84-5). Bakhtin argues that chronotopes hold within them the essence and meaning of the narrative:

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reflecting on the past from the present. The third level is the awareness of finitude, both personal finitude

> They are the organising centres for the fundamental narrative events of the novel. The chronotope is the place where the knots of narrative are tied and untied. It can be said without qualification that to them belongs the meaning that shapes the narrative. (Bakhtin, 1981: 250)

A central feature of the chronotope is the notion that transformations in the chronotope are related to historic transformations in the individual's life, which in turn have a wider relationship with contemporary society so that "life story is the interface between life as lived and the social times" (Josselson, 1993: xiii). Bakhtin identifies the threshold chronotope as indicative of these transformations (Bakhtin, 1981: 248-50). As a metaphor, threshold chronotopes signify a crisis or breaking point in a life, occurring at a critical moment in the narrative between one timespace and another. Time in this chronotope is distorted and "falls out of the normal course of biographical time", with the protagonist engaging in acts of boldness or panic that significantly change the direction of the narrative (Bakhtin, 1981: 248). These critical moments in both the experience and the narrative, form culturally recognizable turning points, from which emerges a new level of consciousness (Bruner, 1990: 121). Not only does our sense of self change as a result of these critical junctures, but also our relationship with others and our position in the world (DeSalvo, 1999). As DeSalvo describes "they realign the essential nature of our being" (DeSalvo, 1999: 5). These crises see the convergence of the "I" and the "me" in the narrative, a bridge between present and past, often reflected in phrases such as "did that really happen to me, did I really do that?". From the research perspective, Josselson suggests that it is by identifying these moments of crisis

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and universal finitude (we come from nothing and disappear into nothing) (see Polkinghorne, 1988; 130).

in the narrative "where the self is most clearly in dialogue with itself" that our learning about the other can be capitalized on (Josselson, 1995: 37).

Bakhtin and Illness Narratives

Bakhtin's chronotope, as an example of temporal complexity within the narrative, has particular relevance to illness narratives. Physical illness or psychological trauma often leads to a critical juncture in someone's life story, what is referred to as a "biographical disruption", whereby the structures of everyday life and the forms of knowledge underpinning them are disrupted (Bury, 1982). Charmaz argues that different events or "time markers" become turning points, by constituting a shift not only in life biography, but also in self-understanding and the sequence of events, delineating a "before" and "after", a "past" and "future" (Charmaz, 1991).[8] These critical turning points are what Bakhtin refers to as threshold chronotopes, shifts in temporal experience that are indicative of a change in the self. Illness therefore interrupts not only a person's life, but also their story, an event Dworkin refers to as *narrative wreckage* (Dworkin, 1993 in Frank, 1995). We all have within us a central life story, who we are, where we have come from, how we envisage our life, establishing a career, starting a family and so on. The interruption of this narrative by illness cuts short our anticipated story, takes away the tidy ends, leaving us instead with a narrative that is confusing, inconsistent and, for

[8] The concept of biographical disruption has been challenged by other research. Faircloth, Boylstein, Rittman et al (2004) in their study of narratives of stroke recovery suggest that biographical flow, as opposed to biographical disruption, can result from the onset of illness. Their participants normalised the effects of stroke, accepting it as part of the ageing process, or minimising its importance in favour of co-morbid conditions such as heart disease, diabetes or hypertension. Previous knowledge of stroke, either through firsthand experience or contact with other stroke survivors, also helped to minimise potential biographical disruption. Similarly, Carricaburu and Peirret (1995) in a study on HIV positive men argue that rather than a HIV positive diagnosis disrupting an individuals' life story, it reinforces elements of biography, specifically identity in relations to sexuality, gender and community. As with the previously cited study, knowledge of HIV/AIDS, contact with individuals who are HIV positive and political activism within the community forestalled biographical disruption.

many, difficult to hear; "the illness story is wrecked because its present is not what the past was supposed to lead up to, and the future is scarcely thinkable" (Frank, 1995: 55). As this quotation from Frank suggests, narrative wreckage also disrupts the temporality of our lives, the central structure for the storyteller. The present is brought into sharp focus, the future is at best foreshortened, being constrained within the temporality of the illness. Narrative wreckage can only be survived through the formation of the illness narrative, where there is the potential to repair the self. Hydén writes:

> Narratives offer an opportunity to knit together the split ends of time, to construct a new context and to fit the illness disruption into a temporal framework. (Hydén, 1997: 53)

These narratives not only reflect our illness experiences to ourselves and others, but crucially they actively construct the experience of symptoms and suffering (Kleinman, 1988: 49). Professional discourse is often dominant in the construction of people's illness narratives, as consultations, treatments, diagnosis and prognosis are related to others. However, Frank argues for an increased need to reclaim the illness experience from the professional discourse and technologies of medicine, so that the individual's story of suffering is told (Frank, 1995). The voices of the suffering are not secondary to those of medicine, nor are they alternative; they are central. Such voices, Frank argues, are not only post-modern, but post colonial, as they strive to reclaim the body as their own territory, marginalising the medical voice. These illness narratives are important testimonies that allow the writer and the reader to "establish points of reference between body, self and society and to reconstruct a sense of order from the fragmentation produced by chronic illness" (Williams, 2004: 249). DeSalvo argues that it is only by

exploring, examining and putting the crisis of illness into words that it ceases to be a meaningless, incomprehensible, random event. Through the narrative we can change our personal history by shifting our perspective, thereby changing our relationship to the traumatic event. The act of writing facilitates this process, as by writing a cohesive, thoughtful, reflexive narrative, experiences are related in a way that speech fails to convey (DeSalvo, 1999: 41). In addition, "writing gives us back the voices we seem to lose when our bodies become ill or disabled" (DeSalvo, 1999: 183). The written narrative is therefore a space in which emotions are played out, and it is argued that the physical act of writing actively changes emotions, increasing positive feelings and decreasing "negative passive emotions" (Brand and Powell, 1985). The narrative therefore can control emotions that threaten to overwhelm the writer, shedding light on the way emotions are processed in general (Wiener and Rosenwald, 1993). Written stories that are in the public arena are particularly influential, as they affect how we construe illness and how we construct our own illness narratives, thus creating the "social rhetoric of illness" (Frank, 1995: 21).

Arthur Frank's theory on illness narratives is among the leading work in this area. He suggests that there are three types of illness narratives; the restitution narrative, the chaos narrative and the quest narrative (Frank, 1995). In his theory of illness narratives, Frank is not proposing that all narratives can be reduced to one or other of these categories, but that most contain elements of all three, as the person negotiates a coming to terms with illness and an integration of their experiences into the self. From the research perspective, these narratives are not to be viewed as crude typologies, but rather as "listening devices" that enable us to attend to the thematic structure of the narrative (Frank, 1995: 76). The restitution narrative is a modernist story of health

restored, adversity overcome and a return to a former healthy self, and can be encapsulated by the phrase "good as new". Such narratives are culturally preferred by the listener, as we like to hear that sick people have got better, with no damage done. The restitution narrative is usually formed as a result of acute illness and is recognisable on a daily basis in, for example the advertisements for cold remedies and pain relief. These advertisements not only sell us a cold cure, they sell us an illness narrative, providing a model for how sickness should progress (I got sick, I took a pill, I got better), and also for how stories of sickness are told. Underpinning the narrative is the dual metaphor of mechanics and commodification. The body is a broken object that needs to be fixed and for every breakdown there is a remedy that can be bought or obtained. In this sense, the restitution narrative is privileged, as not all cures are available to all people. The restitution narrative is an institutional narrative told through the voice of medicine, bearing witness to professional expertise rather than a struggle with the self. Restoration and accomplishment come not from the writer, therefore, but from the power of medicine, with the storyteller as the passive observer. As such, restitution narratives have been criticised for reinforcing these discourses at the expense of a discourse of the self (DeSalvo, 1999). Moreover, such narratives misrepresent the experience of illness by suggesting that one can return to a former self, unaffected by the experience. Reliance on the restitution narrative fails when faced with chronic or fatal illness and it is equally unavailable to those disrupted by mental illness, although it may be sought. The experience of psychological disruption may be single or multiple episodes or a chronic condition. Whatever its frequency, such experiences impact on the sense of self and identity in ways, I shall argue later, physical illness does not, and in this regard there is no cure, no way of returning to a former self.

Frank's description of the chaos narrative is of particular interest to the study of firsthand accounts of madness as it is, fundamentally, speaking of narrative loss. The chaos narrative has no underlying structure or sequence, but appears as a series of fragmented, disassociated thoughts, with the self being similarly disassociated and fragmented, and as such is an "anti-narrative" (Frank, 1995: 98). Ricoeur argues that with the loss of personal identity comes the corresponding loss of narrative structure, transforming the narrative into an essay (Ricoeur, 1991b). The lived chaos is immediate and ever present, making the construction of a narrative impossible. Chaos narratives are therefore written retrospectively, with the writer invoking through the text the chaos as remembered, a strategy that Stone highlights can be extremely precarious for the narrator (Stone, 2004). The recollected chaos can be compared to Morson's vortex time, whereby a relentless series of events converge onto a central, catastrophic point (Morson, 1994 in Bülow and Hydén, 2003). These narratives, like the lived experience, have no temporal sequence beyond the remembered immediate and are characterised by Bakhtin's chronotopes of *crisis*, *threshold* and *break*, which are the critical, decisive moments that change a life. A coherent narrative, as discussed previously, requires all tenses, past, present and future, in some form of sequential order, so the lack of temporal structure characterises the chaos narrative.[9] The syntactic structure of the narrative similarly reflects the chaos, with the tangible grope for language to describe an experience that is beyond description. Frank describes it thus:

> The chaos narrative is probably the most embodied form of story. If chaos stories are told on the edges of a wound, they are also told on the edges of

[9] Ezzy (2000) critiques Frank, arguing that chaos narratives not only challenge modernist values, but also reinforce them. Ezzy argues that chaos narratives are implicitly organised around a modernist linear narrative, against which the chaos experience is compared and found wanting. In his argument, the chaos narrative is therefore a variant of the linear illness narrative.

> speech. Ultimately, chaos is told in the silences that speech cannot penetrate or illuminate. (Frank, 1995: 101)

What Frank describes here is ineffability, an inability to put into words a particular experience. Ineffability is, according to William James, a defining feature of mysticism, but it is also a feature associated with firsthand accounts of madness (James 1982 [1902]).[10] Daniel Schreber writing in 1903 poignantly describes his inability to make himself understood:

> I cannot of course be counted upon being *fully* understood because things are dealt with which cannot be expressed in human language; they exceed human understanding…To make myself at least somewhat comprehensible I shall have to speak much more in images and similes, which may at times be only *approximately* correct. (Schreber, 1955/2000: 16, emphasis in original)

Kirmayer argues that when narrative eludes us, metaphors become central to understanding and articulating our experiences, providing a bridge between the embodied experience and the beginnings of narrative structure (Kirmayer, 2000: 155). Stone argues that such ineffable experiences are closely related to trauma theory as:

> they evoke the supposedly unspeakable nature of trauma…[raising] the question of whether it is *possible* to fit the limit-experience of shock, psychical chaos, crisis or acute suffering into a narrative, when such experiences are in themselves profoundly anti-narrational in character.

(Stone, 2004: 17, emphasis in original)

Chaos narratives therefore challenge linearity, wholeness and coherence, instead giving space for multiple consciousnesses that enable the author to negotiate the voices of both narrator and protagonist. As such, chaos narratives are potentially polyphonic. It is this challenge to narrative cohesion and linearity that makes chaos narratives difficult to hear. Frank reports on research of interviewers of Holocaust survivors, describing how interviewers steer away from chaos stories, and try to make the story more tolerable for the listener by leading the interviewee towards their liberation stories (Langer, 1991 in Frank, 1995: 105-8). Similarly, Frank argues, medicine pathologises chaos as a treatable, clinical condition such as anxiety, panic disorder or depression and consequently attempts to redefine the narrative to a restitution narrative. Thus there is a drive for closure, coherence and reason over what are deemed incomprehensible experiences. Chaos is not desirable, but as Frank simply states, sometimes life is horrible and the denial of chaos only worsens the horror (Frank, 1995: 112). What is needed, Frank argues is "an enhanced tolerance for chaos as part of the life story" (Frank, 1995: 111).

The quest narrative is a monomyth fabula,[11] with the hero overcoming adversity, but unlike the restitution narrative, it is a search for deeper meaning, a story of personal growth and change. This narrative is not only about giving suffering a voice, it is a construction of life history and identity (Hydén, 1997). In this narrative, illness is

[10] Mysticism as an experience is examined in detail in the analysis chapters on Kempe and Barnes (chapters six and seven), as the boundaries between the mystical and mad states are explored.
[11] Campbell (1956 [1949] in Gergen and Gergen, 1993) argued that there is a single story which underpins all story-telling in Western civilization. The "monomyth" narrative becomes a story of a personal quest of triumph over disaster and as such, the trajectory moves progressively forward towards its particular goal.

embraced by the writer and used to transform the self, with the emphasis less about loss, and more about gains, with a mutual relationship between crisis and opportunity.[12] Quest narratives are the stories most likely to be encountered in the public arena, they are the stories that inspire us, give us hope, make us feel humble. The quest narrative is evident in three forms; the memoir (illness as part of the wider life story); the manifesto (illness used to demand political/social action); and the automythology (illness used for personal transformation) (Frank, 1995: 119-126). The metaphor underlying the quest narrative is the journey, with the storyteller's illness marking the departure over a treacherous land, with the destination marked by a changed self. Frank argues that quest narratives practise three forms of ethics. These are: an ethic of recollection, where, by relating the experience, the narrator takes ownership and responsibility for what happened; an ethic of solidarity and commitment, where the narrator offers his/her voice to speak with others, but not on their behalf; and finally an ethic of inspiration, demonstrating what is possible in seemingly impossible situations (Frank, 1995: 131-4). Quest narratives have their risks, as they are inevitably romantic and may implicitly denigrate those who fail to rise to the challenge. In this respect, Frank warns against simplifying quest narratives by using generalised metaphors such as the heroic fabula or the Phoenix rising from the flames. Life and its narratives are more complex, as Frank notes "human illness, even when lived as a quest, always returns to mourning" (Frank, 1995: 136).

There is the potential within the quest narrative to change the function of the story, from one of survivorship, to one of testimony and, in this regard, the narrative acts as a strategic device. The narrative thus has an ethical dimension, as the narrator takes

[12] The Chinese actually have the same word that means both crisis and opportunity.

moral responsibility for telling their story in order that others may gain. As others benefit from the illness narrative, the storyteller too is changed by his/her effect on the lives of others, thus there is a reciprocal relationship in living for the other (Frank, 1995). The cultural importance of testimony is evident in many support or survivor groups such as Alcoholics Anonymous and the Hearing Voices Network.[13] Crossley and Crossley (2001) in their examination of two collections of firsthand accounts of mental illness, one from 1957 and one from 1996, identify the shift from the individual to the collective voice, from private complaints to public criticisms, relating these shifts to the social and institutional changes of the time. The illness stories people relate therefore have an important social function becoming what Frank terms "the pedagogy of suffering" (Frank, 1995: 145). By becoming a pedagogy of suffering, narratives give rise to actions as well as feelings, forming new stories and moral meanings (Charmaz, 1999). Conceiving these narratives as learning devices places their voice alongside that of medicine, not in competition or as an alternative, but as part of a space within which perspectives can be exchanged and dialogue can take place. Polkinghorne, speaking of narratives in general, poignantly describes the ethical and communal function of the narrative:

> Narrative opens the experience of history and moves it beyond personal history to create a communal history. Narrative is a communication not just between contemporaries but also between predecessors and successors, and the common destiny is more fundamental to it than any individual fate.
>
> (Polkinghorne, 1988: 134)

[13] The Hearing Voices Network (HVN) is a voice hearers self-help group which views voice hearing as not just a psychological phenomenon, but also a social phenomenon. Built on the pioneering research of Marius Romme and Sandra Escher, HVN emphasises the symbiotic relationship between the voice hearing experience and the individual's social environment.

The forms of illness narrative identified by Frank draw on established genre and narrative techniques that are culturally recognisable in the Western world, for example religious stories of redemption and conversion. Other theorists have developed similar cultural typologies to Frank's. For example, literary analyst Anne Hunsaker Hawkins identified four major types of illness narrative or illness genres which she calls pathographies; stories of rebirth and the promise of cure, stories of battle and journey, stories of dying and stories of health outside of medicine (alternative means of healing) (Hawkins, 1993). Like Frank's typologies, these stories are not mutually exclusive, but are drawn upon within the whole narrative. With the exception of Frank's chaos narrative, which he describes as an anti-narrative and only told within a larger story involving some temporal sequence, such typologies are based on a linear conception of time, with the illness marking the "before" and "after". Typologies of illness narratives highlight the fundamental issue that we are inherently and radically temporal in our existence. We exist on a time-line from birth to death and both our awareness and our narratives are centred on the dual concepts of time and change. By configuring narratives into a central plot such as the quest or restitution narrative places the narrative into a higher, more historical understanding of time (Polkinghorne, 1988). This transforms the narrative from a series of independent events and thereby imputes meaning into the story, making it part of our shared cultural understanding. However, should narrativity always be assumed? Strawson questions the notion that as humans, we are inevitably narrative beings (Strawson, 2004). His argument is based on a rejection of two underlying tenets of narrative study: first that humans are innately narrative; and second, that narrativity is central in order to lead a good or meaningful

life. Strawson contends that not everyone has a sense of continuity of self over time and, moreover, that such continuity from past-to-present-to-future is not necessary in order to be a moral being. Whilst I agree that there is an overcommittment to Western assumptions of linearity and coherence in conventional narrative form, this does not necessarily mean that the term narrative is redundant. It is perhaps more that some narratives fall outside of the conventional linear temporal framework. Bülow and Hydén argue that typologies such as the chaos narrative or Charmaz's (1991) "existing from day to day" category ignore the complex temporal structure within the story (Bülow and Hydén, 2003). Moreover, Bülow and Hydén contend that typologies of illness narratives are premised on temporal direction with the disruption of illness as the starting point. The story either moves forward from the time of illness (restitution narrative) or the present is understood in light of the past (quest narrative). Bülow and Hydén's final criticism against typologies that simplify and diminish the importance of temporal structure is that *in principle,* it is only possible to describe one way in which the individual construes the temporality of his/her illness experience. The multiple temporal concepts and use of time within the narrative are surrendered in favour of an overarching category, "thus the narrator is forced into one type of the researcher's gallery of types, and the hesitations and trials that may remain in the narratives risk being lost" (Bülow and Hydén, 2003: 77).

Bülow and Hydén's critique has particular consequences for firsthand narratives of madness. So-called anti-narratives are central to people's experiences of madness as they are plunged into a world of chaos, disorientation and confusion. Narratives of oppressed groups, such as the mad, challenge not only the dominant voice of science and reason, but also what Roberts describes as "the 'universality' of the developmental,

linear narrative" (Roberts, 2001: 88). Speaking of schizophrenia, Roe and Davidson argue that the inability "to compose temporally unified and coherent autobiographical accounts" is only relevant to those in "acute phases and/or severe forms of the disorder" (Roe and Davidson 2005: 89). However, the inability to articulate their experiences does not necessarily negate "narrativity"; it is more as Baldwin argues that narrative agency is critically compromised (Baldwin, 2005). Even if able to communicate, their narrative may not fit with the conventional form and therefore may not be recognised; as Roe and Davidson describe it, "the person is viewed as lacking the essential prerequisites for being a narrator of her own experience" (Roe and Davidson, 2005: 91). If their narrative is recognised, it may well be perceived as part of the dominant narrative of psychiatry and constructed as part of an illness. When a person's description of their experiences is constructed as illness, the narrative *becomes* the illness and the subjective perspective is invalidated (Barrett, 1996; Hydén, 1997; Barker, et al., 2001; Roe and Davidson, 2005). For example, narratives of schizophrenia are treated as symptoms of the "illness", thus there is no truth in them, as such people "lack insight", and therefore narrative is negated. There is little acknowledgement, for example, that religious or persecutory explanations are active attempts to make sense of unusual and/or distressing experiences. Baldwin warns that what could result from maintaining a position of traditional narrativity, is narrative dispossession (Baldwin, 2005). One way of addressing this dilemma is to be open to the idea that not all narratives are recognisably chronological. Bakhtin's chronotope, which juxtaposes the temporal and spatial position of the narrator with the cultural and social times, provides a means of capturing the multiple temporalities within a single narrative. Ezzy (2000) in his study of HIV positive individuals, uses Bakhtin's concept of polyphony as a means of addressing temporal coherence, whilst explicitly

incorporating fragmentation, discontinuity and contradiction. Polyphonic narratives, he argues, allow for the uncertain future that linear narratives, by their nature, struggle with. In a similar vein, Morson uses the concept of sideshadowing (based on his literary theory of *shadows of time*), where the narrator enters a dialogue with time, allowing for the "what ifs", alternative courses of actions, which emphasises choice and responsibility (Morson, 1994 in Bülow and Hydén, 2003). Therefore, the challenge to the researcher is to see beyond Western conceptualisations of time, exploring how events are synthesised within the narrative in complex temporal ways, thus reframing our understanding of narrative structure (Ricoeur, 1991b). Baldwin goes further than this, arguing that there should be a shift away from time to a concern with meaning instead, with meaning emerging from an exploration of the multiple or small stories people communicate (Baldwin, 2005). These small stories or 'little narratives' as Lyotard refers to them, are incoherent, ambiguous and incomplete, dealing with moral uncertainties that reflect the narrator's precarious positions as they anticipate their different destinies (Lyotard, 1984). Importantly, small stories are dialogical, with the hero not bounded or preformed, but unfinalised, engaging with different voices in the transformation of the self (Lyotard, 1984; Mattingley, 1998). Baldwin contends that narrative theory marginalises such small stories, by becoming a master narrative or authoritative discourse that seeks to exclude the chaotic, fragmented, atemporal, inchoate words of others (Baldwin, 2005: 1027).

By engaging with the complex temporal structure of the narrative, the reader can increase their understanding of the different and contradictory meanings of the illness for the narrator, as the meaning of illness is negotiated within the narrative space. The meanings communicated by our illness are pivotal to how we *experience* illness,

impacting on the illness itself, our self, others and wider cultural understandings of illness. Kleinman argues that there are four types of illness meaning: symptom as meaning; cultural significance as meaning; life world as meaning; and explanation and emotion as meaning. Kleinman describes the meanings of symptoms as culturally located standardized truths or local forms of common-sense knowledge (Kleinman, 1988: 10). For example, a breast lump may be cancer, obesity could lead to heart disease, voice hearing could be schizophrenia and so on. Within a particular culture therefore, there is a shared understanding of what sickness means to the body. The pain that a Westerner may describe as a tension or stress headache, or voice hearing experiences, may be understood and described entirely differently from someone from a non-Western society. Symptom as meaning therefore situates the interpreted body in its culture. Cultural significance as meaning moves from embodied interpretations to cultural interpretations of illnesses that are weighted with powerful symbolism and values. Foucault's description of the shifting understandings of madness from pre-Enlightenment religious explanations to post-Enlightenment scientific explanations is a good example of how illness meaning can be culturally transformed. In more recent times, acquired immune deficiency syndrome (AIDS) has gained specific cultural meanings which impacts on the person and their social world, making the disorder as much about moral, spiritual and emotional distress as it is actual bodily distress. Cultural meanings mark the person as stigmata does, and whilst they can be resisted or reworked, they can not be escaped (Kleinman, 1988: 26). Life world as meaning relates to the meanings of illness within our life story. Kleinman describes this third sense of meaning thus:

> the illness becomes embodied in a particular life trajectory, environed in a concrete life world. Acting like a sponge, illness soaks up personal and social significance from the world of the sick person. (Kleinman, 1988: 31)

Life world as meaning is akin to dropping a pebble in a pond, with the illness impacting on the private, inner world of the person then rippling out to their web of social relations. The fourth and final type of illness meaning, explanation and emotion, is exemplified in the person's struggle to come to some form of understanding about their illness experience. Within this meaning, there is a dialectical relationship between explanation and emotion, whereby the questions asked embody emotional significance (how did this happen to me, what is going to happen next, how will it affect me, will I die, how can I control my illness?). This sense of meaning is typified by feelings of loss, grief, anxiety and fear.

Both Kleinman and Frank provide compelling accounts of the personal, social and cultural significance of illness narratives and their relationship to meaning. Kleinman's argument suggests that it is a person's experiences of their illness and its impact on their life that is of central significance. Frank adds to this by exploring the relationship between narrative and recovery, basing his theory exclusively on physical illness. Adame and Hornstein (2006) question whether there is, however, some difference in the types of stories told between those whose disruption is primarily physical and those for who it is psychological. The authors present three types of subjective experience of emotional distress found within a sample of ten twentieth-century narratives of madness, which they identify as being different from typologies found in research on illness narratives: traumatic interruption, where emotional distress is perceived as a

crisis that, when it passes, does not fundamentally change the sense of self; revelation/purposeful suffering, where the writer's life is positively affected by their experience; and continuity, where there is no significant interruption and no distinction between pre and post distressed self. In their abstract, Adame and Hornstein state that "the results suggest a typology of narratives of emotional distress that is quite distinct from those constructed for physical illness" (Adame and Hornstein, 2006: 135). However, I take issue with their conclusion. Their description of traumatic interruption states that:

> Writers often describe an emotional crisis as being analogous to an ambiguous physical illness, like the flu, in that it seems to come 'out of the blue.' But after the crisis passes, the person's life seems to return to its prior state. (ibid.,: 143)

What is described here is essentially Frank's restitution narrative. The authors go on to claim that their revelation/purposeful suffering typology is distinct from frameworks found in the stories of the physically ill, questioning whether "writers of physical illness narratives have 'revelation/purposeful suffering' experiences, where the fundamental sense of self is changed by the illness experience?" (ibid, : 150-1). Again, is this not Frank's quest narrative, a narrative of triumph over adversity, an embracement of experience and a transformation of the self? In their final typology 'continuity', the authors argue that this framework is unlikely to be found in physical illness narratives, as the latter are more likely to result in traumatic interruption of the life narrative. Yet they are not comparing like with like. The narrators that fitted the continuity experience always had some form of knowledge that they were different in some way, a position

more akin to a lifelong physical illness or impairment, rather than a sudden onset condition. Moreover, other research from physical illness narratives supports their typology. For example, Faircloth, Boylstein, Rittman et al (2004) in their study of narratives of stroke recovery suggest that biographical flow, as opposed to biographical disruption, can result from the onset of illness. Adame and Hornstein's research centred around the question of whether narratives of emotional distress were similar or different to illness narratives. Whilst the authors claim the uniqueness of their results, I argue that their narrative typologies are remarkably similar to those of physical illness, which begs the question, what unites the two different experiences of physical illness and madness? I would argue, as Stone does in relation to madness, that they are fundamentally narratives of distress or trauma (Stone, 2004). However, I would go further and suggest what all of these narratives, be they illness, madness, trauma, distress and so on, have particularly in common is Bakhtin's complex chronotope of crisis, threshold and break.

What Adame and Hornstein do draw attention to is the dearth of research on narratives of madness compared with that of physical illness. Barker et al (2001) conducted a qualitative study on eight people diagnosed with schizophrenia and their relatives. Semi-structured interviews were oriented around eight broad areas: general information; narratives about unusual experiences; the impact of time; the perceived usefulness of professional explanations; beliefs about mental health problems; the impact of these on the sense of self; the change in relationships with others; and a debriefing section. Interviews were subjected to a grounded theory analysis which produced a four stage temporal model of the experience of schizophrenia over time: before the first psychotic episode, the first psychotic episode, first hospital admission and current experiences.

This temporal model included descriptions of the "catastrophic disruption to their sense of self and their life world", confusing, imposing and unhelpful professional explanations, a sense of not being heard and the positive impact of schizophrenia on the development of self and identity. There is much to critique in this study. The semi-structured nature of the interview begs the question whether these are patient narratives or research participant narratives. For example, it is not surprising that sense of self emerged as a dominant feature of narratives, as this was a specific area of questioning. The use of grounded theory, as I shall argue in the following chapter on method, is, I believe, inappropriate for narrative research. It fragments the narrative and reduces meaning. Finally the temporal model is simplistic and reductionist, capturing little of the complexities of people's experiences. However, what is of interest in this research is the notion of the catastrophic disruption of self experienced at the onset of psychosis compared with the positive development of self and identity experienced later. Barker et al suggest that this may be an example of biographical disruption which has been illustrated in other research on illness narratives (Bury, 1982; see also Adame and Hornstein's 'traumatic interruption' typology). The authors go on to suggest that focussing on problems of identity may be more meaningful for individuals than discussing diagnosis (Barker et al., 2001).

The disruption of illness and centrality of self and identity reconstruction has emerged from other research, where developing a sense of self through the narrative is perceived by the authors as a key process in recovery (Roe and Davidson, 2005; Davidson and Strauss, 1992). Similar findings have been found in research on physical illness narratives. For example, Charmaz (1983) argues that the chronically ill (and by this she is referring to those with a chronic *physical* illness) experience a loss of self during the

course of their illness experience. The body of research on illness narratives and madness narratives suggests that the formation of identity is not inherent to madness alone, but underlies the need to adapt to any significant illness or trauma. However, there is a fundamental ontological difference between physical and so-called mental illness that is reflected in the narrative and this is its impact on the self. When physical illness occurs, the body is construed within a mechanical metaphor, temporarily broken and therefore potentially fixable (although not always the case), but importantly the diagnostic label is not introjected by the sufferer (even though the diagnosis may be used by medical personnel to identify the patient, "the fractured neck of femur in bed four"). For example, someone would say "I have heart disease" rather than "I am heart disease". With mental illness, however, the medical discourse is so prevailing and powerful that it becomes a fundamental part of the self. Therefore we may often hear someone say "I am a schizophrenic" rather than "I have schizophrenia". In this instance, identity is taken hostage by the diagnosis. It is, as Burkitt describes "a category of scientific knowledge forced upon us, turning into *self-knowledge*" (Burkitt, 2005, emphasis added). It is this appropriation of the authoritative discourse into the self that is seen in psychiatry.[14] Estroff questions whether this introjection of diagnosis and the consequent personal and social loss of self is a key contributing factor or even cause of chronic conditions such as schizophrenia (Estroff, 1989). However, as Burkitt argues, we are not defined by any one discourse or ideology, as we are always in a heteroglossia of discourses which informs our sense of self. The extent to which a diagnosis is appropriated depends upon the dialogic relationship an individual has with

[14] There are some exceptions to this, where (in the English language) some individuals do define themselves by their condition "I am a diabetic/epileptic/paraplegic/HIV positive" (although never "I am AIDS"). A relationship between the condition and social stigma may provide a possible reason for this introjection of diagnosis in most of these cases (epilepsy, disability, mental illness, HIV), but it does not account for all (diabetes). This phenomena signifies the negative judgements placed on the condition by the social world.

him/herself and whether illness is construed as a biographical disruption or is adapted into the life story. So, for example, whilst an individual may be aware that s/he has been classified a 'schizophrenic', other aspects of the self may be more important, for example being a father or a Christian or a student. In this way, Burkitt argues, there is a sense of self that remains hidden or unknowable, which is part of a silent dialogue with the self (Burkitt, 2005). Davidson suggests that it is by engaging with different aspects of the an individual's life/identity and exploring the way in which they interact with each other that sense can be made out of seemingly senseless behaviour (Davidson, 1993: 217). This returns us to Bakhtin, who argues that the different 'Is' or multi-voicedness within the text are a means of exploring different consciousnesses (Bakhtin, 1981). Bakhtin would not be surprised to find self and identity central to stories of illness and madness, as the self is always unfinalised and the narrative is one way of transforming the self.

This review of the literature on both physical illness narratives and narratives of madness has highlighted areas that have been under-researched that this study seeks to redress. First, there is a paucity of research on narratives of madness, which, as there are over six hundred of these in Hornstein's bibliography alone, cannot be explained away by either physical silencing (restraint, removal of writing implements, paper and so on) or cultural silencing as outlined in chapter two.[15] Second, there is an over-emphasis on linearity and coherence, marginalising more complex stories or worse, regarding people's words as invalid as narratives. Related to the focus on linear time is an inattention to space in research on narratives of illness and madness. Third, the dialogical nature of people's narratives has been largely overlooked, with little regard to

[15] See Hornstein (2005).

how the complexity of voices in the text impact on both the experience and the construction of the narrative. It is these three deficits that I seek to address in my research.

Regarding the lack of research on firsthand narratives of madness, the question must be asked as to why, with such a rich, publicly available resource as the bibliography compiled by Gail Hornstein, is the voice of the mad so conspicuously absent in research? First, many academic accounts of firsthand narratives of madness emerge not from a research basis or the field of social sciences, but from historical and literary sources. Roy Porter, Katherine Hodgkin, Dale Peterson and Allan Ingram have all written important texts on the history of madness using firsthand narratives as their sources. Porter's and Hodgkin's work, in particular, is frequently cited in this research. With the exception of Ingram who presents six eighteenth century narratives in their original form, firsthand narratives are used piecemeal to support a historical analysis. There is nothing wrong with this; the texts are not claiming to be a narrative analysis of meaning. Rather their value lies in bringing the voice of madness into professional and academic accounts, exploring the relationship between madness, psychiatry and wider society. Second, research on narratives that are publicly available has often been used to support the voice of psychiatry. For example, as I shall illustrate in chapter six, Kempe's narrative has been interpreted from a modernist, scientific perspective, to support the hypothesis that psychosis predates the emergence of psychiatry. Indeed this fourteenth century woman has even been clinically rated and diagnosed (Claridge et al., 1990). Other examples include Christoph Haizmann, a sixteenth century Bavarian painter, whose diary has been used to support the existence of schizophrenia in the 1500s (Macalpine and Hunter, 1952) and the usefulness of the word 'bizarre' as a

diagnostic category (Otsuka and Sakai, 2004). Narratives of madness in the public domain therefore risk being used to support the hegemonic voice of science. A third reason for the lack of research on firsthand narratives of madness is, I believe, that in the field of social science research, contemporary accounts, for example gained from interviews, are favoured over historical accounts. Perhaps historical accounts are viewed as not relevant, yet for me they play a crucial part in advancing our understanding of experiences of madness. Autobiographical texts are accounts uninfluenced by the dynamics of a research interview. These accounts shed light on how people's understandings of their experiences and the ways in which they have been responded to within society have changed over the centuries. For example, the different metaphors used to understand and articulate their experiences can highlight how the emergence of psychiatry has impacted on people's experiences and understandings. By basing this research solely around two firsthand narratives of madness that are widely available, yet much overlooked, I hope to highlight how narrative research on published texts can inform current thinking on madness and recovery, which may influence clinical practice.

A second feature of the research on illness narratives reviewed in this chapter is its over-commitment to Western assumptions of linearity and coherence within the narrative. Focus on typologies and broad temporal models has overshadowed the complex phenomenological temporalities of people's experiences. Frank, Baldwin and Stone highlight how people can become disengaged from their stories, as some narratives are culturally unrecognisable as stories, or so traumatic that they are difficult to hear. The danger is that if they are not heard or understood, people may cease to tell their stories. I will argue through my analysis of Kempe and Barnes, that

acknowledging narrative agency and paying attention to meaning within complex temporalities validates an individual's experiences in ways that are crucial to recovery. A second related feature that is entirely absent from the literature reviewed is the experience and articulation of space in the narrative. How does phenomenological, cultural and social space change as a result of experience? How are these changes expressed within people's narratives? Is space important to people's experiences? What about distances of time and space? There are virtually no comparative studies over space and time, and of how the narrative shifts in relation to the social and historical context. One exception to this is the comparative study of anthologies of firsthand accounts of madness from 1957 and 1996 (Crossley and Crossley, 2001). This intriguing paper demonstrates the shift from the individual, private voice, to the collective, public voice, relating this to deinstitutionalisation and the rise of the mental health survivors' movement, along with the construction of the patient as a political consumer of health care. One of the aims of this study is to further extend this historical analysis, examining narratives from before and after the emergence of psychiatry. Examining narratives that are temporally distant from when they were written will allow insights into how people understood unusual experiences before and after such experiences were medicalised by psychiatry. Whilst one may anticipate many differences between narratives that are centuries apart, might there also be similarities or enduring aspects of experience that survive temporal distance? In order to answer some of these questions, I will draw upon Bakhtin's concept of the chronotope in order to elicit the finer details of time and space within the two narratives. I will not only examine the chronotope of the protagonist (Margery and Mary), but also explore the chronotopes of different characters, paying particular attention to how these chronotopes come together or not, and how they relate to broader cultural and societal

chronotopes. Looking at the complexities of these chronotopes will enable me to find meaning in parts of the narrative that, on the surface, appear chaotic.

A third feature that is largely absent from research on illness and madness narratives is the dialogical nature of people's stories. Whilst research has focused on the development of self and identity through the narrative, with the exception of Ezzy's study on HIV positive men, the role of multiple voices has not been addressed, a deficit also highlighted in Arthur Frank's paper 'What is dialogical research and why should we do it?' (Frank, 2006).[16] As argued previously, the narrative is a place where the unfinalised self undergoes a series of dialogical transformations, thus there is much meaning to be gained from analysing the dialogue between different authorial consciousnesses in this process. Moreover, and this links to my previous argument about the importance of studies over different timespaces, locating not only authorial voices but also other voices in the text will shed light on different cultural and historical themes. Can post Enlightenment narratives escape from the monological, authoritative voice of science and psychiatry? Are pre-psychiatric narratives more polyphonic, engaging with a diversity of understandings and voices? Again, these questions will in part be answered using Bakhtin's concept of the chronotope, whereby the juncture between shifts in experience and understanding, and broader cultural and historical transformations can be examined. This will enable me to place voices in the phenomenology of their own timespace.

To conclude this chapter, this study has three broad aims. First, to provide a platform for voices of madness, validating experiences as realities reflecting cultural, social and

historical meanings. Second, to move away from the focus on linear time to more complex timespaces, using Bakhtin's chronotope to examine the relationship between phenomenological timespaces and broader cultural timespaces. Third, I want to focus on the multi-voicedness and dialogical nature of narratives. The aim of this dual focus on complex timespaces and multi-voicedness is to explore how transformations of the self are related to cultural and historical transformations. These aims are reflected in the two research questions that underpin this study on the narratives of madness:

i. What is the relationship between madness, narrative, understanding, identity and recovery in firsthand narratives of madness?
ii. What metaphors are used to construct meaning and how do they change in relation to the cultural and historical context?

[16] Frank's paper draws attention to two ethnographies of illness which he uses to illustrate the importance of suspending the researcher's authorial voice, leaving research participants unfinalised.