

Narrative



Navigating Psychopathology 2018

This Session

We'll look at:

- Narrative as a way of making sense of our selves and others.
- Challenges and responses to the narrative view of the self.

Some Module Narrative

- In Week One we looked at some historical views of the mind and mental ill-health:
 - The Ancient Greeks believed that mental ill-health could be caused by the gods, but there were also non-religious explanations (e.g. of epilepsy in the Hippocratic Corpus, On The Sacred Disease).
 - Medical practice (e.g. human dissection) and technology (e.g. cell-staining techniques) altered our understanding of the brain and have repeatedly fuelled hopes for purely biological explanations of mental ill-health.

Some Module Narrative

- In Week Two we looked at disruptions of perception (hallucinations) and thought (delusions), with both psychological explanations (Bentall and Varese on hallucinations) and biological explanations (Ramachandran on Capgras delusion).
- In Week Three Dawn took us on a tour through basic anatomy and function of the brain, emphasising how *interconnected* all parts of the brain are.

Some Module Narrative

- In Week Four we looked at childhood (attachment) and old age (dementia) to get a sense of how early experiences can influence our later mental health, and how we are still struggling to properly explain what happens to our brains as we age.
- In Week Five I introduced Jaspers' distinction between *understanding* and *explaining* that contrast the way we normally think of ourselves with purely causal, scientific approaches.

Some Module Narrative

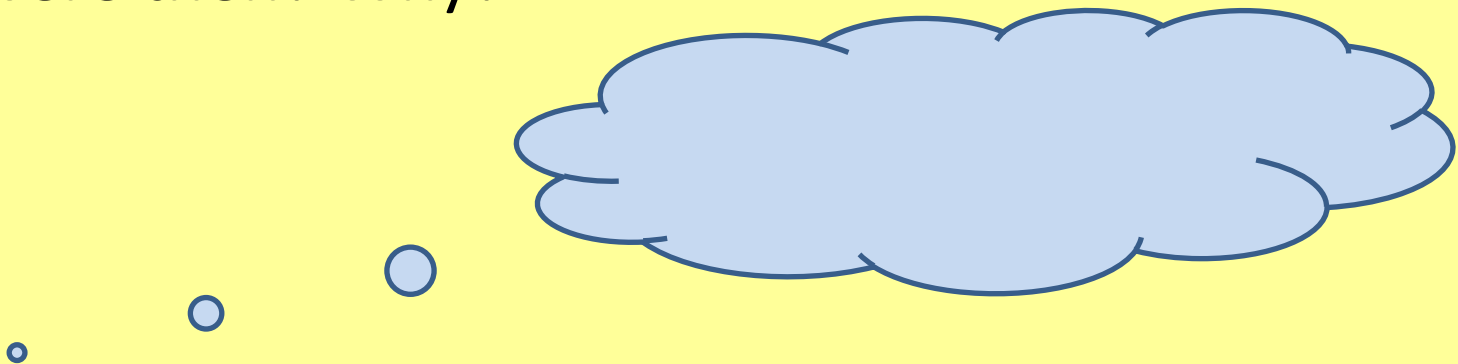
- In Week Six we saw the beginning of a few different films where mental health plays a central role – two documentaries, and two fictional films. Each of them portrayed mental health in a slightly different way.
- In Week Seven Liz introduced us to modernist writing and theatre, highlighting the significance of world events (WWI) on the history of our views of mental ill-health (shellshock and attempts at therapy).

Some Module Narrative

- Medical practice (e.g. human dissection, medical involvement in mental ill-health) and technology (e.g. functional brain imaging) have radically altered how we think of mental ill-health now: it is a health problem affecting the brain that we can (try to) treat with drugs.
- Social and environmental factors also play a significant role (e.g. childhood abuse or neglect),
- As do world events (e.g. WWI, but also smaller things – celebrities ‘coming out’).

Earliest Memory

- Take a couple of minutes to think of your earliest memory.
 - What age were you?
 - How clearly can you remember what happened?
 - Do you think you are the same person now as you were then? Why?



Strawson, Mackenzie and Poltera

- A *narrative* is essentially a *story* – an account (description, telling) of a series of events (things that happened) that has some overall coherence. A story will usually get its coherence from the reason for telling it: it's a joke, what happened in a film, what happened to you today, etc.
- Identity, and personal identity in particular, have been longstanding topics in philosophy.

Strawson, Mackenzie and Poltera

- It matters whether you think of yourself as the same person or not because you can use that as a reason for changing (or having changed) your relationships to others, and how you think of yourself (e.g. your beliefs and feelings about things).
- Strawson argues that some people – like him – don't have any sense of being the same over time, except over very short periods of time (even as short as a few seconds).

Strawson, Mackenzie and Poltera

- Strawson accepts that as a human being – a physical thing – we continue to exist for our whole lives, but he thinks we first and foremost experience ourselves as *mental* selves, and people like him ('Episodics') experience their mental selves as very short-lived.
- Strawson also thinks that it is unfair and potentially damaging to expect Episodics to think of themselves in any other way.

Strawson, Mackenzie and Poltera

- Mackenzie and Poltera argue in response that it is *because* we are, and think of ourselves as human beings with a continued existence that we must *also* think of ourselves as having a continued existence.
- They use Elyn Saks' account of her psychosis as evidence that it is genuinely Episodic experiences like Saks' that are potentially damaging, and argue that to be fulfilled we all need to think of our selves as continuing (even if changing), with some control over our basically coherent lives.

Saks and Memento

- In groups, discuss the excerpt from Saks' autobiography, and Earl's condition in Nolan's Memento Mori.
 - Can you imagine what it might be like to have those experiences?
 - How do the two accounts try and fit the experiences they describe into a narrative?

Self –Narrative: Past and Future

- In the same groups, look at and discuss the questions on the sheet, before feeding back to the rest of the group.

Different Narratives

- What might be the differences between patient narratives, clinical narratives, and carer/friend/family narratives for someone who has experienced some form of mental distress and received medical attention for it?

Revisiting Making Sense

- (i) We naturally try to make sense of our own and others' experiences and behaviour by appealing to *mental states* (e.g. anger) and *mental processes* (e.g. falling in love).
- If I don't know why you're angry, I'll find it harder to know how to respond, which could make managing my own emotions and behaviour more difficult.
 - If I don't know why I'm feeling unhappy, I could end up feeling worse, and – potentially – even less in control of my emotions.

Revisiting Making Sense

(ii) Making sense of experiences and behaviour is particularly important when they don't seem rational (the usual reasons don't apply):

- strong emotions with no apparent cause, or emotions that are disproportionate;
- auditory, visual or olfactory experiences that have no external cause (hallucinations);
- beliefs (e.g. about being persecuted) that have no basis (or an insufficient basis) in fact.

Making sense of these sorts of difficult experiences could make them less confusing and frightening.

Revisiting Making Sense

(iii) Depending on our other aims, we might go about making sense of our own (and others') experiences/behaviour in different ways.

- If the aim is to get help or advice, we ought to try to accurately report the experiences/behaviour (e.g. to a doctor).
- If the aim is not to get help or advice, but perhaps to consider a variety of perspectives/views, we might portray events more imaginatively (e.g. in a story or film).

Revisiting Making Sense

(iv) Could part of making sense of ourselves and each other also involve *narrative*, in the sense of coherent descriptions ('stories') of how we got to where we are now, and projected narratives of how we plan to get to where we want to be?

- Could narratives of this sort help us deal with difficult experiences or conditions (e.g. trauma, mental health, dementia etc.)?