

CHAPTER 7

RECONSIDERING THE SUBJECT: THE NARRATIVE SUBJECT

Most consumers remain angry about their knowledge that they have not been heard and that their understandings of their own story was often not even sought. All of us seem to need to tell (and often retell) our own personal stories until we believe we have at last been adequately heard. (Wadsworth & Epstein, 1996a: 73).

Self-identity forms a trajectory across the different institutional settings of modernity. Each of us not only has but lives a biography reflexively (Giddens, 1991: 14).

The failure to listen to the recipients of acute psychiatric services as identified throughout this thesis and which Laing attempted to redress, is central to the formation of the consumer/survivor movement. What people as patients find offensive is that their stories are ‘not even sought’ (Wadsworth & Epstein, 1996a: 73). What people using services say they need is to tell their stories ‘until...we have at last been adequately heard’ (Wadsworth & Epstein, 1996a: 73). This chapter is an attempt to validate the consumer/survivor movement’s claim of the importance of story telling for well being. This is achieved through utilising Laing’s understanding of the importance of the recognition of the personal or biographical account of an interpersonal context as outlined in the previous chapter. This understanding is developed here through an examination of the interpretative conception of the subject in the work of Charles Taylor in the first part of the chapter, and through the narrativisation of the subject in the work of Paul Ricoeur in the second part of the chapter. Integral to the telling of a story is listening. The third part of the chapter considers this practical aspect of relating through the work of Emmanuel Levinas.

As has been demonstrated throughout the thesis, the rivalry between psychiatric and consumer conceptualisations is not just about different perspectives. The battle to define theory is complex and requires recognition that the debate over theory is about an attempt to define practice as ‘the description offered by the theory is constitutive of the practice we seek to realise’ (Taylor, 1985f: 110). The contest over the reigning theory, requires a recognition that: ‘what is at stake is more like rival maps of the terrain’ (Taylor, 1985f: 110), with the different theoretical perspectives attempting to seek evidence and agreement to establish credibility.

Credibility is established in a context of shared ends, where the ‘significance of our action escapes us’ (Taylor, 1985f: 97). In the field of psychiatry, adherence to the medical approach of biological psychiatry in acute psychiatric services is an attempt by professionals to maintain a positive self-definition due to an association with the social value and status of the medical profession. Even so, devaluing the patient’s perspective acts as a distancing technique for professionals and as a source of resistance to the ethical demand for change in the way acute psychiatric care is delivered. Further, this approach involves a disregard of the patient’s perspective which as has been identified, results in disregarding the patient as a person and accounts for the frustration and anger noted by Wadsworth (1996a: 73) above.

The problem of self-definition, at the heart of both the consumer/survivor and professional perspectives, arises in response to problems at the level of practice, as self-definition is established within ‘a set of institutions and

practices' (Taylor, 1985f: 93). The recognition of the role of self-definition is vital, because it recognises the constitutive role identity plays for both providers and consumers, which in turn constitutes practice. Taylor even suggests, as is hinted at earlier, that the way a problem is conceptualised is driven by professional investment in status, because a professional's identity is acquired through professional activity. These unacknowledged, implicit and pre-theoretical and common-sense understandings inform social life, and 'do much more than explain social life, they also define the understandings that underpin different forms of social practice' (Taylor, 1985f: 108).

Practices of society require participants to have 'self-descriptions' (Taylor, 1985f: 107). Commonsense understandings are formulated in descriptions of 'self and other' and inform 'what is going on among the members of society' (Taylor, 1985f: 93). These common sense understandings are constitutive for how a self is perceived by both oneself and others. Making these underlying common sense theories explicit 'can alter our self-descriptions and our self-descriptions can be constitutional of our practices' (Taylor, 1985f: 104-105). Even though the features of these practices may not be explicit in 'the reigning theory' (Taylor, 1985f: 100), a change in theory could mean an alteration in practice. This is important as, Taylor (1985f: 105) states, theories have the potential to 'transform the constitutive features of practices' because they change self-definition and identity through the provision of 'the constitutive understanding necessary for the continuing of reformed or purified practice' (Taylor, 1985f: 105).

The way forward then, is to move from the examination of the pathological subject as delineated by Laing to a theorisation of the taken-for-granted theory of the self, to establish the basic principals of what a self is and how this self might be conceptualised. This exploration of an alternative theory offers a way to transform the constitutive features of current acute psychiatric practices toward the interests of those to whom the service is provided. This chapter is an exploration of the theories and concepts that validate patient perspectives, knowledges and experiences in an attempt to overcome the limitations of biological psychiatry in current acute public psychiatric practice.

What the consumer/survivor movement literature identifies as missing from mental health services is the need to be treated with respect. This requires considering what makes human beings worthy of respect. This issue lies at the base of what users of these services identify as problematic. The demand for respect involves a very different view of the subject from that advanced in the psychiatric paradigm as outlined in previous chapters. This chapter attempts to provide legitimacy for the consumer/survivor movement demand, through identification of the role of interpretation and narrative in the constitution of identity.

Respect autonomy and meaning

In his *Sources of the Self: The Making of the Modern Identity*, Taylor (1989) argues that respect is due to human beings because they are autonomous. Autonomy refers to the ability to make sense of one's life for oneself (Taylor,

1989: 12). That is, it is according to one's self-understanding that one acts. Further, Taylor (1985a: 103) defines a person as someone 'who has a sense of self', and 'who can evaluate their life and make choices'. These aspects of selfhood involve self-reflection in giving meaning and value to events in his/her life, in an attempt to make sense of his/her life for him/herself (Taylor, 1985e). Taylor goes so far as to say:

To make someone less capable of understanding himself, evaluating and choosing is to deny totally the injunction that we should respect him as a person (Taylor, 1985a: 103).

In other words, autonomy involves the process of a person him/herself giving significance to events in their life. This significance or meaning then informs and directs behaviour. Therefore, to understand another person as a person, one has to enquire into the significance and meaning an event or thing has for that person. As Taylor (1985a; 1985e) asks, how can we ever know that humans can be explained by any scientific theory until they actually explain how they live their lives in their terms? To respect a person's autonomy then is to recognise the role of meaning and significance in informing a personal action. The importance of the role of this self-reflection has traditionally been associated with describing human beings as rational. Yet the traditional focus on the role of the 'rational' denies or represses the subjective element from within reason (Taylor, 1985d; Taylor, 1989).

In contrast, Taylor [1985a] says one's subjective interpretation of the world is fundamental to one's sense of self. He says one's interpretations of the events in the world inform one's interpretation of who one is. So this

interpretation cannot be considered as separate or ‘merely a view on reality’ or as separate from one’s view of oneself (Taylor, 1985e: 47).

Our interpretation of ourselves and our experience is constitutive of what we are and therefore cannot be considered as merely a view on reality, separable from reality, nor as epiphenomenon, which can be by-passed in our understanding of reality (Taylor, 1985e: 47).

The way the world is experienced by a person, therefore, corresponds to the subjective meanings or interpretations that he/she gives to it. That is not to say that the meanings themselves are completely divorced from the world itself. Rather, they emerge in and through interaction with the world (Taylor, 1985e: 47).

There are two dimensions to experiencing a situation: the situation itself, and the interpretation or judgement of that situation (Taylor, 1985e). The experience of a situation interacts with how it is judged. For example, the valuation of an experience as shameful means it is not an objective event, but a value laden one. The judgement of an experience as one of shame produces an emotion, which then marks the experience as being shameful. This experience is then relayed in ways that communicate emotion through the body and (emotionally laden) language. The interpretation given to an event also informs a person’s sense of self. A person’s sense of self is characterised by the valuing of some things over others, which then shapes or constructs a person’s moral map of his/her life (Taylor, 1985e).

Values involve defining one’s interests, which then shapes one’s self-understanding. Whether a person lives up to his/her own set of values affects their own sense of self worth. Evaluations of self worth are then

embodied in a person's emotions, behaviour and motivation (Taylor, 1985e: 51). These conceptualisations of self worth, in turn, inform one's self-identity. Taylor (1985b: 3) says that being human is, 'to exist in a space defined by distinctions of worth'. A person's assessment of their own worth is acquired through one's appropriation of social, cultural, family experiences and patterns of meaning. It is a person's own response to the moral evaluation and judgements of life, made by those around him/her which informs one's moral sense of self (Taylor, 1985e). These are then incorporated into one's self-definition and self-concept.

Taylor (1985d: 54) asserts: as persons 'we are self-defining beings and we are what we are by virtue of the self-definitions that we have accepted; however we have come by them'. That is to say, a person is defined by the moral values they hold in their lives. Therefore, a person's response to an event depends on the unique value, meaning and significance that it has for that person: 'an agent can be a respondent because things matter for it in an original way. What it responds out of is the original significance of things for it' (Taylor, 1985a: 99).

Emotionally driven evaluations discriminate and regulate motivations. Furthermore, 'Feelings offer insight into what is considered important as they function as an internal judgement of the importance a predicament bears' (Taylor, 1985a: 71). Thus feelings provide an internal monitor of one's values, which also inform self-understanding. Accordingly, decision-making is not a result of objective processes but is 'embedded in feeling' (Taylor, 1985a: 72). Taylor (1985a: 76) declares: 'This subjective way of relating to

the world is not optional but central to what it is to be human'. So the indication of the significance of an event is not conscious or rational but emotional. Moreover emotions provide a marker of the significance of an event (Taylor, 1985a).

Taylor (1985a: 101) goes on to explain that the emotion integral to each situation is indicated in a situation-description. Though the significance of an event is not always clear, language is the means whereby the importance of something is made clear. What language does is to 'articulate or make manifest the background distinctions of worth we define ourselves by' (Taylor, 1985c: 11). The articulation of a situation-description provides insight into the meanings, significance and values which are communicated in the emotion with which an event is described. Language provides the means whereby this insight is gained which itself, transforms the emotion: 'we do not experience the same things, we can even say we cannot have the same feelings before and after such breaks (insight)' (Taylor, 1985e: 71).

Consequently, the insight revealed through articulation, results in the transformation of meaning and a change in judgement which results in an alteration of the experience and the situation-description (Taylor, 1985a).

Taylor (1985e: 74) makes the point that as feelings are shaped by articulations and can be changed, so too can the experience. What is emphasised is that this is not an arbitrary process, but central to acquiring insight and self-understanding: 'So we can understand why, in this domain, our formulations about ourselves can alter' (Taylor, 1985a: 101).

This understanding of a human being as an ‘interpretative-animal’ means that humans can never be specified in objective terms as human emotions are embedded in an interpretative language. ‘What a given human life is an interpretation of cannot exist uninterpreted, for human emotion is only what it is refracted as in human language’ (Taylor, 1985e: 75). This means that humans ‘cannot be understood simply as an object among objects’ (Taylor, 1985e: 75), but only as constituted in self-interpretation. This self-interpretation is more than the interpretation of events. It is a framework of self-constitution of who one is as a moral identity. This suggests a radically different conceptualisation of the subject than what is currently being utilised in acute psychiatric services. As Taylor says:

A being who exists only in self-interpretation cannot be understood absolutely; and one who can only be understood against the background of distinctions of worth cannot be captured by a scientific language which essentially aspires to neutrality (Taylor, 1985c: 3).

To understand a person, then, what is required is to know a person’s own frame of interpretation and meaning. Understanding a human being requires knowing the kinds of interpretations a person makes, which provides insight into understanding their experience. This requires listening to the kinds of meanings and significance that a person gives to their life. The role of interpretation is critical, as understanding a person as a subject of significance means that the qualitatively different concerns of patients and professionals can be explained as different points of view.

The moral being

Taylor's conceptualisation of the subject as a moral or interpretative being contributes to the debate between stakeholders in acute psychiatric services over theory and practice. It does so in three ways. Firstly, it provides recognition of the constitutive role of self-definition for the identity of both patients and professionals, which explains the conflation of the professional treatment modality with the way professionals treat patients. Secondly, it accounts for a patient's struggle with diagnosis as an issue of identity while professionals, with a preference for a diagnostic label, discard the significance of an event for a person. Thirdly it acknowledges the importance of a person's sense of moral identity to their sense of self.

Moral identity involves the capacity to evaluate between right and wrong (Taylor, 1989). Taylor argues that a person's way of being is an indication of whether one has fulfilled one's own evaluation of right and wrong and that one's own determination of value is assessed interpersonally. Until these internalised judgements against oneself are made explicit, negative symptoms continue without being understood (Taylor, 1985e). It is contended here that the failure to take patients' meanings into account in a systemic way has the potential to replicate and contribute further to a person's negative evaluation of self.

Diagnosis is a formal means whereby the significance and experience of an event for a patient is disregarded. However, the failure by professionals to understand these processes in persons who present to an acute psychiatric service exacerbates their problems. Even if a person is terribly distressed, a

person's behaviour does not justify the denial of a respectful response to a person as a person. Similarly, consumer/survivor (Wadsworth & Epstein, 1996b) activists suggest, as Freidson (1970) does, 'lack of insight', is a professional commitment to and investment in (the authority of) a medical perspective and its diagnostic system. It also notes a failure of insight by professionals into the important role of the meanings and significance in the life of patients. The pressure to accept the diagnosis then contributes to the heavy social burden and negative personal consequences imposed on those diagnosed.

Persons by definition are autonomous moral subjects and therefore, no matter how distressed, require treatment with respect.

Even those who through some accident or misfortune are deprived of the ability to exercise these capacities are still understood as belonging to the species defined by this potentiality. The central importance of this for our moral thinking is reflected in the fact that these capacities form an important part of what we should respect and nourish in human beings (Taylor, 1985a: 103).

As such, all persons, including those distressed in an acute psychiatric crisis, require being treated as beings worthy of respect. Nonetheless, it seems that what is overlooked in acute psychiatric practice is basic respect for patients as people. What is required to introduce respectful practices in the treatment of acute psychiatric patients?

Where to from here?

In the last chapter it was demonstrated that Laing's work showed that even for those experiencing psychosis, understanding was possible when detailed contextual historical knowledge of the family and society, customs and

mores was identified through a biography. Yet Laing's understanding approach failed to offer a sustainable praxis. What has been identified in this thesis as necessary in acute psychiatric services is a respectful means for understanding and responding to people's accounts of their history. It is claimed here that the present distancing techniques in acute psychiatric services may be overcome through an approach that accords personhood. To capture the complex amalgam of emotions, understandings and definitions which characterises human beings, what is required is participating in the act (or art) of narrative (Ricoeur, 1981b).

It is through the concept of narrative, that Ricoeur broadens and deepens Taylor's idea of the self-interpreting subject. Narrative involves the utilisation of a complex matrix of literary devices in a seemingly simple workable approach. Here, the role of interpretation, which involves a range of complex activities, is pulled together in a seemingly simple concept and an authentically feasible system. These concepts are then used to explain, through the configural notion of emplotment—that is the interpretation of events in a story—the importance of narrative for identity. As will be discussed under the concept of plot, a series of disjointed contingencies and events require a frame or explanation: to '*extract a configuration from a succession*'. Ricoeur explains that:

This structure is so paradoxical that every narrative can be conceived in terms of the competition between its episodic dimension and its configurational dimension, between sequence and figure (Ricoeur, 1981b: 279).

That is to say, explanations are woven into events giving them the coherence of a double hermeneutic. There is an interaction between events and narrative as one interprets the other in a narrative structure.

Thus: the complexity of events 'is subsumed to the interpretation which the agents themselves give of their actions' (Ricoeur, 1981b: 279).

The configural or episodic dimension enables narrating as well as following a story, which requires being able 'to extract a configuration from a succession' (Ricoeur, 1981b: 178). The paradoxical structure of the narrative involves 'competition between its episodic dimensions and configurational dimensions, between sequence and figure' (Ricoeur, 1981b: 279). The narrative through these configurations incorporates reflexive judgement. That is to say, narrative is a reflection upon events as 'successive totalities' (Ricoeur, 1981b: 279). Thus: the events of life are experienced as more than disjointed events. Events are incorporated by the reflective judgement of the narrator him/herself into a totality of meaning.

The narrative is constructed out of the contingencies themselves, which in turn contribute to the story. It is in retrospective reflection that the events become a necessity to the story:

This necessity is a narrative necessity whose meaning effect comes from the configuring act as such; this narrative necessity transforms physical contingency, on the other side of physical necessity, into narrative contingency, implied in narrative necessity (Ricoeur, 1992: 142).

Ricoeur identifies the narrative as an account of the contingencies or events themselves. Unforeseen events threaten to disrupt this totality, while the contingency of events contributes in retrospect to the narrative.

That is to say, the narrative approach is able to overcome methodological limitations of Laing's work, whilst building upon and going further than Taylor's interpretative conception of the subject. This is achieved through the recognition of the ethical subject as embedded in a narrative-identity. This conception of the subject as an ethical subject embedded in a narrative validates, legitimises and supports the consumer/survivor movement's demand to be listened to. Listening is discussed in the third part of this chapter with practical implications considered in the next chapter.

How the concept of narrative achieves an ethical end will be discussed here in detail. This discussion includes defining narrativity and what it refers to, the elements of narrative (plot, interpretation, character and point of view), and the way in which these elements together constitute identity. Thus: issue of identity is important not only in terms of theoretical ethics but also in a practical sense for the legitimisation of the respectful treatment of acute public psychiatric subjects as persons.

Narrativising the Person

In 'The Narrative Function', Ricoeur (1981b) elucidates that narrativity is central to being human. His discussion focuses on how understanding a human being requires understanding a person's story. However, the mechanism and art of narrative is not straightforward. It is difficult to access and identify. Ricoeur argues that the narrative schematism 'is an art hidden in the depths of the human soul and it will always be difficult to extract the

true mechanism from nature to lay it before our eyes' (Ricoeur, 1981b: 287). Even so, Ricoeur explores the narrative nature of being human. Narrative is defined as a 'language-game', constituted in '*historicity*', which incorporates both the *doing* and the *being* of the historical. Narrative includes both the meaning and events, which as seen in chapter 6, Laing also recognised as important.

The recognition of human beings as located in history is centrally important as 'we belong to history before telling or writing history' (Ricoeur, 1981b: 294). That is to say; 'the form of life to which the narrative discourse belongs is the historical condition itself' (Ricoeur, 1981b: 288). In establishing the narrative genre as historical, the disjuncture between subject and object is subverted. This is because the subjective nature of the historical account conflates the subjective and objective in history. Even so, Ricoeur claims that the genre of narrative is relevant to the historical condition of human beings as a whole.

Nonetheless, to define narrative in terms of the historical, does not immediately resolve the problem of what 'history' refers to (Ricoeur, 1981b: 291). There are still two seemingly distinct types of narrative: the true and the fictional. The asymmetry between true and false narratives, Ricoeur (1981b) revokes on three grounds. Firstly, all narratives are referential. Secondly, there is fiction even in positivistic history. Thirdly, these positivistic and narrative fictions are based on a mimesis. Mimesis refers to creative imitation in regard to what meaning is made of events. In this way, interpretation offers a 'kind of metaphor of reality' (Ricoeur, 1981b: 291). The

effect is like creating a piece of art, 'an iconic augmentation of the human world of action' (Ricoeur, 1981b: 291). A person, then, is a creative being who constructs a personal picture of events out of the various contingencies available.

The claim being made here is that, because of the creative utilisation of mimesis, the paradigm on which narrative always relies is fiction. Although fictional images are only indirect referents of the mental, they nonetheless have a distinct intentionality. They offer a 'model for perceiving things differently, the paradigm of a new vision' (Ricoeur, 1981b: 291). Fiction then, does not merely reproduce but creates images, providing for the possibility of new perceptions. This role is important as 'symbolic systems make and remake reality' and, Ricoeur (1981b: 293) goes on, 'all symbolic systems have a cognitive value, they make reality appear in such and such a way'.

Fiction then, offers new symbolic systems through mimetic or creative images. This is of great consequence as the world is organised and reorganised according to a signifying dimension. Fiction offers symbolic systems within which to 'reorganise the world in terms of works and works in terms of the world' (Ricoeur, 1981b: 293). Every model employs symbols with organising power, which generates a grid for interpreting or producing experience. In other words, although 'history is both a literary artifact (and in this sense a fiction) and a representation of reality' (Ricoeur, 1981b: 291), the two are not necessarily separate. History, as an attempt to uncover the past 'explores the field of imaginative variations which surround the present and the real' (Ricoeur, 1981b: 295). Yet despite the reliance on fictional

elements, history claims to represent reality. This suggests that the historical features of human experience mean that narrative can only be considered as a cross between truth and fiction.

In other words, in both fiction and history there is a metaphor of reality, which draws on events and applies meaning to it. Thus:

If our historical condition requires nothing less than the conjunction of two narrative genres, it is because of the very nature of our experience of being historical (Ricoeur, 1981b: 294).

Ricoeur argues that historical events derive their meaning not only from their singular invocation but from their position in a larger narrative. The narrative makes sense of these otherwise disparate events by using literary devices through which the narrative superimposes interpretative structures retrospectively on events.

This highlights the historical nature of events and the interpretative role of the narrative, which work together in the construction of the narrative account. The narrative aspects of history are to facilitate the following of the story, as, without this capacity, the history is lost. Analysis of the narrative is organised according to literary devices. The structure of the narrative includes plot, point of view, and character.

Narrative Elements

The Concept of Plot

The concept of plot establishes a link between history and fiction. Ricoeur (1981b: 292) argues that the plot has a 'master role in the narrative'.

Ricoeur's intention is to highlight the sequential elements of the narrative.

The plot is constituted through 'contingency and consecution, of chronology and configuration, of sequence and consequence' (Ricoeur, 1981b: 292).

Ricoeur argues that 'it is the irreducible chronological factors which narratives the plot itself' (Ricoeur, 1981b: 285). As such, it is the '*status of events*' that distinguishes the narrative model from every other attempt to analyse the self' (Ricoeur, 1981b: 285). The story holds the attention through the suspense of contingencies. *Emplotment* as raised earlier, refers to a paradox whereby contingencies are inverted into narrative necessity. Emplotment offers the first level of explanation in that events begin to be explained as they are turned into a narrative (by emplotment).

It is the quest that renders the plot possible. It enables the story to be grasped in terms of its temporality. To facilitate following a story, narratives are not bound by chronology but by the combination of episodic and configural dimensions. The episodic dimension contributes to the development of a story. But the narrative is not constructed out of adding events to one another, but in constructing 'meaningful totalities out of scattered events' (Ricoeur, 1981b: 278). That is, following a story is facilitated through the addition of meaning through the narrative in order to grasp successive events. It is the complex organisation of facts around themes or schemes which 'constitute the historical imagination' (Ricoeur, 1981b: 278).

Point of view

In the distance between the teller and the tale and the teller and the listener, lies 'narrative distance' (Ricoeur, 1981b: 280). 'Narrative distance' makes

possible a number of different ways to tell the tale and the possibility of a shift in point of view. The possibility of a shift taking place in narrating a tale is within the very concept of 'point of view' (Ricoeur, 1981b: 280). This means for the narrator, there is more than one way of telling the story. Moreover, point of view identifies the adjusting of the narration according to the target audience. Point of view also characterises the narrator. As Ricoeur (1981b: 280) points out, this is just as important as the configurable and reflective aspect of the narrative act. The role of listening is also highlighted here, as how one is listened to elicits a different rendition of the narrative (Ricoeur, 1981b: 280).

Character

Another aspect of the structure of narrative is character. Here we ask along with Ricoeur (1992: 140): 'what then does the narrative category of the character contribute to the discussion of personal identity'. The narrative produces the identity of a character. Ricoeur (1992: 143) says that character is formed in the 'narrative understanding of the plot'. Character draws identity from the two domains of plot and interpretation, which is experienced as a unique singularity. Narrative offers a conceptualisation of the subject as a *character* constructed in a *plot*, through the notion of emplotment: 'The identity of the character is comprehensible through the transfer to the character of the operation of emplotment' (Ricoeur, 1992: 143).

In this way, narrative accounts for the correlation between the plot and character: 'characters we will say, are themselves plots' (Ricoeur, 1992: 43).

Character thus can be understood as the outcome of the narrative of events and their history in which ‘chance is transmuted into fate’ (Ricoeur, 1992: 147). This transmutation highlights the internal relationship between events and character in the *narrative-identity*. So a person’s identity is not distinct from his/her narrative of experiences. In fact the person’s identity is in the narrative. The narrative constructs the character through the telling of the story. ‘It is the identity of the story that makes the identity of the character’ (Ricoeur, 1992: 148): the *narrative-identity*.

The narrative, character and plot are of relevance to the capacity of an agent. Characters adhere to a life project characterised by the exchange between the whole and the part in a double determination characteristic of narrative. The unity of the narrative incorporates the dynamics of identity and diversity and thus accounts for ‘the organisation of intention, causes, and chance’ (Ricoeur, 1992: 179). It is through this mimesis, the creative interpretation of events, that the plot becomes meaningful.

Narrative then, generates cognitive structures or symbolic systems wherein experiences are interpreted. These narrative structures then become the symbolic view through which the person sees the world. These symbolic systems then inform a person’s concept of self. But the role of the narration on identity is not a conscious one, but integral to the internal relation between narrative and identity. Narrative is a way of not only making sense of events but also of reconstructing them. The narration is not just a series of disjointed events, but a reality created through a narrative, which is itself a reconstitution of the events with unique meaning for the subject.

To hear another's narrative, requires putting ones own 'point of view' aside, as it is only through listening with openness that the narrative account can be delivered. The function of the narrative explanation, as stated earlier is to help the listener as well as the narrator to follow the story. Narrating does not just simply add episodes on to one another in an attempt to grasp them. The narrative schemata through its 'impossible logic' offers intelligible forms upon which reflective judgement can be applied (Ricoeur, 1981b: 287). So what is the value of a narrative conception of the subject, especially in acute mental health services?

Narration as Identity

As Ricoeur (1992: 116) states in *Oneself as Another*, 'solutions to the problem of personal identity which do not consider the narrative dimension fail'. This, according to Ricoeur (1992: 137-139), is because they do not address the question: 'Who?' It is for this reason that Ricoeur maintains that the role of the narrative is central to the construction of identity. The narrative understanding of identity accounts for the internal dialectic between the events and character. In order to explain the integration of the dimensions of identity through the use of narrative further Ricoeur (1992: 115-125) in 'The Self and Narrative Identity' returns to the notion of *emplotment*.

Identity, Ricoeur (1992: 149) states, is a dialectic of selfhood (*ipse*) and sameness (*idem*). The concept of narrative, Ricoeur (1992: 116) explains,

addresses the disjuncture in these two (sameness and selfhood) aspects of identity. This is achieved through the notion of emplotment, whereby events are explained via a story. Emplotment accounts for the dialectic of selfhood and sameness in the characters, even though there are points at which these two aspects dissociate (Ricoeur, 1992: 115-125). The sameness or self-constancy of character refers to what others can *count on* me for, such that, I am *accountable for* my actions to others (Ricoeur, 1992: 165). Selfhood refers to an identity created from nothing but a narrative account of contingencies. Ricoeur (1992: 118-119) argues that it is the polarity between these two aspects of identity that opens up the space that narrative identity fills.

Ricoeur (1992: 167) uses the opposition between the selfhood and sameness concepts of identity to contrast the moral questions of personal identity ('Who am I?') with ethical issues of responsibility ('Here I am!') (Levinas, 1981). The concept of responsibility unites these two aspects of identity. Ricoeur drawing from Levinas, who will be discussed in the third section of this chapter, states that the ethical reply to the question 'Where are you', is the responsible 'Here I am' (Ricoeur, 1992: 165). An ethical problem arises if self-constancy is not substantiated. What results is the 'hypothesis of our own nothingness' (Ricoeur, 1992: 166). But the nothingness experienced by an 'I' is very different from nothing at all. It is 'a self deprived of the help of sameness' (Ricoeur, 1992: 166). It is a self confronted with the 'crucible of this nothingness of identity' (Ricoeur, 1992: 167).

In the instance of a personal crisis, Ricoeur (1992: 167) suggests, that the question 'Who am I?' becomes a naked question. The problem becomes how

can someone ask: 'Who am I?' and at the same time: 'Here I am!' (Ricoeur, 1992: 167)? The gulf between these two questions is central to the opposition between the two concepts of selfhood and sameness, identity and narrative. Becoming aware of the disjuncture between these two aspects or poles of identity is also to become aware of the power of the space within which transformation of identity is possible. These concepts are in contrast with the current limitations of acute public psychiatric services where cerebral manipulations with drugs which challenge sameness while breaching and undermining selfhood violate 'the right of a person to his or her physical integrity' (Ricoeur, 1992: 151).

Accordingly, Ricoeur (1992: 137) argues that theories of the self, which do not first work out the conception of the subject are limited. He attests, 'the entire weight of the ethical question falls back upon the question of identity' (Ricoeur, 1992: 137). This means that the priority concern is 'what sort of entities persons are', for the answer to this question has ethical implications (Ricoeur, 1992: 163). Thus: 'what is at stake here is indeed the self in its ethical dimension' (Ricoeur, 1992: 167). Yet, there are no ethically neutral narratives. The ethical subject, Ricoeur states 'is none other than the one to whom the narrative assigns a narrative identity' (Ricoeur, 1992: 178). Consequently, the narrative method declares Ricoeur (1992: 115), has the potential to: 'describe, narrate, prescribe—each moment of the triad implying a specific relation between the constitution of action and the constitution of the self'.

In this way the *narrative-identity* in contrast to the imputed objectification of the *diagnostic-identity*, accounts for a person's moral and ethical relationship to the world. The moral judgement associated with the events, on which a narrative is based, exposes the subject to a system of rewards and punishments. Recognition of the subjective interpretation of morality is important, as it carries a judgement with implications for one's self-concept. The judgement of acts as good or bad in a narrative provides a frame for the moral interpretation of the self. Praise for actions results in a boost to the self-esteem of the actor, while disregard results in disdain. The concept of narrative highlights the relation of the interpretation of events with one's self-interpretation, which in turn informs self-esteem. That is, 'self-esteem follows the fate of interpretation' (Ricoeur, 1992: 179).

Hence the moral judgement inherent in the narrative has implications for how one regards oneself and how one is treated by others. Even so, Ricoeur (1992: 167) identifies an essential asymmetry between the one who acts and the one acted on. One can either be the agent of events or affected by them. The narration of events governs the roles of agents, and determines whether actions are considered good or evil. It is in the evaluation of these events (as worthy of either praise or curse) that reward or punishment is metered out to the agent and those affected by them. In response to the casting of these roles, Ricoeur says 'I never forget to speak of humans as acting and suffering' (Ricoeur, 1992: 167). Suffering is not defined by physical or mental pain, 'but by the reduction, even the destruction of the capacity for acting, of

being-able-to act, experienced as a violation of self-integrity' (Ricoeur, 1992: 190).

Like Taylor, Ricoeur recognises that the valuing of events as good or evil occurs within a social context. But the essential asymmetry identified between the one who acts and the one acted on, can become blurred for those affected by an agent's actions. This is because, when the events someone at a formative age is subject to are judged as 'evil', this moral evaluation can inform the victim's judgement of him/herself. Hence, it is the ethical subject who has been treated badly, that tends to conceive of him or herself as bad. This negative self-judgement tends to work against wellbeing, and when the moral judgement implied in the narrative works against the wellbeing of a person, Ricoeur warns that in such a crisis the tendency is to substitute self-hatred for self-esteem (Ricoeur, 1992: 168). Laing also described in his discussion of social binds the tendency to transform self-esteem into self-hatred. This moral problem arises where the characterisation of selfhood is in the context of a relation of ownership (such as in involuntary detention). In such a context, Ricoeur (1992: 168) suggests the dialectic of ownership and of dispossession, of care and of carefreeness, of self-affirmation and of self-effacement otherwise becomes 'the 'nothingness of the self', as has been witnessed in the consumer/survivor movement accounts of acute public psychiatric services, 'the existential crisis of the self'.

Ricoeur's narrative concept of the subject shares an affinity with Taylor's concept of self-interpretation, an understanding of the relationship between

the moral evaluation of events and self-esteem. Ricoeur says this internalisation of the value of events is central to ethics, as self-interpretation becomes self-esteem. However, the benefits of the narrative in mediating between description and prescription are only relevant if the ethical implication of the centrality of narrative to identity is put into practice. Thus: 'The broadening of the practical field and the anticipation of ethical considerations are implied in the very structure of the act of narrating' (Ricoeur, 1992: 115).

It is through a narrative-identity that Ricoeur asserts we place ourselves morally and ethically in the world. It is the narrative-identity that provides a moral and ethical frame for the interpretation of the self. This is important as this moral/ethical frame in turn informs self-esteem, whereas the *diagnostic-identity* along with other negative forms of valuing as Laing pointed out, incites self-hatred. Ricoeur's concept of the subject as a subject of self-interpretation connects past, present and future in a story, which renders reality as meaningful for a subject. Ricoeur demonstrates how the narrative conception of identity overcomes the limitations of other theories of personal identity by addressing the self in its ethical dimension. The ethical response is a question of identity. The importance of the narrative method then is recognition of the ethical subject in the act of narrating (Ricoeur, 1992: 115).

Conceptualising the subject as a narrating ethical subject acknowledges a person's autonomy and responsibility in the construction of identity. Such a conceptualisation would suggest providing an opportunity for patients to

identify the diverse and dynamic dimensions of *selfhood* (as plot and character) and *self-constancy* (as permanence over time and as promising) in identity construction. This concept of the narrative-identity provides the theoretical basis on which to provide practical assistance to patients to explore the events in their lives that have informed their moral sense of self, and in contrast with diagnostic practices, offers an opportunity to explore choice in the matter of identity.

Configuring a (Narrative) Space of (for) Listening

Notably, Ricoeur (1992: 157-168) cautions against the use of the term ‘author’ in reference to the narration of real life autobiography. Ricoeur’s preference is to conceptualise the narrator as co-author, as real life narratives are entangled with the lives of others. However, as we have seen, Ricoeur also argues that fiction helps to retrospectively organise narratives providing examples of what is possible in areas not previously experienced. Fiction, he suggests, actually teaches behaviour. He concludes that narratives and life histories are not mutually exclusive but complementary. This complementarity occurs in a shared space, which takes place as an interaction between listening and being listened to (Ricoeur, 1992: 157-168). Because a person’s identity is embedded in a narrative, understanding a person requires listening for the meaning and impact of events as expressed in his/her narrative. It is only through listening for the meanings attributed in a person’s narrative that his/her identity is revealed. Ricoeur (1981c: 47) notes that what is to be listened for, is not the language or words or

commonalities as such, but ‘the subjectivity of the one who speaks’.

Narrative is the net to catch something else: *being itself*. How you listen and what is listened for configures the space of listening. So much so that Ricoeur (1981c: 59) agreeing with Heidegger (1962: 206) states ‘hearing is constitutive of the discourse’.

Hence, listening to understand, as Jaspers acknowledged, requires empathy. An empathetic stance is required to orientate oneself to the other’s experience related in the narrative. Josselson (1995: 32) states: ‘to understand another with the empathetic stance means being able to understand their stories’. Only through an empathetic stance toward peoples’ narration of their experiences:

Can we uncover the dialogical nature of the self—the dialogue both within the self and the dialogue with the world that is the centre of process in development and in living (Josselson, 1995: 42).

What this calls for is an empathetic response to people; especially people who have not been heard and do not have access to resources for being listened to.

Josselson (1995: 30) says an empathetic stance ‘takes hermeneutics as its epistemological ground’. She points out that the study of human beings involves interpreting people as they interpret themselves. She states:

I was wary of anyone who presumed that their understanding of my experience could be known without an empathetic awareness of my meaning-making efforts. The prevailing assumption at the time was that science could learn more about me by abstracting me out of my context than by studying me within it (Josselson, 1995: 31).

This distinction points to the violence perpetrated by those who claim to know another without an empathetic understanding of one’s location in a

given context. Empathy is an attitude of attention, which recognises the relationship between self and other in a context and as such, offers compassion and understanding.

Conversely, Ricoeur identified that the one listening to a person's experience of weakness is benefited by their reserves of strength. Failing to listen to a person's narrative, which reveals a person's strength, is to deny what benefits are available for both parties. Ricoeur (1992: 192) argues that 'it is in the search for equality in the midst of inequality,' whatever the sources between self and other, that 'defines the place of solicitude along the trajectory of ethics'. Ricoeur argues to this end that to maintain self-esteem, we need practitioners who act with empathetic attitude of friendship or solicitude. Solicitude adds the dimension of value. However, if this is not spontaneous, it becomes duty and is counterproductive.

Herein resides the cost of what is involved in this conception of the subject: preparedness by professionals to get involved and relate as a friend, to be a friend, and believe in another *as myself*. Believing that *as myself* one is capable of making a difference. Ricoeur calls this preparedness similitude.

This similitude:

is the fruit of the exchange between esteem for oneself and solicitude for others. This exchange authorises us to say that I cannot myself have self-esteem unless I esteem others *as myself* (Ricoeur, 1992: 193).

This means that it is equivalent to esteem the *other as oneself* and as stated in the title of Ricoeur's (1992: 194) text, *Oneself as Another*.

To establish such an empathic practice in acute psychiatric services is to do so in the most difficult and taxing circumstances. To this effect, Buber (1992: 34) suggests a useful philosophical anthropology where subjectivity is not left behind, where 'man himself is given to man in the most precise sense as a subject'. Buber says:

but the philosophical anthropologist must stake nothing less than his real wholeness, his concrete self. And more, it is not enough for him to stake himself as an object of knowledge. He can know the wholeness of the person and through it the wholeness of man only when he does not leave his subjectivity out and does not remain an untouched observer (Buber, 1992: 34).

The recognition of intersubjectivity is important as the domain of human beings is one where one is continually reconstituted in the face of the other. This recognition of the importance of relationship for human beings is because as Levinas (Levinas, 1998a: 105) states, what is encountered, in the face-to-face relationship is the presence of the divine. Likewise Buber states that 'we may come nearer to the answer to the question 'what is man' when we come to see him as the eternal meeting of One with the Other' (Buber, 1992).

Moreover, Levinas (1998a: 87-88) states that the comprehension of the other is dependent on and inseparable from his/her invocation/expression. That is to say, to understand a person is to speak with and listen to them. The two are intertwined and speech is central to understanding. It is impossible to approach the other (autrui), without speaking as without language it is impossible to understand (Levinas, 1998b: 6-7). It is through language that being is intelligible: 'It is because being is intelligible that here is humanity' (Levinas, 1998b: 2). To deny intelligibility is to deny humanity. The

demarcation of understandability is a political line of commitment to the other as a subject or to the denial of that person's subjecthood.

Psychiatry's failure to comprehend the subject and its reliance on objectification means that the patient experiences violence and a negation and a struggle for identity as an independent person. Levinas (1998c: 85) maintains the claim to 'know' the other is violence: 'an ontological empiricism' with 'political implications'. It is a philosophy of power and domination where the other is defined in a totalising way. In contrast, the ethical subject is defined, Levinas says, in relation to the Other. This involves respect for the Other's heterogeneity: the importance of difference. This requires being open to uncertainty and being open to the demand of the other (Levinas, 1998c).

What needs to be acknowledged and practiced in psychiatry is a conception of the subject that acknowledges and respects the patient as a person. Levinas (1998b: 7) argues a being can only be in a relationship where 'I speak to him'. That is to say that to understand a person is to speak to him/her. To understand is not to 'know'. The encounter with being is distinguished from knowledge. As Heidegger (1962) identified, comprehension rests on the openness of being. Understanding comes through openness to the particular as opposed to the universal. It is here, in relationship with the other, irreducible to comprehension, that the infinite, the sacred, the transcendent, the divine is present, in the face of the other (*autrui*) (Levinas, 1981).

The failure to anticipate the patient as understandable as a person results in a loss of the psychiatrist's ability to be with the person as an intelligible being. This results in a failure to acknowledge the being of the person at all. The relationship to the other is not merely a perspective. The relationship to the other is established in the invocation in how the other is addressed or 'called'. In meeting with another, Levinas (1998b: 7) explains, 'I simultaneously tell him my understanding'. The psychiatrist's relationship with a patient often constitutes a refusal of the patient's being, through the practice of diagnosis.

Understanding the patient as a person has not been part of the tradition of practice in acute public mental health services, instead the latter have been consumed by a 'nostalgia for totality' (Levinas, 1981: 13-17). In psychiatry this has meant that the patient has been reduced to an object through the reliance on an objectively constructed knowledge: diagnosis. But as Levinas has highlighted, some knowledge's are not objectivistically synthesizable, for instance, a face-to-face interaction. These face-to-face encounters are identified by Levinas as ethical relationships (Levinas, 1981; Levinas, 1998a; Levinas, 1998b).

Levinas (1998a: 77) maintains that an ethical and aesthetic space exists not in an attempt at synthesis, but 'in the face-to-face of human relationships, in sociality, in its moral signification'. He states, 'access to the face is 'straight away ethical': 'it is uncontainable and leads you beyond' (Levinas, 1998a: 85). It is in this 'signification of the face' that it 'makes it escape from being, as a correlate of a knowing' (Levinas, 1998b: 87). Levinas (1998a: 85)

suggests, it is through testimony not representation or knowledge that the revelation of the subjective occurs. Levinas (1998a: 108) declares that the ethical testimony is not about knowledge but the 'Other' or 'the Infinite' manifesting itself in subjectivity: 'It is through this testimony that the very glory of the infinite glorifies itself' (Levinas, 1998a: 107). The presence of the infinite Levinas (1998a: 106) argues is not in 'disclosure' but when 'in the presence of the other I say, 'Here I am!' this 'Here I am!' is the place through which the infinite enters into language'. Ethical testimony then according to Levinas is a revelation of the infinite, the divine.

Testimony is a way of breaking totality: 'The face speaks' and 'it is in this that it renders possible and begins all discourse' (Levinas, 1998a: 87). In this way, the ethical relationship is beyond empirical, objective, final knowledge. This ethical relationship is only authentically assumed through discourse and a response in discourse. Levinas uses this term to draw attention to the necessity in the face-to-face encounter of 'saying' something.¹

The face-to-face encounter is an ethical encounter with subjectivity as responsibility. 'It is discourse and, more exactly, response or responsibility which is this authentic relationship' (Levinas, 1998a: 88). Levinas (1998a) in *Ethics and Infinity* addresses responsibility as 'the essential, primary and fundamental structure of subjectivity': a description of subjectivity in ethical

¹ Saying responds to the face. Saying is a term Heidegger refers to in *On the Way to Language* to highlight the quality and creative power present in the expression of spoken words as outlined by Ricoeur.

terms. An ethical practice is a face-to-face encounter. Levinas (1998a: 95) insists the 'very node of the subjective is knotted in ethics understood as responsibility'. Levinas understands this as responsibility to be with the other, as opposed to acting on the other. Levinas' notion of responsibility offers an appropriate approach for psychiatric practice and ethics.

Levinas says ethics is about responsibility:

Since the Other looks at me, I am responsible for him, without even having taken on responsibilities in his regard: his responsibility is *incumbent on me*. It is responsibility that goes beyond what I do... This means that I am responsible for his very responsibility (Levinas, 1998a: 96).

This type of responsibility built on similitude could be built into psychiatric practices in place of current practices, which currently practice responsibility as involuntarily admission. This is distinguished from the similitude argued for here, as an ethical relationship does not reduce the subject to an object. Responsibility as Levinas puts it:

It is a structure that in no wise resembles the intentional relation which in knowledge's attaches us to the object—no matter what object, be it a human object (Levinas, 1998a: 97).

The ethical relationship with the Other is differentiated from current practice by a responsibility to the other as 'human spirit': that is, 'the incarnation of human subjectivity guarantees its spirituality' (Levinas, 1998a: 97). This responsibility for the other does not extend to the requirement for their responsibility for you. There is no reciprocity built into this ethics. The responsibility, as Levinas describes it, lies with the 'I' alone and is not transferable. This exclusively self-conscious responsibility for the other is beyond knowledge. It is beyond objectifying and synthesising. It is an

interpersonal, inter-subjective space of the face-to-face relationship that constitutes an ethical situation.

Such proximity to the Other represented by a face (which refers to the whole human body) 'orders and ordains me' as though 'someone's asking for you' (Levinas, 1998a: 97). It is a responsibility that, as Levinas says, 'I am subject to', that is, 'a total subjection to the other' (Levinas, 1981; Levinas, 1998a: 95-101). Ethically, such responsibility cannot be refused. An ethical encounter with the other requires one to be responsive to the Other or face (This means testifying to the presence and the glory of the infinite) (Levinas, 1998a: 105). Saying 'Here I Am' is a recognition of the responsibility signified in the face of the Other (Levinas, 1981; Levinas, 1998a: 106). The demand of the other arises in a particular context and calls for unique, creative invention in every specific, according to universal principals (Levinas, 1998c). According to Critchley (1999) the ethic that is called for, is in relationship to the other's infinite demand made on me within the finite context. The action taken must be dependent on and in relation to the context.

For Levinas (1981), *being* is devoting oneself to another; *being* is *being-for-the-other*. This existing for the other, Levinas (1998b: XII) states, is stronger than the threat of death: 'the fellow human being's existential adventure matters to the *I* more than its own, posing from the start the *I* as responsible for the being of the other'. Levinas (1981) talks about a place that is not a place of being yet not a place of non-being: it is a place

Otherwise than Being. It is this ‘shattering of indifference’, the ‘possibility of one-for-the-other that constitutes the ethical event’ (Levinas, 1998b: XII).

Concluding Remarks

The consumer/survivor movement claims that the failure to listen to patients’ narratives in acute psychiatric services is experienced as disrespectful because it is a failure to recognise the patient as an ethical subject. Likewise, involuntary and coercive practices of electroconvulsive therapy, drug administration and isolation are not experienced as therapeutic but traumatic as they do not respond ethically to the subject. This chapter has attempted to respond to consumers’ accounts of these negative experiences of mental health services by introducing the conceptualisation of the subject as an ethical subject embedded in a narrative through the works of Taylor, Ricoeur and Levinas.

Consumer/survivors themselves have said healing comes through the telling of the story. This chapter has highlighted that failure to listen to patients constitutes a failure to provide ethical services. Conversely, the recognition of the patient as a narrative subject in acute public psychiatric services would provide an ethical response to the demands of the consumer/survivor movement. This ethic would require the introduction of the practice of listening to consumer narratives. It may be, then, that:

to recognise the values of the past in their differences with respect to our values is already to open up the real toward the possible. The ‘true’ histories of the past uncover the buried potentialities of the present (Ricoeur, 1981b: 295).

Identifying narratives in the complex formulation laid out in Ricoeur's work implies that they are central to the identity of people. This approach offers an alternative metaphorical, theoretical and explanatory schema that could be utilised in acute public psychiatric services. What this conceptualisation requires in practice is a two-fold approach to treatment: a response to the real life events in terms of social and material resources; as well as resources to identify the subjective meaning and interpretations of a person's experiences. Providing these skills would require the development of positive discourses and practices. The acknowledgement of the subject as an ethical subject would require opening a space for listening to patients' narratives.

Conceptualising the subject as an ethical subject and listening to consumer/survivors' explanatory narratives would open up the possibility of legitimately being with and 'listening to' consumer/survivors: the consumer/survivor as a subject can only be introduced if we let 'the other speak' (Fiumara, 1990: 107). Listening to consumer/survivor accounts of their subjective experience would be an acknowledgement of a person's narrative as a legitimate account from their point of view. Patients' narratives would be understood as providing coherence, meaning, structure, and identity for the otherwise incomprehensible and uninterpretable events of life. Narrative would be recognised as having a central role in describing and explaining a person's life and would make psychiatric symptoms comprehensible and understandable within the life narrative of the particular subject.

Only with a preparedness to be open to discover the uniqueness of every individual is there the possibility of understanding. Utilising diagnostic categories to diagnose mental illness creates an illusion of understanding while avoiding the necessity of being with a prolonged state of not knowing required to facilitate understanding. Bion (1975) discusses ‘binocular vision’ as the holding together the knowing and not knowing where—with one eye you see what you know and with the other listen for the unknown. This is a powerful image of holding-in creative tension—both the knowing and not knowing of the practice of psychiatry.

The concept of a narrative subject offers the possibility of transformation for the patient, the profession and the service. But such methodologies are insufficient in themselves. What is required is recognition of the subject as an ethical subject who is constituted narrativistically. This recognition requires a professional commitment to a practice in which the acute psychiatric patient is respected as an autonomous human being. Only then is there the possibility of transformation, not only of the person in the receipt of services, but of the culture of service delivery as well. The introduction of such a conceptualisation would require development and implementation of an ethics of practice in line with consumer/survivor movement demands addressed in the next chapter.