



University of HUDDERSFIELD

University of Huddersfield Repository

Craib, Ian

The Unhealthy Underside of Narratives

Original Citation

Craib, Ian (2003) The Unhealthy Underside of Narratives. In: Narrative, Memory and Health. University of Huddersfield, Huddersfield, pp. 1-11.

This version is available at <http://eprints.hud.ac.uk/id/eprint/5111/>

The University Repository is a digital collection of the research output of the University, available on Open Access. Copyright and Moral Rights for the items on this site are retained by the individual author and/or other copyright owners. Users may access full items free of charge; copies of full text items generally can be reproduced, displayed or performed and given to third parties in any format or medium for personal research or study, educational or not-for-profit purposes without prior permission or charge, provided:

- The authors, title and full bibliographic details is credited in any copy;
- A hyperlink and/or URL is included for the original metadata page; and
- The content is not changed in any way.

For more information, including our policy and submission procedure, please contact the Repository Team at: E.mailbox@hud.ac.uk.

<http://eprints.hud.ac.uk/>

1 The Unhealthy Underside of Narratives

IAN CRAIB

My life, it seems to me, is ridiculously shapeless. I know what makes a good narrative, and lives don't make much of that - pattern and balance, form, completion, commensurateness. It is often the case that a Life, at least to start with, will resemble a success story; but the only shape that *life* dependably exhibits is that of tragedy. (Martin Amis, 2000:362)

Introduction

Elsewhere (Craib, 2000) I have talked about narratives as a form of bad faith, and I want to extend that analysis here in a more concrete way and suggest that far from narrative and life being that same 'thing' (a la Bruner) they are very different 'things' and, further, that the relationship between narrative, life and health is not the one we might expect. We might expect that narratives are good for us, that they help us get our lives together, make sense of where we are and enable us to go forward. Indeed this is so obvious that - as we see from a paper delivered at this conference - when people receive bad news, a diagnosis of multiple sclerosis, helpers set out to provide them with a narrative that will enable them to be strong and look hopefully at the future.

In this paper I want to argue against such a position; it is my contention that *some* narratives *can* help people in certain situations but more important, narratives, and perhaps especially the best intentioned of accounts that are offered by people in the caring professions, can function to keep people in passive positions, inhibit possible change and separate people from the authenticity of their lives. I am sympathetic to Martin Amis's suggestion, that if there is such a thing as a shared feature of authentic narratives, it lies, at least in the modern Western world, in our common experience of tragedy. I will use some examples from my own practice as a psychotherapist to illustrate the counter productive nature of some narratives.

Narratives and Explanations

I commented in my earlier paper on the way in which 'narrative' seems to be used to cover a range of different types of account, the differences between which are more important than their similarities. One contrast I used was Bruner's discussion of narrative as a form which could bind people into their cultures and an empirical sociologist's use of the term 'causal narrative' to describe a statistical analysis of the relationship between class position and health in the course of a life time. I am still struck by this contrast because of their opposing dimensions. Bruner is the theorist of meaning, rejoicing in peoples' elaborations of their accounts of their lives. The empirical sociologist was using the same term to describe a statistical relationship of which the people concerned are not necessarily conscious at all.

When I was thinking about this paper I came across another example of what I think of as a slippage in the use of 'narrative'. This was in an editorial in *The British Journal of Psychiatry* by the psychoanalyst and attachment theorist Jeremy Holmes, entitled *Psychodynamics, narrative and 'intentional causality'* (Holmes, 1998). Holmes argues that when patients presents for psychotherapy, they tell their story, describing a sequence of events and statements about why these events happen. In what he calls 'scientific medicine', the doctor only takes notice of the former, and regards it as his task to discover the latter. However in everyday life, statements about why things happen are commonplace:

Narrative explanations are part of a network of representations of the self and the world which provide a causal map which guides action and enables social relationships to run smoothly. (Holmes, 1998:279)

Psychodynamic accounts are narrative accounts which go beyond consciousness. Holmes's concern is with the narratives of attachment theory. He takes up Main's analysis of four different types of narrative corresponding to different types of attachment pattern (Main, 1995). The details of this do not matter here. What is important is Holmes's conclusion that narrative patterns reflect inner representations of patterns of relationships and these in turn stem from early parent - child interaction and predict future behaviour. For my purpose, this is the important point (although it is by no means Holmes's main point, which has to do with the relationship between intentionality and causality).

What Holmes does is make the same movement in the use of 'narrative' in one argument that I identified in the difference between the empirical sociologist and Jerome Bruner. He moves between talking about the narrative as a meaning creation, the telling of the story which is ignored by scientific medicine, and a causal explanation of patterns of relationship, and of the

expression of patterns of relationship, of which the person involved is not necessarily aware. It is my contention that these two sides, the narrative account that one gives of one's life, and causal processes of which one is unconscious are irreconcilable. The irreconcilability is something with which sociology has been struggling for over a century. It is also at the centre of Holmes argument, which is similar to an argument in philosophy about reasons and causes, which has never been subtle enough to grasp the complexities of human motivation (Benton and Craib, 2001).

Why this movement from one form of explanation to another? My suggestion is that it is the need to have a coherent narrative which is seen as the same thing as a full explanation. Holmes says that Freud thought of the neurotic symptom as a gap in a narrative which was to be restored by psychoanalysis.

What do I mean by a 'coherent narrative'? I think this comes clearly from Bruner's research into peoples' stories. A narrative is always part of a larger whole, usually falling into an easily recognisable form. It has a sort of reflexive rhetorical dimension, in which the narrator justifies him or her self, and predictive dimensions: if I say that I was a particular type of child, then it is likely to mean that I will say that I am a similar type of adult. Narratives construct and bind together in a way that is a fundamental precondition for human life:

... human beings, in interacting with one another, form a sense of the canonical and ordinary as a background against which to interpret and give meaning to breaches in and deviations from "normal" states of the human condition. Such narrative explications have the effect of framing the idiosyncratic in a "lifelike" fashion that can promote negotiation and avoid confrontational disruption and strife ...

This method of negotiating and renegotiating meanings by the mediation of narrative interpretation is, it seems to me, one of the crowning achievements of human development in the ontogenetic, cultural and phylogenetic sense of that expression. (Bruner, 1990:67)

Narratives and the ability to construct and interpret narratives are, then, not just important, they are fundamentally important. In fact one could say from Bruner's account that they comprise human life itself. They keep human life in order, enabling the negotiation of differences and the maintenance of a sense of normality. Many people come into psychotherapy wanting such a narrative, believing that if they can discover why they are like they are, then they can do something about it.

The Roots of Narrative

The first time I came across an argument that things might not be so simple was in an article by Toril Moi on Freud's case study *Dora: Fragments of an Analysis*. This was an unsuccessful analysis and Moi comments on Freud's distress that he could not present a full analysis, a full narrative, but she goes on to suggest that this is a specifically male way of looking at the problem. In what would now probably be called an 'essentialist' account, she suggests that a linear, complete argument is a form of masculine thinking, whereas a fragmented, open more circular account is a form of feminine thinking, both with clear metaphorical, or perhaps even firmer, relationships, to male and female genitalia. (Bernheimer and Kahane, 1985) So, perhaps a coherent narrative might not be an entirely good thing. In that case, how do we explain the force of the insistence on the importance of coherent narrative in the theorists who employ the concept, psychotherapy patients who desire such a narrative and indeed most other people who want to know why something happens to them.

Perhaps we need to look at what it might be like to experience life without narratives. I can think of two situations that are relevant, although I am sure there are more (I do not know enough about brain damage or learning difficulties to be able to comment on these). The two that spring to my mind are pre-natal and early post-natal experience and, at the other end of life, any of the forms of senile dementia.

A narrative implies movement; I was going to write forward movement, and that might almost be taken for granted in the modern world, but I see no reason why it should not involve circular or cyclical movement; why should we not talk of the narrative of the seasons, for example. Indeed linear narratives are comparatively recent in human history, perhaps emerging with Christ but not necessarily becoming a common experience of the world until the 'modern' became a valued category in the Western world (Kumar, 1994). Anyway, it seems to me a commonplace that there are different types of movement and, further that movement involves change.

Now it is possible to surmise that the major and most dramatic changes in the infant's life comes with the slow outgrowing of the safety of the womb and the comparatively fast journey down the birth canal, until the last century the most dangerous short journey that most humans would take; conceivably, unless the foetus is acquainted with the advances of modern medicine, it remains the most dangerous journey that most of us will *experience*, and it will be followed by many other new and therefore dangerous experiences. So, if movement and narrative imply each other, then movement, danger and narrative imply each other.

At the other end of life, I have spent the last year watching my mother sink into dementia. I am aware that this must take different people in different ways

- presumably depending amongst other things on which parts of the brain are destroyed in which order. My mother's ability to turn her life into well leant and familiar narratives had been declining for some time, and over this last year it has disappeared all together. In so far as I could get close to what she was experiencing as the process became worse, it involved a sense of being someone, and of having bits of history, but no sense of who or how the bits fitted together. My feeling when I was with her was that she knew she was *somewhere* although she couldn't really grasp where, and that she had to do *something* or be *somewhere else*, although she did not know what or where. She would try filling these gaps with characters or places that came from her childhood or adolescence, but the comfort that these attempts bought her would last only for seconds. At the time of writing even minimal attempts at narrative construction are declining and she is resorting to a sort of chanting, rather like a child's word play, which uses names for her childhood but for their noise sounds rather than their sense. The worse she has become the more determined the chanting has become, and the more desperate the feeling that she passes on to me when I am with her - although to bring the story right up to date, a medication has been found that seems to take the edge off the panic.

Narratives as Containers and Defences

I will return to this aspect of her behaviour later. For the moment I want to note that these two ends of human existence are both characterised by the absence of coherent narrative, and the potentiality for extreme bouts of panic or sustained fear. It is this which perhaps lies behind the power that theorists of narrative grant narratives. In terms of contemporary psychoanalytic thinking, narrative forms provide a holding or containing function, relieving the anxiety of not knowing. From this point we can go in two directions. The first is towards existentialism - the direction I took in my earlier paper. Then I argued that some forms of narrative are forms of bad faith in that they are ways of denying or avoiding responsibility for one's actions. What I am arguing here has a wider connection with existentialism, or at least with Sartre's existentialism which I find most useful, and I want to follow this through for a while. The force of Sartre's philosophy is that we cannot look to anything outside ourselves for justification, or for meaning. My life is meaningless until I give it meaning by my choices. He shares with Bruner the view that human beings are creators of meaning, but there is one essential difference. We are each, individually creators of our own meaning and to adopt cultural narratives is to lose individual meaning in a shared account which leaves me no different from others. That is a form of bad faith in a rather wider sense than I spoke about before: I let others give form to the meaning of my life.

I am sympathetic to this argument but I think that the argument is too easy and the morality too harsh. The argument is too easy because it does not account of the emotional conflicts and resistances that are generated in the attempt to take responsibility for one's life, the difficulty of living authentically; the morality is too harsh because it seems to leave us where we are - along the lines of 'you've made your bed and now you must lie in it'. That of course is always true but we don't necessarily have to stay in the same bed until we die. I have occasionally heard a statement along the lines of 'It's what I chose' used as a form of rather resentful resignation.

I think we get further into the nature of narratives if we approach it from a psychoanalytic perspective. I think Holmes, and perhaps Freud as well if he thought this, is mistaken, when he says the neurotic symptom is an eruption into a narrative, the coherence of which can be restored. I think Freud's model of the psyche is more compatible with the idea that the unconscious is a continuous eruption into consciousness and we are engaged in a constant battle to keep it under some sort of control; we are internally divided against ourselves with conflicts of which we are not necessarily aware at all - so much so that it is often difficult to distinguish between what is neurotic and what is not. Indeed it is difficult to distinguish between a structure of a neurosis and the structure of a satisfactory sublimation. Both involve the repression of a forbidden desire, the latter involving the redirection of energy into something considered acceptable to the individual or society, the former involving the redirection of energy into something unacceptable to society. Thus whether an activity is neurotic or not for psychoanalysis often seems to depend on current social attitudes as much as individual misery which is there in both cases. My point here is that it is simply too easy to think of curing symptoms, producing coherent narratives.

It is instructive to think about the role of narrative in Freud's discussion of dreamwork. Free association traces back the processes of condensation, displacement and symbolisation that the sleeping psyche works through to protect itself and this is the way in which, in the process of psychotherapy, we begin to explore the multiple meanings of dream symbols. But there is a further process that Freud calls 'secondary revision' - as we approach the end of sleep we organise the dream symbols into a story, a narrative. This shows both the profound connection between the psyche and narratives and the function of narratives within the psyche. Freud saw secondary revision as a form of defence, a way in which the psyche hides the unconscious meaning of the dream symbol.

Most, if not all, the therapists I talk to about this also see the dream story as important in understanding the dream and I am inclined to agree with them. Anything that the psyche produces will have some meaning at an unconscious level, but this does not mean that it is not a defence and a necessary defence for the dreamer. Like all defences it points towards and keeps the person away

from their unconscious. Now for Freud one of the major features of the unconscious is its disorganisation - its refusal to follow the laws of logic, its failure to recognise time - its timelessness - and the urgency of unconscious desires. The properties of the unconscious stand starkly opposed to the properties of narrative, which involve progression, connection and coherence.

Some Examples of Restrictive Narratives

Perhaps, then it is best to regard narratives as defences: they enable us to survive in the world unless they become too comprehensive and inclusive, when they cease to be able to contain the disruptive flow of our internal world. There are many such narratives around in a psychotherapy group and here I want to offer a rough classification of the ones I am most familiar with from my own practice.

Perhaps the most common narrative is the victim narrative: I am like I am because I have been mistreated, abused in some way by my parents or some other significant adult - it has ruined my life and I have been unable to recover. I often think of this particular narrative as part of a wider 'fairy tale narrative' in which there is also a villain and a hero. It is obvious who the villain is and much energy is spent hating him or her and trying to mobilise the group behind the hate, which of course prohibits both thinking and understanding, not to mention change. Any change has to come from the hero, and often the mantle of the hero is laid on the psychotherapist who inevitably fails, confirming the patient in his or her tortured victim state. The victim role is a passive role so the patients who are victims tend, in my experience, to remain patients - even when they learn to see themselves as survivors, an elaboration of this narrative whereby their victimhood can become the basis for a profession. It becomes difficult to seek a life outside of the role This comes across very clearly in Elaine's book *Hystories* (Showalter, 1997).

Secondly, referring back to Holmes, there is the attachment narrative. I once had a patient who had spent a large part of his life in one form of therapy or another, having picked up early on the idea that his problems stemmed from the fact that his mother had to go into hospital for a fairly lengthy period in his early infancy. He did indeed seem unable to move in his life or form meaningful attachments and I think he was caught up in some inner stasis, waiting for his mother to come back and correct the situation. The part of him that wanted to go forward would push him towards a new attempt at therapy, but as he got older it seemed that to recognise his own contribution towards his position would also mean recognising that a large part of his life has been wasted and he could have done something about it. By the time he came to me I had the sense that he came back to therapy to prove to himself that nothing could be done.

Both of these examples point to the idea that instead of adopting a more or less complete narrative of what has happened, which can easily pin me down to the position I am in, and for which I sought psychotherapy in the first place, I should be finding a way of creating my own narrative. But the creation of narrative also has its problems. Certainly I need to look for my own responsibility for what I am, for what I have done with my life, but it is not a simple lesson. I need to learn what I am responsible for in my life and what I am not responsible for. It is not my fault that my mother died when I was a few years old, even though I might have spent much of my life blaming myself. However, I am responsible for at least some of what I have made of that tragedy. One of my patients suggested a useful metaphor: that we are dealt a hand of cards at birth, and the hand may be good or bad, but in the long run it is how we play our hand that matters.

This leads to another restrictive narrative: that in some absolute sense I am entirely responsible for my own life, the omnipotent narrative. I write my own stories. When this narrative is brought into a therapy group it creates a difficult dilemma: I come to increase my control over my life but the only way I can learn about myself is to acknowledge that others might know more about me than I do myself. Finally there is the 'rational' narrative, one that Freud took up sometimes when talking about psychoanalysis - the narrative embraced in the phrase 'where id was, there ego shall be', and the idea often heard amongst patients, that 'if I can find out why I feel like this the I will get better'. The two are not quite the same, because I think Freud was envisaging an emotional change as well as a change in what I know about myself, but the rational defence seems to remain only at an intellectual level: I will feel happiest when the therapeutic session resembles a seminar.

The Importance of Multiple and Incomplete Stories

Where are we now? I have suggested a number of narratives, about lives and about psychotherapy which make sense of what the people involved are experiencing but which, because they *are* coherent narratives, prohibit learning - a narrative does not necessarily liberate a person, it can trap him or her and the more coherent and reasonable the narrative, the more likely it is to trap the person. Adam Phillips actually makes my point in a very clear way when he says in a discussion of Freud and T. S. Eliot:

What Freud and Eliot are saying, in their different ways, is that the pressures we live under seem to put pressure on us to make them intelligible. That to be human in the best sense is to have some understanding - to be able to give some kind of account - of what we are suffering from ... And yet (both) point us in two directions at once. At their most reassuring they tell us that not wholly

understanding what we utter ... can lead us in the fullness of time, to a more profound apprehension of what is only a concealed intelligibility.

(Phillips, 2002:103)

I think that even Phillips is too optimistic here, saying in effect that if we give up meaning-jam today we will get more and better meaning jam tomorrow. This of course never happens in politics, but I think it probably does sometimes happen in our psychological life. However this brings us up against Martin Amis, who seems to me to be saying that, *in the society we live in*, coherent meaning is not available because the life we have to make sense of is incoherent. One could trace this as part of the development of modernity, or as I would prefer, late capitalism, seen by Marx over 150 years ago:

Constant revolutionising of production, uninterrupted disturbance of all social conditions, everlasting uncertainty and agitation distinguish the bourgeois epoch from all earlier ones. All fixed fast frozen relations, with their train of ancient and venerable prejudices and opinions, are swept away, all new formed ones become antiquated before they can ossify. All that is solid melts into air, all that is holy is profaned

(Marx, 1968:739)

What I am suggesting, in a very quick and crude way, is the disruptions in the outside world are perhaps beginning to match the normal disruptions in the unconscious world, and the social sciences are becoming concerned with narratives when narratives are becoming more and more difficult to construct. However it is not only the outside world that makes things difficult. There is a further existential contribution to the disruption that is implicit in Martin Amis's account, which comes after a long description of his father's death: 'the only shape that life dependably exhibits is that of tragedy' However big a fish I become in my little pond the certainty (for 99.9 recurring % of the population) is that I will vanish and be forgotten in the space of two generations. And whatever my achievements in my life, my carefully nurtured abilities will fade more or less quickly as I die. Some people seem to become immobilised by this possibility - the production of meaning becomes pointless. A few pages before the quotation above Phillips refers to a level of terror and mystery in our lives that cannot be analysed and I would suggest that it is here that death lurks. Paradoxically death also lurks in the coherent narrative, which, I would suggest, is often constructed to guard against that terror. This was identified by Kierkegaard, not writing about narratives as such but writing about what happens when we, or more appropriately here, I, deny the reality of my own death. If I am to be open to the world, to new experiences, then I will have to be open all the time to the possibility of my death. Being open to the world means being open to change, and if things change, they pass and cease to exist; change makes me aware that I will pass and cease to exist. If I cut myself off from experience, then there is a sense in which I cease to exist whilst I stay

alive. As Phillips also points out in the discussion of Eliot and Freud, both saw this level of terror, of madness as a source of creativity, of life. Without it, I become one of the living dead. All forms of psychotherapy need to be very careful about this; some get very close to an attempt to ‘teach’ a narrative that denies the experience that the patient brings as his or her problem rather than understand it.

When this happens it is the result of two forces: the terror in the therapist and the terror in the patient. It is important however that the non-psychoanalytic social science researcher become aware of these pressures: that the people we interview will produce the stories we want to hear and we will accept those stories because the alternative is too difficult and painful to contemplate. We should think of the relationship between narrative and health not as the simple coherent narrative that most people seem to think it as being. I would prefer not use the term health at all but to talk in terms of a person’s ability to articulate their experience. This might require a number of different, perhaps contradictory narratives, each of which will have gaps, fault lines of various descriptions, ambiguous beginnings and possibilities of any number of conclusions.

As a coda, I want to return to what I said about my mother’s dementia, my mother struggling with her fear of the world and what is happening to her mind. It is important to be able imagine ourselves lost in our own inner experience, gabbling away as we search for a non-existent narrative hold. There is something important about being aware of these depths as a part of our humanity - every so often, perhaps, we need to turn over a narrative and see what crawls out.

References

- Amis, M. (2000) *Experience*, London, Jonathan Cape.
- Benton, T. and Craib, I. (2001) *Philosophy of Social Science*, Houndsmills, Basingstoke, Palgrave.
- Bruner, J. (1990) *Acts of Meaning*, Cambridge, Mass., Harvard University Press.
- Craib, I. (2000) Narrative as Bad Faith, in Andrew, M., Sclater, S.D., Squire, C. and Treacher, A. *Lines of Narrative*, London, Routledge.
- Holmes, J. (1998) “Psychodynamics, narrative and ‘intention causality’”, in *The British Journal of Psychiatry*, 173, pp.279-280.
- Kumar, K. (1994) *From Post-Industrial to Post-Modern Society: New Theories of the Contemporary World*, Oxford, Blackwell.
- Main, M. (1995) ‘Recent studies in attachment: overview, with selected implications for clinical work in Attachment Theory: Social Developmental

- and Clinical Perspectives*' (eds) Goldberg, S., Muir, R. and Kerr, J., New York, Analytic Press.
- Marx, K. (1968, 1848) 'The Communist Manifesto', in *Marx and Engels: Selected Works*, London, Lawrence and Wishart.
- Moi, T. (1985) 'Representation and Patriarchy: Sexuality and Hysteria in Freud's Dora', in Bernheimer, C. and Kahane, C. *In Dora's Case: Freud, Hysteria and Feminism*, pp.187-99, London, Virago.
- Phillips, A. (2002) *Equals*, London, Faber and Faber.
- Showalter, E. (1997) *Hystories: Hysterical Epidemics and Modern Culture*, London, Picador.

