

## **The Narrative Facilitation of Recovery**

### **The Application of Narrative Theories in a Group Therapy for Patients with Schizophrenia<sup>1</sup>**

The application of narrative theories in non-literary disciplines has become a popular practice in the last decades. Yet, narratological application in the fields of psychology and phenomenological psychiatry usually disregards the findings of postclassical theories of narrative. In this essay, we will present a trans-disciplinary method for a group therapy for persons with schizophrenia through combining the theories of narrative psychology, psychiatry, and postclassical narratology. The main techniques to be applied in the therapy concern personal narratives and everyday conversations, but we are also interested in narrative intelligence in general. In a cooperation between the Department of English and the Department of Psychiatry at the University of Szeged we have also carried out a pilot study. In this research, we see an opportunity to re-examine concerns of (cognitive) narratology such as the nature and functions of narrative in human cognition.

#### **1. Introduction**

This essay introduces a trans-disciplinary method for a group therapy of persons with schizophrenia by combining theories of narrative psychology, psychiatry, and postclassical narratology. Our work is embedded in a large cross-faculty research project that investigates schizophrenia. We are building our method on the assumption that narrating personal experiences has an undeniable therapeutic value and that creating a well-formed personal narrative can be an important part of the process of recovery from schizophrenia.

Our aim is to develop the narrative identity and narrative intelligence of the patients through a dynamic restructuring of their life stories. We carried out a pilot study where we asked the participants to write short life stories, which they had to gradually rewrite during the therapy. In this practice, we conceived of the written life stories as representations of the writers' narrative identities. We focused on the selection and integration of self-defining memories into the life story. However, during the sessions we also focused on several aspects of the theory of the dialogical self, and of the formation of narrative identity in oral storytelling, which entails a performative, situated practice of identity construction. Our goal was not simply to recreate the patients' life stories, but to transform the process of reevaluating and rewriting their memories into habit, to help them to keep developing their life stories, which are often regarded, in the case of people with schizophrenia, as being reduced and rigid. This method resulted

in a partly new approach to the experience of the self, which perhaps contributes to the process of recovery.

After outlining some current trends in interdisciplinary narrative studies, we will elaborate on our methodology of generating and rewriting representations of life stories. Merging contemporary theories of cognitive narratology as well as psychology, and investigating narratives produced by people who live with mental illnesses, may permit us to learn more about specific processes of human cognition. By focusing on personal stories as well as narrative intelligence in general, our work also allows us to gain a deeper understanding of the construction of life stories and the nature and functions of narratives in human cognition.

## **2. Interdisciplinary Narrative Studies and Current Approaches to Life Stories**

Ever since the dawn of French structuralism, the fact that narratives, “like life itself”, are everywhere around us (Barthes 1975, 237) has been widely acknowledged. From the perspective of the present essay, Barthes’ famous description of narratives is especially significant because, even before narrative theories started spreading across the disciplines, it suggested that there is a strong connection between narratives and human lives. Today there is no debate about the usefulness of narrative studies in various fields. For decades now, narrative has been “emancipated [...] from literature and from fiction, and [has been recognized] as a semiotic phenomenon that transcends disciplines and media” (Hyvarinen 2010, 72). The application of narrative theories in non-literary disciplines, even in hard sciences such as medicine, has become a popular practice. In narrative psychology, narrative has been regarded as a successful tool with which we can trace complex psychological processes (László 2008, 301), but, as Sandra Heinen has pointed out, narratological application in the fields of psychology and psychiatry usually means borrowing of concepts from structuralist narratology (Heinen 2009, 194). The findings of postclassical theories of narrative are rarely applied, and genuine interdisciplinarity is hardly ever observable in these endeavours. In fact, other disciplines have developed hypotheses and theories about the processes of the production and comprehension of narratives often in isolation from narratology. Sometimes the term ‘narrative’ is reduced to a mere metaphor (Heinen 2009, 199f.), for instance in psychology, where narrative is not understood as a text type, but essentially as any larger piece of text to be analysed, as opposed to materials acquired with the help of tests or other experimental methods (Ehmann 2002, 74). Luc Herman et al. stress that “more genuine dialogue is needed among story analysts working in different fields” (2005, 24). Our research particularly strives to benefit from the cultivation of the epistemological marriage of cognitive narratology, narrative psychology, and phenomenological psychiatry.

Richard Menary proposes that “[i]t is not narratives that shape experiences but, rather, experiences that structure narratives” (2008, 79). This view requires a revision of the traditional view of narratives. Such a revision has already begun in second generation cognitive narratology, which builds its views on second generation cognitive science, understands cognition as a dynamic process going on in the mind-body-environment system, and imagines narrative structures according to this principle. These approaches trace patterns of cognition, which include abstract processes as well as emotions, and the workings of the sensory-perceptual systems. The examination of narratives that include representations of cognitive disorders may help us further elaborate on the nature and functions of narrative as a cognitive tool.

Our examination requires the use of interdisciplinary narrative studies.<sup>2</sup> Neuroscientist Antonio Damasio assumes a firm connection between narratives and cognitive processes by claiming that “consciousness begins when brains acquire the power, the simple power I must add, of telling a story” (quoted in McAdams 2008, 244). Capitalizing on such observations, narrative psychology emerged as a field in the 1980s. By now, it has exerted significant impact on personality psychology, and in fact, as one of narrative psychology’s founding fathers, Dan P. McAdams observes, in the “first decade of the 21st century, narrative approaches to personality have moved to the centre of the discipline” (2008, 242).

As opposed to narratology, psychology is first and foremost interested in content instead of structures, yet there is an approach in psychology that tries to understand the patterns and nature of personal stories in general, instead of analysing the stories of individuals. Narrative psychology had assumed that an individual’s whole life can be viewed as one long story. Based on that metaphorical understanding, the term ‘narrative identity’ became equivalent with ‘life story’. However, more recent approaches have developed a more complex view on narrative identity.

Largely inspired by Bakhtin’s analysis of Dostoyevsky’s novels, where he works out his idea of polyphony in the novel, the theory of the dialogical self was developed in psychology. It assumes that an individual’s self, rather than possessing a single, unwavering narrating voice while representing his or her life story, “involves open and continuous dialogues between separate elements and does not revolve around a conclusive singular or synthetic perspective” (Lysaker / Lysaker 2002, 210). This view also entails “that personal stories are smaller in scope, less integrative, and more ephemeral” (McAdams 2008, 102) than previously assumed. One can easily see that this view of life stories as dynamic, polyphonic, fragmented, and non-linear models of the human mind, implies an approach to narratives that is consistent with that of contemporary narratology. Narratology, in turn, has a lot to profit from this view as it offers a new chance to merge empirical psychological research with the endeavours of post-classical narratology.

Our work is part of a cross-faculty cooperation between the Faculty of Medicine and the Faculty of Arts at the University of Szeged. A core segment of

the work of our research group is a comprehensive linguistic and narrative analysis of schizophrenic speech, because we understand narrative identity and narrative intelligence as keys to studying and treating this illness. In the following section, we will outline our view of schizophrenia and present the most important problems of personal stories produced by individuals who live with schizophrenia.

### 3. Narratives and Pathology: Schizophrenic Storytelling

Schizophrenia is a severe mental illness that affects about one percent of the population worldwide. There is no simple test that would yield a diagnosis of this illness. It is diagnosed through several symptoms such as delusion, hallucination, incoherent speech, disintegrated or catatonic behaviour, and diminished emotional expression. Yet, none of these symptoms are specific to schizophrenia. The striking symptoms observable at the time of psychotic phases seem to be only highly inconsistent surface phenomena of the illness. Since its core is rather difficult to define and its symptoms are very heterogeneous, it is no wonder that there have been major debates and ambivalences in the history of prognoses and treatments of schizophrenia (Hamm et al. 2013, 45). At the same time and quite early on, the complexity of the illness was suspected to originate from a deficit in the functioning of the fundamental cognitive system behind conscious thought. Emil Kraepelin referred to the disorder as a “disunity of consciousness” (Parnas 2003, 220). Eugen Bleuler, one of the illness’ first theorists, who coined the term “schizophrenia” in 1911, “suggested that [it] was, in part, the result of a disruption in the associative processes needed to synthesize information into the kinds of integrated ideas about oneself and others which are needed to support complex meaningful human activity” (Lysaker et al. 2015, 530).

According to the findings and theories of phenomenological psychiatry, which became prominent following the narrative turn in the past few decades, “disorders of the Self represent the psychopathological core of schizophrenia” (Parnas / Sass 2002, 101). When it comes to the functioning of consciousness, it seems that the symptoms of schizophrenia are not rooted in individual aspects of consciousness because the essential disorder is not in the functions themselves, but in the normally cohesive, harmonic cooperation between them (Minkowski, 1926). This is the view of schizophrenia that we would like to contribute to with our narrative approach.

To understand the forms of self-disorders, it is essential to identify the different types of the organization of the self. Within a phenomenological approach, Josef Parnas has identified three levels: the pre-reflective or minimal, the reflective, and the social or narrative self. The pre-reflective level, also referred to as the “basic” self or *ipseity*, “refers to the consciousness of oneself as an immediate subject of experience” (Martin 2014, 1). On the second, “more explicit

and complex level, self-awareness is a reflective consciousness of an *I* as the invariant and persisting subject pole of experience and action” (Parnas 2003, 219). On the most complex level of the organization of the self, it is experienced “as having special characteristics, like a personality, and a personal history that we tell about ourselves” (Martin 2014, 2). According to this phenomenological approach, the essential disorder in schizophrenia is assumed to occur on the most basic level of the self: the minimal self. Since the higher levels of the self are built on the previous level(s), disorders on the deepest level may be traceable on the higher ones, or rather, a peculiar system of compensating mechanisms may appear in them. Our assumption is that the effects of the disorder are observable and potentially treatable on the narrative level of the self. On the other hand, it is not unlikely that there are specific disorders on the reflective and narrative levels as well, possibly only in a subgroup of people with schizophrenia.<sup>3</sup> As a working hypothesis, we regard these characteristics as specific to schizophrenia. In order to test it, our long-term goal is to simultaneously investigate the different levels of the organization of the self. A crucial part of this endeavour is the investigation of the narrative identity.

Schizophrenia is known to affect the sense of identity. „Autobiographical memory deficits observed in schizophrenia could contribute to this altered sense of identity. The ability to give a meaning to personally significant events (meaning making) is also critical for identity construction and self-coherence” (Berna 2011, 703). Among the symptoms of schizophrenia that are strongly connected to narrative identity are the following: less specific memories, impaired social adjustment abilities, time processing impairments, weak connections between thoughts, and deficits in memory and attention.

Dimaggio and Semerari investigated the pathologies of narrative function and attempted to classify psychopathological narrative forms. The problems of patients’ narratives can be numerous, but their classification identifies two main types of problems: impoverished narratives and integration deficit. Both types can occur in schizophrenic narratives. In the case of integration deficit, the narrative itself may be lengthy, but incoherent and disorganized (Dimaggio / Semerari 2001, 5). Impoverished narratives may have a deficit in narrative production, or they may be alexithymic narratives, which “do not refer to emotional states, do not contain comprehensible descriptions of problems that the therapist should tackle, [and] do not take much account of the listener’s perspective” (ibid.). It has also been noted that metacognitive deficits are a stable feature of schizophrenia (Hamm et al. 2012, 1303). Creating a chronological account of their lives is also a difficult task for the patients, since they ultimately [account] for life on a moment-to-moment, rather than a historical, basis” (Lysaker / Lysaker 2002, 209). Moreover, their ability to access episodic memories, which are “the most event-specific, most experience-near representations in long-term memory” (Conway 2009, 2308), is attenuated (cf. Conway 2005, 610).

What is a written representation of a schizophrenic narrative identity like? In our experience, what the patients typically produce are very general descriptions

of a few stages of their life. Specific memories are only inserted, not embedded, in the story, hence its form can be fragmentary. No connections are being made between the writer's specific memory and his or her general living conditions. There are also no connections between the given memory and the self,<sup>4</sup> even when the memory is claimed to be highly significant. Schizophrenic life stories usually feature a powerless and introverted protagonist, who is rarely in the position to make important decisions. One of the patients explained that she always prefers to only listen to others, instead of being engaged in a conversation and sharing her own stories. In her own life story, she claims that she doesn't "always [have] to play the part of the protagonist, not even in [her] own life".<sup>5</sup> As Hamm et al. observe,

[w]ithin the general context of treatment, the role and relative prominence of psychotherapy has fluctuated significantly across time. At certain points in the last century, psychotherapy has been placed as a core treatment modality, while at other times it has virtually disappeared. Debates have also ensued regarding what psychotherapy for schizophrenia might best entail (2013, 45).

In psychiatry, the so-called „recovery movement” has postulated for a long time now that “recovery is a complex, multidimensional process”, “attaining both objective and subjective markers of wellness” (ibid.). Today, there is a widespread “interest in how narrative change or transformation may itself be an integral part of recovery from mental illness” (Lysaker et al. 2005, 244), and it has been suggested that “recovery from schizophrenia may involve the recapturing or developing one's personal narrative” (Lysaker et. al. 2010, 271). So, narrative research on schizophrenia is not exactly a new revolutionary path. But a narrative group therapy for patients with schizophrenia is almost unprecedented. Considering our clinical interests, this is the orientation that we would like to contribute to by developing our therapy. Our assumption is that the typical deficits in patients' stories can be translated into therapeutic techniques. The main techniques to be applied concern personal narratives: the narrative restructuring of the patients' written autobiographies, and additional practice concerning “small stories” of everyday conversations where our identities are developed and tested (Bamberg 2012). During the sessions, the patients also work with narratological phenomena such as perspectivization or embedding. In cooperation with the Department of Psychiatry at the University of Szeged, we carried out a pilot study with healthy control persons and persons with schizophrenia.

#### **4. The Dynamic Restructuring of the Life Story**

This section explains our method and elaborates on how to conceptualize life stories. Narrative therapies have been rather popular in psychology because the ability to coherently tell a detailed life story is undoubtedly connected to psychological health and well-being. As János László describes, as individuals, we live by our own stories, the plots of which are being reconsidered each time a new event is added to them; the (narrative) self is not static, not a substance, but the

organization of the sum of our personal experiences into a unit which contains not only what has happened but also what might happen in the future (2004, 333). One of the most important ideas that we build our therapy on is Paul H. Lysaker's:

People with severe mental illness may need to construct and then tell and continue to tell their story, deepening that story, re-positioning themselves as people who can narrate their own story while making efforts to successfully engage in daily life. (2010, 275)

Our therapy offers techniques for the deepening of the story and for the re-positioning of the storyteller. As for our method, we have strongly built on James Pennebaker's findings, who investigated the relationship of writing and physical and psychological health (cf. 2001). In his experiment, participants had to write about personally upsetting topics every day for a course of three to five days. He found that the practice of writing down personal experiences has a therapeutic effect. He also found that the best results were gained not by those who expressed their emotions and problems from the start in the most detailed and reflective manner, but by those whose texts included a considerable difference between the first and the last ones, the latter being more expressive and evaluative. Interestingly, these participants also expressed more negative emotions (*ibid.*, 195f.). This is evidence for Pennebaker's claim that in writing therapies the goal should not simply be to achieve a very sophisticated level of expression of our experiences, but to enhance a constructive process of restructuring and re-thinking them. Therefore, while coherence is globally viewed as one of the most important structural elements of a healthy personal story, it is important that one should not rush into creating a well-structured and detailed personal story at the expense of contemplating and reevaluating its content (*ibid.*, 201).

Our therapy has seven sessions, each focusing on important aspects of narrative identity and narrative intelligence, which are impaired in the stories of people with schizophrenia. The topics of the seven sessions are: 1. narratives in communication and culture: the life story; 2. the dialogical self; 3. integration; 4. self-defining memories and meaning-making; 5. emotions and embodiment; 6. social cognition; 7. overarching themes and the future.

Before the sessions begin, each participant is asked to create a short written life story. The instructions for this task are based on the method of Dan P. McAdams' Life Story Interview (2009), in which the participant is to imagine his or her life story as a novel, divided into four to eight chapters. Each chapter may be at least half a page and at most one page long. Each chapter may describe a period of one's life or a single memory of great significance. The only specific instruction is that the last chapter should be written about the future. Apart from that, the participants are free to decide what to include in their life stories and how much to elaborate. During therapy, they are to work on these life stories as a homework after each session. The method is nondirective. After discussing the given topics during each session, the participants do not get specific instructions as to how to rewrite their stories. They are free to decide how the topics of the sessions inspire them to rewrite their stories, although consultation is offered to them if they need it. As a pilot study, we have done the therapy with four small

groups, altogether with nine healthy people and nine patients of the Psychiatry Clinic in Szeged, suffering from schizophrenia spectrum disorders. We held two sessions per week, the therapy lasting three and a half weeks.

## **5. The Topics of the Sessions and their Relevance for the Life Stories Created by our Participants**

### **Session 1: Narratives in Communication and Culture: The Life Story**

The first session sheds light on the functions of stories in our everyday cognitive processes and their roles in social and cultural interactions and explains the importance and (changing) nature of life stories. Narratives are everywhere around us and in our minds as well, and they influence each other. This is what is meant by the claim that narrative “selves [are] constructed concurrently from the inside out and outside in” (McLean / Thorne 2006, 117). As for narratological aspects, this initial session introduces the most important elements of a story, such as characters, events, and plot structure (Herman 2002, 1; Fludernik 2002, 9; Adler et al. 2007, 1186). These may seem trivial to discuss, but in the case of impoverished narratives, the writer may have difficulties with some of these fundamental aspects. For instance, one participant, a 23-year-old man, started his life story with his memory of the nursery he attended. The following lines are the very beginning of the first version of his story, and also its complete first chapter:

Nursery

Here I only remember my stuffed dog and my parents, they are very important. It is as if I was sensing the teachers and my peers, feeling that I love them and we take care of each other. At this time if I did not have my dog with me, I cried.

There is no introduction, his memories are generic and without any context – for instance, the reader does not learn anything about his family. This characterizes the rest of his story as well: there is barely any specific memory in it that could be called an event or in which actions are described.

### **Session 2: The Dialogical Self**

This module is based on Hubert Hemans’s theory of the dialogical self, which conceives of the self as an ever-changing set of dialogues, a multiple phenomenon in and of itself. During this session, we also concentrate on what may be called synchronic integration: the integration of the different self-positions into one’s self. This approach can be understood as a critique of traditional narrative approaches to the life story, because the latter assumes a unified, single narrating voice. But while trying to find a single narrative voice in writing for the sake of coherence, we may end up disregarding a number of voices and positions of the self. Narrative identity is “akin to a polyphonic novel that is authored by many different voices within the person, all of whom engage in dialogue with each



other and with flesh-and-blood characters in the external world” (McAdams 2008, 243). Therefore, the application of dialogical self theory may seem like an anti-narrative practice, but, in fact, it shows an essential dimension of narratives in our cognitive processes.

One of our participants, a woman in her 40s who lives with schizophrenia, struggled a great deal with her text. The first version of her life story was actually the opposite of what most patients typically produce. Instead of providing general descriptions about some periods of her life, she only recounted 12 specific memories. Each of them was told in a separate chapter in a couple of sentences. The following is her latest recounted memory:

12. J’s (my brother’s) wedding:

It’s September, in 2014. The weather is rainy, the sky is overcast. Today is a big day, J. marries G. The family, the friends, the acquaintances have all been preparing. Chicken plucking, pig and cattle slaughtering. Decorating, setting the tables, washing up. The engagement happened two years ago, worrying, everything should be in order. The young couple is very pretty, the bride wears purple when she greets the guests, the groom is handsome, grey and pink. Lunch, farewell to the parents, civil ceremony, church ceremony. The bride wears white, red, as it is customary. They are beautiful, young, happy...

There was no contextualization and not much reference to emotional states either. After the second session she added more text, carefully separating them by categories (12.1, 12.2, 12.3)

12.1 Emotional fluctuations:

Preparing, we’re getting weeks, days closer. Tense atmosphere, excitement, waiting for the guests. Cakes and ale, celebration. Smiling, happy couple. Crying parents. Band, dance, partying. Big day, general happiness.

12.2 Relationships:

There are many of us, many acquaintances whom I don’t know well. Extended family, a lot of friends. [...] The young couple is happy, the parents are moved, everyone in the family is anxious whether the guests are having a good time.

12.3 Family roles:

The family has a new member. G. fits in the family. We know her, the marriage was preceded by a long relationship. She has been a family member before, but now she is officially that, too. She became my sister-in-law, she is the new member [...]. My younger brother, J’s process of becoming an adult is now, with this event, completed [...].

As in the previous case, the style of this text is characteristic of the writer’s entire story. She provides flashes of memories, often in present tense, short sentences, lists of nouns or impression-like recounting. Interestingly, she provides strictly separated, numbered sections for each memory instead of producing a reworked, blended version. This can be understood as a step forward though, as a peculiar method of embedding the memory simply by adding more information to it. Thinking about the positions of one’s self does not make writing simpler, it may actually result in making the representation of the life story more fragmented at this stage, but it may potentially deepen its internalized version, the narrative identity itself. In the parts that were added later, there are many expressions of emotions, as well as references to relationships, which are typically difficult to express for individuals with schizophrenia, and of which were much less in the first version. The writer is the same person who claimed that she does not always have to be the protagonist of her own life. Section 12.3 is an example of her

claim: she attempts to explain her self's position, but she concentrates on the newlyweds instead of herself.

### **Session 3: Integration**

This session focuses on two different aspects of integration: the integration of specific episodes of one's life, and the integration of the life story into the individual's larger social environment, in the hope of reducing the feeling of isolation that persons with schizophrenia often suffer from. From a narratological aspect, this session is chiefly concerned with structural issues, the organization of specific events and their embedding in the life story.

A woman of 60 who lives with schizophrenia constructed an impoverished story, with two distinct methods of narrating. In some chapters, she wrote in relatively rich detail, describing generic scenes, typically from her childhood, without specific events or actions:

My grandmother took care of the flowers. My father took care of the animals, my grandmother fed the smaller animals: chickens, ducks, etc. My mother took care of the house, she cleaned it, cooked, washed and ironed the clothes. My grandfather had some vines, he made wine. Sometimes he sang to me military songs that he had learned during the war. We sewed and played simple card games with my grandmother.

In other chapters, the same person's story shows a deficit in narrative production:

I consciously chose a specific university because of a profession that had attracted me since my childhood. But studying did not go so well at the university as it had before. But I finished it and started working in the capital because that is where I got a job. It was difficult, with many issues. I met my husband and we moved in with his parents.

Here, the writer provides only a little more than a list of actions, events, and circumstances. These are obviously of great importance in her life, but she provides no details or explanations. For instance, in the first version of her life story we cannot tell which profession she had chosen.

Interestingly, while the first versions that the patients created were mostly quite coherent, they had problems integrating episodes that they added to their life stories later. These episodes often remained largely isolated from the rest of the story, producing evidence for Pennebaker's idea that people tend to rush into creating a firm structure for personal stories, which are later difficult to deconstruct. Integration seems to be the most problematic aspect of schizophrenic storytelling in our findings, and it will need more attention and work during future sessions.

### **Session 4: Self-Defining Memories and Meaning-Making**

This session concentrates on the 'building blocks' of the life story: the most significant memories. These are connected to long-term goals or serious conflicts.

We also work with the constituent which holds these memories together in a flexible construct, and which is described as “the never-ending process of meaning-making” in Jefferson A. Singer’s model of narrative identity (Singer / Blagov 2013, 570). Meaning-making means the embedding of these memories into the life stories by evaluating them and connecting it to the self through explaining what its personal significance is. In this regard, this session continues the problematization of integration. The experiences we had during the third and the fourth sessions have shown that the patients often have difficulties finding connections between their experiences and their selves, they often simply fail to put into words what a memory content means to them. In fact, in some cases they even had problems with understanding what a single specific memory or event is. For instance, when asked to share a unique childhood memory they might start to speak about how different the school system was when they were young, and how carefree they were as children. This might happen even after they have heard others sharing proper unique memories.

### **Session 5: Emotions and Embodiment**

By embodiment we mean mainly sense perceptions which, together with emotions, facilitate the process of remembering and make memories more specific. When we recall certain emotions, perceptions, and their impressions, this recollection helps us to arrive at a more detailed memory and it also helps to evaluate and understand it. Although most participants were eager to discuss these phenomena, it turned out that they are often quite difficult to verbalize. When first included in the life story, they even tend to deconstruct the structure that existed in the story previously. Thus, these contents may also be seen as anti-narrative, subversive elements. Moreover, many of the participants initially tried to avoid expressing negative emotions out of distrust or to make a better impression, although, based on Pennebaker’s findings, they were encouraged to do so. The following quote is the representation of a patient’s negative memory:

It is quite difficult to write about. Head lice appeared in several children’s hair in our class. Nurses came and inspected us. Unfortunately, this thing still occurs today, one cannot really prevent it. My mother became angry, she became furious. I can still feel the pain as I did when she put the medicinal cream on my hair and combed it with a fine tooth comb. She ironed my sheets angrily.

This participant notoriously avoided expressing similar experiences. Therefore, when she finally added this memory, it was difficult to embed in her story. It is claimed to be an important memory, it is remembered clearly, with sense perceptions and bodily experiences (pain). Yet, as for integration and meaning-making, the reader is left without a clear explanation concerning the significance of this experience. For example, there are no explicit references to the emotions of the writer. Moreover, the very fact that she had head lice, although, it becomes obvious, is not stated.

## **Session 6: Narratives and Social Cognition**

Stories as such serve as maps in social spaces (Péley 2013, 150). According to Tibor Pólya, social knowledge is first and foremost organized according to narratives (2004, 341). During this session, we concentrated on perspectivization and mentalization. One of the tasks in this session is to recount an important memory from the perspective of somebody else, who also shares the given memory. These are especially problematic aspects of patient stories. In this session, we also focus on orality, that is, the way we build, shape, and rebuild our identity in social situations, through interacting with others (cf. Pasupathi 2006, 144). These are important aspects of narrative identities, since the way we understand the experiences of others greatly influences who we are and how we understand our experiences. As Monisha Pasupathi puts it, “[t]here is a kind of dynamic relationship between expressing and creating selves in conversational storytelling” (ibid.). Patients’ stories usually feature few characters with little (if any) characterization, which reflects the isolation they experience.

## **Session 7: Overarching Themes and the Future**

The last session aims at a summary and an evaluation of the previous sessions. Here we also call attention to the fact that this is not the closing of the whole process of working with one’s life story. This is the first session where we deal not only with specific parts and aspects of personal stories but also with the representation of the life story as a whole, in the form of overarching themes contained in it (cf. Habermas / Silveira 2008, 709). We deal here also with plans for the future (cf. László 2004, 333). The previous sessions all contribute to making these themes and plans clearer.

In order to help to discuss and understand the most important themes in the participants’ lives one task in this session is to give a title to one’s life story, and give a short explanation of it. This task shows the way the participant understands the themes of his or her life. A man in his fifties titled his severely impoverished life story “Responsibility”. Firstly, it may seem like a meaningful title referring to a personal mission. However, this patient was heavily perseverating:<sup>6</sup> throughout the sessions he kept giving responses that described stereotypical proper behaviour. For instance, he frequently claimed “Responsibility is very important”, even when it was completely irrelevant to the current topic. Therefore, the title probably does not have any real personal meaning behind it. A young man titled his life story “The prodigal son”. This title does capture an important lesson in his life, as it is connected to his greatest regret and most important present dilemma (he feels he did not listen to his parents when he was younger), therefore it is a personal and meaningful title that could help him gain a perspective of his life that will help him in his future.

## Discussion

Our experiences with the patients' and the control persons' narratives have led us to important considerations of life stories. By the end of the therapy, each participant has provided seven versions of his or her life story.<sup>7</sup> The function of this practice is to turn the experience of working with the life story into a habit on the participants' part, while it can potentially also reveal more dimensions of the writing process, which is important for the development of the method. When it comes to investigating the representations of the narrative identities, one needs to take into account each and every one of the seven versions for each participant, since during the rewriting process the writers are free to remove any part that was previously written, therefore there may be important parts that are deleted from the final version.<sup>8</sup> Nonetheless, the most important aspect is the inner version of the life story, to which we do not have direct access, and which differs considerably from its representations in many respects – most importantly, it does not even exist in the form of an encompassing, unified story, not even temporarily. We claim that the difficulties of the attempt to create a representation of it reveal some crucial aspects of the life story.

This leads us to a partly new concept of the narrative self as well as to important insights about narrative forms and functions in mental processes, since the therapy can be regarded as a practice in which the process of the construction of narratives itself is deconstructed. The method breaks the life story writing down into different processes (sometimes in conflict with each other), through which we may be able to better understand the complexity and multiplicity of narratives in human cognition. An interesting finding was that regarding the difficulties of the process rewriting, we can assume that the life story is not entirely a verbal phenomenon, which is lucidly expressed by a question Nóra Pintér proposes: “Am I only what I can put into words?” (2012, 69). When we included anti-narrative elements<sup>9</sup> among the topics of the sessions, our intention was not to undermine narrative construction but to shed light on the fact that not all aspects of a life story can be expressed verbally, or at least not to the same extent.

We believe our experiments have also sufficiently demonstrated that this understanding is in line with the way how neuropsychology explains the formation of episodic memories. According to Martin A. Conway, episodic memories consist of so-called episodic elements, which he regards as “the fundamental units of the cognitive system as a whole” (2009, 2311). The episodic elements are “non-verbal and sensory-perceptual in nature”, and they are to be understood as the basis of all conceptual knowledge, since the autobiographical knowledge base, which is also built on these elements, is always, at least partially, active in the brain (Conway 2015, 575). We have observed several instances of the constitutive power of these episodic elements in the writings of our participants. Single, detailed memories as well as impressions were often added in the rewritings, and they usually appeared without previous contextualization. Hence these parts, when newly added, potentially subverted a previously existing narrative

structure. But the participants usually understood the newly formed, more fragmented and chaotic narrative as a step forward compared to previous retellings, perhaps as a temporary state between the ‘outdated’ structure and a new, more appropriate one.

This might help us rethink the roles and workings of narratives in human cognition. Ralf Schneider has recently outlined the possibilities and risks of integrating neurosciences with narratology (cf. 2017), for which the examination of stories created by people with mental illnesses may also be fruitful. Certain aspects of embodiment have become significant in cognitive science, and lately they have gained importance in narratology, for instance in second generation cognitive narratology. We were pleased to realize that our findings concur with the theory of Richard Walsh, who claims that “narrative always functions interdependently with other modes of cognition” (2017, 461). As he explains, “narrative discourse may foreground narrative meaning, but [...] [in and of itself] [n]arrative sense-making is partial, provisional, and interdependent with other modes of sense-making” (ibid., 473f.). These further modes “would appear to be more fundamental and more primitive than language, initially bound up with the emergence of consciousness, and a primary determinant of the parameters of any conceivable system of values” (ibid., 473). This view of narrative understanding is in line with the phenomenological model of the narrative self, which emerges from and which is influenced by ‘lower’ levels of the self and consciousness. Although our present research is in its early phase, our findings appear to support the above-mentioned premises held by cognitive narratology, experimental cognitive sciences, and psychology.

In the future, we plan to place more emphasis on specific memories and their embedding in the life story to reduce the patients’ overly general descriptions. We also plan to introduce more exercises with perspective and shifting points of view, because this strategy is one of the most important narratological phenomena. It also has great significance for psychological health, and patients typically struggle with tasks involving these strategies. These changes will also allow us to learn more about narrative phenomena in the narratives of people with mental illnesses. We plan to have more sessions, because the longer the therapy is, the greater chance we have that the patients acquire new storytelling skills. Last but not least, to our experience it is on the basis of themes that patients naturally tend to add new parts to their life stories,<sup>10</sup> rather than rewriting them according to principles concerning structural phenomena. Thus, we assume that the rewriting procedure is to be structured around thematic issues (possibly around self-positions suggested by the theory of the dialogical self, such as ‘being a daughter’ or ‘being a spouse’), and the problematization of narratological phenomena is to be conveyed through the discussion of the contents of the life story, indirectly. Introducing these changes will probably result in the production of even longer texts, which are easier to restructure for the participants and which become a richer source for the investigation of single narratological phenomena.

## 6. Conclusion

In this paper, we have outlined a section of the work of our research group at the University of Szeged, which investigates schizophrenia in a cooperation between the Department of Psychiatry and the Faculty of Arts. Merging psychology, phenomenological psychiatry, and literary theory with a focus on narrative intelligence and narrative identity, we have developed a narrative group therapy that aims at recovering several skills which are impaired in schizophrenic storytelling. While narrative theories are widely known in several disciplines, the cooperation between literary narratology and other fields is far from ideal, due to the lack of genuine dialogue. One of our aims is to carry out truly interdisciplinary work in the project. We have focused on the methodology of the therapy, and the potential that this research and practice may hold for the study of narratives. Our therapy targets specific essential aspects of storytelling in general, and the life story in particular. This method may contribute to the process of recovery from schizophrenia. We have also carried out a pilot study with healthy participants as well as patients struggling with schizophrenia spectrum disorders.

While we are still in an early stage of our work, we can conclude that the method seems to be fruitful. The participants' texts are excellent material for narrative research, both for psychological and narratological analysis. So far, they have shown that we need to adopt a more dynamic, plural, multimedial view of personal stories, some essential parts of which are, in fact, of a subversive, anti-narrative nature. This suggests that several processes of narrative construction and comprehension may challenge the views we now hold. Further analysis of the texts created and re-created by the patients can contribute to a more comprehensive view of the life story, as well as narratives in human mental processes, by offering a chance to re-examine the relationship of storytelling, memory, consciousness, and meaning-making.

## Bibliography

- Adler, Jonathan M. et al. (2007): "Personality and the coherence of psychotherapy narratives". In: *Journal of Research in Personality* 41 (No. 6), pp. 1179-1198.
- Bamberg, Michael (2012): "Identity and Narration". In: Hühn, Peter et al. (eds.): *The living handbook of narratology*. URL: [http://wikis.sub.uni-hamburg.de/lhn/index.php/Identity\\_and\\_Narration](http://wikis.sub.uni-hamburg.de/lhn/index.php/Identity_and_Narration) (2.6.2017).
- Barthes, Roland (1975): „Introduction to the Structural Analysis of Narratives". In: *New Literary History* 6 (No. 2), pp. 237-272.
- Berna, Fabrice et al. (2011): "Impaired ability to give a meaning to personally significant events in patients with schizophrenia". In: *Consciousness and Cognition* 20 (No. 3), pp. 703-711.
- Conway, A. Martin (2005): "Memory and the self". In: *Journal of Memory and Language* 53, pp. 594-628.
- Conway, A. Martin (2009): "Episodic memories". In: *Neuropsychologia* 47 (No. 11), pp. 2305-13.
- Conway, A. Martin / Loveday, Catherine (2015): "Remembering, imagining, false memories & personal meanings". In: *Consciousness and cognition* 33, pp. 574-81.

- Dimaggio, Giancarlo / Semerari, Antonio (2001): "Psychopathological Narrative Forms". In: *Journal of Constructivist Psychology* 14 (No. 1), pp. 1-23.
- Ehmann, Bea (2002): *A szöveg mélyén: A pszichológiai tartalomelemzés* [In the depth of the text: Psychological content analysis]. Budapest.
- Ehmann, Bea (2004): "Elbeszélt élettörténei epizódok időstruktúrája" [Time structures of life story episodes]. In: László János et al. (eds.): *A reprezentáció szintjei* [The levels of representation]. Budapest, pp. 357-372.
- Fludernik, Monika (2002): *Towards a 'Natural' Narratology*. New York.
- Hamm, Jay A. et al. (2012): "Metacognition and Social Cognition in Schizophrenia: Stability and Relationship to Concurrent and Prospective Symptom Assessments". In: *Journal of Clinical Psychology* 68 (No. 12), pp. 1303-1312.
- Hamm Jay A. et al. (2013): "Individual psychotherapy for schizophrenia: trends and developments in the wake of the recovery movement". In: *Psychology Research and Behavior Management* 6, pp. 45-54.
- Habermas, Tilmann / Silveira, Cybele de (2008): "The Development of Global Coherence in Life Narratives Across Adolescence: Temporal, Causal, and Thematic Aspects". In: *Developmental Psychology* 44 (No. 3), pp. 707-721.
- Heinen, Sandra (2009): "The Role of Narratology in Narrative Research across the Disciplines". In: Sandra Heinen / Roy Sommer (eds.): *Narratology in the Age of Cross-Disciplinary Narrative Research*. Berlin / New York, pp. 193-211.
- Heinen, Sandra / Sommer, Roy (2009): "Introduction: Narratology and Interdisciplinarity". In: Sandra Heinen / Roy Sommer (eds.): *Narratology in the Age of Cross-Disciplinary Narrative Research*. Berlin / New York, pp. 1-10.
- Herman, David (2002): *Story Logic: Problems and Possibilities of Narrative*. Lincoln.
- Hyvärinen, Matti (2010): "Revisiting the Narrative Turns". In: *Life Writing* 7 (No. 1), pp. 69-82.
- László, János (2004): "A második kognitív forradalom: a narratív pszichológia és a kognitív pszichológia viszonya" [The second cognitive revolution: the relationship of narrative psychology and cognitive psychology]. In: László János et al. (eds.): *A reprezentáció szintjei* [The levels of representation]. Budapest, pp. 324-340.
- László, János (2008): "Narratív pszichológia" [Narrative Psychology]. In: *Pszichológia* 28 (No. 4), pp. 301-317.
- Lysaker, Paul H. et al. (2005): "Narrative Qualities in Schizophrenia Associations With Impairments in Neurocognition and Negative Symptoms". In: *The Journal of Nervous and Mental Disease* 193 (No. 4), pp. 244-249.
- Lysaker, Paul H. et al. (2010): "Personal narratives and recovery from schizophrenia". In: *Schizophrenia Research* 121, pp. 271-276.
- Lysaker, Paul H. et al. (2015): „Metacognitive Deficits in Schizophrenia”. In: *The Journal of Nervous and Mental Disease* 203 (No. 7), pp. 530-536.
- Lysaker, John / Lysaker, Paul H. (2002): "Narrative Structure in Psychosis". In: *Theory & Psychology* 12 (No. 2), pp. 207-220.
- Martin, Brice et al. (2014): "Temporal structure of consciousness and minimal self in schizophrenia". In: *Frontiers in Psychology* 5, pp. 1-12.
- McAdams, Dan P. (2008): "Personal Narratives and the Life Story". In: Oliver P. John et al. (eds.): *Handbook of Personality: Theory and Research*. New York, pp. 242-262.
- McAdams, Dan P. (2009): "The Life Story Interview". In: *Foley Center for the Study of Lives*. URL: <https://www.sesp.northwestern.edu/foley/instruments/interview/> (1.3.2018).
- McLean, Kate C. / Thorne, Avril (2006): "Identity Light: Entertainment Stories as a Vehicle for Self-Development". In: Dan P. McAdams et al. (eds.): *Identity and story: creating self in narrative*. Washington, pp. 111-128.
- Menary, Richard (2008): "Embodied Narratives". In: *Journal of Consciousness Studies* 15 (No. 6), pp. 63-84.
- Minkowski, Eugene (1926): *La Notion de Perte de Contact Vital avec la Réalité et ses Applications en Psychopathologie*. Paris.
- Nünning, Ansgar (2003): "Narratology or Narratologies? Taking Stock of Recent Developments, Critique and Modest Proposals for Future Usages of the Term". In: Thomas Kindt / Hans-Harald Müller (eds.), *What Is Narratology? Questions and Answers Regarding the Status of a Theory*. Berlin / New York, pp. 239-276.
- Parnas, Josef (2003): "Self and schizophrenia: a phenomenological perspective". In: Tilo Kircher / Anthony David (eds.): *The Self in Neuroscience and Psychiatry*. Cambridge, pp. 127-141.
- Parnas, Josef / Sass, Louis Arnorsson (2002): "Self, Solipsism, and Schizophrenic Delusions". In: *Philosophy, Psychiatry, & Psychology* 8,5 (No. 2), pp. 101-120.



- Pasupathi, Monisha (2006): "Silk From Sows' Ears: Collaborative Construction of Everyday Selves in Everyday Stories". In: Dan P. McAdams et al. (eds.): *Identity and Story. Creating Self in Narrative*. Washington, pp. 129-150.
- Péley, Bernadette (2013): "Élettörténet – Fejlődés és patológia. A narratív szemlélet és módszer haszna a diagnosztikában és a terápiában" [Life story – Development and pathology. The narrative approach and its use in diagnosis and therapy]. In: *Magyar Pszichológiai Szemle* [Hungarian Psychology Review] 68 (No. 1), pp. 141-157.
- Pennebaker, James (2001): "A stressz szavakba öntése: egészségi, nyelvészeti és terápiás implikációk" [Putting stress into words: health, linguistic, and therapeutic implications]. In: László János / Thomka Beáta (eds.): *Narratívák 5. Narratív pszichológia* [Narratives 5. Narrative Psychology]. Budapest, pp. 189-205.
- Pintér, Judit Nóra (2012): "A tudattalan identitás" [The unconscious identity]. In: *Imágó Budapest* 2 (No. 2), pp. 67-72.
- Pólya, Tibor (2004): "Miről informál az élettörténet narratív perspektívája?" [What does the narrative perspective of life stories inform us of?]. In: László János et al. (eds.): *A reprezentáció szintjei* [The levels of representation]. Budapest, pp. 324-340.
- Schneider, Ralf (2017): "Is There a Future for Neuro-Narratology? Thoughts on the Meeting of Cognitive Narratology and Neuroaesthetics". In: Per Krogh Hansen et al. (eds.): *Emerging Vectors of Narratology*. Berlin, pp. 479-496.
- Singer, Jefferson A. et al. (2013): "Self-Defining Memories, Scripts, and the Life Story: Narrative Identity in Personality and Psychotherapy" In: *Journal of Personality* 81 (No. 6), pp. 569-582.
- Szendi, István et al. (2010): "Two subgroups of schizophrenia identified by systematic cognitive neuropsychiatric mapping". In: *European Archives of Psychiatry and Clinical Neuroscience* 260 (No. 3), pp. 257-66.
- Walsh, Richard (2017): "Beyond Fictional Worlds: Narrative and Spatial Cognition". In: Per Krogh Hansen et al. (eds.): *Emerging Vectors of Narratology*. Berlin, pp. 461-478.

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<sup>2</sup> We use the term ‘narrative studies’ in accordance with Ansgar Nünning to refer to the use of narrative theory and practice in the broadest sense (Nünning 2003, 258).

<sup>3</sup> Among patients with the same diagnosis regarding their cognitive disorders, two subgroups were identified (Szendi et al. 2010).

<sup>4</sup> As in ‘Due to this event I have learned to be more patient with others’.

<sup>5</sup> Our participants wrote in Hungarian. The quotes were translated by Lilla Farmasi.

<sup>6</sup> Persisting at tasks despite the behaviour being dysfunctional, due to being unable to adapt to a changing social context.

<sup>7</sup> After creating a new version as homework following each session.

<sup>8</sup> One of our healthy participants, a woman in her late 20s, wrote a chapter of a two-year-old phase in her life when she had a serious illness. Through a meticulous restructuring process, in the sixth version of her life story she gradually replaced the memory itself (of the symptoms, the diagnosis, and the treatment) with an equally long piece of writing about the significance of this memory.

<sup>9</sup> Such as the multiple, simultaneously existing self positions which are usually excluded from autobiographies by one unified narrating voice; or the detailed descriptions of embodied experiences which are in opposition with a view that focuses on events.

<sup>10</sup> For instance, writing about their career in one sitting and writing about their family in another.