April 2014

Releasing the self from the diagnostic straitjacket: Making meaning & creating understanding through dialogic autobiography

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A thesis submitted in partial fulfillment of the requirements for the degree in Doctor of Philosophy

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RELEASING THE SELF FROM THE DIAGNOSTIC STRAITJACKET: MAKING MEANING & CREATING UNDERSTANDING THROUGH DIALOGIC AUTOBIOGRAPHY

(Thesis format: Integrated Article)

by

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Graduate Program in Health & Rehabilitation Sciences

A thesis submitted in partial fulfillment of the requirements for the degree of Doctor of Philosophy

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ABSTRACT

To understand just one life, you have to swallow the world.
(Rushdie, 2006, pg. 121)

Mental health care in the Western world is situated firmly within a biomedical paradigm. Disorder is assumed, and symptoms are viewed as dis-abling deviations from normal. A disease-based model of care informs the treatment options that are most available and accessible.

I argue that bio-medical care separates the person from her/his experiences, the self from the individual. I advocate for the addition of a non-biomedical approach to health education that enables a connection between the individual and her/his experiences; one that does not replace the self with a diagnostic profile. The creation of a meaningful understanding of that referred to as an illness experience, is recommended as essential to the process of moving away from illness and disability and towards wellness and ability.

I ask two overarching questions: 1) How might the exploration of a personal narrative of the self facilitate the process of constructing a meaningful understanding of experience in one who has been diagnosed with what they are told is mental illness? 2) How might this process enable the individual to move beyond a state of compromised emotional wellbeing and perceived dis-ability to a state of overall wellness and perceived ability?

Three separate but interrelated articles are included in this dissertation. My theoretical study examines the interrelatedness of meaningful learning, constructivism
and Bakhtinian dialogism. I propose a theoretical framework for use in individualized approaches to meaning making for those who experience what they are told is mental illness.

Critical autobiographical narrative, the methodology supporting this research, is used to facilitate a wide variety of vicarious experiences. Dialogue, self-analysis, and self-reflexivity are recommended as key to the creation of autobiographical research that is effective and evocative.

My findings include an autobiographical account of the experience of being given electroshock, and a multi-voiced dialogue that includes two characters from Mary Shelley’s literary classic, ‘Frankenstein’. A self-reflective dialogue is woven throughout this section. Photographic images serve as metaphors to support dialogic musings.

This research aims to evoke thoughts and feelings, and to contribute new conversation to the ongoing dialogue on the nature of the narrative self in those who experience compromised emotional wellbeing.

Keywords: Aesthetic Representation, Autobiographical Narrative, Bakhtin, Constructivism, Dialogism, Electroconvulsive Therapy, Foucault, Frankenstein, Jung, Meaningful Learning, Mental Illness, The Self.
DEDICATION

This work is dedicated to the women and men who were my ward mates on S2.

It is for those of you who remain entangled in the mental health system.

And, it is for those who have gone to ‘other places’.

For various reasons many of you were not able to walk away as I did.

This work is for you.
ACKNOWLEDGMENTS

Care, support, wisdom, grace, insight, grounding, balance, patience,
rejuvenation, guidance, solace, perspective, calming, reflection, affirmation, regard ......
a few of the gifts given to me, with such generosity, by those I know from my various worlds. All of you are my community, my circle, my kin.
Three of you, my advisors, are named here .......

Sandy DeLuca - You introduced me to the enchanting realm of the narrative.
With gentle encouragement you helped me to set aside ‘tentative’ in order to make space for ‘voice’. You taught me how to keep one foot planted firmly in the academy while encouraging the other foot to explore ‘other realms’.

Lilian Magalhaes – You showed me the essentials of connecting scholarship to the reader. In the way that only you can do, you helped me to push myself beyond those spaces of unproductive doubt. During times when I felt I had lost my way, you helped me to reconnect with the trail by reminding me of my objectives.

Roz Stooke – You introduced me to the intriguing notion of the authorial self.
With words you placed ever so carefully, you gave me feedback that was essential to the evolution of my critical gaze. You showed me the importance of pause to the process of unpacking ideas.

To those named and those not, there truly is no way to thank you enough.

I bow to the Divine in all of you.
# TABLE OF CONTENTS

Abstract ................................................................................................................................. ii

Dedication ............................................................................................................................... iv

Acknowledgments .................................................................................................................. v

Table of Contents .................................................................................................................. vi

1 Introduction ................................................................................................................................................................................. 1

1.1 Explain, Contain and Control: A Place to Begin ......................................................... 1

1.2 The Research Issues and The Research Questions ................................................. 3

1.3 My Ontology and Epistemology: A Personal Collage ........................................... 12

1.4 Responsible Rebellion ................................................................................................. 17

1.5 The Nature of the Self in Experience ........................................................................ 18

1.6 Making Sense On the Edge ......................................................................................... 27

1.7 Making Meaning and Creating Understanding Through Dialogue ..................... 29

1.8 Architecture and Authorial Position .......................................................................... 30

1.9 My Methodological Home ......................................................................................... 31

1.10 The Dialogic Tapestry of Sense Making ................................................................. 33

1.11 A Circle of Exploration and Discovery ................................................................... 34

1.12 References ............................................................................................................... 36

2 Meaningful Learning, Constructivism and Bakhtinian Dialogism: Their Interrelatedness, and Their Application To Narratives of the Self ......................................................... 41

2.1 My Interests and My Assumptions ............................................................................. 41

2.2 Meaningful Learning .................................................................................................. 47

2.3 Inspiring Discovery ..................................................................................................... 48
### 2.4 The Pursuit of Knowledge ................................................................. 51

### 2.5 Social and Psychological Constructivism ........................................ 54

### 2.6 Radical Constructivism ........................................................................ 56

### 2.7 The Active Process of Making Meaning ........................................... 59

### 2.8 Seeing Constructivism in Meaningful Learning .................................... 61

### 2.9 Meaningful Learning and Executive Functions .................................... 63

### 2.10 The Intimacy of Making Meaning ..................................................... 65

### 2.11 The Dialogical Self ............................................................................. 66

### 2.12 Bakhtinian Dialogism ........................................................................ 69

### 2.13 Unitary Language and Heteroglossia .................................................. 73

### 2.14 Making Meaning Through Story ....................................................... 75

### 2.15 Conflicted Dialogue ........................................................................... 78

### 2.16 Hidden Voices, Distorted Stories ....................................................... 81

### 2.17 A Few Final Thoughts ........................................................................ 83

### 2.18 References ............................................................................................ 86

### 3 My History Reads To Me: A Reflective Journey Into the World of Critical
Autobiographical Narrative ............................................................................ 92

#### 3.1 Preface ................................................................................................ 92

#### 3.2 The First Step ...................................................................................... 94

#### 3.3 Autobiographical Narrative ................................................................. 94

##### 3.3.1 Poem - How Do I Speak With You ............................................... 99

#### 3.4 Self-analysis ......................................................................................... 99

##### 3.4.1 Drawing - Time With My Inner Self ......................................... 101
3.5 The Courage to Come Out ................................................................. 102
  3.5.1 Poem - The Less There Is To Say ............................................... 104
  3.5.2 Poem - Seeing Inside ............................................................... 105
3.6 Grit, Guts and Voice ..................................................................... 106
3.7 Making Sense, Making Meaning .................................................. 109
  3.7.1 Can We Research Suffering? An Aesthetic
       Representation of Dialogue ............................................................. 111
3.8 Self-reflexivity as Essential Practice ............................................ 115
3.9 Claiming the Self ........................................................................ 118
3.10 Autobiography as Social Justice Action ...................................... 118
3.11 Repairing Damaged Identities Through Counterstory ................ 124
  3.11.1 Poem - This Is Who You Are ................................................... 125
  3.11.2 Poem - When I Walk Past Windows .......................................... 127
  3.11.3 Poem - Cheese Slipped Off The Cracker ................................. 129
3.12 Naming and Giving Voice to Experience .................................. 131
  3.12.1 Poem - Evolution Of Selves ..................................................... 132
3.13 The Faces of Oppression ............................................................ 136
3.14 This Is Where I Want to Be ......................................................... 138
  3.14.1 Poem – Abundance ............................................................... 139
  3.14.2 Poem - Alive And Waiting ...................................................... 141
3.15 References .................................................................................. 143
4 I Spoke With Victor Frankenstein About My Experience With Shock Therapy .... 147
  4.1 Prologue .................................................................................... 147
4.1.1 Taken Away By The Green Butterfly ........................................ 150

4.2 Epilogue ...................................................................................... 181

4.3 References ................................................................................ 187

5 Conclusion .................................................................................... 189

5.1 Shepherding Knowledge .............................................................. 189

5.2 The Trailhead ............................................................................ 192

5.3 Scrutiny on the Journey ............................................................... 194

5.4 Finding Meaning in the Familiar ............................................... 195

5.5 Interactive Encounter Through Dialogue ................................ 197

5.6 Madness vs. Non-madness ......................................................... 199

5.7 Not Going Mad ......................................................................... 202

5.8 Being Accountable To the History of Our Present .................. 203

5.9 A Trail of Breadcrumbs ............................................................... 205

5.10 Implications for Health Professional Education ................ 207

5.11 One Last Conversation ............................................................. 209

5.12 References .............................................................................. 213

Curriculum Vitae ........................................................................... 217
INTRODUCTION

The mass crushes out the insight and reflection that are still possible with the individual, and this necessarily leads to doctrinaire and authoritarian tyranny if ever the constitutional State should succumb to a fit of weakness. (Jung, 2006, p.4)

The expertise of subjectivity has become fundamental to our contemporary ways of being governed and of governing ourselves. This is not because experts collude with the state in trapping, controlling and conditioning subjects. Liberal democratic polities place limits upon direct coercive interventions into individual lives by the power of the state; government of subjectivity thus demands that authorities act upon the choices, wishes, values, and conduct of the individual in an indirect manner. [Expertise] achieves its effects not through the threat of violence or constraint, but by way of the persuasion inherent in its truths, the anxieties stimulated by its norms, and the attraction exercised by the images of life and self it offers to us. (Rose, 1989, p. 10)

It is on the ground of uncertainty and in the face of the unknown that the inner story of our souls becomes most pertinent and important. The soul requires an outer drama so that it can reveal its full imagination for life and its inner myth. (Meade, 2010, p. 5)

Explain, Contain and Control: A Place to Begin

Through our indulgent dedication to ingenuity, innovation and invention we have, as a society, become more than accustomed to living in comfort. We have elevated our tendency to surround ourselves with comfort from its one-time position of being hard-earned luxury to that which has become more of a basic expectation; generally speaking, our commonly held standards of living and working. But like all that provides benefit, our affinity for comfort does not come unencumbered by cost. A diminished ability to tolerate and/or accommodate much of that determined to be
discomfort, has resulted from our fixation on ensuring assuagement in its many forms. Herein lie some of the costs incurred from our devotion to this campaign.

This obsessive attachment, which sits in juxtaposition to the reality that complete eradication of discomfort is impossible, has created something of an allergy. Where we used to be guided more by preference, it would seem that what we have come to believe is necessity, is well on the rise as the primary motivator that drives us to seek out comfort and to resist discomfort. Further to this, I do believe that the pervasiveness of this habituated way of being has not been limited to creature comforts. The reach of this predilection extends quite beyond the material.

Situated within the broader realm of discomfort, are the notions of chaos, confusion, disorganization, and disorder. Although each of these is most certainly a subjectivity, they do share the common judgment of being deemed undesirable by the generally accepted socio-cultural norms according to which our society functions and is organized.

The rueful, the elegiac, that which is lamentably unchangeable in living – essentially, the moral core of experience – is replaced by the progressivist myth that one can find magic bullets to solve life. Zones of abandonment (Biehl 2005) absorb the people whose resources cannot sustain them, and the middles-class scene is sustained at the cost of loss, alienation, and deepening inequality that divides selves into separate classes of danger. In this scenario, we see the demoralization of everyday experience via scientific categories such as depression and post-traumatic stress disorder that remake people as objects of technological manipulation without allowing for the possibility of remorse, regret, or repentance. (Biehl, Good, & Kleinman, 2007, p. 11)

As is the case with our aversion to discomfort, we do not tend to do well when it comes to finding and/or making space for these other undesirables. Beyond the obvious
judgments held against these subjectivities, I believe that our repugnance is exacerbated, in large measure, by our tendency to determine the existence of comfort in things, experiences, and ways of being, according to whether or not they can be apprehended and/or objectified. Whereas, discomfort has a tendency to be more plentiful in situations where we cannot apprehend and we cannot objectify.

It has been my observation that as a society, we have developed a compulsive need to explain that which resists explanation, to contain that which distresses and disturbs, and to control that, which is disheveled, and dis-orderly.

Empirical science disregards the fact that for people suffering from it, psychosis remains a boundless experience – one that is beyond anything they can name and explain. Thus, one can easily get the impression that the gulf is widening between the uncertain, elusive psychotic experience and scientific knowledge, which is increasingly objective and objectifying and is rich with the flavor of certainty and the promise of control. (Corin, 2007, p. 275)

In our quest to create readily accessible havens of peaceful and predictable empirically based comfort, we have left little (if any) room for the un-usual, the preternatural, the metaphysical, the extra-ordinary, the mysterious; all of which are also quite subjective in their nature. The small space set aside to house that, which cannot be otherwise explained, has become what I refer to as the ‘den of the atypical’. This is the place where we tuck to one side the ‘stuff’ that refuses to fit into one of the many boxes of tidy, recipe-driven certainty that have been created to mollify our neurotic need for ordered explanation. Enter the field of modern mental health care......

The Research Issues and The Research Questions

In the Western world, the bio-medical model is the dominant paradigm that is
used to define and direct the field of mental health care (Clarke, Mamo, Fishman, Shim, & Fosket, 2003; Cohen, 1993a; Cohen, 1993b; Cohen, 1997; Conrad, 2005; Ghaemi, 2010). In his critique of the biomedical model of psychiatry, Cohen (1993a) identified the reductionistic nature of this paradigm. In psychiatry, biological reductionism affords “explanations of phenomena occurring at several levels (e.g., social, psychological) that are sought at a single level (biology)” (Cohen, 1993a, p. 510).

Given its situated position within the larger field of allopathic medicine, mental health care functions as part of a hierarchical structure of care providers (Clavering & McLauaglin, 2007; Griffiths, 1998; Horwitz, 2002; Whitehead, 2007). At the top of this hierarchy is the medical specialty of psychiatry. It is this professional discipline that is one of the primary driving forces behind the allegiance to (and heavy reliance upon) the bio-medical model of care within the larger field of mental health (Bentall, 2009; Carlat, 2010; Frances, 2013).

Under the watchful tutelage of modern psychiatry (and associated stakeholders), enormous amounts of energy have been expended on the monolithic task of attending to the subjectivities that have come to be known as mental illness in its various forms. Apparently specific systems, plans and treatments, all of which are aimed at explaining, containing and controlling, have been devised and are used, in a multitude of configured concoctions in effort to create some semblance of order where otherwise it apparently seems to be feared that chaos would reign (Bentall, 2009; Breggin, 1991; Carlat, 2010; Szasz, 1974; Szasz, 2008). As other branches of medicine have become increasingly mechanized and specialized, so too has psychiatry become a professional discipline that
is driven in accordance with the need to eradicate that deemed to be pathology, through the use of ‘highly technical devices’ (Carlat, 2010; Horwitz, 2002; Paris, 2008).

Through its efforts to define and manage, the field of mental health can become oppressive when the condition of the person is contextualized less and less according to the individual self and increasingly more so according to a web of sciences and systems. To what end, and at what costs to the nature (and wellbeing) of the self as it exists in relation to individual experience?

It is the integrity of the mind I wish to affirm, its sanctity and inviolability. Of course there is no denying the misery and stress of life itself: the sufferings of the mind at the mercy of emotion, the circumstances which set us at war with one another, the divorces and antagonisms in human relationships, the swarms of fears, the blocks to confidence, the crises of decision and choice. These are the things we weather or fail to, seek council against, even risk the inevitable disequilibrium of power inherent in therapy to combat – they are the grit and matter of the human condition. But when such circumstances are converted into symptoms and diagnosed as illnesses, I believe we enter upon very uncertain ground. (Millett, 1990, p. 311)

Uncertain ground, indeed! As it was to Kate Millett (1990), the sanctity of the mind is of great interest and importance to me. It is also the primary source of inspiration behind this dissertation. Also like Millett (1990), I am a realist with regard to the recognition that collecting adversity and finding ways to cope with the ever-increasing weight of this collection, are core features of the human experience. While an examination of the nature vs. nurture debate as it relates to the cause(s) of what are referred to as mental illnesses is not the focus of my research, this topic is quite relevant to the issue of what happens to a person’s mind (not brain) when it collapses under the weight of accumulated adversity.
Despite the Western world’s tendency to privilege the bio-medical approach to disordered mental health, there continues to be much interest in the link between the effects of carrying too much adversity and the impact of this battle fatigue on overall emotional wellbeing (Horwitz, Spatz Widom, McLaughlin, & Raskin White, 2001; Lloyd & Turner, 2003; Seery, Holman, & Cohen Silver, 2010; Turner, Finkelhor, & Ormrod, 2006; Turner & Lloyd, 1995). And though it is also not my objective to use this work to prove that the chicken created the egg, or vice versa, it should be noted that my day to day existence is not cluttered in any way by doubts in my belief that the brain (which represents the ‘nature’ part of the debate) and the mind, the psyche (which represents the ‘nurture’ part of the debate) are most definitely not one and the same (Alexander, 2012; Jung, 1933, 1989, 2006; Larsen, 1990; Meade, 2010). The perspective, which upholds the mind’s existence as a separate entity from the brain, and the cumulative impact of too much adversity on overall emotional wellbeing, are the first two research issues that have inspired this dissertation.

When we are brought to our knees (or lower) by the weighty burdens imposed on us by what I refer to as the wounds to our selves, the hope is that we will be able to find some way to pull our selves up, to stand tall yet again. While I believe this to be the ideal, I also believe that when it comes to the self and how much it can hold, there are no guarantees and there are no instruments of forecast and/or prediction. The potential for the weight of our psychic wounds to dis-integrate the self and to force us to the ground in a state of crumpled dis-ability is indeed very real (Atwood, Orange, &
Stolorow, 2002; Dimaggio & Stiles, 2007; Fordham, 1967; Lysaker & Lysaker, 2001; Power, 2007). This is the third research issue that informs this work.

For those who become one of the many to find themselves without the inner resources needed to pull their self back up to a standing position – to move from a state of dis-ability to a state of ability – there becomes the need to search out external sources of help. At this point of departure I distinguish real from ideal with regard to the selection of options that are most available and most accessible. I suggest that availability and accessibility are largely determined according to what has been sanctioned by governing bodies. Governing bodies are not limited to jurisdictional governments. Nikolas Rose (1989) looks at government much more broadly.

Government, in the sense in which [Rose uses] the term, refers neither to the actions of a calculating political subject, nor to the operations of bureaucratic mechanisms and personnel. It describes, rather a certain way of striving to reach social and political ends by acting in a manner upon the forces, activities and relations of the individuals that constitute a population. ….. The actions and calculations of authorities are directed towards new tasks: how to maximize the forces of the population and each individual within it, how to minimize their troubles, how to organize them in the most efficacious manner. (Rose, 1989, p. 5)

As a publicly funded system, health care in Canada – including mental health care - is a sanctioned system that is operated more by various levels of government than it is by the professionals who provide the actual care. In the Western world, the primary paradigmatic model chosen to guide this process of sanctioning is the bio-medical model (Bonney & Stickley, 2008; Cohen, 1997; Double, 2002; Keyes, 2007). Easy evidence of this preference can be found quite simply by looking at which health care
services are publicly funded (and are therefore available and accessible) and which options are limited to those who possess extra means.

Beyond determining what is both available and accessible, government sanctioned systems also shape our views on that which is determined to be best for us; quite often in ways that exclude a more comprehensive range of options (particularly those that have not been sanctioned). According to Rose (1989), “certain new ways of thinking about and acting upon ourselves – and being thought about and acted upon by others – have come into existence and that their consequences for our relation to ourselves is not insignificant. These consequences are particularly important for rationalities, strategies and technologies of power” (p. xxi).

The reigning bio-medical paradigm that underpins our apparently modern mental health system is, I suggest, quite focused on what Millett (1990) refers to as *converting circumstances into illnesses*. The contorting and manipulative efforts of this larger system extend beyond health care to include a number of other stakeholders, i.e. pharmaceutical companies (Bentall, 2009; Carlat, 2010; Cohen, 1993a; Frances, 2013). Over time, the combined efforts of the various partners working in collusion have created something akin to a dogmatic set of canons that have come to be viewed quite widely as both reliable and valid.

The reasons mental illnesses have proliferated in modern life stem from specific social and historical circumstances and from the interests of particular groups that benefit from classifying psychological conditions as states of illness. By the time the diagnostic revolution embodied in the DSM-III emerged in 1980, mental health professionals had already pathologized a broad and heterogeneous range of human conditions and influential groups had
already accepted these professionals as the socially legitimate experts entitled to define and treat these conditions. (Horwitz, 2002, p. 208)

It is my considered opinion that this system of health care insists on rationalizing various ways to disguise the subjective as the objective and, is indeed sitting on ground that is uncertain at best. In accordance with Dorothy Smith’s (1987) philosophy, the biomedical paradigm is a discourse that mediates the *ruling relations* as “a complex of organized practices [and] discourses in texts that interpenetrate the multiple sites of power” (p. 3). And, like all large systems, the bio-medically dominant mental health care system acts as something of a dictator which is, in the business of “assembling subjects” (Rose, 1989, p. xx).

[The] human being is constituted through devices, gazes, techniques which extend beyond the limits of the flesh. These are not capacities of an isolated and self-contained individual but are localized in particular spaces …… They are assembled together in apparatuses …… with their habitat of images of personhood and pedagogies of conduct and comportment which provide the means for understanding and acting on the self. (Rose, 1989, p. xx)

For the seekers of care who enter into (are seduced by?) this authoritarian system of health care, the list of treatment options available to them are prescribed more according to the paradigmatic position of the system than they are according to the individual person and the lifetime of experiences she/he brings with them (Bentall, 2009; Corin, 2007; Horwitz & Wakefield, 2007; Szasz, 2008).

Opposition to the bio-medical tendency to pathologize the cumulative effects of adversity and to then prescribe disease-based treatment regimes which support this position, have been vehemently vocalized by a number of authors, some who are psychiatrists themselves (Carlat, 2010; Frances, 2013; Horwitz, 2002; Horwitz &
Wakefield, 2012; Szasz, 2008). It is this tendency that I suggest to be that which is the
real. It is also my opinion that it is most certainly not the ideal. And though I do
appreciate that both real and ideal, as I am referring to them here, are very subjective in
their nature, the fourth research issue that informs my project is about some of the
questions I have regarding the placement of what I understand to be real over that
which I believe to be more close to ideal.

The final research issue that inspires this work is the notion of personal
authority; in particular as it is related to those who become service users within the
mental health system. As a narrative researcher who is involved both academically and
professionally within the field of mental health care, I view personal authority as the
authorial position of the self in the writing of one’s narrative of illness experience.
Stated more specifically according to the objectives of my dissertation, this research
issue concerns the establishment of the self in a position of primacy within networks of
multi-voiced dialogue that are the norm within the mental health system’s
environments of care provision.

When taken up together, these research issues are about the nature of
individual experience when the burdensome weight imposed on the self by an
accumulation of adversity becomes too heavy to bear, causing a collapse into a state of
dis-ability. They are about impositions and impressions that are made on the self when
personal authority is compromised by sanctioned systems of care. And, they are about
that which might be gained by working with personal narratives of, what are referred to
as mental illness experiences, when the primary author is the original owner of those stories, i.e. the service user.

Although the issues outlined above can determine many potential questions for study, I have identified two overarching questions. They are: 1) How might the exploration of a personal narrative of the self facilitate the process of constructing a meaningful understanding of experience in one who has been diagnosed with what they are told is mental illness? 2) How might this process enable the individual to move beyond a state of compromised emotional wellbeing and perceived dis-ability to a state of overall wellness and perceived ability?

The work undertaken to support my project has also been done within the context of three sub-questions: i) What might personal narratives of experience created through a dialogic process reveal about meaning making by those who have been diagnosed with what they are told is mental illness? ii) In what way might a knowing/understanding that is constructed through the use of a dialogic process inform the personal narratives of those who are told they have a mental illness? iii) Might the use of a muse and/or aesthetically-based autobiographical data such as poetry, facilitate the process of constructing a meaningful understanding of what was/is referred to as a mental illness experience?

I have alluded to my own paradigmatic position as it is in relation to the larger biomedical model of mental health care. I do feel though, that it is essential to the integrity of this work to flesh out certain aspects of my personal philosophical and theoretical environments in more detail. The next sections of this introduction are
dialogic reflections and contemplations I have used to unpack and articulate those aspects of my paradigmatic profile, which are foundational to my work. The first of these is a montage of my ontological and epistemological positions.

**My Ontology and Epistemology: A Personal Collage**

Today science is telling us what the Vedas have taught mankind for three thousand years, that we do not see the universe as it is. What we see is Maya, or Illusion, the “magic show” of Nature, a collective hallucination of that part of our consciousness which is shared with all of our own kind, and which gives a common ground, a continuity, to the life experience. According to Buddhists (but not Hindus), this world perceived by the senses, this relative but not absolute reality, this dream, also exists, also has meaning; but it is only one aspect of the truth, like the cosmic vision of this goat by the crooked door, gazing through sheets of rain into the mud. (Matthiessen, 1978, p. 62)

When pondering my ontology (the nature of reality) I find myself thinking of the Buddhist perspective on the existence of an objective reality that resides outside of the individual. Tenzin Gyatso, the fourteenth Dalai Lama, states, “phenomena are dependent on conceptuality” (His Holiness the Dalai Lama and Hopkins, 2002, p. 139). He tells us “that living beings and other phenomena......do not inherently exist” (His Holiness the Dalai Lama & Hopkins, 2002, p. 140). In Buddhism, there are two truths with regard to existence. The conventional truth refers to what appears to be. The ultimate truth “allows for changes brought out by conditions” (His Holiness the Dalai Lama & Hopkins, 2002, p. 143). The Dalai Lama does not deny that phenomena do exist. Instead he suggests their existence is contingent upon “many factors, including a consciousness that conceptualizes them” (His Holiness the Dalai Lama & Hopkins, 2002, p. 145).
I believe that the existence of an object or a phenomenon, and my experience of these is not the same thing. That being said, I also believe that objects and phenomena can have a commonly accepted reality. Although it may be shared, the commonly accepted reality is not the only reality; nor is it permanent. I may embrace one reality today only to abandon it tomorrow for a totally different reality. My experiences, and therefore my perspectives on reality, change in accordance with many factors of influence. My experiences are both separate and cumulative. My future is built on my past, my present, and imaginings of my future. Experience influences my needs, which are dynamic and ever changing. My needs influence, and in many cases dictate, the shape taken by my perceptions of reality. As mentioned, The Dalai Lama refers to the conceptual nature of reality (His Holiness the Dalai Lama & Hopkins, 2002). Concepts are perceptions and these are products of our thoughts. Our thoughts are influenced by our accumulation of experiences.

I distinguish between the existence of something and my experience of it, and it is my belief that reality is altered and adjusted by forces of influence that exist all around us. Included here are things like gender, politics, race, culture, socio economic status, and occupation. With the passage of time, we meander through endless streams of experiences. As present experiences become past experiences, present realities become past realities. Time and an assortment of encounters, shape our relationships with various realities. Robert Matthew Geraci (2005), a professor of religious studies, justifies a relational ontology. He suggests even though statements of truth are
requirements of knowledge, they are only incomplete renditions (Geraci, 2005). “Truth is a function not of objects or objectivity but of relationships” (Geraci, 2005, p. 955).

What can we know about reality? Simply put, we can know what we experience in this place, at this time, and in light of the contextual details that are currently and personally relevant. Is there an objective reality existing outside of ourselves? The reality of objects and things does exist outside of us. But I do not see this as a permanent reality. For the most part, intangible phenomena do not exist outside of us. They are shaped by our perceptions, our past, our present, thoughts about our future, and our needs and our desires. I do believe the world has a real existence outside of human experience. I cannot know what this looks like though as I will never be able to truly step aside from the dynamic, contextual influences that shape my views of the world. And so it goes.

Questions of epistemology examine assumptions regarding the relationship of the researcher to that which can be known (Hesse-Biber & Leavy, 2004). Like my ontology, my epistemology is not linear or tidy. Although it feels to be a bit less ‘messy’ than my ontology.

With regard to what can be known, I do not believe there is a complete and definitive answer to this. We cannot articulate all that we know at any given time. We cannot always access or identify all that we know. What we know does not result only from our personal efforts and experiences. And, what we know is always vulnerable to being altered, enhanced, erased, and/or replaced by encounters with things like places, time, other people, needs, and wants.
My personal belief system includes regard for ethereal influence on that which is known. The world of knowledge and discovery is replete with scientists who have confidently proclaimed the influence of spirituality on their work. Denzin and Lincoln (2005) chose a cover photo for the third edition of ‘The Sage Handbook of Qualitative Research’ that would serve several purposes. One of those was “to signal the return of the spiritual and the sacred to the practices of sciences, foretold in the previous editions” (p. inside cover). The following conversation, said to have taken place in Princeton in 1934, between Albert Einstein and his neighbour, Mrs. Blackwood is an illustration of Dr. Einstein’s acknowledgement of the possibility of ethereal influence:

Visiting an art gallery with him, Mrs. Blackwood saw how he handled an intrusive stranger. As they walked from the parking lot, a “rather masculine” woman strode towards him, extended her hand, and said, “I know who you are, and I want to shake hands with the greatest living scientist.” He courteously removed his pipe, bowed his head slightly, and solemnly shook hands. On the way home Mrs. Blackwood asked him, “Does it ever get monotonous being ‘the greatest living scientist’?” “I’m not great,” he replied. “Anyone could have done what I did. Besides, what I have is a gift.” “A gift from God?” asked the minister’s wife. “I express it differently,” he said. “I believe down here” – he put his hand on his heart – “what I cannot explain up here” – he put his hand on his head. “But I believe it all. I believe it all.” (Brian, 1996, p. 266)

Like Albert Einstein, I also believe in the existence of ethereal influence. However, I do not believe that spiritual inspiration usually affords a complete explanation for that which is known.

As stated, it is my belief that the shape taken by knowledge is always in transition. What we know at any given time is a by-product of experiences, encounters with other people, time, and personal agendas. I that know my pre-understandings and
assumptions influence the ways in which I collect, choose, and interpret research information (Finlay, 2002). I know they shape the approach(es) I take to the work I do, and the results I achieve. I do want my research to speak to those who might be interested in listening.

Within this collage are a few shades, tones, and colours of both critical theory and constructivist paradigms. Realities are co-constructed products of our mind, our experiences, and our surroundings. A reality is not considered to be a truth. The authenticity of a reality is not compromised by changes made to it as a result of things like contextual influences and the passage of time. The research process can most certainly use the relationship that exists between the researcher and the informants (with informants not being limited to live persons) to influence and inform the creation of co-constructed realities. Research findings are a reflection of the voices of both the researcher and the informants (Guba & Lincoln, 2004; Guba & Lincoln, 2005).

At just 18 years of age, Mary Shelley started to write a ghost story called, Frankenstein. Her book, published in 1818, became a bestseller immediately. In her introduction, Mary Shelley shares the thoughts and experiences that inspired her to write Frankenstein.

Everything must have a beginning, to speak in Sanchean phrase; and that beginning must be linked to something that went before. The Hindus give the world an elephant to support it, but they make the elephant stand upon a tortoise. Invention, it must be humbly admitted, does not consist in creating out of void, but out of chaos; the materials must, in the first place, be afforded: it can give form to dark, shapeless substances but cannot bring into being the substance itself. In all matters of discovery and invention, even of those that appertain to the imagination, we are continually reminded of the story of Columbus and his egg. Invention consists in the capacity of
seizing on the capabilities of a subject and in the power of moulding and fashioning ideas suggested by it. (Shelley, 1831/1999, p. xxvii)

Qualitative research is interpretive. It is about enhancing understanding and influencing change through the sharing of observations and experiences (Denzin & Lincoln, 2005; Wasser & Bresler, 1996; Peshkin, 2000; Graneheim & Lundman, 2004). Theoretical understandings are greatly enhanced through the use of qualitative research. In ‘Teaching to Transgress’, (1994) bell hooks encourages us to understand that when used wisely, theory has the potential to enable practice and contribute to healing (hooks, 1994). It is my hope that the theoretical interpretations and applications put forth through this work will indeed enable practice in ways that contribute to healing experienced by the seekers of care who enter into the mental health system.

Responsible Rebellion

Dr. Alan Wolfelt (2006), a well-known grief educator, author, and counselor, is a self-proclaimed responsible rebel (p. 4). According to Wolfelt (2006) a responsible rebel is one who “questions assumptive models” and is “not afraid to question established structures and forms” (p. 4). Responsible rebels “respect the rights of others to use different models of understanding, and provide leadership in ways that empower people rather than diminish them” (Wolfelt, 2006, p. 4). It is confident conviction rather than reckless abandon that guides the work done by these agents of change. Like Alan Wolfelt, I consider myself to be a responsible rebel. I have spoken, and will continue to speak throughout this work, with a tone that I intend to be assertive rather than aggressive. This includes the declarations I make regarding the bio-medical model of care that dominates the mental health system.
The bio-medical model is not the model that I draw upon for guidance. However, it is the model that underpins the field of health care that houses my research. Western-centric mental health care is also the field of my professional practice. And while this field of mental health care may be something of a Goliath, I am not a David. It is not my objective to use this project as a means of waging a textual war against this dominant paradigm, the discipline of psychiatry, or any group or individual that appears to be comfortably at home within the currently favoured, bio-medically oriented mental health system. Rather it is my objective to put up to critical question at least some of the tenets that are used to support this favoured position. More than this, it is my objective to use this research endeavour to propose an option for mental health service users that I believe has the very real potential to be a positive and practicable addition to those that are most commonly available and accessible. To this end, I am choosing to use this space to state my ideals as they sit in relation to what I perceive to be the reals.

In keeping with the value I place on ensuring the self maintains a position of primacy in the narrative experience, in the next three sections of this introduction I will sketch out the theoretical and philosophical inclinations that are relevant to my authorial self.

The Nature of the Self in Experience

The progress of the sciences toward theories of fundamental unity, cosmic symmetry (as in the unified field theory) – how do such theories differ, in the end, from that unity which Plato called “unspeakable” and “indiscernible,” the holistic knowledge shared by so many people of the earth, Christians included, before the advent of the industrial revolution made new barbarians of the peoples of the West? In the United States, before spiritualist foolishness at the end of the last century confused mysticism with “the occult” and
tarnished both, William James wrote a masterwork of metaphysics; Emerson spoke of “the wise silence, the universal beauty, to which every part and particle is equally related, the eternal One…”; Melville referred to “that profound silence, that only voice of God”; Walt Whitman celebrated the most ancient secret, that no God could be found “more divine than yourself.” And then, almost everywhere, a clear and subtle illumination that lent magnificence to life and peace to death was overwhelmed in the hard glare of technology. Yet that light is always present, like the stars of noon. Man must perceive it if he is to transcend his fear of meaningless, for no amount of “progress” can take its place. We have outsmarted ourselves, like greedy monkeys, and now we are full of dread. (Matthiessen, 1978, p. 58)

In the world of mental health care, the “fear of meaningless” identified by Matthiessen (1978) is, I suggest, a large part of what fuels the heavily sanctioned bio-medical reliance on diagnosable mental illnesses as ways of explaining what are viewed alternatively as a lack of emotional wellbeing, an incoherent narrative, or a wounded psyche (Atwood, Orange, & Stolorow, 2002; Biehl, Good, & Kleinman, 2007; Hortwitz, 2002; Rosenhan, 1973; Szasz, 1974; Szasz, 2008). Carl Jung (1989) was well known for his metaphysical inclinations. While he did not dismiss the powerful positions held by the empirical sciences, Jung (1989) was quite outspoken regarding what he perceived to be their limitations.

Science is tacitly convinced that a non-psychic, transcendental object exists. But science also knows how difficult it is to grasp the real nature of the object, especially when the organ of perception fails or is lacking, and when the appropriate modes of thought do not exist or have still to be created. In cases where neither our sense organs nor their artificial aids can attest the presence of a real object, the difficulties mount enormously, so that one feels tempted to assert that there is simply no real object present. I have never drawn this overhasty conclusion, for I have never been inclined to think that our senses were capable of perceiving all forms of being. (Jung, 1989, p. 351)
I have drawn on some of the works of Carl Jung (1933, 1989, 2006) to assist me in my efforts to attend to at least some of the frustrations I have accumulated as a result of my belief that bio-medically organized contemporary psychiatry has all but eradicated the self from the realm of individual experience in those who succumb to compromised emotional wellbeing.

The self, according to Jung (1964), is “the totality of the whole psyche” (p. 162). It is “an inner guiding factor that is different from the conscious personality ...... the regulating center that brings about a constant extension and maturing of the personality” (Jung, 1964, p. 163). The extent to which the self develops is dependent upon the individual’s conscious connection with the entire self, and the willingness “to listen to the messages of the Self” (Jung, 1964, p. 163). Further to this, Jung (1964) asserts that the path to becoming “a more complete human being” (a whole self) involves establishing and maintaining an ongoing connection with the stream of inner messages (p. 163). The lessons taken from these inner messages are essential to the process of realizing the “uniqueness in the individual man [which] is the goal of the process of individuation” (Jung, 1964, p. 163).

I use selected Jungian perspectives to enable me to articulate some of my own beliefs - those that are relevant to this project - and which are situated outside of the bio-medical paradigm. Included here is my opinion that optimal wellbeing is contingent on the self being established in a position of genuine primacy in relation to the person and her/his efforts to make sense of experiences. And, that optimal wellbeing is created through a dedicated investment in self-understanding. I do not believe that wellbeing is
found in scientific phenomena that are external to the person and her/his relationship to personal experiences.

When it comes to the individual self, it has been my experience that there is much messiness. And when efforts to make meaning and create understanding are derailed by what contemporary psychiatry refers to as mental illness, it has been my experience that the messy nature of the self becomes even more apparent, and therefore has the potential to present in ways that are more distressed. Given my understanding of what I have observed as the natural human tendency to resist messiness, I am able to muster some appreciation for the popularity enjoyed by the tidiness offered by the scientific reasoning, which has become a driving force in the biomedical world of modern psychiatry. But my appreciation is limited at best. The relegation of the self to a subordinate position, which sits behind and to the side of scientific reasoning, and outside of the individual person and her/his experiences, is too drastically opposed to my ontological and epistemological beliefs.

And so, it is through a dialogue with Carl Jung (1933, 1989, 2006) that I have chosen to enable the statement of some of the beliefs I have on the nature of the human condition and on the self. I consider these beliefs to be foundational to the theories and arguments I present throughout this dissertation. Additionally, it is through this dialogic reflection on, and interaction with, the works of Carl Jung (1933, 1989, 2006) that I am positioning myself in relation to some of the dominant paradigmatic views that are relevant to the field of mental health care. I am situating myself within the theories and arguments I present in this larger project. I do not believe that any
individual experience can be distilled down to a set of scientifically reasoned parameters and conditions. I do subscribe to the Jungian view on the nature and role of the psyche, the consciousness, the mind. That the psyche is not a secondary, pocket of matter that is situated within, and is subordinate to, the brain. And, I believe in our human tendency to long for explanations, especially in circumstances that are inordinately pressured by overwhelming chaos and disturbance.

I have used my non-biomedical beliefs to inform and address the questions I have that are relevant to the roles of making meaning and creating understanding in those who experience compromised emotional wellbeing, or what they are told is mental illness. It is my belief that these processes – making meaning and creating understanding - are acts of the self, and not those of a dis-ordered brain that is explained according to externally created conditions of science. Do we dare consider that we cannot know the outer reaches of the self?

Human passion falls within the sphere of conscious experience, while the subject of the vision lies beyond it. Through our feelings we experience the known, but our intuitions point to things that are unknown and hidden – that by their very nature are secret. (Jung, 1933, p.162)

We are indeed, as is stated by Jung (1933) feeling creatures; our feelings and their sources of inspiration are not one and the same. And while we may be able to name the feelings, their genesis tends to consist in a manner that is much more elusive. The sparks that ignite the flames of feeling tend to be situated beneath and beyond our varied and competing layers of affect, and are often not accessible to our conscious selves. When we move beyond the realm of our ready awareness - our conscious self -
and into the spaces of what Jung (1933) refers to as the “unknown and hidden….[the]
secret”, our unconscious self, we enter into those spaces that exist outside of what is
known – those spaces that exist beyond the realm of explanation (pg. 162).

In the same way that our misconception of the solar system had to be freed from prejudice by Copernicus, the most strenuous efforts of a well-nigh revolutionary nature were needed to free psychology, first from the spell of mythological ideas, and then from the prejudice that the psyche is, on the one hand, a mere epiphenomenon of a biochemical process in the brain or, on the other hand, a wholly unapproachable and recondite matter. The connection with the brain does not in itself prove that the psyche is an epiphenomenon, a secondary function casually dependent on biochemical processes. …… For the sake of this explanation people deny the findings of parapsychology outright, either for philosophical reasons or from intellectual laziness. This can hardly be considered a scientifically responsible attitude, even though it is a popular way out of a quite extraordinary intellectual difficulty. (Jung, 2006, p. 46)

If, as Jung (1933) asserts, that which is intangible, less obvious, even unexplainable, disturbs and distresses us, is it our human nature to make concerted efforts to deny and escape from the intangibles and to search for and gravitate towards the tangibles? It would seem that, according to Jung’s (1933) postulations, those phenomena that fall outside of our repertoires of familiar experience are determined to be foreign. “If [our intuitions] ever become conscious, they are intentionally kept back and concealed, for which reason they have been regarded from earliest times as mysterious, uncanny and deceptive” (Jung, 1933, p. 162). And, that experiences determined to be foreign in their nature are ones that run the risk of becoming the subjects of judgment, shame, and fear of persecution (Jung, 1933). According to Jung (1933), not only are these unfamiliar intrusions “hidden from the scrutiny of man”, but the fear they instill becomes the inspiration which drives our need to create apprehendable explanations (p. 162).
Enter the realm of science, wherein the self can be extricated from the space of foreign disturbance that is the psychic clatter, and be deposited safely apart from this sea of subconscious chaos into a safe harbour of rational discernment (Jung, 1933). The fear that comes with standing on what is determined to be unstable ground inspires a need to take cover behind what Jung (1933) refers to as “the shield of science and the armour of reason” (p. 162). But does the coverage provided by this shield fulfill its intended purpose? Is it actually possible to create a protective barrier that cannot be penetrated by the ‘hidden unknowns’? Jung (1933) asks us to examine this drive to avoid the mysterious while considering various factors of influence.

What if there were some living force whose sphere of action lies beyond our world of everyday? Are there human needs that are dangerous and unavoidable? Is there something more purposeful than electrons? Do we delude ourselves in thinking that we possess and command our own souls? (Jung, 1933, p. 162)

Are the tidy explanations that provide us with docking space in the safe inlet of rational comfort enough to create a sustainably “ordered cosmos” or, do they lack the substance needed to ensure the “faith against the fear of chaos that besets [us] by night” (Jung, 1933, p. 162)? Can we take the self, the consciousness, the psyche, out of our experiences of disturbance and chaos, or is this effort on our part a deluded attempt at creating a fictitious, but tolerable, empirical realm that is governed by ordered choice?

Among the many theoretical positions Jung (1933, 2006) was famous for, was his highly sophisticated ability to articulate convincing arguments regarding the very separate existences of the psyche and the brain.

The structure and physiology of the brain furnish no explanation of the psychic process. The psyche has a peculiar nature which cannot
be reduced to anything else. Like physiology, it represents a relatively self-contained field of experience to which we must attribute a quite special importance because it holds within itself one of the two indispensable conditions for existence as such, namely, the phenomenon of consciousness. Without consciousness there would, practically speaking, be no world, for the world exists as such only in so far as it is consciously reflected and consciously expressed by a psyche. Consciousness *is a precondition of being*. Thus the psyche is endowed with the dignity of a cosmic principle, which philosophically and in fact gives it a position coequal with the principle of physical being. The carrier of this consciousness is the individual, who does not produce the psyche on his own volition but is, on the contrary, preformed by it and nourished by the gradual awakening of consciousness during childhood. If the psyche must be granted an overriding empirical importance, so also must the individual, who is the only immediate manifestation of the psyche. (Jung, 2006, p. 47)

The psyche *is* the person, the individual; it is the self, the consciousness (Jung 1933, 2006). And unlike the brain, it is an intangible. According to Jung (1933, 2006) the enigmatic nature of the psyche does not diminish its import or its relevance. Indeed, he suggests the opposite to be the case (Jung, 1933, 2006). Jung (1933) invites us to envision both possibility and potential by asking us to see the psyche, our individual consciousness, as “not merely a question-mark arbitrarily confined within the skull, but rather a door that opens upon the human world from a world beyond, now and again allowing strange and unseizable potencies to act upon man to remove him, as if upon the wings of the night, from the level of common humanity to that of a more than personal vocation” (p. 163). We are shown that phenomenon that resist touchable and organized explanation do not have to consist in a state of dis-order (Jung, 1933).

Jung (1933) expands on his enlightened guidance by taking us beyond the façade of comfort that is created by the rationalizations that are used by the common sciences in their efforts to make order in spaces of chaos. He tells us we are not the first to
extend our reach so that our conceptual grasp may include these intangibles; that we do not stand alone in these spaces of metaphysical insight. Jung (1933) does not create an argument that is made more palatable by attempting to deny the existence of this darker side that exists within all of us. Instead, he encourages us to open ourselves to these evolved insights by giving us permission to hold experiences of wonder and awe in the same arms in which we hold disturbance and fear (Jung, 1933).

Additionally, Jung (1933) points to our need to determine the reality of a condition by our ability to see and measure it. Our “fear of superstition and metaphysics” drives our tendencies to ‘explain and contain’ through the use of government sanctioned protocols (Jung, 1933, p.163; Jung, 2006). Through this line of thinking, Jung (1933, 2006) also reveals his frustrated contempt for the authoritarian and exclusionary position taken by modern psychiatry’s relentless reliance on science-based understanding, and the significant pressures it places on the processes of self-actualization and individuation.

Hence the development of the self acquires a significance whose full implications have hardly begun to be appreciated, because too much attention to externals blocks the way to immediate inner experience. Were not the autonomy of the individual the secret longing of many people, this hard-pressed phenomenon would scarcely be able to survive the collective suppression either morally or spiritually. All these obstacles make it more difficult to arrive at a correct appreciation of the human psyche, but they count for very little beside one other remarkable fact that deserves mentioning. This is the common psychiatric experience that the devaluation of the psyche and other resistances to psychological enlightenment are based in large measure on fear – on panic fear of the discoveries that might be made in the realm of the unconscious. (Jung, 2006, p.49)
I do believe these rigid paradigmatic views referred to by Jung (1933) are the same scientific gospels of biomedical psychiatry that have inspired the medicalization (the pathologizing) of our emotional wellbeing (or lack thereof) referred to earlier. These are the same tenets used to support an approach to mental health care that emphasizes the apparently objective goal of illness management, and de-emphasizes the apparently subjective goal of facilitating overall emotional wellbeing.

It has been both my observation and my experience that the eradication of symptoms that have been assigned, in various configurations, to a growing list of diagnoses is prioritized over self-understanding and meaning making in those who have become disconnected from these through the cumulative and weighty effects of carrying too much adversity.

In itself, the logic of diagnosis supposes that within a range of symptoms and manifestations, one isolates and retains those that correspond to a pre-existing grid and to a specific savoir faire – that of the clinician (Lanteri-Laura 1986). Diagnostic approaches are therefore deliberately partial and functional. (Corin, 2007, p. 275)

I see this to be a vehemently adhered to crusade that is essentially a veiled attempt to create certainty where it simply cannot be found. I do not believe that bio-medical psychiatry is organized in ways that would allow it to function on the edge of what is determined by it to be uncertainty.

**Making Sense On the Edge**

Through witness and encounter, I have come to believe that our responses to adversity (a very common but generally resisted feature of the human condition) are as varied as the range of adverse experiences. Additionally, I believe that both within, and
in the extension of space that exists beyond those occasions when we are beset by adversity, there is what I refer to as the edge. It is on this edge, this precipice, where our inclination to make sense becomes animated. When we are taken outside of personal comfort and deposited into realms of experience that challenge us beyond our usual states of natural accommodation, it is our human nature to grasp. In something of a reflex-type response to a stimulus, we reach beyond the self in order that we may apprehend. That we might experience a steadying effect by grabbing hold of that which we perceive to be more solid than our unsteady self. And through this grasping we attempt to find or create a meaningful connection with that being experienced. When the circumstances that govern our current existence fall outside the realm of our sense of what is both usual and customary, we have entered into the spaces of the unusual and the extraordinary. These are the spaces where our connections to meaning, sense and understanding tend to be significantly more elusive and resistant.

When we are at rest in the realm of the usual, and our world views are not being challenged by sources of stimulation that feel foreign to us, our need to make sense can be parked in a state of somewhat easy idle. Quite often it is not until we find ourselves on or beyond that edge of normal that our attention is pushed into a state of stimulation, which then becomes heightened by the relatively strange nature of our emotional environment. The heightened responses that occur when we are aroused by significant and/or accumulated exposure(s) to adversity include our natural need to make sense. Through our engagement with the process of making sense, we attempt to rescue ourselves from discomfort; to swaddle and soothe our woundedness by taking
that which is strange and making it familiar. Inherent within our being is our need to accommodate, to exchange discomfort for comfort. Again, we are drawn – even driven – to acts of sense making.

We seem to hope (and know?) that through our efforts to make sense we might be able to find the escape route that will take us away (at least somewhat) from the psychic discomfort that engulfs our consciousness when inner chaos is intensified by a heavy collision with adversity. Additionally, we are aware that sense making can serve as a compass of sorts; one that will help us to find our way back to that place of easier idle.

**Making Meaning and Creating Understanding Through Dialogue**

Are we naturally inclined to the processes that enable us to make meaning and to create understanding; to make sense of what we are living? In situations where we are beset by experiences that take us to the edge of what we feel we are able to tolerate, does a natural tendency to sift and sort kick in? In response to circumstances that challenge us beyond our usual places of personal comfort is it our second-nature habit to do what we can to replace chaos with order?

I do believe that as human beings, it is a fundamental part of our condition to do what we can to *make sense of*. It is our nature to seek coherent relationships with experience through the processes of making meaning and creating understanding. Further to this, I suggest that the strength of the relationships we have with the various experiences and circumstances we encounter is dependent upon our ability to establish meaning. Where we are able to make sense, we are able to exist and function in states
of connection with commonly accepted realities. Where there becomes a significant disconnect – a lack of ability to make meaning – we become prone to a collapse in our connection with these commonly accepted realities. This is, in essence, the very nature of psychosis - a self that has become a dis-integrated self, a self that is without the ability to make meaning (Atwood, Orange, & Stolorow, 2002; Dimaggio & Stiles, 2007; Fordham, 1967; Kavanaugh, 2007; Lysaker, Lysaker, & Lysaker, 2001; Lysaker & Lysaker, 2007; Power, 2007).

Architecture and Authorial Position

This dissertation is divided into five separate sections. Between this introduction and the conclusion, there are 3 separate but interrelated papers. These are my theoretical study, my methodological study, and my discoveries.

My theoretical study is the space wherein I present the philosophical framework that underpins my dissertation. As the scaffolding of my project, this framework of theory is presented in the form an examination of the interrelatedness of an educational construct and two areas of philosophy. These are: meaningful learning, constructivism, and dialogism according to the philosophy of Mikhail Bakhtin.

A fundamental interest in how people learn, how understanding is created, has been a source of inspiration for the work presented in this theoretical study. I am particularly curious about the process of creating understanding as it happens with regard to what are referred to as experiences of mental illness. I argue that the creation of a meaningful understanding of a mental illness experience is essential to the process of facilitating a move away from illness and dis-ability and towards wellness and ability;
in this case for those who experience what I prefer to call compromised emotional
wellbeing. An explication of the interrelatedness of meaningful learning, constructivism
and Bakhtinian dialogism is used to support my research.

Through this theoretical exploration I propose what I believe is a viable
architecture of applied philosophy. I recommend this structure be used to inform the
creation and implementation of individualized approaches to meaning making for those
considered to be experiencing what they are told is mental illness.

Embedded within this examination is the notion of authorial position, the
placement of the client’s voice in the multi-voiced dialogue that takes place within
environments of care. When the client voice is either diminished or lost among the
diverse array of professional voices that are active within the field of mental health, I
argue that the client’s story has the potential to become a distorted narrative. Dialogue,
where the client voice is the dominant voice, is recommended for the purpose of
working with the client such that they are enabled in the process of constructing a
personal and meaningful understanding of their illness experience.

My Methodological Home

The second major section of my project is a methodological study. Here I
examine the use of critical autobiographical narrative as a compelling way to support
the construction of a meaningful understanding of experience.

Whatever the story might be, we must act it out and inhabit it fully in
order for the shape and meaning to become known even to us. ......
All our lives we hang by the thread of story woven within us that
seeks to reveal who we are at our core and what we came to
contribute to life. (Meade, 2010, p. 47)
Through this methodological study, I also argue for the use of autobiographical narratives as important means of facilitating a wide variety of vicarious experiences. Within this realm of enhanced experience is the potential for the pedagogy of suffering that is an essential area of instruction for those who work in health care (Eifried, 2003; Frank, 1992). By being purposefully engaged in the act of bearing witness, health care providers can extend their relationships with the lived experiences of others beyond the feeling state of empathy (Arman, 2007; Blackwell, 1997; Naef, 2006; Ullman, 2006).

In autobiographical narrative works, a number of creative and diverse forms are used to present personal stories. Included among these are poems, photographs, pieces of artwork, and written stories. Dialogue, self-analysis and self-reflexivity are suggested as key ingredients to the process of conducting autobiographical research that is both effective and evocative. As mentioned, it is my belief that personal narratives of illness provide essential information about illness experiences to those who have not lived them.

I suggest that narratives of illness that come from the world of mental health have an added layer of oppressive stigma that is not found in many other branches of health care. Those who become service users within the mental health system often develop personal stories that tell of their damaged identities and their displaced senses of agency. Claiming the self through the examination of those damaged identities, and the value of using counterstories are suggested to be effective as methods of making meaning, making sense, and as actions of social justice.
The Dialogic Tapestry of Sense Making

In my third separate but interrelated paper, I undertake a critical autobiographical narrative analysis. By weaving together the threads of my theoretical and philosophical underpinnings with those of one of my own narratives, and those of additional voices of reflection, I create a dialogic representation of illness experience. In this section I demonstrate the effectiveness of using a dialogic approach to support the creation of a personal narrative for use in the processes of making meaning and creating understanding of an illness experience. The story used in this part of my study is about my own experience as a mental patient who was subjected to electroconvulsive therapy. Electroconvulsive therapy, also known as shock therapy, is a psychiatric treatment that sends electricity into the brain of the patient with the purpose of inducing a seizure in that patient’s brain.

In this part of my project, a first person, present tense story provides a detailed account of what it is to undergo shock treatment. In effort to make some sense of what, to me, was a barbaric and violating experience, I enter into a multi-voiced dialogue with a variety of sources. The primary contributors invited into this dialogue are two characters from Mary Shelley’s classic literary work, ‘Frankenstein’. I engage both Victor Frankenstein and the monster he created in a detailed conversation that follows the first person account that begins this paper. The voices of a few other tertiary participants are also included in what I unfold as a multi-voiced dialogic analysis of experience. As part of the meaning making process, I weave my own self-reflections into
this dialogic tapestry. Photographic images are added to selected stages of the conversation. The images function as metaphors that inspire some of the musings, which are brought together to create this narrative expression.

A Circle of Exploration and Discovery

Through the content included in my theoretical study, my methodological study, and my findings section, I demonstrate that my choice to use autobiographical narrative methodology is direct to my two main research questions. I ask, how might the exploration of a personal narrative of the self facilitate the process of constructing a meaningful understanding of experience in one who has been diagnosed with what they are told is mental illness? And, how might this process enable the individual to move beyond a state of compromised emotional wellbeing and perceived dis-ability to a state of overall wellness and perceived ability?

In what has become something of a circle of exploration and discovery, my research interests have been used to inform my research questions. Together, these sources of inspiration have been used to guide the composition of my theoretical study, and the resulting applied theory of practice developed therein. My theoretical study, along with my interests in the storied nature of human experience, and our naturally dialogic way of being, have enabled my use of the narrative methodology chosen to support my project. A dialogic approach to the use of critical autobiographical narrative has been used to create a meaningful understanding of an illness experience. And, the three primary interests of my theoretical study – meaningful learning, constructivism and Bakhtinian dialogism – have been used to underpin the autobiographical narrative
of illness experience that is one of the products of this study. The use of a fictional muse and sources of aesthetically based autobiographical data have also been used to facilitate the process of self-discovery.

This circle of exploration and discovery will be used to demonstrate the viability of using a meaningful learning approach to the construction of a dialogic narrative of the self, aimed at facilitating the processes of making meaning and creating understanding in one who has experienced compromised emotional wellbeing.
References


MEANINGFUL LEARNING, CONSTRUCTIVISM AND BAKHTINIAN DIALOGISM: THEIR INTERRELATEDNESS, AND THEIR APPLICATION TO NARRATIVES OF THE SELF

My Interests and My Assumptions

In his work ‘Art As Experience’, John Dewey (1934) examined the nature of experience. Dewey differentiated between experience and an experience. He suggested that the reality of the interactions that happen in daily living are such that experience happens continuously. There is, however, conflict between the various and competing sources of stimulation and distraction that are encountered. As a result of this conflict, Dewey (1934) suggested that not everything that is experienced becomes an experience. According to him “we have an experience when the material experienced runs its course to fulfillment. Then and then only is it integrated within and demarcated in the general stream of experience from other experiences.......Such an experience is a whole and carries with it its own individualizing quality and self-sufficiency. It is an experience” (Dewey, 1934, p. 36).

Dewey (1981) also suggested that experience includes both passive and active features. When we have an experience, we are inspired to act upon it in some way; experience comes with consequences. Dewey (1981) suggested “we do something to the thing and then it does something to us in return” (p. 495). Further to this, he claimed that a change of some sort is produced through this exchange (Dewey, 1981). According to Dewey (1981), the change that takes place has the potential to be meaningless unless we consciously regard (and then purposefully work with) the implications of the relationship of the consequences to the process of change.

I am interested in how people learn. I am also interested in the broader notion of
meaningful learning and the ingredients that might be woven together to create a meaningful learning experience. That is, how the student, or the knower, creates understanding; how the learner creates meaning. I believe that experiences of meaningful learning happen in situations where those who are seeking to understand, or to learn, are genuinely engaged in an active process of constructing their learning experiences.

The scope of my interests also reaches into the realm of how a learner might thoughtfully, and intentionally, harness the potential that exists within experiences of meaningful learning to enhance their own efforts to create or construct understanding and meaning. These statements might imply that my spirit of inquiry is focused mainly on more formal environments of learning such as classrooms and laboratories. However, I am also curious about understanding that is created in environments of learning that are less formal. That is, meaningful learning that happens through personal experience. More specifically, I am interested in how a learner might use his or her personal experiences to facilitate processes of making meaning and creating understanding that are both thoughtful and purposeful. Like Dewey, I believe that in order to successfully tap into the wisdom and the insights that are inherent within most experiences, the learner needs to be engaged and attentive.

It would seem realistic then to conclude that a student who is engaged in, and attentive to, their learning experience would be more likely to enjoy success in their efforts to learn and understand. In relation to this somewhat obvious surmisal I am curious about how health educators might be able to design an educational
environment that facilitates engaged and attentive learning in those who may not be able to achieve this without support.

My interests are contextualized by a particular field of health care: the field of mental health. I believe that individualized, personally meaningful health education should be an essential component of care for those who are coping with either a mental illness, compromised emotional wellbeing, or with emotional distress that is significant enough to indicate the need for some kind of professional support or treatment.

Embedded within these disclosures as I have stated them above, are some of my assumptions, the ones that influence my current perspectives. I consider these assumptions to be the layers of substance that, when taken up together, create the foundational form upon which my work is mounted. My first assumption is that learning and knowledge are both constructed and co-created. Inherent within this assumption is my belief that the processes which facilitate learning and the development of knowledge are active rather than passive. Of primary importance to this belief is my second assumption which is that knowledge is a construct that is vulnerable to the impressions of a vast and ever-changing variety of forces of influence that exist around it. As a result of these forces, the ‘shape’ of knowledge is both relative and, socially and contextually affected. As circumstances change, understanding and knowledge change. Further to this, I suggest that knowledge exists in a state of almost constant change, evolution and shape-shifting. My third assumption is that the creation of understanding and the making of meaning happen through processes that are dialogic rather than monologic. That is, meaning is made in environments of exchange where the flow of
content occurs as a two-way process of ‘giving and taking’ and ‘sending and receiving, rather than giving or taking and sending or receiving.

It is my intention to use this paper as a venue for explication. This space will be used to articulate a reasoned examination of the theories and concepts that I believe rationalize my assumptions and the theories that underpin them. It is my objective to use this exercise to create an artifact of sorts, one that will reveal a process of critical inquiry that is alive and evolving.

Of additional relevance to this work in progress are some of the concepts that are key in Mikhail Bakhtin’s theory of dialogism and how these relate to, and support, the broader notions of meaningful learning and constructed knowing. The relatedness of Bakhtinian dialogism to my work will be reflected in the way that I will present this critical exploration. The unfolding of this analysis will happen in a manner that is dialogic. I will endeavour to weave my own thoughts and ideas in between the threads of theory and research I am drawing on to support my stated interests and assumptions.

Of importance to the objectives I have declared is this statement of provision. The dialogic transcript that follows is just one segment of one dialogue - a dialogue that is ongoing. It is not a beginning or an ending. And, it is not intended to be exhaustive. It is merely my current contribution to what I believe to be an ever-evolving conversation of sorts. Bakhtin (1984) believed that “in dialogue a person not only shows himself outwardly, but he becomes for the first time that which he is...to be means to communicate dialogically. When dialogue ends, everything ends. Thus dialogue, by its very essence, cannot and must not come to an end” (p.252). According to Bakhtin
(1984), to ‘show oneself outwardly and to become that which one is’, is to expose the various intertwined layers of our consciousnesses. Through this exposure we can reveal at least some of the pathways taken by our thoughts and ideas as they have been affected and adjusted through contact with the various factors of influence encountered in daily living. Bakhtin’s (1984) theory of dialogism included intense examination of the relationship that exists between the author and the hero. Of particular interest to him were the works of Fyodor Dostoevsky (Bakhtin, 1984). Bakhtin (1984) suggested that, as an author, Dostoevsky had mastered the art of revealing and successfully articulating the complexity of the hero’s consciousness in the characters he developed. Dostoevsky’s heroes ‘showed themselves outwardly and became that which they were’. “The hero from the underground eavesdrops on every word someone else says about him, he looks at himself, as it were, in all the mirrors of other people’s consciousnesses, he knows all the possible refractions of his image in those mirrors” (Bakhtin, 1984, p. 53).

I also hope to achieve at least some success in showing some of myself outwardly through this exercise. I confess to being somewhat anxious about this objective as I expect it will not happen without trial. Fairly or unfairly, it is my personal belief that these challenges are ones that are usually kindled in spaces that I suggest are situated outside of the more orthodox realms of academia. The trials I refer to are the struggles and strains I have experienced as a result of my efforts to reconcile what I believe are the viable relationships that exist between the varied conceptual ideas I am choosing to work with here. These experiences of trial are additionally burdened by the fact that this work feels as though it is equivalent to only a few frames, a few images, pulled
somewhat reticently from the never-ending reel of cellulose film that is this moving picture of critical conversation. And, like all dialogues, this one has neither a beginning nor an ending.

I have stated some of my interests above. In addition to these, my curiosities include the various ways that people who have experienced, or are experiencing, turbulence, instability, distress, or dis-order with their mental health, might be able to create a meaningful understanding of their experience. One of the assumptions that is seated beneath this interest is, as mentioned, my belief that health education is a key ingredient that is necessary for the achievement of long-term wellbeing in those who are coping with either significant emotional distress or what they have been told is mental illness. The value of health education to optimal long-term outcomes is better recognized in some areas of health care than in others.

In diabetes care, for example, individualized health education is a fundamental component of treatment for those who are diagnosed with this disease (Mensing et al., 2006). Study in this area of health care has evolved beyond looking for ways to justify the importance of individualized education in the lives of those who have diabetes. Instead, research in this field tends to focus more on the examination of how to improve overall outcomes for those who live with diabetes through the use of enhanced and more meaningful approaches to education (Glasgow, 1999; Peyrot, 1999).

Unfortunately, in the field of mental health care, there does not seem to be this same level of recognition of the value of substantial, personalized education. It would seem that the importance of this type of support to the wellbeing and long-term
outcomes of those experiencing dis-abling conditions related to their mental health has yet to reach the same place of prominence that it has in the field of diabetes care. This suggestion is based on the apparent lack of research that has been conducted and published in the area of mental health patient education (Colom et al., 2003; Lehman & Steinwachs, 2003).

**Meaningful Learning**

As stated, my interests and curiosities have lead me to ask questions about how those who live, or have lived, with what they are told is mental illness might be able to create a meaningful understanding of their encounter with said illness, such that they are able to grapple with and eventually achieve an enhanced understanding of this experience. I propose that this understanding be sophisticated enough to be used as a resource that could facilitate a move away from illness and dis-ability and toward wellness and ability. Ideally, this enhanced understanding will be one that is personally relevant and individualized. That is, the person will feel that this understanding is tailored to fit them, personally. Behind this interest are theoretically supported core beliefs about that which I believe distinguishes an experience of learning as meaningful.

The conceptual notion of meaningful learning has been both defined and dissected by a number of scholars, from a variety of academic disciplines (Caine & Caine, 2006; Fyrenius, Bergdahl & Silen, 2005; Kember, 1991; Mayer, 2002; Michael, 2001; Novak, 2002).

Meaningful learning occurs when students build the knowledge and cognitive processes needed for successful problem solving. Problem solving involves devising a way of achieving a goal that one has never previously achieved; that is, figuring out how to change a situation
from its given state into a goal state. (Mayer, 1992, cited in Mayer, 2002, pp. 227)

“The construction and reconstruction of meanings by learners requires that they actively seek to integrate new knowledge with knowledge already in their cognitive structure” (Novak, 2002, abstract). Put somewhat more simply, meaningful learning results when knowledge that is newly acquired is attached onto knowledge that one already possesses. The ongoing desire to develop efficient and effective problem solving techniques and to establish purposeful approaches to the integration of information seem to be common sources of motivation for many researchers who choose to include the study of meaningful learning in their repertoire of scholastic investigations.

Inspiring Discovery

In the disclosure of my assumptions articulated earlier, I stated my belief that the processes which facilitate learning and the development of knowledge are active rather than passive. And, that I am interested in how learners might thoughtfully and intentionally harness the potential that exists within experiences of meaningful learning to enhance their own efforts to create or construct understanding and meaning.

I suggest that an experience of learning that is ‘thoughtful and intentional’ is one that is ‘active rather than passive’. Although I have not necessarily stated this explicitly, in addition to that disclosed thus far, I also believe that experiences of learning and discovery that are intentional, thoughtful and active are ones that are genuinely inspired; that they are sparked by an illuminated motivation to engage. These events of learning and discovery are not prescribed.

It is important here for me to provide an efficient and pragmatic means of
distinguishing the nature of that which is inspired from that which is prescribed. To achieve this, I turn to dictionary definitions. Included among the definitions of ‘prescribe’ that are relevant to this train of thoughts is: “to lay down as a guide, direction, or rule of action.......to specify with authority.......to designate or order the use of as a remedy” (Merriam-Webster, 1985, p. 930). Whereas, inspiration is defined as: “the action or power of moving the intellect or emotions” (Merriam-Webster, 1985, p. 626). An experience (and its aftereffects) that is fuelled by inspiration is, I suggest, markedly distinct from one that is prescribed.

But how does inspiration happen? And, how does inspiration lead to the decision to take action? How do we inspire the growth of an excited relationship with, or the fervent desire to, pursue discovery?

Who learns my lesson complete?
Boss, journeyman, apprentice, churchman and atheist,
The stupid and the wise thinker, parents and offspring, merchant, clerk, porter and customer,
Editor, author, artist, and schoolboy – draw nigh and commence;
It is no lesson – it lets down the bars to a good lesson,
And that to another, and every one to another still.

The great laws take and effuse without argument,
I am of the same style, for I am their friend,
I love them quits and quits, I do not halt and make salaams.

I lie abstracted and hear beautiful tales of things and the reasons of things,
They are so beautiful I nudge myself to listen.

I cannot say to any person what I hear – I cannot say it to Myself – it is very wonderful.......  
(Whitman, 1891-1892/2004, pp. 535)
Within the words of ‘Who Learns My Lesson Complete?’ I hear a passionate expression of what it is to feel the pleasure of, and to have a genuine relationship with, the processes of discovery and learning. Although I am not sure that Walt Whitman intended to describe what I hear when I read this poem, I am confident that he was sharing at least something about what it was like for him to feel genuinely engaged with the world that surrounded him. To me, his words speak of a deep and moving relationship with discovery. I choose to believe that the passion that is evident in many of Whitman’s poems was fed, at least in part, by what I imagine to have been an enthusiastic and excited relationship that he seemed to have had with the experiences and encounters he described in his poetry.

I suggest that in order to have the experience of making a discovery one must be engaged with, or affected by, the material or area of interest that supports the quest. We must be moved to seek discovery. We must somehow be inspired to enter into a process of learning. A remarkable encounter with something or someone is required to stimulate our desire to figure out. “The natural mode of intellectual stimulus is by action and reaction between our immediate actions and our immediate thoughts” (Whitehead, 1948, p. 127).

Is this (likely very small) space that exists between our actions and our thoughts the place where inspiration is conceived? If so, and if inspired learning provides for optimal conditions for the making of meaning, is it possible to purposefully create conditions that are ‘right enough’ to enable students to access and be nurtured by the ripened fruits grown in these orchards of opportunity?
The Pursuit of Knowledge

In her book, ‘Forbidden Narratives’, Kathryn Church (1995) describes the experience that inspired her to address a ‘need to know’; one which led to her entrance into doctoral study.

I thought perhaps doing a Ph.D. would “fix” my knowledge problems. The early indications were good. I entered the program after auditing a class on policy-making in education. The issues we discussed there were my issues framed in different terms; I felt personally validated for the experience I brought to class. (Church, 1995, pp. 37)

Though inspiration may be the spark that starts a journey of learning, I suggest that validation is an important source of fuel that is necessary to keep the quest for understanding alive. In light of this, I suggest consideration be given to the varied and personalized sources of validation that might be used effectively to help sustain engagement and attention in those who are on the path toward knowing.

Larry Davidson refers to the work of Husserl when he looks at experience, meaning and the pursuit of knowledge. Davidson (2003) suggests that because “experiences are intentional and connected to one another immanently through relations of meaning” we must also pay regard to the sources of motivation i.e. the outcome that becomes as a result of the relationships that exist between experiences (p. 24). The suggestion that we attend to these relationships in a purposeful manner implies there is an element of intention in existence within the broader notion of motivation.

Building on the notion of motivation and its ingredients, Alan Peshkin’s (2001) work examines what it is to engage in the pursuit of understanding by consciously
choosing the lenses through which we look while purposefully attending to the relationships that exist within and between that which we encounter when we pursue understanding. Peshkin (2001) notes the influence that occurs as we accumulate experience. He states, “our wealth of perceptions expands as our awareness of categories expands” (2001, p. 239).

It would seem then that we might be able to surmise that genuine journeys of discovery are supported by the conscious and purposeful act of paying attention to the various factors of influence that affect what we see and how we engage in processes of meaning making. And, that true quests for meaning include the act of not only paying regard to, but also working to understand, the effects of, and I suggest, the places in time, which become the ingredients that converge to create the understandings we have and the conclusions we make. Although many of us think of Albert Einstein’s work when we think of this idea of relativity, other scholars, including Mary Field Belenky and her colleagues, have also applied these same principles to their examinations of the relationships that exist within meanings and understandings.

During the process of self-examination, women feel a heightened consciousness and sense of choice about “how I want to think” and “how I want to be.” They develop a narrative sense of the self – past and future. They do not want to miss former ways of knowing so much as they want to stay alert to the fact that different perspectives and different points in time produce different answers. They begin to express an interest in person history and the history of ideas. (Belenky, Clinchy, Goldberger, & Tarule, 1997, pp. 136)

But can we consciously attend to a quest for understanding without being genuinely engaged in the process?
The meaning of engaged is relatively subjective and has the potential to be at once both simple and complex. In effort to avoid the complication and clutter that are occasionally imposed by sophistication, I turn once more to the Merriam-Webster Dictionary (1985) for a concise and simplified definition of the word ‘engaged’. According to this source, to be engaged is to be “greatly interested” (Merriam-Webster, 1985, p. 412). Based on this definition, I ask how can educators inspire interest that is great enough to enable learning, the making of meaning and the creation of understanding? As suggested above, does interest require a relationship with, an attachment, or an attraction, to something? For Nobel Prize winning physicist Richard Feynman, the pleasure derived just from the process of discovery seemed to be sufficient to motivate him to engage.

The same thrill, the same awe and mystery, come again and again when we look at any problem deeply enough. With more knowledge comes deeper, more wonderful mystery, luring one on to penetrate deeper still. Never concerned that the answer may prove disappointing, but with pleasure and confidence we turn over each new stone to find unimagined strangeness leading on to more wonderful questions and mysteries – certainly a grand adventure! (Feynman, 1999, pp. 144)

For others, the interest that inspires a process of discovery is sparked by an experience that is not only remarkable but is also life altering.

Dante’s Inferno, a narrative account of one man’s tortured experience, is a graphic illustration of what it is to be affected to the point of action; to be compelled to work through struggle and toward understanding. In the Inferno, Dante ventures into Hell with Virgil as his companion. His journey seems, in part, to be about ‘making sense’ in the face of doubt. Doubt appears to be something like a source of inspiration for
Dante. It might even be fair to say that doubt serves him as a source of motivation. “Dante celebrates doubt as an intellectual impulse that leads always onwards to a greater discovery of truth” (Alighieri, trans. 2006, p. 316). Dante’s attitude toward the unknown and his expectation of discovery appear to be related to his ability to be inspired, rather than beleaguered, by doubt. It might be said that Dante’s journey into Hell was an action (a decision to pursue a quest for discovery) that was inspired by a turbulent collision of thoughts and emotions.

The interrelatedness of affect, intellect, and action, was examined by Lev Vygotsky (1986). He suggested that the trail of thoughts that leads to the actions taken can be traced to a dynamic relationship that exists between our intellect and our affect (Vygotsky, 1986). According to Vygotsky (1986), the thoughts and ideas that precede our behaviours and actions are influenced by the emotions we experience.

**Social and Psychological Constructivism**

The purpose of this somewhat circuitous overview may not be readily apparent but it is not without purpose. It is a trailhead of sorts. It is intended to be a dialogic articulation of my own process of inquiry - my own quest for discovery.

As stated earlier, I believe that learning happens in environments of co-creation and that knowledge is constructed. This primary tenet – that human knowledge is constructed – is at the core of constructivist theory (Belenky et al., 1997; Huang, 2002; Karagiorgi & Symeou, 2005; Phillips, 1995, 2000; Richardson, 2003; von Glasersfeld, 1990).

In her paper, Constructivist Pedagogy, Virginia Richardson (2003) provides a
concisely articulated summary of constructivist learning theory. Richardson (2003) begins her work by describing two approaches to constructivist theory – social constructivism and psychological constructivism. Essentially, she suggests that social constructivism is focused on the belief that “power, the economy, political and social factors affect the ways in which groups of people form understandings and formal knowledge” (Richardson, 2003, p. 1624). The theory of psychological constructivism, according to Richardson (2003) states that “individual learners actively construct the meaning around phenomena, and that these constructions are idiosyncratic, depending in part on the learner’s background knowledge” (p. 1625).

Although it might appear that she attempts to draw a solid line between the social and the psychological theories of constructivism, Richardson also indicates support for the notion that the two propositions are not necessarily as mutually exclusive as one might be inclined to conclude. She illustrates this by drawing our attention to an important point of interest that is relevant to both perspectives on constructivism - the place where meaning is made, where knowledge is constructed, is the human mind (Richardson, 2003). Richardson (2003) also states clearly that she believes it is more the psychological than the social approach to constructivism that underpins pedagogy that is constructivist. That being said, her work also highlights the idea that the dialogical atmosphere that ideally exists in truly constructivist learning environments, does serve to support an approach to this theory that makes space for, or even encourages, those nuances that are particular to the individual learner. And, that it is ideal to regard and understand the importance of these nuances in the context of how they relate to the
diverse, often socially created, factors of influence that impact most learning experiences (Richardson, 2003).

The development of a social focus within psychological constructivism has been an important contribution within this form, particularly for pedagogical processes. It acknowledges the social nature of formal knowledge development within an expert community, and of knowledge creation that can take place within a social grouping such as a classroom...............The social aspects of psychological constructivism add the individual contributions that are then negotiated among the group. It represents a process, in the best of all possible worlds, that is dialogical and rational, and that creates a shared and warranted set of understandings. (Richardson, 2003, pp. 1625)

As a constructivist, Richardson (2003) demonstrates a sophisticated appreciation for the influences of the individual as a member of the group, and the group as something of a dialogic atmosphere that is comprised of the various individuals who interact within it.

**Radical Constructivism**

Ernst von Glasersfeld (1990), another scholar who speaks passionately and assertively about his views on constructivist theory, refers to what he calls a “radical” view of constructivism. Von Glasersfeld (1990) states that “radical constructivism does not claim to have found an ontological truth but merely proposes a hypothetical model that may turn out to be a useful one” (p. 27). He asserts that radical constructivists believe learners are responsible for creating their own experiences of the world around them (von Glasersfeld, 1990). As an important point of clarity, von Glasersfeld (1990) stresses that this does not imply that radical constructivists adhere to an ‘anything goes’ approach to knowledge construction. That being said, according to the theory of radical
constructivism described by von Glasersfeld (1990), “within the constraints that limit our construction there is room for an infinity of alternatives” (p. 28).

It might be fair to suggest that von Glasersfeld’s theory of constructivism is something of a ‘reworking’ of theories that are somewhat more, rather than less, rigid. According to von Glasersfeld’s constructivist theory, learners create their own understandings which then influence both the evolution of these understandings and their practical applications (Bodner, Klobuchar, & Geelan, 2001; Confrey, 1990; Davis, 1990; Goldin, 1990; Jones & Brader-Araje, 2002; Karagiorgi & Symeou, 2005; Noddings, 1990; Phillips, 1995; von Glasersfeld, 1990, 2001, 2008). Von Glasersfeld’s radical constructivism is based on the belief that knowledge and understanding are subjective and are ‘created’ according to human perception and personal experience (von Glasersfeld, 1990, 2001, 2008). Further to this, von Glasersfeld (1990, 2001, 2008) adheres to the belief that the construction of knowledge is vulnerable to factors of influence that are more internally than externally generated. Personal perception is seen as a dominant force of pressure in his theory of constructivism (von Glasersfeld, 1990, 2001, 2008). Von Glasersfeld’s notion of knowledge as a pliable and subjective construct is evidenced in his assertion that how we create understanding is based on our (current) perception of reality and how this is influenced by our thoughts, ideas and perceptions (von Glasersfeld, 2001, 2008; Bodner, Klobuchar, & Geelan, 2001).

I suggest it is quite evident that von Glasersfeld’s approach seems to view the underlying principles of constructivism through a somewhat variant vantage point than Richardson’s. The differences in perspective held by these two scholars are perhaps
more obvious when one focuses specifically on the somewhat discrepant opinions they have regarding the factors that influence the process of making meaning. As mentioned, in her social theory of constructivism, Richardson (2003) highlights the effect of the factors of social influence on the construction of understanding. Von Glasersfeld (1990), however, suggests that it is the individual knower who is the primary source of responsibility in the process of creating of meaning, understanding, and knowledge.

Where the theoretical positions of von Glasersfeld and Richardson both separate and converge is their viewpoints regarding the process of constructing understanding as it happens within the individual. Von Glasersfeld’s radical constructivism allows for less space for external sources of influence on the meaning making process whereas Richardson’s more liberal (and inclusive) theoretical stance provides space for consideration of the effect of factors of influence that are both internal and external to individual learners.

The somewhat divergent opinions of von Glasersfeld and Richardson provide solid support for the belief that there is in fact much disagreement among constructivist scholars with regard to “whether the construction of meaning is essentially an individual or social process” (Caine & Caine, 2006, p. 54). Within the realm of those who refer to themselves as theorists of constructivism, there does seem to exist at least one commonly held belief: that there is, in fact, much diversity in perspective and interpretation with regard to what defines constructivism (Bodner, Klobuchar, & Geelan, 2001; Caine & Caine, 2006; Cooperstein & Kocevar-Weidinger, 2004; Geelan, 1997; Jones & Brader-Araje, 2002; Packer & Goicoecheas, 2000; Prawat & Floden, 1994;
The Active Process of Making Meaning

Beyond his assertion that the individual knower is the driving force behind the process of making meaning, von Glasersfeld (1990) also emphasizes his belief that the act of creating understanding is one that is quite purposeful and perhaps even ego driven.

The notion that knowledge is the result of a learner's activity rather than that of the passive reception of information or instruction, goes back to Socrates and is today embraced by all who call themselves “constructivists.” However, the authors whose work is collected here, constitute the radical wing of the constructivist front.....This attitude is characterized by the deliberate redefinition of the concept of knowledge as an *adaptive function*. In simple words, this means that the results of our cognitive efforts have the purpose of helping us cope in the world of experience, rather than the traditional goal of furnishing an “objective” representation of a world as it might “exist” apart from us and our experience. (von Glasersfeld, 1991b, pp. xiv-xv in Phillips, 1995, p. 8)

Von Glasersfeld (1990) names Piaget as the “great pioneer of the constructivist theory of knowing” (p. 22). Although he admits there is much debate in existence among the various interpretations of Piaget’s scholarship, von Glasersfeld (1990) states that he believes there are some basic principles that underpin the theory of radical constructivism. As articulated by von Glasersfeld (1990), the following ideals can be found to exist clearly within Piaget’s work:

1. Knowledge is not passively received either through the senses or by way of communication. Knowledge is actively built up by the cognizing subject.
2. a. The function of cognition is adaptive, in the biological sense of the term, tending towards fit or viability; b. Cognition serves the subject's organization of the experiential world, not the discovery of an objective ontological reality. (von
Glasersfeld, 1990, pp. 22-23)

The somewhat rigid character of von Glasersfeld’s perspective referred to earlier is, I believe, evident when one views it through his interpretation of Piaget’s work. Although I find this view of constructivism to be perhaps a bit too iron-fisted (and one that too vehemently de-emphasizes the effects of external forces of influence) I am able to appreciate some of the notions which I believe are embedded within it. Of primary interest to me is the idea that knowledge is not received by the learner in a process that is a passive one. I believe von Glasersfeld’s (1990) work can be used to emphasize the idea that the creation of understanding is actually quite an active process.

I also see logic in von Glasersfeld’s statement that the process of creating understanding happens in an environment that exists in order to facilitate the rendering of service to the self. I believe this notion is connected to the broader understanding that suggests learning experiences are, in large part, about the creation of effective relationships between the learner and what she is studying. Effective learning experiences are, I believe, also about the learner being engaged in the process of naming the relationships that can be found to exist among the various bits of knowledge she is working with. Through active engagement with this process of identifying relationships, it is hoped the learner will not only be able to name the relationships found to exist but she will also be able to begin working with or manipulating those relationships. That is, applying the newly acquired knowing productively and at will (Michael, 2001; Fyrenius, Bergdahl & Silen, 2005). I suggest that this notion of
intentional application of knowledge exists within the bigger root structure that feeds the conceptual understanding of meaningful learning.

**Seeing Constructivism in Meaningful Learning**

The idea that meaningful learning experiences facilitate active processes of working with or applying knowledge, is discussed quite simply but effectively by Joel Michael (2001). He suggests that meaningful learning “involves the acquisition of knowledge in a way that allows you to do something with it” (Michael, 2001, p. 147).

According to Michael (2001), the primary objective of a learning experience should not be to facilitate just the acquisition of knowledge. Instead, the emphasis should be placed on the usefulness of knowledge. Knowledge should be accumulated such that it is flexible, accessible, and easily manipulated in a variety of contexts and environments (Michael, 2001).

[Meaningful learning] results in knowledge that is stored in a way that allows it to be accessed from many different starting points. That is, it is knowledge that is well integrated with everything else that you know. Meaningful learning is accompanied by the building of multiple representations (mental models), models that are connected to models for many other phenomena. (Michael, 2001, pp. 147)

The presence of the constructivist underpinnings discussed earlier is, I believe, obviously visible within Michael’s work. The active nature of meaningful learning as it occurs according to Michael (2001), acknowledges the idea that optimal learning and the effective creation of meaning happen through encounters and exchanges that are active by way of being dialogic.

A number of the scholars who work with the concept of meaningful learning also define it in a manner that reveals a common regard for the belief that the theory upon
which it rests, is seated firmly on top of constructivist philosophy (Bruffee, 1984; Kember, 1991; Michael, 2001; Mayer, 2002; Caine & Caine, 2006).

Like Ernst von Glasersfeld and Virginia Richardson, Richard Mayer (2002) focuses on the active nature of constructivist learning experiences. To emphasize this idea of intentional involvement, Mayer (2002) describes experiences of meaningful learning as processes that involve learners who ‘build knowledge’ and ‘devise ways of achieving’. He also draws our attention to the innovation that is inherent within experiences of meaningful learning. Mayer (2002) suggests that problem solving, as an objective of meaningful learning, requires the learner to carve out a thoughtfully chosen path to understanding in order for them to be successful in reaching an end goal – the solving of a problem. To demonstrate the constructed nature of this process, Mayer (2002) names “problem representation” and “problem solution” as the two activities that come together to create a strategic approach to problem solving (p. 227). Representing a problem allows a learner to “build a mental representation [of it]” (Mayer, 2002, p. 227). The plan used to solve the problem is hatched when the learner “devises and carries out a plan for solving [it]” (Mayer, 2002, p. 227). Further illustration of Mayer’s (2002) constructivist underpinnings is evidenced in his suggestion that a learning experience that is meaningful is one whereby the knower is guided by their intention to “make sense of their experiences” (p. 227).

In Mayer’s scholarship there exists an interesting feature related to the notion that meaningful learning experiences are active and, as proposed earlier, dialogic. His work implies that learning is a dynamic and somewhat sequential process that happens
both *inside of* and *outside of* the student. I suggest that learners who are guided by their intentions to build mental representations for the purpose of devising plans for problem solving will be individuals who take information gathered through dialogue which is generated outside of the self, or externally, and then work with it within the confines of their own minds, or internally; that is within the self.

This combination of external and internal processing of information is dealt with extensively by Lev Vygotsky and his colleagues (Vygotsky, 1978, 1986). Stephen Toulmin (1979), a scholar of Vygotsky’s theories, suggests that we use internal dialogue as a means of integrating and making sense of information accumulated through learning. “We talk ourselves step by step through an unfamiliar task, and that murmured commentary has two functions. It both helps us to master the necessary skills more quickly and effectively and, apparently, establishes neurological pathways that can be called into play in the future exercise of those same skills” (Toulmin, 1979, p. 7).

**Meaningful Learning and Executive Functions**

When we become engaged in problem-solving situations that require complex thinking i.e. processing and integrating information, the executive functions in our brains are active. “The executive functions refer to a number of functions centered largely in the frontal and prefrontal cortex of the brain (located behind the forehead). This area is associated with coordination and synthesis of emotions, thinking, memory, and body or physical movement” (Caine & Caine, 2006, p. 56). The integral role of the executive functions and their relationship to experiences of meaningful learning is discussed by Richard Mayer (2002). He provides a brief but concise description of the
combination of processes that are included under the broader umbrella of executive functions. These include: attending to relevant details, organizing content being taken in, and integrating this content with information that is already part of the learner’s repertoire of understanding (Mayer, 2002).

In their article, ‘Meaningful learning and the executive functions of the brain’, Geoffrey Caine and Renate Nummela Caine (2006) describe the role of the executive functions to the process of meaningful learning in a manner that takes conceptual theory and places it along side of what they present as scientific fact. They begin their work by providing two declarations. They “define meaningful learning in terms of the doctrine of constructivism” and they “look at decision making in terms of what neuroscientists call the executive functions” (Caine & Caine, 2006, p. 53). Caine and Caine (2006) suggest that their choice to consider and refer to the perspectives offered by cognitive psychology and neuroscience in their examination of meaningful learning has allowed them to provide a successful articulation of a belief which is core to their work. According to their scholarship, “in order to adequately understand any concept, or acquire any mastery of a skill or domain, a person has to make sense of things for himself or herself, irrespective of how much others know and how much a coach, mentor, or teacher tries to help” (Caine & Caine, 2006, p. 54). This process of ‘making sense’, which is active and purposeful, relies on executive functions that are experienced and reliable (Caine & Caine, 2006). Caine and Caine (2006) do admit that the disciplines of neuroscience and cognitive psychology may not be considered necessary to support a statement which describes the ingredients that comprise
learning experiences that are successful i.e. meaningful. However, they do suggest that the process of looking at constructed knowing through this lens does have the potential to shine a practical light on what could happen when an attempt at complex learning does not have a successful outcome. The process of being actively engaged in the task of problem solving is something which happens, for most, on a daily basis. Because of this, Caine and Caine (2006) suggest we need to look further than usual to fully appreciate the inner workings - the gears and cogs - that are moving (and sometimes grinding) when we find ourselves face to face with the problems we encounter.

The Intimacy of Making Meaning

While some scholars have chosen to examine the creation of understanding and the making of meaning through lenses which might appear to be more pragmatic, others have chosen to frame their scholarship around findings that are more experiential. Mary Field Belenky and her colleagues (1997) drew heavily on constructivist learning theories to support their seminal work, Women’s Ways of Knowing. According to this group of scholars, “all knowledge is constructed, and the knower is an intimate part of the known” (Belenky et al., 1997, p. 137). Like many other scholars who work with constructivist theory, Belenky and her colleagues also emphasize the importance and impact of social factors on the processes of meaning making and knowledge construction. The feminist lens through which Belenky et al. (1997) looked during their examination of women knowers revealed what they identified as the women’s need to “reclaim the self by attempting to integrate knowledge they felt intuitively was personally important with knowledge they had
learned from others” as a driving force behind their efforts to create understanding (p. 134). The importance of processes such as reflection, the questioning of assumptions, and the purposeful paying of attention to the various contextual factors which served to influence knowing and knowledge creation were identified in those women who were constructed knowers (Belenky et al., 1997). In this intentional approach to meaning making, it is important to the learner that she is mindful of how her perceptions and understandings are affected and evolved by her interactions with who and what she encounters.

**The Dialogical Self**

This regard for the dynamic that is created in the self when the knower experiences and views the self in relation to the surrounding culture is referred to as the “dialogical self” by Hubert J.M. Hermans (2001). Hermans (2001) refers to the dialogical self as the self that evolves in the spaces where there is what might be determined to be an evolutionary effect, which is created by the convergence of various social and cultural positions.

The dialogical self is ‘social’, not in the sense that a self-contained individual enters into social interactions with other outside people, but in the sense that other people occupy positions in a multivoiced self. The self is not only ‘here’ but also ‘there’, and, owing to the power of imagination, the person can act as if he or she were the other and the other were him- or herself. This is not the same as ‘taking the role of the other’, as Mead (1934) meant by this expression that the self is taking the actual perspective of the other. Rather, I’m able to construe another person or being as a position that I can occupy and as a position that creates an alternative perspective on the world and myself. The constructed perspective may or may not be congruent with the perspective that is defined as the perspective of the ‘actual’ other (which can be checked by entering into conversation with the other). It should be emphasized,
however, that the other may be partly the product of my imagination, closely intertwined with the ‘actual’ other, can be even completely imaginary. (Hermans, 2001, pp. 250)

The dialogic nature of the self and how it influences the making of meaning can be seen in the later works of Lev Vygotsky. Despite the existence of some evidence of his leanings toward dialogism, like von Glasersfeld, Vygotsky viewed the individual as “the primary unit of psychological analysis” (Bakhurst, 2007, p. 63). It has been suggested that Vygotsky’s work might have led him to include, and even embrace, the study of dialogism had he not died prematurely (Bakhurst, 2007).

In his text, ‘Vygotsky’s Demons’, David Bakhurst (2007) examines the philosophy which underpins the works of Lev Vygotsky. Bakhurst (2007) reflects on the fact that socio-cultural principles were important to Vygotsky and his theories of psychological development. It is these assumptions that Bakhurst (2007) suggests should provide support for the dialogic nature of the self. “We do not just become persons through our interactions with others; we are ourselves only in relation to others. Selves are sustained through communicative practices, and our identities are forged through the negotiation of meaning” (Bakhurst in Daniels, Cole & Wertsch, 2007, p. 63).

A number of scholars, from different disciplines, have worked with a varied array of implications that are suggested to result from dialogic ways of being and acting (Belenky et al., 1997; Bruffee, 1984; Dufva, 1998; Karlsson, 2001; Michael, 2001; Strong, 2006). The idea that dialogic interaction is perhaps preferable and, even more productive than action, which is based on individual or isolated effort, seems to be a commonly supported belief. The relationship of a dialogic way of being to the
experience of meaningful learning has, I suggest, been established as a key ingredient to the processes of making sense and creating understanding.

Thomas Schwandt (2001) discusses “dialogue as an event of understanding” (p. 272). According to his theoretical explanation, the evolution that happens in any “human practice” is reflective of the fact that “understanding happens to us” (p. 272). Schwandt (2001) adds to this by referring to us as historical beings who engage in never-ending interactions which change and evolve our understandings and interpretations. The connection between a dialogic approach to learning and the relational nature of understanding has also been identified by Kenneth Bruffee (1984) as a key factor in experiences of meaningful learning. According to him, our uniquely human ability to engage in unending conversation is fundamental to our ability use dialogue as a means to enable learning that is truly cooperative (Bruffee, 1984). In his work on collaborative learning, Bruffee (1984) explains his theoretical belief that our ability to learn as individuals is dependent upon our ability to learn in collaboration. In order to understand our own thoughts, he states we need to be able to gain understanding through interaction with others (Bruffee, 1984). “To think well as individuals we must learn to think well collectively – that is, we must learn to converse well” (Bruffee, 1984, p. 640).

I argue that by using dialogic theory as a point of departure, it is possible to develop a practical and meaningful framework to support a model of individualized health education. In addition, I believe this model has the potential to demonstrate the value that a meaningful learning approach to individualized health education has to the
long-term wellbeing of those who experience, what they are told, is mental illness. Of particular interest to the examination being undertaken here, is the theory of dialogism that was developed by Russian philosopher, Mikhail Bakhtin.

Within Bakhtin’s theory of dialogism there are multiple layers of conceptual detail. I am interested in how these various units of theory can be used in conjunction with some of the constructivist ideals discussed earlier to create purposeful and practical experiences of meaningful learning with those who experience that which has been determined to be mental illness.

The intent of the discussion undertaken thus far has been to create the beginnings of the framework I envision. Given the importance of a number of the individual ‘units of theory’ to an overall understanding of Bakhtinian dialogism, I will continue the unfolding of this framework with a brief overview of some of the theoretical concepts that are key to Mikhail Bakhtin's theory of dialogism.

**Bakhtinian Dialogism**

It is not realistic to expect an understanding of Bakhtin's theory of dialogue without first establishing some level of familiarity with several other key concepts. I believe a rudimentary grasp of the significant relationship that exists between some of Bakhtin's central theoretical ideas and his broader theory of dialogue is possible through this suggested course of study. To this end, I will focus on theoretical terms selected because of their relevance to my interests as stated above. In effort to support the ideas and the relationships I am proposing, I will first provide a brief overview of the following: word, utterance, meaning, consciousness and outsidedness. Next I will
summarize two more Bakhtinian concepts which I believe are related to, but distinct from, the others: unitary language and heteroglossia.

The word, in Bakhtinian philosophy, is an elemental unit within the process of dialogue. The word is a rudimentary constituent in all dialogue. The omnipresent nature of the word renders it both simple and powerful at the same time. "The word is implicated in literally each and every act or contact between people" (Voloshinov, 1929 in Morris, 1994, p. 53). The word is, in essence, a staple ingredient in dialogue (Morris, 1994; Roberts, 1994).

The term utterance is used to indicate a "unit of language" (Roberts, 1994 in Morris, 1994, p. 251). An utterance might describe something as small as a single word or as large as "an entire 'text'" (Roberts, 1994 in Morris, 1994, p. 251). The organic nature of the utterance is revealed in the understanding that any and every stage of its evolution reflects the dialogic relationships of its history and the reactions and responses it inspires by its presence in both current and future dialogues (Morris, 1994).

Like the word, the utterance is shaped by the influence of individual consciousnesses and socio-cultural tendencies. As is obvious, the life of an utterance is short and vulnerable. Each stage of its evolution changes it in some way.

The first and last words, the beginning and end points of real-life utterance - that is what already constitutes the problem of the whole. The process of speech, broadly understood as the process of inner and outer verbal life, goes on continuously. It knows neither beginning nor end. The outwardly actualized utterance is an island rising from the boundless sea of inner speech; the dimensions and forms of this island are determined by the particular situation of the utterance and its audience. (Voloshinov, 1929, in Morris, 1994, pp. 60).
In Bakhtinian theory, the dialogic process engenders meaning. Meaning is likened to understanding. Like the utterance, meaning is fluid and evolving. The creation of meaning requires a self and an other; therefore it requires dialogue. Through brief segue notation is given here to Bakhtin’s perspective on the other, and more specifically, the influential nature of the other’s role in the evolution of the language of our thoughts.

... language, for the individual consciousness, lies on the borderline between oneself and the other. The word in language is half someone else’s. It becomes “one’s own” only when the speaker populates it with his own intention, his own accent, when he appropriates the word, adapting to his own semantic and expressive intention. Prior to this moment of appropriation, the word does not exist in a neutral and impersonal language……but rather it exists in other people’s mouths, in other people’s contexts, serving other people’s intentions: it is from there that one must take the word, and make it one’s own. (Bakhtin, 1981, p. 293)

Also like the utterance, meaning is susceptible to various influences. The vulnerable nature of the utterance can be revealed when meaning, a product of dialogue, is subjected to close scrutiny (Morris, 1994; Voloshinov, 1929 in Morris, 1994). Meaning is shaped by the contextual factors that are relevant to the participants of the dialogue. Bakhtinian philosophy also regards the effect of intonation on the creation of meaning (Voloshinov, 1929 in Morris, 1994).

In the actual life of speech, every concrete act of understanding is active: it assimilates the word to be understood into its own conceptual system filled with specific objects and emotional expressions, and is indissolubly merged with the response, with a motivated agreement or disagreement. To some extent, primacy belongs to the response, as the activating principle: it creates the ground for understanding, it prepares the ground for an active and engaged understanding. Understanding comes to fruition only in the response. Understanding and response are dialectically merged and
mutually condition each other; one is impossible without the other. (Bakhtin cited in Morris, 1994, pp. 76)

The theoretical notion of consciousness cannot be discussed without brief reference to ideologies and signs. There is meaning in every ideology. In Bakhtinian philosophy, ideologies are representations of commonly held world views (Roberts, 1994; Bakhtin, 1981). Signs are also representations. Words are signs and tangible articles can be signs. Included in the substance of reality are various ideologies and signs. Ideologies and signs can reveal as well as distort reality (Morris, 1994). A consciousness is a product of language and is created through the dialogic process (Voloshinov, 1929 in Morris, 1994). A consciousness cannot exist without utterances; without language (Roberts, 1994). "An understanding of language as ideological signs offers an explanation of individual consciousness and creativity and links it to the processes of social history" (Morris, 1994, p. 11).

Understanding itself can come about only within some kind of semiotic material (e.g. inner speech), that sign bears upon sign, that consciousness itself can arise and become a viable fact only in the material embodiment of signs. The understanding of a sign is, after all, an act of reference between the sign apprehended and other, already known signs; in other words, understanding is a response to a sign with signs. (Voloshinov, 1929 in Morris, 1994, pp. 51)

The concept of outsidedness is, in part, about the influence of one perspective on another and in turn on the creation of understanding. The concept of outsidedness is considered significant to the theoretical explanation of the dialogic nature of consciousness. Outsidedness enables the process of viewing oneself in relation to others. Bakhtinian theory suggests that the place of outsidedness allows for an element of objectivity that is necessary to enable a more complete self-awareness (Morris, 1994;
Bakhtin, 1963 in Morris, 1994). In order to truly develop a sophisticated sense of the self, one must become successfully engaged in the process of stepping outside of the self to enable a view of the self as through the eyes of the other (Bakhtin, 1981; Gardiner, 2000; Roberts, 1994). The creation of a whole sense of the self is achieved when multiple perspectives, including both the personal and the outside perspectives, are simultaneously and equally regarded (Morris, 1994; Bakhtin, 1963 in Morris, 1994; Gardiner, 2000).

**Unitary Language and Heteroglossia**

A separate space has been designated for the following brief overview of two related Bakhtinian ideas: unitary language and heteroglossia. This distinction is reflective of how I frame my understanding of the meaning of heteroglossia and its relationship to both the concepts described above and the broader theoretical notion of dialogue.

A unitary language reflects shared ideologies, values and opinions. It is "a system of linguistic norms" (Bakhtin, 1981 in Morris, 1994, p. 74). A unitary language supports the existence of a commonly accepted, recognizable, and predictable system of communication (Bakhtin, 1981 In Morris, 1994). Heteroglossia, on the other hand, describes the convergence of competing linguistic forces (and the resulting potential for confusion) that are at work within one language or voice (Bakhtin, 1981; Bakhtin, 1981 in Morris, 1994). Whereas there might exist the potential for chaos in heteroglossia, order is more likely to be found within a unitary language.
Heteroglossia exists because it is not possible for language (and therefore meaning) to consist only of stable, impenetrable units of speech. Rather, language is constantly vulnerable to the effects of numerous forces, including variations in discourses, ideologies, values, and histories (Bakhtin, 1981 in Morris, 1994). The forces of influence that feed heteroglossia come from within, and outside of, the system of dialogic exchange. A unitary language consists of a more static and stable structure. It is not, however, invulnerable. The effects of heteroglossia are always considered to place pressures on a unitary language (Bakhtin, 1981). The variable aspects of language that are heteroglossia exist on multiple levels. As mentioned above, there are larger forces of influence such as cultural variations. There are also smaller sources of effect such as those that contribute to the evolution of the utterance (Bakhtin, 1981). Heteroglossia exists in both the broader dialogue of a society, as well as in the more personal, inner dialogue of the self (Bakhtin, 1981 in Morris, 1994). The effects of heteroglossia are not bounded. Language is continuously exposed to powers of influence and change. As a result, its development is considered to be perpetual. "Stratification and heteroglossia widen and deepen as long as language is alive and developing" (Bakhtin, 1981 in Morris, 1994, p. 75).

Bakhtinian dialogism, and some of the individual units of theory within it has, I suggest, clear implications for a reasoned examination of the role of meaningful learning to the process of making meaning and the construction of understanding in those who have experienced that which has been identified as mental illness.
As mentioned earlier, I am interested in how the theoretical details of Bakhtinian dialogism might be used to inform an approach to individualized health education that is genuinely inspired. I put forward the use of Bakhtin’s theory of dialogism as a philosophical foundation, which can support the creation of an educational environment that enables the engagement and attention in students that I believe are required for experiences of meaningful learning.

**Making Meaning Through Story**

“Biomedical psychiatry involves the use of science and technology to develop causal accounts of distress, which is formulated in terms of illness categories, such as schizophrenia” (Thomas et al., 2005, p. 23). In keeping with its reductionistic assumptions, biomedical psychiatry perceives *mental distress* according to *explanations* that are biochemical and neurophysiological in their nature (Engel, 1977). In biomedical psychiatry, disease is assumed to be present, and there exists a favouring of mind-body dualism (Engel, 1977; Ghaemi, 2010).

While I do not entirely deny that there may be *some* aspects of mainstream, biomedically-focused psychiatry that, at times, *might* have a potential role to play in the journey to wellness for some who experience what they are told is mental illness, I do have serious concerns about its too often-unquestioned place of prominence (hegemony?) in the lives of those who experience and are treated for what is alleged to be mental illness. And, I believe that long-term wellness is dependent upon so much more than what health care providers and the pharmaceutical industry have to offer those who are referred to, and treated as, *ill*. I suggest an enhanced, dare I say more
effective, approach to health care is one that emphasizes individualized efforts, which are aimed at helping those who experience compromised emotional wellbeing to create a meaningful understanding of their own illness experience. I believe that focusing on making sense of the many nuanced aspects of one’s illness experience is essential to the journey toward wellness for those who have suffered from, or currently suffer from, the devastating effects of that which has been labeled as mental illness. Further to this, I believe it is possible to use our own personal stories as keys which can be used to unlock the doors that separate us from the meaning I believe is needed to enable wellness to overtake illness.

In his paper, 'Narrative and severe mental illness: What place do stories have in an evidence-based world', Glenn Roberts (2000) looks at narrative from the perspectives of theory, professional development and practice. He maintains stories enable the construction of meaning, experiential significance, relationship, and identity. Like many others, Roberts (2000) distinguishes the personal, narrative truth from the scientific, clinical truth; both inform the creation of a story. Roberts (2000) views the symptoms of the bio-medically based construct of psychosis through a narrative lens. "Symptoms can be seen as the efforts of a healthy self to find words and meanings that adequately express an individual's struggle with altered experiences" (Roberts, 2000, p.436). Roberts (2000) proposes the idea that attaching meaning to the experience of psychosis through the use of personal narrative has the potential to facilitate access to understanding, and therefore to bring relief. He also emphasizes the potential to encourage rehabilitation through the process of developing meaning (Roberts, 2000). If
access to genuine meaning inspires wellness, can those who struggle with mental illness use narratives of the self as a means of facilitating the creation of a practical sense of understanding?

In 'Diaries, self-talk, and psychosis: Writing as a place to live', Brendan Stone (2006) looks at the potential for those who suffer from mental illness to find therapeutic value in the process of writing about their illness experiences. Stone (2006) refers to two publications that were based on the diaries of two women, Linda Hart and Lara Jefferson, who journalled their own encounters with what was named as mental illness. In his examination of the effect of personal writing on recovery Stone asks, "[w]hat is it, then, about keeping their diaries that prompts Hart and Jefferson to so unequivocally denote writing as a key factor in recovery?" (2006, p. 43). He describes the fragmentation of the self that is commonly experienced by those who have a supposed mental illness. Several sources are cited to support the claim that our sense of self is based on our inner dialogue (Stone, 2006). For Hart and Jefferson, "[t]hese texts represent exercises in 'voicing', a tentative 'starting to speak', by means of which their authors attempt to re-establish a salutary relation with the self, and activate or construct a self by speaking as an 'I'" (Stone, 2006, p. 55). Brendan Stone (2006) provides a convincing argument for the use of personal writing, as a way of re-establishing a sense of self in those who are dis-abled by the symptoms of what they are told is mental illness. Is it possible to use Bakhtinian theory to inform our understanding of a dis-organized sense of self? Can we use dialogic theory to enable a meaningful
learning experience in someone who has been told the compromised emotional wellbeing they are experiencing is the result of mental illness?

**Conflicted Dialogue**

Paul Henry Lysaker and John Timothy Lysaker (2002) discuss the fragmentation of the self that occurs in people who experience psychosis. They suggest this fragmentation affects two levels of dialogue in persons who have schizophrenia, the dialogue within the self and the dialogue between the self and others (Lysaker & Lysaker, 2002). They do make mention of the other sources of influence that affect the experience of psychosis, such as those of biology and social construction (Lysaker & Lysaker, 2002). Their focus, however, is on the dialogic nature of the self and how it becomes *dis-ordered* in people who experience schizophrenia (Lysaker & Lysaker, 2002).


I believe this notion of multiple voices is quite relevant to my theoretical study. And, I believe that Bakhtin’s theory of heteroglossia has the potential to illuminate the inner workings of the conflicted dialogue that exists with the person who experiences psychosis and other symptoms of that which is referred to as mental illness.

Furthermore, it would seem that the theoretical concept of heteroglossia can be used effectively to describe, and perhaps inform, understanding of the dialogic conflict that is
experienced by some people who live with dis-ordered emotional wellbeing. I firmly believe it is quite possible that the stories of some individuals who have what they are told is mental illness are actually representative outcomes of the experiential effects of significant exposure to a heteroglot language.

A heteroglot language is a layered language. It is heteroglossia that encourages the formation of layers, or stratifications, within a language (Bakhtin, 1981; Bakhtin, 1981 in Morris, 1994; Hermans, 2002). Language and dialogue are not shaped by pressures, which are coming from just one direction at a time.

At any given moment of its evolution, language is stratified not only into linguistic dialects in the strict sense of the word (according to formal linguistic markers, especially phonetic), but also - and for use this is the essential point - into languages that are socio-ideological: languages of social groups, 'professional' and 'generic' languages, languages of generations and so forth. (Bakhtin, 1981 in Morris, 1994, p. 75)

Within a heteroglot language, there is usually variation in the strength of the different voices. The powerfully influential hegemony that exists in the mental health system can adversely affect the strength of some voices, especially the voices of clients. Hegemony often encourages the development of a language imbalance (Hermans, 2002). It has been my observation that within the mental health system there is a long-standing history of encouraging (requiring?) a hierarchy of voices. The person who is receiving treatment and support for a mental illness is usually involved with a team of care providers. It is also usual for this care team to be made up of professionals from different disciplines and different organizations (Bronstein, 2003; Brown, Crawford, & Darongkanas, 2000; Santos, Henggeler, Burns, Arana, & Meisler, 1995). Although this approach to mental health care is the norm, it is not without significant and adverse side
effects. Differing opinions and philosophies of care, and variations in language and discourse are among these (Herrman, Trauer, & Warnock, 2002; Vinokur-Kaplan, 1995). An approach to care that lacks cohesion exposes the individual who is unwell - the primary voice and the common link between the various care providers - to a potentially conflicted and fragmented process of dialogue. The dialogic conflict that might exist among care providers has the potential to contaminate the individual's inner dialogue such that it might also become conflicted and fragmented. This process of contamination has the potential to become inflamed by the effects of the domination experienced by the person as a result of their (most) often lower position in the hierarchy of voices. John Barresi (2002) suggests that dominance can be found in every dialogic process, not just in some. He states it is impossible to avoid the influence of the other voices. "There is no way to move outside the situated consciousness of the present speaker/knower. To suggest that this can happen is to assume that the present consciousness can enclose itself within a model that it creates of another consciousness" (Barresi, 2002, p. 247).

Further to this, I suggest that a complacent culture of care that resists (rejects?) the need to question ‘authority’ has enabled the hierarchies and power imbalances that I have witnessed within the mental health system. I believe it is this same lack of willingness to question that is (at least partially) responsible for the fact that this hegemony remains strongly fixed in its place as the dominant force of dictation that it has been for decades in the mental health system.
This use of strong and accusatory language is purposeful and, I must stress, not fueled by grudge or bitterness. It is my intent to provoke thoughts and feelings that are passionate enough to inspire the true dialogue that I believe is missing from the layers of meaning and understanding that are eventually woven together to become the stories of those who have lived with what they have been told is mental illness.

**Hidden Voices, Distorted Stories**

Ideally, the voice of the individual who experiences dis-order would be the dominant voice in this true dialogue. For a variety of reasons, this is often not the case. In addition to that mentioned above, a health professional's philosophy of care might not include adequate acknowledgement of the person's voice, or encouragement of their sense of agency. The effects of the person's illness might be such that their voice becomes lost among, or hidden by, the symptoms of their experience. Their inner dialogue might be one that is fragmented, chaotic, and perhaps dis-integrated, or separated from reality (Hermans, 2002). The nature of dis-ordered mental health is such that the voice of the individual cannot be assumed to be present. If it is absent, the person’s voice cannot be assumed to be irretrievable. In reaction to the possible imbalance, as mentioned above, the language of the person who experiences dis-ordered mental health is at risk of becoming a distorted language. I suggest this distorted language then has the potential to become the foundation for a distorted story. This line of thinking has inspired several questions.

Does the individual’s story influence the outcome of their illness experience? And, if so what are the possible implications of a distorted story to this illness
experience? Conversely, what happens when the individual's voice becomes the
dominant voice? What are the possible implications of this type of exposure?

Brendan Stone (2004) wrote 'Towards a writing without power: Notes on the
narration of madness'. Stone (2004) emphasizes the often unpredictable and chaotic
nature of mental illness. He suggests that a traditional approach to narrative favours a
story that is organized and coherent (Stone, 2004). This is not necessarily reflective of
the narrative truth of the person who is experiencing dis-ordered mental health. Stone
(2004) implies that real meaning may be found in the un-cut narrative of the person
who has what is referred to as a mental illness, rather than in the sterilized, bio-medical
narrative. To emphasize the bio-medical story is to emphasize the other, according to
Stone (2004). Voice and agency are more plentiful in the narrative truth. The dialogic
process nurtures the self and makes space for the narrative truth. Stone (2004) raises
the concern that the process of confronting the mental illness has the potential to "do
violence to the speaker and their experience" (p. 23). It is my belief that a displacement
of personal authority results when the other is emphasized through the positioning of
the bio-medical story ahead of the individual. Caryl Emerson, a prominent scholar of
Bakhtin’s work, speaks about the sensitivity to authority in Bakhtinian dialogism.

How a voice sounds is a function of where it is and what it can "see";
its orientation is measured by the field of responses it evokes.......This
sensitivity to balancing authorities or voices in a text is developed in
Bakhtin to an excruciating degree. It is connected, certainly, with his
larger concepts of polyphony and heteroglossia, and is at the core of
his dialogism.......What does it mean to be a "competent reader" of
Bakhtin? Surely it means to hear a dialogue, perhaps even to
recognize the major voices embedded in it, but it must be a dialogue
where no voice is done the "slightest violence". (Emerson, 1984, pp.
xxxvii)
I suggest that lack of regard for the importance of personal authority most certainly can render the individual’s story vulnerable to being unduly impressed upon, such that the potential for a positive outcome in the illness experience can be significantly diminished. Although he acknowledges the risk, Stone (2004) suggests there is potential for an un tarnished narrative experience to facilitate a reconnection of sorts, a restoration of the self.

**A Few Final Thoughts**

I began this paper by stating the interests and assumptions that have inspired this examination. In order to set the stage for the remainder of this phase of my exploration, I will expand on, and further specify, the disclosure of my interests.

I am intrigued by the different ways that people learn. In particular, I am drawn to the various means that are used to create meaning. My curiosity is directed to situations that might be deemed additionally complex such as those that involve what is referred to as mental illness. I am interested in how those who experience dis-ordered mental health can create a meaningful understanding of their illness experience; one that can be used to enable the person to work toward an enhanced understanding of their own encounter with what they are told is mental illness. With regard to the notion of a meaning making approach, I am interested in how experiences of meaningful learning can be used to enhance the understanding of an illness experience by those who have significantly compromised emotional wellbeing. And, how dialogism (in particular Bakhtinian dialogism) can be used to feed the meaningful learning experience. More specifically, I am interested in personal narratives of illness and how these might be
used to enable experiences of meaningful learning that are aimed at enhancing the process of creating understanding. My research asks how personal narratives of illness can be woven into a dialogic process that might be used to facilitate the creation of meaning.

In ‘The dialogical self: Beyond individualism and rationalism’, Hubert J. M. Hermans and his colleagues (1992) discuss our long-standing tradition of using personal stories to enable us to make meaning and sense.

[T]he self can be conceived of as basically *dialogical*, and in this respect can transcend the cultural limits of individualism and rationalism. This view is based on the notion that people have told each other stories and listened to stories in all cultures at all times. In doing so, people arrive at an understanding and ordering of the world and the self. (Hermans, Kempen, & van Loon, 1992, pp. 23)

This recognition of the genuinely optimal conditions that are created when learning happens in environments of cooperation and dialogue is echoed by Yiasemina Karagiorgi and Loizos Symeou (2005). According to them, “learning that focuses exclusively on individual construction of knowledge is inadequate; our experiential world appeals as a negotiation between individual and social knowledge, whose contributions have a dialectical relationship and cannot be meaningfully separated” (Karagiorgi, & Symeou, 2005, p. 18).

In what ways might narrative be used by, and with, someone who experiences dis-ordered mental health to enable the generation of meaning and understanding? And, in what ways might it be possible to identify and examine the theoretical ideas that underpin the process of dialogue and its relationship to narrative in order to facilitate the creation of a genuine meaning - one that is a true representation of the dominant
voice, the voice of the person who has compromised emotional wellbeing? The
continuation of my study will be guided by these questions and my desire to further
develop the ideas introduced thus far.
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MY HISTORY READS TO ME: A REFLECTIVE JOURNEY INTO THE WORLD OF CRITICAL AUTOBIOGRAPHICAL NARRATIVE

Preface

The paper presented here is a piece, a section, a segment. This work is also a textual representation of a series of steps that have been taken as part of a much larger journey. Like many trips taken by many travelers, this excursion has been inspired by both intention and purpose. In the pages that follow, I intend to provide you, the reader, with a travel log of sorts. It is my hope that as you read what I have written you will find yourself walking beside me on the paths that I have taken to get to the stage that I currently occupy.

To prepare you for this trip that I am inviting you to take, I will begin by sharing some of my intentions; presented here in the form of two research questions. These questions have been the lanterns that have illuminated my steps as I have walked down some very long and oftentimes, unfamiliar roads.

My first question asks, what might the exploration of a personal narrative of the self reveal about the way in which one, who has been diagnosed with that which has been described to them as a mental illness, is able to move beyond diagnosis and perceived disability to a place of perceived wellness and ability? My second question asks, what might personal narratives created through a dialogic process reveal about meaning making by those who have been diagnosed with a supposed mental illness?

As you wander through these pages you will see that I have chosen to add further light to my research questions by including bits of aesthetic representation. My
desire to explore possible ways of working with the two questions above has included a keen interest in how alternative ways of representing story and knowing can be used to feed the dialogue that I believe is essential to the process of creating meaning, understanding and wellness within those who experience what they are told is mental illness.

It should be noted here that it is not my intention to use this exploratory exercise – this piece of my journey - to provide myself, or you, with ‘complete answers’ to the two research questions stated above. As mentioned, this work is just one section. It is one leg of a much longer journey; one that will not only continue, but will likely never really come to an end. That being said, my research questions have, and will continue to shine light on the paths that I walk as my exploration continues beyond this space.

As you read what I have written, I hope you will be able to feel that you are seeing at least some of the same sites that I have seen as I have made my way along these roads. Thank you for walking with me.
**The First Step**

As I search for words to enable the sculpting of an introduction to this work, I see a faint but discernable image in my mind. I see a person. It seems the path her life has taken has caused her to experience many periods of chaotic psychic distress. As a result, she too often struggles to stand steady in a world that appears to ebb and flow with grace and ease all around her. There are times when she is unable to comfort herself with the steadiness of routine or sameness. Sometimes without warning, the symptoms of her condition bang on her door, uninvited and unannounced. She is resilient though and has become adept at finding comfortable ways of carrying the load that can, with little warning, morph itself into a dragon-like dis-ability. Despite this resilience, she still experiences occasions when she cannot muster the resources she needs to move herself beyond the spaces of exhausted frustration that materialize in response to her being made weary by being forced to cope. These trials of chaotic surprise that are imposed upon her by the moody and erratic personality of her accumulated adversities (her condition) can become an additional source of significant burden. But she truly is resilient. Her determination to reach that place of ebb and flow provides her with just enough tonic. When needed, she uses this potion to quiet her chaotic self temporarily. She reaches out and with a heavy sigh she pulls herself onto the next page. And so it goes.........................

**Autobiographical Narrative**

Steadily over time, I have felt myself growing stronger as a researcher. I have been heartened by my ability to notice subtle indicators that tell me a part of my self is
evolving. I am changing; my perspectives are changing. When I listen to the voices speaking around me, I can hear my own voice flexing its limbs, working to take and make shape.

Many unmarked roads once crowded my field of vision. Like flotsam floating aimlessly on the sea, I felt directionless and without destination. But discomfort is slowly but surely being replaced by comfort. I am settling into this space of inquiry that surrounds me. This space, that was at one time just a temporary shelter, is becoming a comfortable home. This space I refer to is the world of critical autobiographical narrative.

Autobiographical narrative, also referred to as autoethnography, is much more than a methodology used in qualitative research (Ellis & Bochner, 2000).

Autoethnography is an autobiographical genre of writing and research that displays multiple layers of consciousness, connecting the personal to the cultural. Back and forth autoethnographers gaze, first through an ethnographic wide-angle lens, focusing outward on social and cultural aspects of their personal experience; then, they look inward, exposing a vulnerable self that is moved by and may move through, refract, and resist cultural interpretations. (Ellis and Bochner, 2000, p. 739)

In autoethnography, the researcher's study is fed by his or her own experience (Ellis, 2004; Ellis & Bochner, 2000; Foster, McAllister, & O'Brien, 2006). As a type of narrative expression, autoethnography is about enabling "vicarious experience of the things told" (Ellis & Bochner, 2000, p. 751). An effective autoethnography, described by many as 'evocative' (Ellis, 2004; Ellis & Bochner, 2000; Foster et al., 2006; Short, Grant, & Clarke, 2007), will be a meaningful experience. It will inspire emotions, reflections, and thoughts in the reader (Ellis, 2004; Ellis & Bochner, 2000; Short et al., 2007). To
construct the narrative account, the writer lives, or re-lives, the experiences that are the focus of his or her study. The inevitable vulnerability experienced by those who choose to confront their own realities through the use of autoethnography has been documented by many (Defrancisco, Kuderer, & Chatham-Carpenter, 2007; Ellis, 2004; Ellis & Bochner, 2000; Foster et al., 2006; Short et al., 2007).

As stated, the term autoethnography is often used interchangeably with other terms, including: personal narrative, native ethnography, autobiographical narrative, reflexive autobiography, and evocative narrative (Ellis & Bochner, 2000; Foster et al., 2006). Common to all of these is the author’s use of a first person, or / voice. It is my preference to refer to this methodology using the terms autobiographical narrative and/or autobiography. As such, I will do so in the pages that follow.

Forms used to present an autobiographical work include essays, poems, journals, novels, plays and photographic accounts (Ellis, 2004). An autobiographical text is generally shaped around a dialogic analysis of the self. This analysis is fed by reflection, which acts as a key used to open the doors to multiple perspectives and levels of awareness (Foster et al., 2006; Hoppes, Hamilton, & Robinson, 2007; Levett-Jones, 2007). Like other types of narrative that are well-crafted, autobiographical accounts enable enhanced understanding and fresh insight (Crawford, Dickinson, & Leitmann, 2002; Richardson, 1994).

A number of scholars have published works that discuss the various rationales that support the use of narrative (Crawford et al., 2002; Kinsella, 2007; Levett-Jones, 2007; Mehl-Madrona, 2007; Nisker, 2004). As human beings, we grow up telling our
own stories and listening to those of others. Through narrative and dialogue we weave associations that allow us to navigate uncertainty and negotiate difference (Bolton, 2006; Crawford et al., 2002; Kinsella, 2005; Kinsella, 2007; Mehl-Madrona, 2007). Real life experiences are naturally framed in, and made sense of, through stories. In his essay, 'Epic and Novel', Mikhail Bakhtin (1981) writes, "the novel is the only developing genre and therefore it reflects more deeply, more essentially, more sensitively and rapidly, reality itself in the process of its unfolding" (p. 7).

Arthur Frank (2000) refers to autobiographical work as “a performance of which the ill person becomes an effect, the effect can be to claim a place within a separate system of honor of those who share the illness or disability” (p. 137). Gillie Bolton (2006) suggests narrative inquiry can be used to help us establish order in places of chaos. She advocates the process of writing narratives of the self as a means of enabling empowerment. “Writing, exploring and discussing our essential narratives is a route to taking responsibility and control of our lives, professional and personal” (Bolton, 2006, p. 205).

Autobiographical research which uses a critical lens to examine narratives of the self, questions assumptions as a way of destabilizing that, which is given (Church, 1995). Included within this process of critical inquiry is the use of self-reflexivity to support a deconstruction of subjectivities, many of which have become privileged and commonly accepted (Ellis, 2004; Humphreys, 2005). Although there is some variation in how the notion of reflexivity is understood, for my purposes here I look to the work of D’Cruz, Gillingham, and Melendez (2007) and her colleagues. They “[define] reflexivity as an
individual’s self-critical approach that questions how knowledge is generated and, further, how relations of power operate in this process” (D’Cruz, Gillingham, & Melendez, 2007, p. 75). Critical autobiographical narrative research tells personal stories in order to create impressions, inspire change, and disrupt that which is often taken for granted. By “looking at the world from a specific, perspectival, and limited vantage point [narratives of the self] can tell, teach, and put people in motion” (Holman Jones, 2005, p. 763).

Throughout this work I will share several autobiographical pieces; most of them poems I have written. Like a growing number of more experienced scholars, I am choosing to move beyond the confines of the more traditional (and acceptable?) forms of data that have historically lined the halls of the academy. Rich Furman is known for his use of poetry as research and as research data (Furman, 2006; Furman, Lietz, & Langer, 2006; Langer & Furman, 2004; Szto, Furman, & Langer, 2005).

The expressive and creative arts seek to expand understanding, present subtle ideas that might even be paradoxical or dialectic, and lend themselves to the study of that which is difficult to reduce. This is particularly important in qualitative research. …… The arts, which allow for the expression of feelings that might not have previously been clear even to research participants, create a space for an interactional process of discovery. …… For thousands of years, poets have used the medium to explore and express the important truths of their hearts and their experiences of existence. Poetry often has the capacity to penetrate experience more deeply than prose. (Furman, 2006, p. 561)

This first poem speaks of the conflicted wrestling that has been with me throughout this journey – from the time when it first occurred to me that critical autobiography was a call that I felt a deep yearning to answer.
How Do I Speak With You

How do I speak with you
Warm you with my breath
Pull your letters from their pages

They feel reluctant
They don’t want to leave
Too introverted to dance
Where they will be seen

Is it shyness that makes you still
Is it me

I yearn to find a way
To caress you into life
To feel your pulse
Tapping inside my consciousness
Keeping me awake
Stirring me away from stillness

How do I speak with you
Listen to you
Watch you
As you wind yourself around my throat
Pulling from deep inside of me
That conversation I search for
On your pages

(Wedlake, October, 2009)

As my experience with critical autobiographical narrative continues to expand, I am becoming increasingly more aware of the powerful potential of this mode of inquiry.

The growing body of literature that speaks to the use of narratives of the self in research is, I suggest, a testament of this. Within this collection, there is tremendous depth and breadth of perspective available to those who are interested……and open.

Self-analysis

As I dive deeper into this exploration, I am more easily able to sense the regular
shifts in focus that have become part of my learning adventure. Although I have become more comfortable with these changes, I have found it necessary to be a more vigilant analyst. I try to spend time pondering the meanings that I know live behind the new directions being taken by my interests. In keeping with this more mindful approach to study, I decided that an effective exploration of autobiographical narrative would be possible only if I were to make a concerted effort to undertake something akin to the process of self-analysis. More accurately put, an analysis of the relationship I have with my course of study.

Karen Horney was one of the founders of both the Association for the Advancement of Psychoanalysis and the American Institute for Psychoanalysis. In her book, ‘Self Analysis’, she describes a process called occasional self-analysis (Horney, 1942). Occasional self-analysis is a tool commonly summoned by most people, especially in times of personal doubt and psychic distress.

The goal of occasional self-analysis is to recognize those factors that provoke a concrete disturbance, and to remove them. The broader incentive, the wish to be better equipped to deal with life in general, may operate here too, but even if it plays some role it is restricted to the wish to be less handicapped by certain fears, headaches, or other inconveniences. This is in contrast to the much deeper and more positive desire to develop to the best of one’s capacities. (Horney, 1942, p. 139)

This notion of using self-analysis to examine disturbances that lurk within the self inspired the following metaphorical representation.
Like that identified by Horney (1942) I do want to develop to the best of my capacities. Many of the choices I have made in my life, including my choice to pursue a doctoral degree, have been integral to this genuine desire. Although autobiographical narrative calls to me, I have felt quite unnerved by the places I’ve visited in my imagination when I think about how it will be when I move from doing this work in relative privacy to doing it in an atmosphere that is much more public. By engaging in my own process of self-analysis I have been able to make contact with a revelation that is of significant importance to me both personally and practically. I’ve been able to identify what I believe are at least some of the inner workings of a blockage I feel has at times been wedged between the aspirations I have for my dissertation research and the
abilities I have felt myself to be equipped with.

Although my desire to use autobiographical narrative as the methodology upon which to build my doctoral research is genuine, I am, by nature, quite a private person. And, I know what it is like to feel vulnerable, to lose the ability to protect my privacy. I feel a certain amount of trepidation, even fear, when I think about exposing myself through the public display of my story. Like a centuries old medieval moat, this apprehension, this fear, feels like a solidly fixed barrier that has the potential to come between my desire to do this type of research and my ability to take the next step. I am keenly aware that desire, dedication and academic proficiency are together an insufficient combination of ingredients for the brew I will need to fill the fount from which I will draw in order to maintain success with this methodology. Courage and conviction are just as vital.

The Courage to Come Out

In my heart and in my gut I know that great courage is required to engage in the process of writing a personal narrative of what was described to me an illness, a mental illness. As memories are dredged to allow for the carving of a body of text, feelings are stirred. The comfortably settled sediment becomes animated and alive. Some of the feelings revealed through this experience of emotional displacement can be anticipated and some cannot. A number of scholars have addressed the fervent storms experienced by those who come out to the world through their use of autobiographical research (Defrancisco, Kuderer, & Chatham-Carpenter, 2007; Elbaz-Luwisch, 1997; Short et al., 2007; Stone, 2004).
Experiences of psychiatric illness have much in common with many other types of dis-ability. But the lives of those who struggle with the effects of what they are told is mental illness are polluted by additional burdens. The stench and rot of stigma festers like a treatment refractory fungus that clings to the backs of those who have lived with this type of hidden dis-ease. As psychiatric patients, early on in our apprenticeship in the mental health system, we learn techniques that allow us to blend in, to cover our shame. This twisted acculturation (that somehow continues to *enjoy* a level of acceptability that is sufficient to keep it very much alive) has been addressed quite openly by a number of scholars who understand the need to name the many layers of insidious oppression that plague the world of mental health.

In his book, ‘Living Outside Mental Illness’, Larry Davidson (2003) addresses the feelings of being punished that are experienced by those who live with the symptom of psychosis. Susan Wendell (1996) also speaks to the stigmatizing effects of being labeled “disabled”. In her book, ‘The Rejected Body’, she makes several forthright statements that implicate society as a system that perpetuates the oppressive effects of stigma imposed on those who experience disability (Wendell, 1996). James Haywood Rolling Jr. (2004) also speaks, without sugarcoated words, of the power our society has to force segregation on those who occupy the spaces that exist beyond the margins.

Those who deviate from hegemony-establishing norms of beauty, speech, and lifestyle, are invalidated, made social invalids, dependents on the welfare of the reigning body politic that valorizes its compassion and patriarchy in opposition to a useful fiction—that some are normal citizens of the state, others marked by a tragic failing, and never the twain shall meet as the enlightenment project marches forward. At best, the normal and the stigmatized may nod their heads, bow and curtsy, as they pass in mute acknowledgement
of separate planes of existence. (Rolling Jr., 2004, p. 881)

Despite the bursts of uneasiness and angst I feel when I think about entering into this arena of exposure, my sense of conviction and my desire to commit myself to this method of inquiry have grown stronger, more passionate, and more confident. I am inspired by the courage demonstrated by others; those who have taken the risk of subjecting themselves to the scrutiny that lurks in the corners and shadows of the publicly accessible chambers where our stories are exposed.

The next poem, ‘The Less There Is To Say’, speaks of the development and evolution of both my courage and my awareness and of my own growing need to take the next step. ‘Seeing Inside’, the poem that follows, reveals the feelings of trepidation and reticence that became my ever-present companion once I realized that critical autobiographical narrative would be the methodology I would use to support my dissertation study.

**The Less There Is To Say**

I’m in here
Warm, quiet, calm
Same space, familiar comfort
The less there is to say, the easier it is to speak

Bed is getting hard
Taste is tired
Feeling stiff, need to move
Time for the dream

I imagine this dream
Moving pictures have to stop
Do I know what words are
Do I know their faces
Who will I talk to
Can I see their words
Endless shelves
No small boxes

It was easier
Bed got too hard
Taste too tired
Unpack the box, lift out the dream

Seeing their words
Trying them on
Some fit
They speak if I make them move

It’s warm here too
In this dream
I am knowing these words
So much to say, becoming easier to speak

(Wedlake, March, 2008)

Seeing Inside

Would you like to come in
Would you like to sit
Don’t have many chairs
Not many guests

I’m glad you came
Can you see my hands shaking
So much to show you
Where to start

Do you know what this is
Do you know where this came from
There’s more in here
Can you see my hands shaking

Watching your face
Guessing
Wondering
How do you see these things
I hope you’ll stay a while
I hope you’ll go
I hope you’ll come back
Not for a while, maybe soon

(Wedlake, March, 2008)

**Grit, Guts and Voice**

I believe my trepidation and reticence are further complicated by a battle that has insisted its way into my mind. You see there was a time when I was referred to as someone who was mentally ill. There was a time when I was a psychiatric patient. That time was most prominent in my life more than two decades ago. The battle I refer to is one where opposing forces argue about the *legitimacy* of my historical identity as a mental patient. Was it real? Or was it a bio-medical representation that was imposed upon me by a system that seemed (seems?) to view the world through only one narrow and seriously limited lens? Some would suggest I am a *classic case of denial*. Others would argue that there is sufficient evidence to support my belief that the *symptoms* I was experiencing could be better explained by the cumulative effects of far too much adversity - traumatic and difficult experiences piled too high on one mind, one psyche, one consciousness. That the reductionistic notion of mental illness did not fit any part of my self.

Who is right? I know that I am me; I am my self. I am not an illness or a bucket of putrid symptoms. My self is the result of my life experiences. Does it matter how I refer to my self in this work? Does it matter if I refer to an illness versus a condition versus life experiences? Yes, to me it does; it matters a lot. The mental health system is a powerful one. Although it has been many years since I was buried deep within its bowels, I can
still hear its gurgles and rumblings far too clearly within the confines of my own mind.

As such this battle I refer to wages on. It is my hope that the exercise of writing this autobiographical piece will bring me closer to brokering the peace deal that is required to provide an end to this conflict once and for all.

As I continue to immerse myself in this field of study, feelings of encouragement and reassurance are taking over the space that was, at one time, occupied only by the fear and apprehension referred to earlier. Courage is taking shape within me. I am mustering - I am creating - the grit and guts I have been hoping would eventually become sources of strength for me. When I launch my story into the public atmosphere, I will need to be able to reassure myself; I will need to tell myself I am being brave. At this stage of my own unfolding, I am comforted by what I perceive to be the confidence of those who have already taken the leap I am prepping myself for.

Liam Clarke speaks of that which literally is when he states his opinion regarding the experience of coming out through autobiographical revelations of psychiatric illness. He writes, “it is actually quite difficult nowadays to keep one’s affairs secreted so that ‘coming out’ is a question of degree rather than an absolute” (Short et al., 2007, p. 781). While my intellectual self nods in agreement with Clarke’s straightforward assertion, my emotional self continues to demand soothing. As my search for those champions who have gone before me continues, I find Kathryn Church (1995) who writes of her efforts to wrestle with these same emotional/intellectual tugs of war that I am contending with. In her book, ‘Forbidden Narratives’ she describes the impact of this clash of tensions on her doctoral study experience (Church, 1995).
Most people would consider what I have just written as too personal for academic work. I have doubts about it myself. But what is the root of my doubt? I think about the split bell hooks experienced between her private and public selves when she wrote with self-disclosure, and about the connection she made from that split to ongoing practices of domination. ........ I feel how even my limited attempt at consumer/survivor discourse violates the private/public partitioning of liberal thought which is definitive of the society in which I live. I expect some form of punishment. Why am I doing this? (Church, 1995, p. 64)

No matter how many bold and valiant role models I find to lean on for courage and inspiration, this process of autobiographical examination and exposure will most certainly cause me to feel apprehension, angst and even distress. Despite this knowing, I am able to create a kind of reassurance. I do believe that both self-analysis and self-reflexivity are significant and readily available resources that I can tap into, as needed, to provide me with some sense of relief. As noted earlier, self-analysis concerns the identification of one’s own inner conflicts. Self-reflexivity, on the other hand, is about engaging in “an ongoing conversation with one’s whole self about what one is experiencing as one is experiencing it” (Nagata, 2004, p. 141).

In ‘Self/Painting Practice/Social Practice’, Barbara Howey (2002) illustrates how she used self-analysis to inform a critical autobiography she wrote while evolving the theoretical foundation of her practice-based PhD. Howey (2002) suggests that engaging in reflection through self-analysis is an intrinsic part of the process of writing a critical autobiography.

I believe I have found a way, through reflection and self-analysis, to please both my intellectual self and my emotional self. Time devoted to introspection has allowed me to shine a light on what I am missing; what I believe I need. I have realized that I
need to nurture, rather than expect, feelings of courage. With hands that are firm yet kind, I need to sculpt and shape within myself a more solid sense of confidence and comfort with the path I am choosing to walk. I cannot reach my destination – my goal to use critical autobiographical narrative, with any degree of self-assured confidence, in my dissertation research – without a period of acclimation. I believe I am right to anticipate there will be harsh weather conditions in the public atmosphere where my story will go. I know what I need to do to prepare for the journey that I must take to reach my destination. I need to build a bridge to autobiography. This realization brings me back to a place of reflection. Engagement in dedicated processes of self-analysis and self-reflexivity are essential to ensure that this metaphorical bridge will be able to bear the significant and accumulated weight that has burdened me at the various stages of this journey of inquiry and discovery.

**Making Sense, Making Meaning**

In 'Writing: A method of inquiry', Laurel Richardson (1994) refers to writing as a "method of inquiry, a way of finding out about yourself and your topic" (p. 516). She describes our organized use of dialogue as the language-based structure we rely on to build understanding and make meaning (Richardson, 1994). According to Bakhtin/Voloshinov a dialogic process is implicated in meaning making. "Meaning belongs to a word in its position between speakers.......Meaning is the effect of interaction between speaker and listener" (Voloshinov, 1929, in Morris, 1994, p. 35). In his book, 'Pedagogy of the Oppressed', Paulo Freire (1970) describes dialogue as being more than words. Reflection and action (which together become praxis) are the two
primary ingredients needed to support true dialogue (Freire, 1970). Freire (1970) refers to dialogue as "an existential necessity [that] is the encounter in which the united reflection and action of the dialoguers are addressed to the world which is to be transformed and humanized" (p. 88). According to Freire (1970), through engagement in reflection on the self and the world at the same time we are able to expand our view to include phenomena that we might otherwise miss.

For me, the experience of working with the processes of reflexivity and self-analysis, which I believe have been essential to the production of an effective and engaging critical autobiography, have lead me to become someone who has learned to rely on dialogue as a way of working, a way of processing, a way of making sense. I have found that making sense happens most effectively when I allow myself to be drawn into the conversation that unfolds between the multiple texts I have worked with simultaneously. Through my willingness to relinquish a certain amount of control and to trust the processes of meaningful engagement and meaningful learning, I have been able to truly enter into the texts I have used to support my work. And, I have come to rely on this experience of immersion to facilitate the development of dialogue, the extrapolation of ideas, and the questioning of assumptions that have become so essential to the evolution of my autobiographical self.

The following piece is an aesthetic representation of an inner dialogue (my words are distinguished by text that is italicized and indented; the words of other authors are marked with quotation marks and followed by citations) that resulted when I read ‘Can We Research Suffering’ by Arthur Frank (2001). I found myself being pulled
into spaces in my consciousness of which I may have had only limited awareness - never really enough to enable anything more than some superficial connections with a few barely discernable physical manifestations.

Can We Research Suffering? An Aesthetic Representation of Dialogue

“......suffering is not a concept but a lived reality that resists articulation” (Frank, 2001, p. 353)

“In the first turning of the wheel of Dharma, the Buddha taught that there is nothing but suffering in samsara.............This is the first of the Four Noble Truths.
All living creatures are trying to find happiness,..............but because of their ignorance, what they do is the opposite of what would actually bring them happiness.” (Khyentse, 1992, p.7)

“......suffering is what makes illness worth studying” (Frank, 2001, p. 353)

Why are we afraid to suffer, to feel pain, to feel loss?

Are our fears greater than the pain itself?

“I experienced the suffering of illness without experiencing any disease.” (Frank, 2001, p. 354)

Does my fear of suffering cause my mind to attack me?

“Pain is not just physical.” (Frank, 2001, p. 354)

Do we need to be able to touch, manipulate or contain something in order to be able to tolerate its existence?

If we can’t hold onto something, do we fear what it might do to us?

“Our suffering was what we could not say.” (Frank, 2001, p. 354)

What does silence mean to me?
What does silence say to me?
Must I speak in order to show my concern?
Is silence the darkness of my mind?
Do I fear silence the way some fear the dark?

“When I certainly did not wish to suffer, suffering was also the embodied reality, the truth, of my situation.” (Frank, 2001, p. 359)

“…….while through your sleep would break the intolerable thought that this was how it was going to be tomorrow,…….and the day after that, and so on for several years on end,…….right up to the very day you got your freedom…….You would ask yourself when it would come, that freedom, where it was.” (Dostoyevsky, 1985, p. 283)

“Suffering involves experiencing yourself on the other side of life as it should be…..” (Frank, 2001, p. 355)

“O I see now that life cannot exhibit all to me, as the day cannot,…….I see that I am to wait for what will be exhibited by death.” (Whitman, 2004, p. 585)

What drives me to avoid feeling pain?
Why do I want to protect others from feeling pain?

What would happen if I were to accept pain and suffering –
even welcome them into my world?

Can I allow time to pass while I sit in silence with suffering
seated firmly beside me?

Why do you need to comfort yourself when I suffer?

This has been you,
this will be you again.

Today this is me,
this suffering is mine.

Tomorrow it will be yours.

“A claim to know the other’s suffering takes away part of that other’s integrity.” (Frank, 2001, p. 359)
When you see me suffering, do the words you say to me provide you with the comfort you need?

“I feared them seeking to explain me as an object of suffering, rather than remaining silent in the face of what they could not speak.” (Frank, 2001, p. 359)

Sit beside me,
look at me,
touch me.

Be present with me.
Be present with my suffering.

“Suffering is expressed in myth as the wound that does not kill but cannot be healed.” (Frank, 2001, p. 355)

Will you resist your urge to save me from suffering?
Will you let go of your crusade?
Will you let me sit here in this place of pain?
And will you sit beside me?

Maybe I will feel pain.
Maybe my pain will never go away.

Maybe I will die before my suffering leaves me.
Why will this be a shame?

“The person is transformed into a patient when the diagnostic category is appended to his or her name.” (Frank, 2001, p. 358)

I love,
I hurt,
I think,
I feel.
I am me.

I am not the words you use to describe this sickness.

I am not a diagnosis.
I am like you.
I am myself.

Do I have to sell you my soul
in exchange for the cure
that is peering at me
through your awkward chatter?

“The problem for ill people is ruling relations’ insistence that all
 can be spoken.......” (Frank, 2001, p. 358)

“A great silence overcomes me, and I wonder why I ever
thought to use language.” (Rumi, 2004, p. 19)

“Suffering is the subversive voice in the biomedical discourse; it
is central among all the things that do not fit.” (Frank, 2001, p.
360)

How long can I run from the inevitable
When will pain catch up with me
When will it get close enough to grab me

Let me speak of my pain
Let my voice be the one that shouts
The one that is heard by others

Let me tell them I know
Let me tell them that I too am living this
That they are not alone in this place

“Sometimes, thinking with the story means listening to silence,
to the story that resists becoming a narrative.” (Frank, 2001, p.
361)

If you listen to my sobbing
If you hang on each heave of my breathing
What do you hear?

Let me tell you my story.
Let me affect you.
Let me cause you to think of me tomorrow.

I once was someone else.
Today I am who I am.
Tomorrow I will be someone new.

I am myself.
And, I am you.
My story is mine.
My story is my friend’s.

My story is a stranger’s.
My story is yours.

Cling to the words of my story,
to feel what I feel.

I pay you regard.
I hear.
I listen.

I speak.
I tell.
I pay you regard.

I know that I owe you this.

Close your eyes.
Silence your voice.
Listen carefully.

And you will hear,
My story speak to you.

(Wedlake, April, 2009; adapted, July, 2010)

This dialogic representation is a tapestry of textual pieces which I threaded together to create an aesthetic representation of the inner conversation I had when I allowed myself to become fully immersed in the meanings and messages I heard as I listened to what Arthur Frank’s article was saying to me. This dialogic encounter became a process of creating meaning; it was “the effect of interaction between speaker and listener” referred to above (Voloshinov, 1929, in Morris, 1994, p. 35).

Self-reflexivity as Essential Practice

Laurel Richardson (1994) also encourages the use of self-analysis and self-reflexivity to enable the [autobiographical] writing process. She emphasizes the
importance of introspection for those who choose to engage in writing as a process of discovery (Richardson, 1994). In reference to a form of personal narrative she calls *evocative representations*, Richardson (1994) states, "evocative writing touches us where we live, in our bodies. Through it we can experience the self-reflexive and transformational process of self-creation" (p. 521). Gillie Bolton (2006) also advocates the use of *personal professional narrative* as a way to engage in reflective practice and reflexivity. She refers to a dialogic process when she encourages drawing on multiple perspectives to inform an iterative approach to the storying of our experiences (Bolton, 2006). As a reflective practice, this inspires a process of discovery, meaning making and learning (Bolton, 2006). Frances Crawford and her colleagues (2002) also advocate the use of narrative as a form of reflective practice. They suggest the familiar relationship we have with stories allows us to comfortably use narrative reflection as a way of seeing the interrelatedness of our thoughts and our practices (Crawford et al., 2002).

There is growing recognition of the potential for narratives of the self to be used as reflective exercises that can stimulate both learning and personal growth. At the University of Oklahoma, masters level occupational therapy students learned about reflective practice through a fieldwork course that required them to write an autobiographical piece. Hoppes, Hamilton, and Robinson (2007) published an account of the outcomes of this academic experience. Although some students were initially resistant and had difficulty developing awareness of their stories, the authors reported that the autobiographical experience "[became] the medium for reflection, expression, and integration" (Hoppes et al., 2007, p. 139). John-Raphael Staude (2005) provides an
alternative example of the benefits of reflecting on our own stories. He recommends autobiography as a spiritual growth exercise (2005). Staude (2005) suggests that in writing our stories we find opportunity to reflect on the life experiences that collectively inform our spiritual belief systems.

Defrancisco, Kuderer, and Chatham-Carpenter (2007) share additional insights regarding the benefits of engaging in reflection through the use of autobiography. They suggest that the process of writing our own stories offers us the potential to "identify and resist internalized oppressions" (Defrancisco et al., 2007, p. 240). Defrancisco and her colleagues (2007) found that the experience of autobiography "tore down false walls between the research/discovery process and substance (or product)" (p. 241). They recommend qualitative researchers consider writing their own narratives to help them appreciate the feelings of vulnerability experienced by those who share their stories as participants in research projects (Defrancisco et al., 2007). In addition, they found their own courageous sharing to be a source of inspiration for others to do the same (Defrancisco et al., 2007). Rich Furman and his colleagues (2007) also emphasize the importance of empathy and the need to be able to appreciate the vulnerability that is experienced by research participants. Furman et al. (2007) use autobiographical writing as a way to facilitate the process of creating genuine connections with participants. The inclusion of autobiographical pieces in the research process is also a way to facilitate a deeper level of self-reflexivity in the researchers themselves (Furman, Langer, Davis, Gallardo and Kulkarni, 2007).
**Claiming the Self**

In comments made about the autobiographies of his two co-authors, Liam Clarke also addresses the issue of exposing the self through the process of making private stories public (Short et al., 2007). As mentioned, Clarke recognizes the inevitability of having one’s illness experience find its way out of the private and into the public. Further to this he suggests that “too much is made - for and against - this aspect of the issue” (Short et al., 2007, p. 781). Clarke states that he believes there is an ethical responsibility to respond to the courageous disclosures made by those who expose themselves to the risks that come with publishing their personal stories (Short et al., 2007).

Kim Foster and two of her colleagues also recognize the potential to effect positive change by including personal stories in their work (Foster et al., 2006). They suggest this process of sharing, which shines a light on our common humanity, can inspire improvements in the lives of the story's authors and its readers (Foster et al., 2006). Lewis Mehl-Madrona (2007) echoes this wisdom. He recommends a narrative approach to medicine as a way for us to both celebrate and learn about our differences and “[provoke responses] in which the “other” is eliminated” (Mehl-Madrona 2007, p. 22).

**Autobiography as Social Justice Action**

The start of my bridge building project has uncovered some themes. I believe these themes represent the bricks and mortar needed to ensure the bridge I build will indeed be solid enough to bear the weight of this journey as my story takes shape. The
themes I am referring to are: claiming the self through autobiography, reconstructing the self through autobiography, placing the self (and the illness experience) in autobiography, and exercising voice in autobiography. The one that resonates most strongly with me at this current stage of my academic evolution is the notion of claiming the self. I suggest that the idea of claiming the self is a conceptual principle that is rich with implication. Further to this, I propose that any foray into the purposeful action of claiming the self is a social justice movement in and of itself.

Autobiography, especially that which is inspired by experience that has a history replete with contention, stigma and taboo, provides fertile ground for social justice campaign. Autobiographical writing that is thoughtful, evocative and which inspires the questioning of assumptions and the desire to problematize that, which has historically been *given and accepted without question* can, I believe, be a convincing and effective mode of social justice action.

Gillie Bolton (2006), illustrates the parallels that exist between narrative reflective practice and action research. She suggests the Socratic dialogue that supports action research enables an open forum for non-judgmental sharing of actions, thoughts and emotions (Bolton, 2006). Through Socratic dialogue participants are able to engage in a critical examination of the dominant discourses and power structures that shape their stories (Bolton, 2006). The hegemony of dominant discourses, and their power to quell the personal stories of women who have what they are told are mental illnesses, are discussed by Butler, Ford, and Tregaskis (2007). Rather than being known by their personal narratives, these scholars suggest that women are at risk of becoming
separated from their stories and known instead by the clinical traits ascribed to them by
the system (Butler, Ford, and Tregaskis, 2007). In addition, Butler et al. (2007) suggest
the use of personal narrative as a way for care providers to integrate their personal
experiences with their professional world. Reflecting on our own stories has the
potential to keep us intimately connected to the meanings and understandings that
guide and inform our work (Butler et al., 2007).

Anne Kinsella (2005) encourages us to recognize the possibility of dominant
discourses to become a fuel that powers imbalances in places of practice. She refers to
the notion of cognitive authority and how it can kindle the voices of influence that shape
a practice setting (Kinsella, 2005 p. 71). Cognitive authority, a term used by Susan
Wendell (1996) (who states she borrowed the term from Kathryn Pyne Addelson) in her
authority to have one’s descriptions of the world taken seriously, believed, or accepted
generally as the truth” (p. 117). Wendell (1996) points her finger at the hegemonic
imbalance that exists within Western medicine when she states this powerful institution
“has both the cognitive and social authority to describe our bodies to ourselves and to
others” (p. 117). I suggest it is the notion of voice – both finding it and exercising it –
that is a significant source of inspiration and fuel for the statements and conversations
that serve the crucial purpose of questioning authority.

The importance of voice and being able to name is a central theme in Paulo
Freire's work (1970). "To exist, humanly, is to name the world, to change it. Once
named, the world in its turn reappears to the namers as a problem and requires of them
a new *naming*" (Freire, 1970, p. 88). Paulo Freire (1970) also argues that 'naming' cannot be done in isolation but only through true dialogue where "the united reflection and action of the dialoguers are addressed to the world" (p. 88).

Kim Foster and her colleagues (2006) authored a confidently articulated piece on the potential for the use of autobiography in mental health nursing research to create expanded awareness and positive change. Autobiographic writing can be used to illuminate the thoughts, feelings, and insights that are shared by nurses and those they care for (Foster et al., 2006). In an autobiographic text the researcher acknowledges the multiple positions she occupies. As a measure of accountability, the inclusion of the researcher's own voice, encourages her to resist retreating into the detached and distant place that can sometimes perpetuate *otherness* (Foster et al., 2006). Foster et al. (2006) also suggest that autobiographic research acknowledges and legitimizes the already existing role that stories have in psychiatric nursing practice.

Defrancisco et al. (2007) chose an integrative approach to the use of autobiography as a way to inform both their study of the self-esteem of women and their own experiences of being researchers. By integrating their narratives with those of others, they were able to reveal experiential information that significantly enhanced the process of developing empathetic understanding (Defrancisco et al., 2007). They found the collaboration between researchers and participants also affected the power structure that exists in this kind of relationship (Defrancisco et al., 2007). Defrancisco et al. (2007) suggest the integrated autobiographic experience to be one of personal growth and affirmation. Through raised consciousness, they found they were able to
more fully appreciate the challenges of the women they worked with (Defrancisco et al., 2007).

Many scholars recognize not only the value of writing and reflecting on story, but also the need to facilitate a safe way to approach this method of growth and learning. In her recognition of the potential for the 'literary arts' to serve as a vehicle for social justice influence, Anne Kinsella (2007) recommends using relevant quotes from literature to facilitate dialogue. She suggests discussion of possibly contentious issues may feel less threatening if it is filtered through the protective layer offered by the use of literary quotes (Kinsella, 2007). Kinsella (2007) recommends engagement with the 'literary arts' as a way to encourage health care professionals to "see in new ways, grasp new meanings, make changes in consciousness, transform their actions and develop praxis" (p. 54). In reference to the works of Maxine Greene and Paulo Freire, Kinsella (2007) reminds us of the importance of attending to those aspects of our practice that we lose sight of. She suggests we use literature to inspire the questions needed to ignite our awareness (Kinsella, 2007). "Literature that provokes indignation as it unveils injustice or brings attention to what was previously hidden can be particularly powerful" (Kinsella, 2007, p. 49).

In referring to Martha Nussbaum’s work, Moira von Wright (2002) argues the merits of "training the narrative imagination in higher education" (p. 408). Narrative imagination is described as "taking the perspective of others in a conscious and self-conscious way" (von Wright, 2002, p. 412). Von Wright cautions us to be vigilantly aware of the potential for the cultivation of a narrative imagination to become an isolated,
elite pursuit that adds to, rather than fights against, oppression (von Wright, 2002, p. 415).

Taking the perspective of others by reading their stories, arguing and thinking is important for our understanding of others because it enlarges our worldviews and gives us opportunities to venture beyond our local settings and to transcend the egocentric positions into which we tend to slip unless we actively question ourselves and our implicit beliefs with the help of tools such as Socratic inquiry. (von Wright, 2002, p. 415).

The ideals of political democracy and responsible citizenship underpin von Wright's thesis. The nurturance of a narrative imagination has the potential to encourage morally aware critical thinking (von Wright, 2002). These beliefs are shared by Holman Jones (2005) who states that our personal stories “can move writers and readers, subjects and objects, tellers and listeners into [a] space of dialogue, debate, and change” (p. 764).

According to von Wright (2002), the questioning required to facilitate change can be enabled through the process of examining our moral selves. She suggests that our moral responsibility includes being able to see ourselves in relation to, rather than as independent of, other human beings (von Wright, 2002). It becomes possible to feel genuine compassion and understanding when we are able to experience the perspectives of others (von Wright, 2002).

The notion of accepting and acknowledging one's own story as being essential to the process of understanding the struggles and stories of others is emphasized in Paulo Friere's (1970) scholarship. “Someone who cannot acknowledge himself to be as mortal as everyone else still has a long way to go before he can reach the point of encounter. At the point of encounter there are neither utter ignoramuses nor perfect sages; there
are only people who are attempting, together, to learn more than they now know" (Freire, 1970, p. 90). Like Paulo Freire, Lewis Mehl-Madrona (2007) also recognizes the communal nature of human experience and the obligations we have to each other. “In listening to the others’ perspectives with equal respect as to our own, we develop shared language and eventually shared stories about the meaning and purpose that we forge in common” (Mehl-Madrona, 2007, p. 18). Mehl-Madrona (2007) emphasizes the need for us to both regard and embrace these threads of story that are shared by many of us and the potential for rich learning that exists if we are genuinely willing to work in community.

**Repairing Damaged Identities Through Counterstory**

Earlier I referred to the burden of shame that I, and so many who have been ravaged by the mental health system, become accustomed to living with. Twenty years later there are still times when I allow shame to cast a dark shadow over me. Even at this temporal distance that extends beyond my own experience, I can still feel as though there is a formidable power working from within me; one that attempts to cover the picture I have of my self with a heavy shroud-like malaise. With very little question I have allowed shame to contaminate every part of my being. In his article, ‘Relations of Caring’, Arthur Frank (2002) speaks of the violence experienced by those who lose themselves to the role of *patient*. He states, “patients who are repeatedly treated as objects to be worked on lose their sense of purpose as people. This process is demoralization” (Frank, 2002, p. 17).

As a twenty-something, I was experiencing two significant transformations. One
of these was happening within me until the other one began to take over and happen to me. I was developing my identity as a young, independent adult. Like others my age, I was transitioning fully into adulthood and I was struggling to become a real person. But this time of expected struggle became additionally complicated for me. The shape my life was taking began to be altered by what I was told was mental illness. As I slipped further into a state of emotional despair, there was a significant disruption to the efforts I had been making to form something of an identity. I was falling away from that which was determined to be normal. As I was pulled into the world of what I was told was mental illness (by those who knew), I found myself being sucked unwittingly deep into the bowels of the mental health system. At a time when I needed them most, any bits of identity and agency I had were being raped, beaten and tossed well out of my reach.

The following poem speaks of my experience with those who knew.

This Is Who You Are

If I were to close my eyes
And concentrate on pretending
I might be able to convince myself
That there is a pulse and some flesh
Behind those words

The asking is done
The telling begins

I’m going to leave while he goes through this
I know how long it will take him to tell me everything
I’ll just slip away
Sip some tea
While he does his thing

This is what you have
This is what it is
This is what it means to you
This is who you are
This is what you need to do

Please be sure to put this information somewhere obvious
Where it won’t get lost
In a place where you will see it regularly
Perhaps on your fridge
Next to your grocery list
Or beside your tooth brush

It’s important that you remember
Keep track of what I am telling you
About yourself

I can only see you hardly ever
But this information will save you
From yourself
It will keep you from finding yourself
It will keep you lost
Only I need to know where to find you

(Wedlake, September, 2009)

Hilde Lindemann Nelson (2001) describes and differentiates between identity and agency in her book, ‘Damaged Identities: Narrative Repair’. Nelson (2001) refers to identity as “a question of how others understand what I am doing, as well as how I understand what I am doing” (p. 22). In describing agency she emphasizes the notions of having the freedom to act, having a sense of personal competence, having a sense of moral responsibility (Nelson, 2001). These ingredients are essential to the personal growth process. When I became a mental patient these were taken away from me. You see there is no room in a psychiatric hospital for a strong sense of self. The cramped quarters we occupied necessitated a sparse existence. In our rooms, we could keep only that deemed to be essential – what we were told were our sickly brains. The brain of the mental patient is the ill body that becomes the “object” referred to by Arthur Frank
Two decades after the time when I was so deeply immersed in, and most ravaged by, the psychiatric system, my sense of self still bears the wounds that became symbols of my ‘damaged identity’. I am still searching to find out who I am. The following poem speaks of this longing to know.

When I Walk Past Windows

There are times
When this strange longing bubbles
To the surface of my consciousness

From a distance that seems to be endless
I am able to catch a glimpse
Of an elusive shadow
It is a piece of knowing

I do recognize this stranger
But just a part of her
I’ve never seen her face
I know just her shape
The familiar silhouette
Taunts me
Close enough to touch
Too far away to taste

Tonight she is closer though
She lingers longer than ever before
When I stare
When I strain
My eyes bring her into focus
She does not vanish
She turns her head
To show me her face

She is a longing
A yearning
From the deepest space of my inside
She is the essence
Of my lost self
She is what I wonder
What I ache for
What I do not know
She is why thirst burns my throat

When I look at her face
When I stare into her eyes
I ask her these questions
Just now touching my lips

What do I look like to you?
How do I appear?

Let me hear you tell a stranger who I am
Talk to him as though you and he are the only two people alive

Tell him how I appear
Tell him how I fit
Tell him how I am like others
Tell him how I am different
Tell him why someone might choose to love me

Then please
Tell me the words you will use to describe
The reflection I see when I walk past a large window

Please be my key
Please unlock this door
The one that has been sealed shut forever
Please let me look inside
If only for a moment
Show me a glimpse of what I know exists but cannot see

(Wedlake, June, 2009)

When mental patients are discharged, they leave the hospital with a small suitcase containing their over-stuffed bag of pills and what Nelson (2001) refers to as their “damaged identities”. According to Nelson (2001), identities can become damaged when subjected to the devastating effects of oppression. She suggests that through counterstory, repair can be made to damaged identities (Nelson, 2001).
Oppression often infiltrates a person’s consciousness, so that she comes to operate, from her own point of view, as her oppressors want her to, rating herself as they rate her. By helping a person with an infiltrated consciousness to change her self-understanding, counterstories permit her to put greater trust in her own moral worth. If the counterstory moves her to see herself as a competent moral agent, she may be less willing to accept others’ oppressive valuations of her, and this too allows her to exercise her agency more freely. (Nelson, 2001, p. 7)

Counterstories are written to fight back against the dehumanizing effects of oppression (Nelson, 2001).

Arthur Frank (1995) describes a similar narrative of resistance. According to Frank (1995), the automythology is a narrative that is written by someone who has both survived a soul-stealing illness experience and has experienced a rebirth as well. The automythology is a story that uses language to depict power (Frank, 1995). In automythology although the experience of storying is more about that which is of personal importance to the author, these narratives can be a source of inspiration to others who are fighting the same fight (Frank, 1995). This next poem was written as a counterstory. Through this piece I wanted to show strength and confidence in my voice. I also wanted the burden of shame to be quieted, at least for a while.

**Cheese Slipped Off The Cracker**

Fell off the truck
Hit my head on the curb
Your shovel waits
Few questions
Your answers are ready
Cheese slipped off the cracker

Evidence-based merry go-rounds
The best ride
Guaranteed pleasure
No surprises
Pure entertainment

We give you what you expect
No disappointments
You need your jobs
Laughing at you
Not with you

Your evidence-based body cast
Soldier straight
Neat and tidy
Colouring in the lines
Your mother would be proud

Our playground
Dancing on tables
Throwing colours
Painting with our feet
Our friends are proud

Gather ‘round
Pull up a chair
Got the popcorn
Show’s about to start

Where are the people
We invited all of them
Home chewing tin foil
Don’t want to watch this show

Look in the mirror
Hubris turns your skin yellow
You can’t see it
Don’t need to

Creating our culture
No manicured lawns
Grass roots, English gardens
Colours, chaos and laughing ladybugs
Cheese slipped off the cracker

(Wedlake, February, 2008)
For me, this process of bridge building is about creating an opportunity to think about, and become more comfortable with, my own counterstory. I expect (and I hope) this process of inquiry and discovery will allow me to cultivate the conditions needed to enable the conception, birth and growth of both my counterstory and my automythology.

**Naming and Giving Voice to Experience**

As I have made my way along this road of doctoral study, and I have been regularly exposed to new ways of thinking and seeing, I have found myself envisioning the potential for practical benefit and application of the many and varied sources of literature with which I have worked. I see potential benefit for myself and I see potential benefit for others. Through approximately 27 years of work in not-for-profit mental health care I have grown accustomed to existing in a culture of benevolence. I am convinced this immersion has influenced the way my mind interprets what my eyes see.

When I read Relations of caring: Demoralization and remoralization in the clinic’ (Frank, 2002), I felt as though Arthur Frank was speaking directly to me. It was easy for me to relate to the messages embedded in his text. ‘Relations of caring’ allowed me to turn with ease around an important corner on the road of my journey. Frank (2002) refers to “narratives of extensive responsibility”. This is a “core narrative” that emphasizes obligation and responsibility on the part of the author (Frank, 2002). The narrative of extensive responsibility becomes an amphitheater where the author can stand and speak, with conviction, about her experience. This type of narrative gives a strong voice to an illness experience. It turns the tables on a disempowering, demoralizing event. It
becomes a tool for inspiration and emancipation. Narratives of extensive responsibility give loud and empowered voices to illness experiences that Arthur Frank believes we need to know about. “Those who are not yet ill need to know what it’s like to live with serious illness, and they need to live with an awareness of their own vulnerability” (Frank, 2002, p. 16).

This next series of three poems was written as a trilogy. The messages in each of the three poems speak of stages of existence, stages of experience, and stages of awareness. Through this poetic expression I was able to confront multiple layers of emotion and inner turmoil. I was able to speak of one of the darkest times of my life. I was able to admit my role as an oppressor. And, I was able to give voice to my desire to re-claim the process I had begun, the process of searching for my self. The experience of writing this trilogy provided both catharsis and a chance to recognize and accept my need to grieve. To grieve what I lived and what I did not live.

**Evolution Of Selves**

Shadow Self

It’s cold in here
Smells like bleach
The energy whimpers
These walls are scared
The paint soaks up the beatings

Can’t see much
Janitors take away the reality
Tears are mopped into buckets
And poured down drains
Escaping to the Thames
Only deformed frogs and suffocating fish know
What goes on behind these walls
I hear them gasp
They whisper to me at night
They tell me there’s only one way to walk these halls
Stop breathing today
Check your life at the door
Stop dreaming
Stop blinking
Flat-line your brain
Empty your mind
Pull its plug

Don’t look back
Don’t remember
Don’t hope
Don’t imagine
Say good-bye now

Left foot, right foot
They’ll do most of what’s needed
Forget about light switches
No more decisions to make
Stand in line
Learn how to wait
Stop hearing
Listen only for instructions
Do as you’re told

Relax your arms
Bow your head
Lean back
Let yourself fall
Frogs and fish survive on apathy
Say good-bye now

Don’t be afraid
It’s okay
They know so much
They know what’s best for everyone
They’ll tell you where you need to go
They’ll tell you how to get there
They’ll point the way
Just look for the shadows
You’ll know which one is yours
Crawl in
Let yourself go
Fall to your knees
The cement won’t feel cold
It won’t be hard
They know so much
They make sure the darkness is soft and warm

Extend your hand
Don’t be shy
Say hello
To your shadow self

Former Self

You are a good student
Still following instructions
They told you to forget
They told you not to look back

Remember the frog and the fish?
They wait for you to stop
But you just keep walking
Passing them by
You don’t say hello
You don’t even look at them
You left that place

You told them you wouldn’t be back
You crawled out of the shadows
You walked away from the wreckage

You haven’t looked back
Only taking care of yourself
Flipped a switch
Turned off caring
Pulled on attitude

They come to you
You look at them
Stare into their eyes
They’re not you
You’re not them
They are The Other
You do so well

They died a while back
Your frog and your fish
But you don’t seem to care
Do you even remember them?
Do you remember the words
They whispered to you that night?

You’ve decided it doesn’t matter
You got out
You walked away
You choose to forget
You choose to deny
Your former self

My Self

Awaiting your arrival
I know you’re on the way
How will you look
What will you say
I don’t know yet
Need to keep waiting

For today
I’ll sit by the Thames
Let my tears fall
Into the river
Hoping they’ll touch
The spirits of my frog and my fish

I am so sorry
I didn’t stop to say hello
I pretended not to know you
I wasn’t there when you were dying
I didn’t say good-bye
I am so sorry
For walking away

I remember what you said
I remember your words
I won’t forget what it felt like
When you whispered to me that night
I am so sorry

I know you’re on the way
I’m not sure when you’ll get here
But I won’t just wait
I’ll chisel and carve
I’ll sculpt and shape

Looking back to see ahead
My history reads to me
I can hear some words
I can hear some voices
I can see it unfolding
This will become the story
Of My Self

(Wedlake, December, 2008)

The compounded devastation that exists in abundance in the world that which is referred to as mental illness creates a desperate need for public disclosure from strong voices. Those who have suffered, and continue to suffer, at the hands of the mental health system need to hear from those who were able to not only survive but thrive despite their illness experiences. Liam Clarke recognizes the troubled condition of this branch of health care. In his commentary on the autobiographical disclosures of his colleagues, he states, “these narratives do lessen the ages old configuration of mental health patients as ‘other’; they may even diminish the psychiatric apartheid incipient in ‘service user’ designations” (Short et al., 2007, p. 782).

**The Faces of Oppression**

When I read ‘Relations of Caring’ I began to question why I have chosen to preserve my shame by keeping such a significant part of my life enshrouded in secrecy. I
forced myself to think about the responsibility I have to those who are still being
victimized by the mental health system and those who will be in the future. I was
consumed by the system. But I was able to break free of it. My escape marked the
beginning of my own journey toward emancipation. I asked myself why I allowed the
shame that was forced on me to be my excuse to think only of myself. Why I chose to
walk away from the wreckage without looking back at those who remain tangled within
it? By hiding my illness experience, by denying my identity as an ex-mental patient, am I
reinforcing the culture of oppression that is the scourge of the mental health system?

Paulo Freire (1970) writes about a process of transmutation whereby some of
those who were at one time oppressed change to become oppressors themselves.

But almost always, during the initial stage of the struggle, the
oppressed, instead of striving for liberation, tend themselves to
become oppressors, or “sub-oppressors”. The very structure of their
thought has been conditioned by the contradictions of the concrete,
existential situation by which they were shaped......................This
phenomenon derives from the fact that the oppressed, at a certain
moment of their existential experience, adopt an attitude of
“adhesion” to the oppressor. (Freire, 1970, p. 45)

I don’t want to make excuses for myself. I want to understand and own what I am doing
and why I am doing it.

Arthur Frank (2002) and Paulo Freire (1970) emphasize the responsibility that
must be accepted by those who are able to break free of oppression. In addition, Frank
(2002) and Freire (1970) recognize the significant social pressures experienced by those
who make the choice to speak out about their experiences of oppression. Freire (1970)
asks, “how can the oppressed, as divided, unauthentic beings, participate in developing
the pedagogy of their liberation?” (p. 48). Frank (2002) suggests the “narrative of
extensive responsibility is culturally available as an alternative way of organizing experience” (p. 16). Paulo Freire and Arthur Frank pose questions and present ideas aimed at addressing the complex and competing experiences that converge in the lives of those struggling to reach emancipation.

To some degree, I believe that for a social justice movement to be effective, there needs to be a significant and palpable element of emotional potency. Emotions, especially those that have the power to make lasting impressions, can be utilized as important sources of motivation. In my experience, when the shape of feelings and affective experiences become static and predictable, they have a much more likely tendency to lose the value of that which is their power. An autobiography that is evocative is one that causes its reader to feel. I believe we are more likely to become engaged in impassioned thinking when we have been significantly impressed upon by our feelings.

This Is Where I Want to Be

With the passage of time, lived experiences become memories. Feelings and emotions have the power to act like mental preservatives; our memories can continue indefinitely to feel as real as the experiences they were inspired by. When I wrote the pieces I have included in this paper, I was cracked in the middle of my forehead with the tremendous power of the feelings and emotions that have been tucked underneath my memories for so many years. Although I was overwhelmed by the power of this onslaught of emotions, I was also pleased to see that my own resilience had somehow stayed very much alive inside of me.
The following poem speaks to the fatigue I have felt as a result of having to engage for so long in this process of mental labour. But it also tells me that I am strong, I am able, and that this space of critical autobiography is where I want and need to be.

**Abundance**

Wrestling with
Working through
I’m sweating
I’m thirsty
I’m weary

Sleeves rolled up
Clothes getting dirty
Toiling, dredging, grinding

I stop for a moment
Lean on my shovel
Wipe my forehead
Calluses forming on my calluses

Put your ear to my back
Do you hear it whispering
It talks of my labours

Today is done
I wash my face
Manage an easy meal
Fall into bed
To silence my back

You are as you appear
You look the part
You are hard work
Yet you seem invisible
Waiting to be solid
You ask to be shaped

How will you look
When you become touchable
How will I know you
Are you tall
Are you short
Will your face be kind
Will you embrace me with loving arms
Or will you bite at me
To tear away a piece of my spirit

You are unbridled
You can’t be rushed
You know the past and the present
You know the future
You are inside and outside
You are yet to come
You’ve always been here
You come and you go
You never leave

A labour of love
A labour of pain
A labour of wonder
A labour of relief

My whispering back speaks what is
I’m more than alive
Not just surviving
I’m living and I’m thriving

If you’ll continue speaking to me
I’ll continue to toil
If you’ll continue speaking to me
I won’t just wait
I will always work

My labour of pain will extend its arms
Embrace you
Love you
Meet you for the first time
Welcome you home again

(Wedlake, November, 2008)

Although I was taken aback by the intense power of these emotional experiences, I must
confess that I was more surprised to find myself sitting face to face with new feelings
and new emotions - ones I'd never associated with the memories of my past. Despite the relative harshness of this confrontation, I am convinced these new layers of awareness are indeed a good thing. I suspect there is significant potential for learning to be found in experiences such as this one. And, I suspect – rather, I am certain – that the ending of this exercise is really just the beginning.

As is the case with most construction projects, the building of my bridge - the bridge to critical autobiography - has and will continue to happen in stages. I am choosing to conclude this paper here. Although I am reasonably satisfied with the progress I have made through this piece of exploration, I do recognize there is still much work to be done. I’ve tried to make space in this short text for the significant feelings I have grappled with. I’ve tried to articulate the current stage of my intellectual and emotional struggles (at least the one’s I am able to identify). One of my goals was to explain why I felt the need to ease myself into the experience of working with critical autobiography. I’m hoping I’ve been somewhat successful with this objective.

The ending of this methodological study is marked with one last poem. Though it may appear that I am sharing a variety of emotional messages in this piece, I can tell you that this poem is about hope.

**Alive And Waiting**

And when the rain comes to me  
My mind tightens  
Remembering pains  
Of this life  
And past lives

Trying to let go  
Resisting doom
And dis-ordered living
Seeing you
Knowing you
Hating you
Hugging you
Longing to have the power cut
To this thundering heartache

Fantastic visions
Of a quieter mind
Somewhere inside I know you hide
You seem to be waiting
For your coming out to arrive

I have hopes though
Despite the strangled effects
Of your incessant haunting
My dreams remain kindled
Alive and waiting
For peace to be

The day will come
When those dreams appear from the darkness
When they crawl out
When they stand up
When they arrive
When they are here
Where they will be

I won’t say good-bye but I will say farewell
To those ghosts
Watching them
As they drift back across the horizon
Returning to their histories
Settling into a quieter space in those lives

And when the rain comes to me
It will deliver sweet tears
I will unfold a soft smile
Whisper hello
Lay my head on a pillow
And welcome this life

(Wedlake, August, 2009; revised April, 2011)
References


I SPOKE WITH VICTOR FRANKENSTEIN ABOUT MY EXPERIENCE WITH SHOCK THERAPY

........I have not considered myself as merely weaving a series of supernatural terrors. The event on which the interest of the story depends is exempt from the disadvantages of a mere tale of spectres or enchantment. It was recommended by the novelty of the situations which it develops, and however impossible as a physical fact, affords a point of view to the imagination for the delineating of human passions more comprehensive and commanding than any which the ordinary relations of existing can yield. (Shelley, 1831/1999, pg. xxxiii)

If the immediate and direct purpose of our life is not suffering then our existence is the most ill-adapted to its purpose in the world: for it is absurd to suppose that the endless affliction of which the world is everywhere full, and which arises out of the need and distress pertaining essentially to life, should be purposeless and purely accidental. Each individual misfortune, to be sure, seems an exceptional occurrence; but misfortune in general is the rule. (Schopenhauer, 1970, pg. 3)

The people who have been treated with ECT are the only ones who really know the side effects that they are experiencing, and it is perhaps time for professionals to dedicate more time to hearing these stories. (Challiner & Griffiths, 2000, p. 196)

Prologue

Electroconvulsive therapy (ECT), also known as electroshock, is a psychiatric treatment that sends electricity into the brain of the patient with the purpose of inducing a seizure in that patient’s brain. In a position paper entitled, ‘Electroconvulsive Therapy’ written for the Canadian Psychiatric Association, Enns, Reiss, and Chan (2010) state, “the mechanism of action of ECT remains incompletely understood [emphasis added]; however, extensive research, and 70 years of clinical experience with the treatment, supports the CPA’s current recommendation that ECT should remain readily
available as a treatment option” (p. 1). Like a crafty sleight of hand trick, it would appear that this cleverly deceptive configuration of words is intended to draw attention away from atrocious realities concerning the use of electroshock.

Peter Breggin, a psychiatrist who is often referred to as ‘the conscience of psychiatry’, has authored numerous publications on electroshock. He has also been called upon to provide expert witness testimony in a number of lawsuits regarding damages caused by electroshock. Breggin (1979, 1981, 1991, 1998, 2010, 2011) argues repeatedly that electroshock does not provide any therapeutic benefits whatsoever. Further to this, he condemns electroshock for the substantial trauma that often results from its use (Breggin, 1979, 1981, 1991, 1998, 2010, 2011).

ECT produces sufficient trauma to the brain to cause a severe grand mal convulsion. All ECT treatments result in a period of coma lasting several minutes or more, sometimes including a flat line EEG. In routine application, the patient awakens in a delirium that is virtually indistinguishable from any other closed head injury. Typical symptoms include severe headache, memory dysfunction, disorientation, confusion, lack of judgment and unstable mood. The treatment always results in apathy, and sometimes in euphoria, which are typical reactions to traumatic brain injury. Consent forms routinely warn patients not to make decisions during or shortly after the completion of any series of ECT treatments. (Breggin, 2010, p. 90)

The mystery and questions surrounding the safety, or lack thereof, of electroshock have been described by other researchers as well (Johnstone, 1999; Jones & Baldwin, 1992; Rose, Wykes, Leese, Bindman, & Fleischmann, 2003; van Daalen-Smith, 2011; Weitz, 1997).

Today, psychiatrists claim to administer modified ECT. It is presented as a safe treatment far removed from Cerletti’s crude experiments. In fact, modifications do little to increase the safety of ECT and are more damaging. For example, there have been major changes in the way
that psychiatrists now view the administration of ECT. First, they consider the use of a muscle relaxant essential. This is now given routinely with all ECT to prevent the orthopaedic complications of dislocation and breakages, which were common side effects associated with ECT in the past. Muscle relaxants sedate the brain and it is much more difficult to induce a seizure. Therefore the voltage has to be increased even higher than with unmodified ECT to reach the threshold necessary to produce a convulsion. The result of this improved procedure is a higher degree of damage to the brain. (Jones and Baldwin, 1992, p. 126)

The disturbances surrounding electroshock also include a very clear gender bias regarding the prescription of this controversial therapeutic treatment (Breggin, 1979; Burstow, 2006; Johnstone, 1999; Leiknes, Jarosh-von Schweder, & Hoie, 2011; Weitz, 1997). According to van Daalen-Smith (2011), in Canada and the United States electroshock is given to women two to three times more often than it is to men.

The scientific literature provides clear demonstration that the use of electroshock is steeped in controversy. Included in this debate is a stalemate on the question of its effectiveness as a therapeutic tool (Challiner & Griffiths, 2000).
Taken Away By The Green Butterfly

The rubber on the wheels of the wheelchairs is a greyish colour. I say greyish because it isn’t a pure grey. It looks muted, watered down. Really, it’s a rather ugly attempt at a colour. If you look closely you can see little cracks and stress lines in the rubber. Many trips down many halls make these little lines appear to be the colour of dirt. But even without the muddy little cracks, the colour of the wheels is still only a sad rendition of something like a grey. When I look at the whole wheelchair, not just the wheels, I see a melancholic piece of equipment having not a single eye catching colour anywhere. It’s as though the tones and shades used on these little buggies had been peeled from the scabbed over paint palette of some mediocre artist who died long ago. And the seats do nothing to improve the wheelchair's appeal. They look like tired slings, worn weary from carrying too many loads. Thinly padded vinyl hung like a hammock between the wheels. The seat backs whisper echoes of this same fatigue. Two hammocks positioned to ensure the irresistible slump of the chariot's passenger; the powerless pose assumed by those who are fading.

Mondays, Wednesdays and Fridays are barbeque days. On these mornings, Electroconvulsive Therapy (shock treatment) is conducted in the main part of the hospital. If there are three wheelchairs lined up near the nursing station this means three patients are going to have their brains blasted on this morning. Our uniforms wait quietly for us on the seats of the chariots. Standard hospital jammies. One pair of bottoms and two 'gowns'. The inner frock is worn with the ties at the back and the outer one is worn with the ties out front. We, the victims, may choose to wear our own
slippers or the paper thin, disposable footwear available to anyone who doesn’t care about having cold feet. The people who were in charge of user-appeal for the wheelchairs might also be the ones who dutifully designed these outfits. Three or four shades of institution blue were chosen for use in the mass production of this pathetic line of fashions. Some of the pieces we wear are accented with an unremarkable squiggle shape that has been stamped repeatedly all over the material; also blue. Judging by the look of these ensembles, the designer who creates hospital wear must have a real hate on for people who need medical care. And, there is no question about who owns these clothes. Just in case we were to forget, the initials of the hospital linen service have been inked boldly onto the most obvious places on the garments.

No breakfast is allowed on shock treatment mornings. Hunger, or lack thereof, is not the issue for denying us this first meal of the day. Beyond our rumbling stomachs there are more serious solicitudes. While we haven’t necessarily been told, we do know that those who are in control are more concerned with the potential for us to vomit, to choke on our spew, to soil ourselves, among other things. And while I do believe the various care providers who are involved in this exercise are both honourably intended and sadly misguided, for me this act of practicality and perhaps safe-keeping, is delivered to us in a disguise of sorts. The ranking of these other possibilities higher than our appetites feels to be one of the few indicators of humane regard that exists among so much that is so barbaric for those of us who are soon to be subjected to this violent and violating ‘therapeutic treatment’. Like a costumed stand-in for humanism, this is the one tiny white flower that is somehow able to push its way up through a mass of rock-
like concrete in order that it might show itself to the sun and to the sky.

In convoy, the trip to the barbeque pit is made. Every one of us pushes his or her individual chariot. Our ward is located on the second floor of one of the patient wings. The hike to the pit includes a long stretch of hallway that slopes downward. It takes five or so minutes to make the journey. And rather than being quiet and sullen like the condemned heading to the gallows, we jump on the opportunity to kick up some dust. Maneuvering our wheelchairs into skids and wheelies, we joke and make car-racing sounds. When we reach the elevators located in the main part of the hospital, our chirpy demeanours disappear almost instantly. This is the place where the quiet begins. We know what to do; no instructions need be spoken. The button is pushed. We wait for a moment or two. When the doors open, like experienced parking valets at a plush hotel, we jockey our chariots into tidy formation inside of the lift. The trip to the upstairs waiting lounge is a short one. Upon our arrival, it is our responsibility to park our little buggies along the wall in line with the ones brought by those from other wards who have arrived before us. And then we take our seats.

The space where our chairs are located looks very similar to many other waiting areas. Perhaps it could be a bus station, a departures gate in an airport, or the student lounge in the high school I attended. When empty, this waiting area appears to be so unexceptional, so ordinary. But commonplace it is not. As soon as we arrive and plunk ourselves down in these seats this space is altered. It becomes a place that is almost otherworldly. Two simple ingredients are responsible for its transformation from the banal to the preternatural. All of us, and our shared reason for sitting here, are what
make this waiting area so strange and disparate.

Dressed in our matching outfits, most of us look as though we could be members of some kind of team, club or religious sect. Only a few in this small crowd stand out from the rest of us. The nursing staff is obviously distinguished by their ‘this-is-not-a-regular-hospital street clothes’ and the hospital I.D. badges that are affixed to their persons. And there is also this one really old woman. She most definitely looks a lot different than the rest of us. Were I to guess her age, based solely on her face, I’d say she is about 110 years old. She has long white hair. The skin that I can see is mostly wrinkles. She isn’t sitting up like we are. In fact she isn’t moving at all. This old woman is not even awake. Under the hospital blankets that cover her I can see the shape of her body. She’s lying on her side, somewhat curled up on the wheeled gurney that is her chariot. I think to myself, “why her; what purpose can there be in lighting up her brain with electricity when she’s not even conscious?!” . This thought lasts only seconds though, as I cannot let myself look at or wonder about her for long. Even though this old woman’s presence here doesn’t make any sense to me at all, I cannot find any space in my own mind for any thoughts devoted to her. So I flip a switch and I shift my gaze. I pretend she’s not here; that she’s not one of us.

Time as I know it does not seem to exist here. There is a sense of its presence but somehow the passage of minutes, portions of hours, or the movements of hands on a clock are not used to measure it. In this space, time passes according to the opening and closing of one door that is across the hall and down a short distance from our waiting lounge. I do know for sure that time is moving forward though because one by
one those of us who occupy these chairs are called to leave our communal waiting space. And when names are called, bodies get up and they walk through that single door that is held open for just long enough to take them into that other realm. From what my mind allows me to hold, I know that door to be a one-way only door. My awareness tells me that none of us will walk on his or her own feet through that door a second time. None of us will carry ourselves out of that other realm and back into this hallway as we are now. We will all go through that door. We will all go to that other world. And then we will, in a manner of speaking, go away.

The old woman on the gurney is lucky. She gets to go first. She doesn’t have to wait. She doesn’t have to watch that door open and close. She doesn’t have to wait to hear her name called. She doesn’t have to sit with her own thoughts. She doesn’t have to hold in her self what she will soon experience.

One by one. Names are called. That door is opened and then it is closed. Body by body the seats in our waiting lounge go from being occupied to being emptied.

“Marnie?” That’s me! It’s my turn now. The strange movement of time that exists here in this place stops suddenly when that door opens and it calls my name. I pull myself upright but my stomach decides to stay behind. It chooses to remain seated in the waiting area chair. My mind is quickly flooded by a buzzing that seems to come from somewhere inside of me. Taken by my automatically moving feet, I find myself going through that one-way door. It closes behind me.

I’m on the other side now. I’m in the other world. This is the room where they will ‘treat’ me. It is at once, both busy and still, spacious and close. A man offers me a
greeting that sounds hesitant, like he has had to reach far into his throat to coax it out into the open where it can take on the form of something that is audible to me. At the same time this meek sounding individual appears to use his eyes to guide me to where I am supposed to go while the others are busying themselves with their assigned tasks.

Even though I know that their activities are inspired only by my presence and my reason for being in this room, it feels as though none of them can see me; that I am invisible to most of these people. I wonder if they know I exist. I wonder if they know I’m a person. I wonder if they know anything about me. For the few brief moments that I allow myself to look at them, I can see that their faces do speak something. I try to imagine what they are thinking, what they ‘want’ to say to me. Are they sorry? Do they want to tell me to turn around and run away? Or do they have absolutely nothing to say? Do they want to be here? Do they believe in what they are doing? Do they know? Is it even possible for them to truly know?

This isn’t my first time in this room so I know what to do. I don’t need that man’s eyes to guide me to my place. Onto the white-sheeted gurney I climb. I know to lie down on my back with my arms at my side. I know to position my head over the strap that lies flat across the bed. The strap that looks like a belt that an old man might wear to hold up his pants. I know that my head goes at the end of the bed that is nearest to the table that holds the box with the buttons, the dials, the gauges, and all of the wires. And I don’t need to ask them why they remove my slippers to expose my toes. While most of them are busying themselves with their various tasks, a nurse puts her hand on my arm in a gesture that seems to be intended to comfort me. Why do I need to be
comforted? Am I not here because they are helping me? Am I not here because they are treating me so I will feel better, so I will be cured? Why don’t any of them appear to be happy for me?

It’s almost time. The busy people turn their attention to me. Their jobs are now focused on parts of my body. They are very good at what they do. They can see my body without looking at me. One of them holds my hair back with one hand while using the other hand to clean my temples and my forehead with something that smells like alcohol. Once I’m clean enough, a layer of gel is spread onto my temples. Special pads that are fitted with a wire connector are then placed into position on the layers of gel that have been applied to both sides of my head. Next the strap is fastened snuggly around my head. It is adjusted so it sits over and clips onto the pads on my temples. Two wires that are connected to the electric box will be hooked onto those pads that are being held firmly in place by that belt that is hugging my head. Someone else is pulling down the front of my gown just enough to expose the top of my chest where they are placing self-sticking pads onto me, not far from my heart. This same person then snaps a wire onto each one of those pads. They don’t need to tell me that these wires are being attached to me so they will know if my heart decides it cannot handle this treatment that is going to make me feel better. They do not need to tell me that these wires will let them know if their efforts to cure my broken brain will cause my heart to fall into a state of significant distress or life-threatening attack.

At the same time as I am being ‘hooked up’, a man makes a green butterfly land on the top of my hand. This is not the same butterfly a young child might hope to net in
an open meadow that is full of wild flowers. This butterfly has a long, pointed horn jutting out of its head. It is a horn that paves the way for the delivery of potions into my body. By entering into me through one of my veins, these potions will wind their way through my insides in a targeted series of twists and turns. They will capture, restrain, and lay siege to my person. And when the potions have successfully blindfolded me and taken me hostage, they will steal me away from my self and this disturbing undertaking. One potion will push me beyond this room and into an undisclosed space of relocation so I can no longer watch this event. It will take me away so I will not see what they are about to do to me; so I will not feel this treatment that these people believe will make me feel better. The other potion is a liquid straight jacket. Given to my body so it cannot struggle when they turn on the power that will come from that electric box; the one I am now hooked up to. They want my body to resist all of the movements it will want to make when their machine fires up. When they turn on that box it will send electricity through the wires, onto these pads that are pushed against my temples, and into my head. When it reaches my brain, the electricity will cause my grey matter to seize. And when my brain seizes my body will want to respond by convulsing. But this will not happen. The potion that is the liquid straight jacket will not allow my body to jerk or to flail. This second potion is administered to me so my body will not shake like a big bowl of Jell-O that sits atop a picnic table that is shaking and shifting as an earthquake rocks the ground under its legs. This second potion will bind and hold all of me but my feet. Only my toes will tell them that the electricity they are firing into my head will be successfully causing my brain to seize as they intend it to. The pulsing charges of
unleashed power will announce their commanding presence in my brain by causing my toes to contort into what these people will take as a signal of the hoped for effectiveness of their curative treatment. My toes will be the voice of this experience. These people standing around me will choose to hear what they want to hear in the ‘words of that voice’. The actions taken by them here in this room suggest to me that they must surely believe my toes will tell them that they are indeed moving my brain closer to a state of successful restoration.

Me? I wonder if there is another message that my toes will want them to receive. Will my toes try unsuccessfully to tell these people what they are doing to my body, to my mind, to my spirit, to me? Will there be even a moment when they look at my toes and question what they are doing to me, to my self who is much more than a brain, my self who is actually a whole person? Will they dare to think even slightly outside of what they are trained to know? For even a moment, will they forget about my brain and my apparent, or rather my pin-the-tail-on-the-donkey, diagnosis? That I have lived a life that has forced itself upon me to the point of causing my psyche to become so deeply wounded; so much so that it groans and buckles under the weight of accumulated adversity? Will they allow themselves to think of me, to see the whole person that I am? Will it occur to them to stop what they are doing and unhook me from their machine so I can walk out of this room and find my way to being a somebody?

I start to wake up, but rather slowly. Looking around, I see where I am. I am no longer in that room with the one-way door. I’m no longer lying face up on that white-sheeted gurney with my toes exposed. The strap is gone from my head; I’m no longer
hooked up to that machine. I’m in my bed on the ward. And although the green butterfly is gone, its potions and the aftereffects of the electricity that was sent into my brain from their machine have left me with some ‘residue’. This supposedly temporary residue is a memory stealing haze that does not allow me to know exactly how I got back here to my hospital room. When the fog begins to lift, I am only able to guess at what I might have experienced from the time the green butterfly’s potions took me away from my self until now when I am again able to gain access to some level of awareness. Guessing is all I can do to fill in the space that exists between my departure from my self and my return to this room.

Somehow I was placed into the chariot that I had pushed down the hall, onto the elevator and into the corridor outside of that one-way door. Somehow I was taken in that chariot back to the ward that is my temporary home. Somehow, like a drunk who didn’t know when to quit drinking, I was placed into my bed where I was left to sleep off the morning’s experience.

A nurse comes by to ask me how I am and to offer me something to eat. These happenings are blanketed by what feels like a muddied dullness. But this dullness does not disturb me nearly as much as the blank spaces in my mind. These are the empty spaces where memories once lived. The green butterfly and that electricity machine stole those memories and left me with blank spaces; black holes that still exist in my mind more than twenty years later. Just like breaks in a movie reel, they are. Bits of the scenes that are my life are missing. Pieces broken off, dropped to the floor, and kicked aside. Detritus waiting to be swept up, bagged, and taken to the curb.
There now reader. You have just walked through a piece of my history. How are you feeling? Are you wondering why I decided to pen this piece of my past and share it with you? Perhaps some part of me needed to move a portion of my self out of its former space of secrecy. But why? For whom was this motion made? Beyond any catharsis I might experience, is there some kind of purpose served for others, those who know me and (maybe more importantly) those who do not know me, by describing in detail, a piece of one person’s history - mine - with the objective of making it public?

If so, what might that purpose be? While I do not for a moment consider my self, or my story, to have earned a seat beside the likes of Saint Simon and Anne Frank it
seems to me that Margaret Atwood has asked questions that are similar to the ones that I pose.

For whom was Samuel Pepys writing? Or Saint-Simon? Or Anne Frank? There is something magical about real-life documents. The fact that they have survived, have reached our hands, seems like the delivery of an unexpected treasure; or else like a resurrection. (Atwood, 2002, pg. 128)

Do I want you to know what I survived? Is there something inside of me that believes that I too might experience a resurrection of sorts – an emancipation – by documenting and delivering to you, this piece of my history?

A number of artists who paint with the written word seem to have pondered that which exists in these spaces where ‘secrets’ are unveiled. In reflecting on a poem written by the late Gwendolyn MacEwen, I find some rationale, some thoughts, to offer up. In her work entitled, ‘I Have Mislaid Something’, MacEwen writes......

I have mislaid something very important worse still
I can’t remember what it is

I don’t think it’s
a thing or a wish or a taste or a poem

but it might be a dark street in London
where a cousin I never met
who spoke with the tongues of angels
died

he fell away from our blood like a word
and few understood the things he said

I have mislaid something very important
and possibly very large
like a castle in the Highlands
where the ghosts of my ancestors
wait with bagpipes and with horns
I have mislaid many places
in this house of history

there are so many places for places to hide
(MacEwen, 1972, pg. 7)

While I do, for various reasons, feel the need to pull the shroud of secrecy away from this piece of my past, this is not my primary purpose for writing and sharing this narrative. Beyond that which has compelled me to disclose, there is within me a belief that through methodical and thoughtful process, meaning and understanding can very consciously be created and/or facilitated; meaning which has the potential to be used to lay useful impact on some aspect of a future. There is substantial purpose and even benefit to be found in embarkations such as this one. I suggest that Margaret Atwood would support this belief of mine.

All writers must go from now to once upon a time; all must go from here to there; all must descend to where the stories are kept; all must take care not to be captured and held immobile by the past. (Atwood, 2002, pg. 130)

Forgive me, Ms. Atwood, if in reading your words I have unwittingly taken liberties of either presumption and/or misinterpretation.

There is a strange and rather surreal sense of isolation that comes with knowing the words in this piece of my story describe experiences that actually happened; that it really was me in that place. It was me who was shocked.
But why strange and why surreal? And, why this sense of isolation?
Wedlake, 2012
When I wrote the narrative about my experience of undergoing electroshock, I found myself wandering around in my mind, watching as images were appearing to me from Mary Shelley’s classic novel, ‘Frankenstein’. In my reading and re-reading of ‘Frankenstein’ I met a man who loved with passion and dedication and whose life was profoundly affected by the multiple losses that were a central theme in his existence. The Victor Frankenstein I interacted with as I read Shelley’s work was a man who, despite a life that was replete with adversity, was able to find a way to cultivate and enliven curiosity, zeal, and a passionate desire to learn. Like many scientists, his
dedication to his work, and his success as a natural philosopher seemed to be guided by a genuine desire to make a major contribution to humanity. With determination, he hoisted himself out of the tragic space of heartrending grief and into the domain of the academy where he became exceptional at accumulating and then putting to application a vast body of scientific knowledge.

Frankenstein charged himself with the task of creating a life form that could not be consumed by sickness and then death. He attempted to outrun the effects of his own suffering by deeply burying himself in his mission.

Under the guidance of my new preceptors, I entered with the greatest diligence into the search of the philosopher’s stone and the elixir of life; but the latter soon obtained my undivided attention. Wealth was an inferior object; but what glory would attend the discovery, if I could banish disease from the human frame, and render man invulnerable to any but a violent death! (Shelley, 1831/1999, pg.42)

As the images continued to unfold before the eyes of my mind, I could see Victor Frankenstein’s human-like creation lying on the laboratory table, motionless. I could see it slowly coming to life as electrical currents were being sent into the body that had been put together piece by piece.

I collected the instruments of life around me, that I might infuse a spark of being into the lifeless thing that lay at my feet. ........ it breathed hard, and a convulsive motion agitated its limbs. (Shelley, 1831/1999, pg. 66)

‘Frankenstein’ is not a story about a mad scientist who created a monster. It is not a story about a scholar whose work was focused on bringing the dead to life. It is about a man who disappeared into a chimera, his determination to escape the pains of loss and grief. Fueled by his life experiences, that which was at one time Frankenstein’s
dedicated determination became contorted and twisted into a driven obsession.

Although in his mind his intentions were backed by rational purpose, lost in his escapism, Frankenstein became.

These thoughts supported my spirits, while I pursued my undertaking with unremitting ardour. My cheek had grown pale with study, and my person had become emaciated with confinement. Sometimes, on the very brink of certainty, I failed; yet still I clung to the hope which the next day or the next hour might realize. One secret which I alone possessed was the hope to which I had dedicated myself; and the moon gazed on my midnight labours, while, with unrelaxed and breathless eagerness, I pursued nature to her hiding-places. (Shelley, 1831/1999, pg. 38)

Like Victor Frankenstein, is it our natural tendency, as human beings, to become lost in the spaces that exist between our finest intentions and the harsh climates of the realities in which we find ourselves?

Becoming lost implies that which occurs without, or against, intention.

When we find ourselves negotiating the terrains of these climates that are harsh, is it our human nature to search for a way out?

If by choice or by circumstance we remain in these unforgiving spaces, will something inside of us eventually ‘kick into gear’ which enables us to maintain an existence that is bearable? Will we do this through the creation of an escape? An escape, that when distilled down to its root substance, is actually a rationalization; something which allows, no gives us, a sense of permission?

Wedlake, 2012

Frankenstein’s desire to contribute by going beyond the successes of any other scientist before him, lead to the creation of that which became a human-like creature, one that ultimately did experience the same pains of suffering and vulnerability that he so desperately wished to eradicate.
The different accidents of life are not so changeable as the feelings of human nature. I had worked hard for nearly two years, for the sole purpose of infusing life into an inanimate body. (Shelley, 1831/1999, pg. 67)

Though his earliest intentions may have been driven by what he felt was both a rational and an ideal purpose, the creature that was created and brought to life by Victor Frankenstein was just as, if not more, tortured by the pains and the sufferings that are an inevitable and unavoidable part of life and experience.

When night came, I quitted my retreat, and wandered in the wood; and now, no longer restrained by the fear of discovery, I gave vent to my anguish in fearful howlings. I was like a wild beast that had broken the toils; destroying the objects that obstructed me, and ranging through the wood with a stag-like swiftness. O! what a miserable night I passed! the cold stars shone in mockery, and the bare trees waved their branches above me: now and then the sweet voice of a bird burst forth amidst the universal stillness. All, save I, were at rest or in enjoyment: I, like the arch-fiend, bore a hell within me; and, finding myself unsympathised with, wished to tear up the trees, spread havoc and destruction around me, and then to have sat down and enjoyed the ruin. (Shelley, 1831/1999, pg. 179)

Shelley’s famous novel is a multi-themed story about love, loss and the accumulated effects of adversity. It is a classic study of the varied and complex layers that make up the human condition - the sorrows and the pleasures that mold and shape who we become and how we are in the world. This story portrays a man who did what he could to avoid becoming broken by the pains of his life. Victor Frankenstein used his own inner fortitude to be the fuel required for him to create a meaningful purpose that enabled a reframed perspective of his own existence. One that was, for a time, made bearable through a source of dedicated distraction.

I paused, examining and analyzing all the minutiae of causation, as exemplified in the change from life to death and death to life, until
from the midst of this darkness a sudden light broke in upon me—a light so brilliant and wondrous, yet so simple ....... After days and nights of incredible labour and fatigue, I succeeded in discovering the cause of generation and life; nay more, I became myself capable of bestowing animation upon lifeless matter. (Shelley, 1831/1999, pg. 59)

Through the use of irony and the sophisticated development of a second protagonist, Mary Shelley’s tale is also a raw and perceptive journey into another mind and another spirit. That of a mortal similitude, a being brought to life that eventually comes to exist on the outside while looking and longing to be on the inside. Victor Frankenstein’s human-like creature was made animate by means that were controversial, experimental and fraught with an array of outcomes that were neither adequately understood nor innocuous. They were questionable at best, life destroying at worst. While in the beginning Frankenstein may have been nobly intended when he brought his creature to life, over time the narrowed and adversely influenced lens through which he looked as he was working, precluded him from seeing ahead with any amount of clarity, the ‘life’ that his project might actually ‘live’ once it began to recognize how its differences and disfigurements set it apart from others. Through time, encounter, and the realization of how ‘he’ was viewed by others, Frankenstein’s creature came to see ‘himself’ as a most mournful wretch.

I was, loathsome; I was not even of the same nature as man. ....... Was I then a monster, a blot upon the earth, from which all men fled, and whom all men disowned? I cannot describe to you the agony that these reflections inflicted upon me: I tried to dispel them, but sorrow only increased with knowledge. (Shelley, 1831/1999, pg. 157)
They are kind – they are the most excellent creatures in the world; but, unfortunately, they are prejudiced against me. I have good dispositions; my life has been hitherto harmless, and in some degree beneficial; but a fatal prejudice clouds their eyes, and where they ought to see a feeling and kind friend, they behold only a detestable monster. (Shelley, 1831/1999, pg. 176)

The experiences that expanded the creature’s sophistication of perception, ultimately became what fortified the stigmatization that lead to the death he brought upon himself.
I shall die. I shall no longer feel the agonies which now consume me, or be the prey of feelings unsatisfied, yet unquenched. ......... I shall no longer see the sun or stars, or feel the winds play on my cheeks. Light, feeling, and sense will pass away; and in this condition must I find my happiness. (Shelley, 1831/1999, pg. 302)

It is not my intention here to suggest that all of us who feel that we have been ravaged by the barbarous residue that remains within us after being subjected to electroshock find ourselves pushed to the same despairing place where suicide is the cause of our demise as was the case with Frankenstein’s creature as a result of his experiences. However, I am able to say that the process of trying to find some way to hold within our selves, and make sense of, the remnants left behind after what was to many of us, a violation of our whole person can feel psychically crushing; both immediately and years later.

Both experience and memories have the very real potential to be powerful and life altering. That they can penetrate the multiple layers of the self is, to me, one of the greatest gifts of being human and aware. When that impact feels like a deeply embedded piece of shrapnel, can the gift of awareness morph and shape-shift such that it becomes a festering wound? Most definitely, yes. And not just for those of us who have been shocked. Wedlake, 2012
To be human and aware is to collect wounds to the soul. To me this is a given, and not something that can be either denied or avoided. I suggest it is not a fixation on the wound itself that deserves the most attention. Rather, I believe what matters most is how that wound, and any scars that might remain, are attended to. Can I, the one who bears the scar, reframe my thinking in order that I will be able to make peace and make sense? Do I have the capacity to look beyond the pains of my own wounds to evolve an understanding that includes adequate space for context and intention? Wedlake, 2012

Those who are set into institutions because they have been determined to be mentally ill are among the most vulnerable citizens in our society. While electroshock exists as a dark and shadowy form of treatment within those institutions, this treatment is actually situated within a worldwide system of care that is plagued by stigma, oppression and disempowerment. It is a system into which none of those who enter (both patients and professional care providers) can avoid or escape the oppressive plague that exists on the inside. Like that experienced by Frankenstein’s creature, the ideals and stigmas of society can have a weighty impact on all who become engulfed by ‘the institution’ with regard to who they are and who they are not.

Those of us who have lived with the dis-ordering and dis-abling erosion of our emotional wellbeing are psychically injured. It is simply not possible to explain our lack
of wellness with sources of evidence that have been selectively culled. Through this 
process of diagnostic guesswork we become stuck on a runaway train that segregates us 
from our selves. We become vulnerable to being distilled down to a sickly brain that can 
be repeatedly zapped with the objective of magically rebooting us into a state of cure 
that is determined not by us but by someone else.

Disorder vs. dis-order. 
Disability vs. dis-ability. 
Are there differences? Yes – differences 
of great significance, indeed. 
i suggest the essence of these 
differences lies in both the realm of 
perspective and the long-term 
ramifications of perspective. 
Something that is static, stuck, and 
burdened by perceived (imposed?) 
limitation is, experientially, very 
different than something that is a 
natural, dynamic, and pliable response 
to accumulated adversity. 
Wedlake, 2012

If we are to come within even arms’ reach of a somewhat solid hold on 
emotional wellness, I argue that we absolutely must have access to those who will help 
us to do the work that is required for us to be able to reach up, out, and beyond our 
histories, to that which is our individuated and actualized self. For this to occur, I believe 
we need to establish a genuine connection with someone who has ‘what it takes’ to 
help us to gather up all of our selves, the ones that have become fragmented, dis- 
integrated, separated and scattered about. I am convinced that we need the keen 
senses and astute guidance of a skilled professional who will walk beside us as we do 
our best to grab a firm hold of the intrepid courage that is required to name, claim, 
grieve, make peace with, and then empower our selves without getting consumed by, or
lost in our histories.

This narrative account is written in part as a story and in part as a woven dialogue, of sorts. The story is a real part of my history. Though this part of my history is more than twenty years old, I told it as though it were happening in the now. I included other voices because my objective was to braid history with the present and non-fiction with fiction. I used my voice, the voice of a real person, to engage in something of a dialogue with someone else, Victor Frankenstein, a fictional character. I believe that when she wrote ‘Frankenstein’, Mary Shelley created a man whose accumulated experiences, and their collective influence on the ways that his life and his work unfolded, are actually quite reflective of the very real journeys that are taken by many people. Those who have lived, and who continue to live, in an experiential world that is not unlike the one that Victor Frankenstein inhabited within the pages of the literary work named for him. Here on these pages, I have shown this man to be real because of that very life that Mary Shelley wrote for him.

It is important for me to state here what my intentions have been and what they have not been. I am genuine in the declaration of my belief that those who were secondary players in the experience I described, the piece of my history, were most certainly honourably intended where the performance of their work and my wellbeing were concerned. While I do feel they were both misguided and shortsighted, I do not believe there was any deliberate harm to me included in their purposes, their objectives or their actions. I must stress that this dialogic narrative has not in any way been intended to be an angry rant or an act of reprisal or vengeance on my part, for it truly is
none of these. Rather it is intended to be a thoughtful unveiling and a meaningful
telling. I know my intentions. But it will be you, reader, who will determine whether or
not I have created a thoughtful and meaningful telling.

.......... the secret is that it isn’t the writer who decides whether or not
his work is relevant, Instead it’s the reader. (Atwood, 2002, pg. 122)

In response to the apparent issue that I was considered to be ‘mentally ill’,
electroshock was among the treatment measures that were prescribed for me. There is
little point in attempting to explain why this did not work for me, as the selection of
reasons is many. Suffice it to say that included in this assortment of explanations are the
vehemently disputed facts that what happens when electricity is sent surging into the
brains of human beings who are emotionally unwell is something uncertain which seems
to be located somewhere within the realms of mystery and the unknown.

But these philosophers, whose hands seem only made to dabble in
dirt, and their eyes to pore over the microscope or crucible, have
indeed performed miracles. They penetrate into the recesses of
nature, and show how she works in her hiding places. They ascend
into the heavens: they have discovered how the blood circulates, and
the nature of the air we breathe. They have acquired new and almost
unlimited powers; they can command the thunders of heaven, mimic
the earthquake, and even mock the invisible world with its own
shadows. (Shelley, 1831/1999, pg. 52)

Let me also be clear that I am, by no means, suggesting that those who were
charged with my care and treatment were mad scientists as some readers of Mary
Shelley’s classic may surmise Victor Frankenstein to have been. To address this
assumption that I suspect will be made by some, I pose two questions. In the case of
those who worked (or still do) in the asylums, were they mad scientists? Or is it, more
likely that these individuals were scientists who were *made mad* by the cumulative
effects of the pounding oppression that was (and, still is) infused in every wall, every
room and every corridor in their places of work?

As stated earlier, I wanted to ‘speak’ with someone who I thought might be able
to ‘tell’ me something about a particular kind of journey. A journey that might be taken
by those who start from a place of curiosity, enthusiasm, and honourable intention, but
who somehow along the way might inadvertently develop limits of both sight and
foresight. Limits, which might be imposed upon their visions and aspirations by a
multitude of circumstances that are both past and present as well as personal and
professional. I do believe that it cannot be denied that even the noblest ideals can so
easily become contorted and impaired by the unavoidable vulnerability that comes with
the uninvited but inescapable burdens, which are embedded within rigidly organized
cultures that are steeped in hegemonic discourse and oppression.

Can we choose to focus only on that which might be seen as ugly, loathsome and appalling?
Or, can we intentionally look beyond that which might be considered to be ‘obvious’ and
see a contextual, impressionable, and culturally divergent, much bigger picture?
And without feeling as though one has sold their soul, is there space in that bigger picture for
any amount of grace?

Wedlake, 2012
In the realm of actuality, however fair, happy and pleasant we may find it, we are nonetheless always under the influence of gravity, which we have continually to overcome...... (Schopenhauer, 1970, pg. 73)

This brings me to a place of wondering. Is it possible that for some of us, the irresistible ingredients of our individual manifestations of the human condition, sift and mix with the experiences of our unfolding lives to move us quite unwittingly along a metaphorical conveyor belt towards that which will become our futures? That many (most?) of us are shaped quite significantly in accordance with the encounters that are collected through trials and travails, those which flow almost constantly into the vessels that are our ever-expanding histories? While I sincerely would prefer to believe that all of us are entirely creatures of free will, I must admit there are times when I find myself wondering how much control is actually possible when it comes to who one becomes and what one does. I question whether or not there exists, within the cradles of our individual histories, at least some interminable bits of psychic clatter which have the strength to defy even the most earnest efforts devoted to personal growth, evolution, and contribution.

What sources of inspiration feed these deliberations of mine? Are they efforts to rationalize or explain? Are they judgments? Could they be expressions of fears that lay hidden somewhere in my subconscious? Could these be rather awkward endeavours to attach logic to bits of my life that I feel I am working to rid my self of? Am I grasping to find whys and wherefores that will somehow help me explain emotional noise that is so very far outside of anything that even remotely resembles that which I want to believe is comprehensible to me as I am and who I am now? Or is it possible these are simply
attempts on my part to make sense of some of the experiential sediment that lies
permanently embedded at the bottom of my own cradle of history?

Truthfully, I do not know how to answer my questions. That being said, I am very
much aware of my past. And, like most people, there are parts of it that feel peaceful
and there are parts of it that haunt me. I will state clearly here that I only know my
experiences as they happened to me and as they continue to exist within my self (my
selves?) as pieces of my history. I do not know any of the things that I lived, as they
would have been seen, felt, experienced, or thought of, by those who contributed in
some way to the various chapters that have become my story. Questions and
speculations are all I have when it comes to the lenses through which those others
peered as they worked to do what they genuinely thought would make me ‘better’. And
while most of those others ceased to exist in my world when I brought to a close the
chapters in which they appeared, there still exists within me some yearning to state and
some desire to name. I yearn to make sense. To make peace with. To reconcile. To put
to rest. While all of these yearnings are real, I am not entirely sure they are realistic. Or
if so, to what degree.

This narrative work is not as neat and tidy as one might surmise given what I
have written thus far. You see before I became a service user - before I was shocked - I
worked in ‘the system’ as a service provider. I sat ‘on the other side of the desk’. Like
many, I chose to forge a career in the mental health system for multiple reasons; one of
these being my honourably intended desire to somehow use my own history of
adversity to make what I hoped would be a significant contribution to the lives of
others. But this rather comfortable seat of mine was not one I would occupy without interruption. Among the directions taken by my life were a series of sharp turns. These were bends in the road that I was not able to navigate successfully. After crashing one too many times I landed in the asylum as a patient.

Broken I became after too many crashes. Through the door I went, to a world where the life I knew and was familiar with, not only came to a halt but it quite quickly became wizened and then died a silenced death. Standing upright is not possible in the asylum. Personal growth does not happen behind those walls. For me the asylum was a place of stagnation and devolution. Any voice that might have been starting to form in my throat was quickly dried out and coughed up. The suffocating experiences I endured in the bowels of that place were very real at the time. And even though there was no seeing beyond, and through my eyes there was no future vision, that broken part of my life was temporary. It is now history. Wedlake, 2012

For approximately four years I was embedded within the mental health system, stationed on the opposite side of the desk. I became a service user. But unlike many, my time as a mental patient was, relatively speaking, limited. I did get out. And when I extricated myself from the system, I quite quickly worked my way back to being a service provider again, where I remain to this day. Herein lies a big chunk of the messiness of this narrative.
At the time of this writing, I do continue to earn my living by working in the mental health system as a service provider. As much as is possible, I try to use my ideals, beliefs, values and visions to guide the interactions I have with those who entrust me with the wounds to their souls. I am acutely aware of the power that I hold in my hands when someone who is wounded comes to me for help. I am thankful that there are regular occasions when I am able to remain true to my standards in my efforts to provide care. But I also know there are times when, by the actions I take in the carrying out of my role, that I do become the oppressor. That I have the very real potential to cause those who come to me for help, to experience that which could be contrary and even quite detrimental, to their well-being. When in the performance of my work I take actions that fall outside of the realm of my values and my beliefs, I do so knowing that ideals and ‘best interests’ are likely being pushed aside for what I see to be the slim pickings that are available within ‘the system’. In these instances I know that I am facilitating an engagement between a vulnerable person and a mental health system that I believe is very seriously misguided and more than potentially quite harmful.

It is my opinion that the mental health system is in such a state of disrepair in its current form that it is beyond simple renovation. Some dwellings are fixer-uppers with the potential to become functionally habitable after a few modifications. For others the possibility of satisfactory and serviceable occupation is possible only through complete demolition of the original structure and a genuine dedication to starting on the ground and working up to build anew. I see the system as a constricted domain that is cramped by too many large boulders and too many hard places. There are far too many occasions
when decisions made are based on the need to choose what is determined to be the lesser evil in a lousy selection of all the evils that are available.

Does my blunt assessment of this system excuse me, and the actions I take?

While I feel unable to provide a definitive answer to my own question, I am able to offer some additional admissions. My own blissful ignorance was the source that provided me a certain comfort in my earlier years of service provision. Through learning, experience, growth, and my own evolution, the service provider chair in which I now sit is growing less and less comfortable, less and less tolerable. At the risk of sounding arrogant and elitist, I realize the impact of my privileged encounters. Through the questioning of assumptions, the “flipping of lenses”, and the in depth study, and experience of, alternative approaches, I have changed such that I am no longer blissfully ignorant. All of this being said, by both circumstance and choice I do earn my living by working as a service provider in the mental health system. There are times when circumstances are beyond control. But ultimately the choice I make with regard to the work that I do is mine and mine alone. I know my circumstances and I know that for now, I have made the choice to do what I do. I also know that I am the only one who can ‘hold’ this choice. Like Victor Frankenstein, the disappearance of my past ignorance, and the knowing that comes with this choice that I have made, do not come to me without feelings which are, at times, quite painful to my spirit.

I had begun life with benevolent intentions, and thirsted for the moment when I should put them in practice, and make myself useful to my fellow-beings. Now all was blasted; instead of that serenity of conscience, which allowed me to look back upon the past with self-satisfaction, and from thence to gather promise of new hopes, I was
seized by remorse and the sense of guilt, which hurried me away to a
hell of intense tortures, such as no language can describe. (Shelley,
1831/1999, pg. 113)

Compromise? Compromised? Yes and yes, from
various angles and with various outcomes.
Can I live with these for now? I am doing so.
There are reasons and there are excuses. To me
these are very different.
While the pillow upon which I lay my head each
night may not be a very soft one, in my sleep I
do have some sweet dreams.
I dream of the day when I will not feel like a
foreign object. An object that is hammered into
a place where it does not belong.
For now I do my best to distinguish reasons
from excuses.
To remain as true as I can to my ideals, beliefs,
values and visions.
To own the times when the weight of external
obligation leads to compromise that overtakes.
To weep sincerely for those who are harmed by
my reasons.
And to look forward to the future that is mine to
create.
Wedlake, 2012

In the mental health system, it is not necessary to have the authority to write
prescriptions and/or the authority to turn on the electric box that delivers electroshock
in order to become one who oppresses. In my earlier dialogue, I articulated my belief
that those who cared for me, those who shocked my brain, did so not with malice but
with genuinely honourable intention. That they too experienced the oppression of the
system. Can I extend this same forgiving acceptance to myself?

Electroshock exists in a rather surreal space in our society. Oh, how many times I
have heard someone say to me, “is that still being done?!”. When I respond (as
someone who currently works in the mental health system) to their doubtfulness by saying, “yes”, I can see by their facial expressions that my reply has upended and undone their disbelief. As a form of treatment, it is still used regularly (Leiknes et al., 2012).

Epilogue

Reality is a question of perspective; the further you get from the past, the more concrete and plausible it seems – but as you approach the present, it inevitably seems more and more incredible. (Rushdie, 2006, pg. 189)

Most people will never experience what it is like to undergo this controversial treatment. And while not everyone who has been subjected to electroshock experienced it as a form of brutal violation, there are so many of us who did; and many who do. There are also many who, even though they will never submit to having this treatment themselves, do share the perception that it is an act of medical savagery. It is my belief that a rather mysterious shroud blankets the reality. The Tartarean details are kept largely hidden. Joe & Josephine Public are provided with just a quick glimpse of what is referred to as a ‘safe and oftentimes necessary medical intervention’. A complete and real view of this experience is kept tucked away in a hidden box. A box that is, relatively speaking, reserved for a select few. As someone who was one of those select few, it is my belief that the lid on that box must be removed.

This piece of writing is, in part, for those of us who were, and those who will be, subjected to the entirety of the experience that is the treatment which uses electricity to zap our brains in what amounts to little more than an uncertain and semi-calculated act of guess-work aimed at ‘making us better’. I believe our stories need to be told. Not
only for our own processes of emancipation, but also as a way of eradicating the invisible, but so very powerful divide, that exists between those of us who have had the experience of electroshock and those who never will. I believe the layered particulars of the psychological and physical effects of this ‘intervention’ that are rarely aired in the public arena, must be recounted. As such, I have chosen to drag this box out of hiding, to throw off its lid and to describe in detail the nature of that which is endured.

It is clear that I speak with vehemence and conviction about my perceptions of, and my position against, the use of electroshock. Despite my boldly stated objection, there is within the same space that holds my disdain, also room for my sincere belief that a genuine desire to help and to cure is, or was at one time, a fundamental motivator for those who practice this ‘medicine’ - those who are the givers of electroshock. This is not to say that I accept what feels to be a somewhat complacent attitude, which appears to provide for a selected field of vision that extends only as far as the spaces that are seen by choice, and one which excludes those that do not fit with the limited ‘knowledge’ that is leaned upon when electroshock is prescribed and given. And, this is not to say that I am willing to shake hands, agree to disagree, and part company pleasantly with those who are for electroshock, where I am against.

A human being in perfection ought always to preserve a calm and peaceful mind, and never to allow passion or transitory desire to disturb his tranquility. I do not think that the pursuit of knowledge is an exception to this rule. If the study to which you apply yourself has a tendency to weaken your affections, and to destroy your taste for those simple pleasures in which no alloy can possibly mix, then that study is certainly unlawful, that is to say, not befitting the human mind. (Shelley, 1831/1999, pg. 64)
Rather, I am reiterating my earlier stated opinion that for all of us, our perceptions are based on the lenses through which we view the world as it exists around us. I will also repeat my standpoint that I do believe there does exist within every heavily structured and oppressive environment a variety of significantly influential forces that have the power to turn what at one time may have been clear and unscratched lenses, into either rose-coloured glasses or monocles made blurry by the scratches and chips acquired through cultural subjugation.

Within the pages of Frankenstein, I found many rich metaphors. These metaphors appeared to me as effective relationships and compelling parallels. While some might read what I have written here and accuse me of wildly unleashed irreverence and perhaps even something akin to blasphemy, I will provide a gentle reminder that all of the words that fill these pages are centered on my experience of a very real part of my history. And, as stated earlier, because I am intimately familiar with the worlds of both the service user and the service provider, this narrative is neither neat nor tidy, nor is it one that points fingers only at people.

Histories cannot be changed, but futures can be created. Rightly or wrongly, perhaps these musings are my efforts to name, claim, make peace with, and to put to at least some amount of occasional rest my own psychic clatter. I am thinking that my desire to play in this space of storied dialogue was fed, at least in part, by my wish to ‘make sense of’ as a means for me to constructively influence my own evolution. To enable me to continue with my efforts to move beyond the stench of my history and to forge ahead with the creation of my future.
If all of this is so, as I believe it is, then what is the value of drafting a piece of my story and casting it out for others to feed upon? How is it that rooting around in my memories, my unconscious, my own Underworld, can serve a purpose that is worthy? In Margaret Atwood’s ‘Negotiating with the Dead: A Writer on Writing’, I found some wisdom, which for now feels as though it addresses my questions.

Where is the story? The story is in the dark. That is why inspiration is thought of as coming in flashes. Going into a narrative – into the narrative process – is a dark road. You can’t see your way ahead. Poets know this too; they too travel the dark roads. The well of inspiration is a hold that leads downwards. (Atwood, 2002, pg. 176)

The Underworld guards the secrets. It’s got the skeletons in the closet, and any other skeletons you might wish to get your hands on. It’s got the stories, or quite a few of them. “There is something down there and you want it told,” as poet Gwendolyn MacEwan says. (Atwood, 2002, pg. 177)

The swimmer among the jeweled dead – double-gendered, like the seer Tiresias – in Adrienne Rich’s poem “Diving Into the Wreck” has a similar motive: (Atwood, 2002, p. 177)

There is a ladder.
The ladder is always there...
We know what it is for,
we who have used it...
I go down.

I came to explore the wreck.
The words are purposes.
The words are maps.
I came to see the damage that was done
and the treasures that prevail...

...the thing I came for:
the wreck and not the story of the wreck
the thing itself and not the myth

I said that Virgil is usually assumed to be the first writer to make the underworld trip – that is, he makes the imaginary trip for the purpose of relating it. It, and all the other stories he gets told down there; and it’s by the inmates of the Inferno [the underworld i.e. the unconscious], not in the Purgatorio or the Paradisio, that Dante is told the most stories, and also the best ones. It’s somewhat daunting to reflect what Hell is – possibly – the place where you are stuck in your own personal narrative for ever, and Heaven is – possibly – the place where you can ditch it, and take up some wisdom instead. (Atwood, 2002, pg. 174)

I do believe there is useful function to be found in describing in detail a piece of one’s story for the purpose of sharing it with others. In fact, I do believe there are many positive reasons to support the sharing of our stories, even pieces of them. Of these many reasons, the notion of connectedness is I believe, of fundamental importance to all people. At the very least, in telling bits of our stories we make space for the potential for another to relate. For that person to experience a brief reprieve from her or his own aloneness. For her or him to feel even a momentary sense of connection with another human being.

Is there more to this disclosure? Is there something in this experience for me? Is it possible for me to push forward my own evolution through the placement of this piece of autobiography into the public arena? Does this process of telling enable me to grasp a sophisticated understanding of my self, or at least a part of my self? Or, does it enable someone else to understand me at a level that is deeper than that which can be achieved by skimming across my own personal surface? And, does a piece of story like this one have the potential to positively affect another, other than through the provision of a brief moment of distraction for that other? To all of these questions, I suggest the answer is, potentially yes. I say this not from a place of arrogance.
Rather, it is that my belief that because we exist, we do make impressions. Even in some small or remote way, all of us are sources of influence. I don’t believe this happens in isolation though. It is through our aggregated tellings - even small pieces of them – that we can make a contribution to the global community, the collective consciousness. I do believe that our publicly shared efforts to reconcile, and to make sense of our own histories have the very real potential to inspire this same process in at least one other person.

...... I no longer want to be anything except what who I am. Who what am I? My answer: I am the sum total of everything that went before me, of all I have been seen done, of everything done-to-me. I am everyone everyone whose being-in-the-world affected was affected by mine. I am anything that happens after I’ve gone which would not have happened if I had not come. Nor am I particularly exceptional in this matter; each “I”, every one of the now-six-hundred-million-plus of us, contains a similar multitude. I repeat for the last time: to understand me, you’ll have to swallow a world. (Rushdie, 2006, pg. 440)
References


CONCLUSION

Don’t forget that everything you deal with is only one thing and nothing else. And don’t forget the language of omens. And, above all, don’t forget to follow your Personal Legend through to its conclusion. (Coelho, 1993, p. 30)

A great tragedy occurs in the modern world where mass cultures overwhelm the importance of the individual soul and the notion of a life lived in accord with it. The growing tendency to treat people as statistical segments and voting blocks, as interest groups and age categories serves to diminish the psychic fact that each is also a unique individual. (Meade, 2010, p. 35)

It is obvious enough that psychology, being the study of psychic processes, can be brought to bear upon the study of literature, for the human psyche is the womb of all the sciences and arts. ... Psychology and the study of art will always have to turn to one another for help, and the one will not invalidate the other. It is an important principle of psychology that psychic events are derivable. It is a principle in the study of art that a psychic product is something in and for itself whether the work of art or the artist himself is in question. Both principles are valid in spite of their relativity. (Jung, 1933, p. 152)

Shepherding Knowledge

‘The Rebel Angels’ by Robertson Davies (2008) is a satirical portrait of life and experience in academia, the place where knowledge is created and dispensed.

Rosemary Sullivan (2008), a Canadian writer and academic, wrote the introduction to this novel. Through the painting of a biographical sketch, Sullivan creates a portrait of Davies’ character and the sources of inspiration that informed his storytelling. According to Sullivan, Davies’ interest in the works of Carl Jung was foundational to his writing. Like Jung, Davies determined creation to be “a collusion between the conscious and unconscious mind” (Sullivan, in Davies, 2008, p. v).
A brilliant narrator and character developer, Robertson Davies was guided by his belief that every person has a story to tell, that each of us “is the hero in a private quest” (Sullivan, in Davies, 2008, p. vii). This recognition of the storied nature of all persons is shared by a number of other scholars (Clandinin & Connelly, 2000; Ellis, 2004; Frank, 1995; Mattingly & Garro, 2000; Mehl-Madrona, 2007; Zingaro, 2009). Sullivan’s portrayal of Davies provides insight into his sophisticated comprehension of this and other aspects of the human condition; one of the primary sources of understanding used by him in the development of his literary works.

In alignment with the theoretical and philosophical perspectives held by Jung (1933, 1989, 2006), Davies believed that intimate knowledge of the self (self-understanding) was essential to the experience of emotional wellbeing (Sullivan, in Davies, 2008, p. ix). Further to this, Davies demonstrated an astute awareness of the insufficient nature of intellectual knowledge when it existed without wisdom, which according to him, was gained through the cultivation of an intimate knowledge of the self.

But intellectual learning must be accompanied by wisdom. Where is wisdom to be found? In learning how to be entirely yourself. Not an easy task, since it means knowing the whole of the self: from the mask one invents in order to navigate the world, to the taproot of childhood, and to “our unseen depths – which means the messy stuff of life from which the real creation and achievement takes its nourishment”. (Sullivan, in Davies, 2008, p. ix)

Davies’ interest in, and devotion to, the evolution of meaning and understanding as integral acts of personal development were not limited to their actualization within the individual self. A consummate academic and public intellectual who was both well
known and known well, Davies was keenly aware of the many factors of influence that converge to create the diversity of impressions that abound within polyphonic learning situations.

The principal excuse for my life, I suppose, is that I am a good teacher. But to teach my best I must have some peace of mind, because I do not simply dole out lectures I prepared long ago; I engage my classes, which are never large, in talk and discussion; every year the shape of the work is different, and the result is different, because as much depends on the quality of the students as depends on me. (Davies, 2008, p. 46)

Just as the professor in ‘The Rebel Angels’ does “not simply dole out lectures [he] prepared long ago”, I argue that the model shepherd of knowledges is one that “[engages his students] in talk and discussion” (Davies, 2008, p. 46). She/he is aware of the dialogic nature of creating understanding and making meaning. Custodians of meaning making know that each learning situation results in a variation in “the shape of the work [and an outcome that] is different” (Davies, 2008, p. 46). They recognize and work with (rather than apart from and/or against) the idea that “as much depends on the quality of the students as depends on [their teacher]” (Davies, 2008, p. 46) (Bruffee, 1984, 1986; Renshaw, 2004; Ziegler, Paulus, & Woodside, 2006).

Like Robertson Davies and a number of other scholars, I also believe that our personal stories are rich with the insights and wisdom that are integral to the process of developing optimal self-understanding. Additionally, I argue (in accordance with beliefs that are aligned with those of Davies (2008) and Jung (1933, 1989, 2006)) that a genuine connection with the self is essential to the development of self-understanding that is evolved enough to enable our fundamental desire to live according to an overall sense
of wellbeing (Bauer, McAdams, & Pals, 2008; Mills, 1991; Schure, Christopher, & Christopher, 2008). Related to this, is my belief that experiences of significantly compromised emotional wellbeing (what are also referred to as mental illnesses) have the very real potential to render us vulnerable to developing a dis-abled ability to create understanding and to make meaning; and therefore a dis-abled ability to achieve optimal self-understanding (Lysaker & Lysaker, 2001; Power, 2007).

It has been my observation that consequential disruptions to our ability to create understanding and to make meaning also have the potential to result in the development of fragmented or disjointed personal narratives. The grasp we hold on our innately storied selves can become more than loosened through experiences of adversity that become too weighty to bear (Atwood, Orange, & Stolorow, 2002; Dimaggio & Stiles, 2007; Fordham, 1967; Kavanaugh, 2007; Lysaker & Lysaker, 2001; Lysaker, Lysaker, & Lysaker, 2001; Power, 2007). But just as our storied selves can unravel to the point of dis-integration, I also believe that we can use the processes of creating understanding and making meaning to enable the re-integration of the personal narratives that are representations of our selves.

The Trailhead

These beliefs, as I have stated them above, inspired the research issues that were core to the processes of inquiry and investigation undertaken to support this project. They have been the staff I’ve leaned on for guidance, for steadying, and for helping me to find my way back to the trail during the various times (for various reasons) when I was pulled away from this undertaking. The research questions and the
sometimes surprising, most certainly never dull, explorations undertaken to address
them, were also brought to life by my beliefs.

I began this project by asking two primary questions: 1) How might the
exploration of a personal narrative of the self facilitate the process of constructing a
meaningful understanding of experience in one who has been diagnosed with what they
are told is mental illness? 2) How might this process enable the individual to move
beyond a state of compromised emotional wellbeing and perceived dis-ability to a state
of overall wellness and perceived ability? This work was also informed by three sub-
questions: i) What might personal narratives of experience created through a dialogic
process reveal about meaning making by those who have been diagnosed with what
they are told is mental illness? ii) In what way might a knowing/understanding that is
constructed through the use of a dialogic process inform the personal narratives of
those who are told they have a mental illness? iii) Might the use of a muse and/or
aesthetically-based autobiographical data such as poetry, facilitate the process of
constructing a meaningful understanding of what was/is referred to as a mental illness
experience?

As stated in my introduction, through this research I have immersed myself in a
circle of exploration and discovery. It was my objective to examine the viability of using
a meaningful learning approach to the construction of a dialogic narrative of the self.
The development of an applied theory and the exercise in constructed knowing,
undertaken in this project, are being recommended as means of facilitating the
processes of making meaning and creating understanding in one who has experienced
compromised emotional wellbeing. More specifically, I am recommending that this approach to individualized health education - guided self-discovery – be used in a facilitated manner with those who experience what they are told is mental illness.

**Scrubtity on the Journey**

Beyond serving as sources of inspiration, my beliefs and my research interests have also acted as agents of exposure. They shined a bright light onto the divergent position that I hold within the field of mental health care - the field of interest to this study and the field in which I have worked for more than 26 years. My position is divergent because it is founded on beliefs, philosophies, and theories that are situated outside of the paradigmatic perspectives that underpin the bio-medically based professional discourses that are dominant within the field of mental health care (Bentall, 2009; Ghaemi, 2010; Horwitz, 2002; Horwitz & Wakefield, 2007).

My project has argued for what I believe to be a much-needed, educationally oriented addition to the bio-medically based options for treatment and care that are commonly offered to those who become service users within the mental health system. And while I have fulfilled this primary objective, I have also come to realize that my original intention was fed, at least in part, by the degree to which I have questioned the layers of assumption that support the bio-medical approach to mental health care.

I have long questioned the dogmas that are relied upon to inform the bio-medical paradigm that dominates mental health care. Listening to the whisperings of doubt and disagreement coming from my own inner dialogue, as happens in response to these privileged discourses, is not a new experience for me. Generally speaking, putting
the bio-medical assumptions up to scrutiny, on a regular basis, is not a new way of being for me. That being said, this intensified illumination with which I am now equipped, is rather new.

Immersion in this process of inquiry has been essential to the reinforced articulation of my own paradigmatic location, as it exists outside of the bio-medical model of mental health. Although the investigation that resulted in this experience of evolution was not necessarily the primary objective of this project, from this point of conclusion, it is quite apparent to me that it has been vital to the integrity of my study, and to the task of informing directions suggested for future research. In addition, I argue that the findings of this project have reinforced the importance of having non-biomedical, non-invasive treatment options made readily available and accessible to those who become service users within the mental health system. And, that these options be dedicated to facilitating and/or preserving a deep bond between the self and the person.

**Finding Meaning in the Familiar**

The research done to support my project did indeed reinforce my ability to articulate my paradigmatic location, which sits outside of the bio-medical model of mental health care. As mentioned though, the main objective of my study was not an analysis of the paradigmatic underpinnings relied upon by mental health care in the Western world. Nor was it a critical deconstruction of this branch of the health care system. My research was intended to examine the use of a meaningful learning approach to the construction of a dialogic narrative of the self as a way of facilitating the
processes of making meaning and creating understanding in one who experiences what they are told is mental illness. I began this process with a theoretical study, which was intended to serve as a philosophical foundation of support for the additions to practice being put forth.

Critical autobiographical narrative was the methodology I chose for my study. As the primary research participant, I applied the invention of my theoretical study to myself by using an autobiographical narrative process. The dialogic nature of my meaningful learning endeavour was enlivened by the inclusion of additional voices, including fictional muses and aesthetic representations of experience.

Establishing relationships with fictional characters and then drawing upon this relationship to make sense of one’s personal experience is not a new or unusual practice. In bibliotherapy self-understanding is determined to be integral to overall emotional wellbeing.

Exhaustive self-knowledge is an essential condition for total personality synthesis when some trends of feelings, thoughts, and actions have failed to become incorporated into a global personality structure or have become dissociated from one another. It is not until the individual becomes capable of a wholeness within himself that he can achieve an occasional oneness with the world and some of the people outside himself with maximal chances for effectiveness and gratification with them. (Alston, 1962, p. 163)

The psychotherapist who appreciates the facilitative nature to be found through the use of narrative sources, encourages self-understanding in the client through her/his relationship with works of fiction and poetry (Alston in Tews, 1962; Jack & Ronan, 2008; Kavanaugh, 2007; Levitt, Rattanasampan, Chaidaroon, Stanley, & Robinson, 2009; Tews, 1962).
In our unending quest to make sense of experience, we gravitate toward sources of connection that provide us with the comfort of relationship. Michael Meade (2010) recognizes our tendency to form deep relationships with stories that provide us with a sense of the familiar.

The story set within the soul of each person derives from the stem of all stories so that each carries a part of the eternal drama that is continually regenerated from the inexhaustible springs of the water of life. (Meade, 2010, p. 32)

Meade (2010) understands our inclination to make meaning through the process of integrating external narratives with our internal narratives. The revelation of meaning through active participation with our storied selves is a fundamental way of being human (Meade, 2010).

**Interactive Encounter Through Dialogue**

What did this autobiographically dialogic experience reveal to me, the subject of this experiment? Did I learn from the conversations I had with the fictional muses and the pieces of aesthetic representation? Did the combination of my applied theory and my dialogic approach to the creation of my self-narrative enable processes of making meaning and creating understanding in regard to my own ‘illness experience’?

Two significant discoveries were achieved in the process of working with my personal narrative through the philosophical approach that was developed in my theoretical study. The first of these was what I believe to be the successful demonstration of my proposed ‘intervention’. I did make meaning and I did create understanding of what I was told was an experience with mental illness. My second
achievement was what I argue to be an important articulation of perspective on the nature of mental illness – what it is and how it manifests.

With regard to my first discovery, I chose to work with the fictional muses from Mary Shelley’s novel ‘Frankenstein’ because I felt a sense of connection with both Victor Frankenstein and the monster he created. In the earlier stages of my autobiographical dialogue, I determined what I felt were the more obvious commonalities I shared with these two characters. A dual role of relationship with Victor Frankenstein was revealed to me. He became something of a metaphor, generally speaking, for those who work within mental health care. Through Victor Frankenstein, I saw how mental health service providers have the potential to be shaped by their involvement in this large and powerful system of care. And though my personal narrative was focused primarily on my own illness experience, I also examined the messy nature of my position(s) – I was a service provider, I became a service user, I returned to being a service provider; where I remain to this day. With respect to this revelation, Victor Frankenstein also became a metaphor for me as an individual service provider working within the larger system of mental health care.

This process of dialogic encounter also included a significant relationship with a second muse, Frankenstein’s monster. As a muse, the monster gave clear voice to certain aspects of my experience. Through interaction with familiar fiction, the words needed to enable voice can be pulled from our minds (Mar & Oatley, 2008; Oatley & Mar, 2005). We can feel as though we have been heard - that someone else understands our experience. Barbara Hardy (1968) gave early recognition to the
connection with the mind that is experienced through immersion in fiction. “The novel merely heightens, isolates, and analyzes the narrative motions of human consciousness” (Hardy, 1968, p. 5).

Through Frankenstein’s monster, I was able to describe the isolation, the shame, and the self-loathing that I experienced as one who had been shocked in a mental institution. Although I felt these aspects of my relationship with the monster to be powerful and fitting, I admit they also felt somewhat obvious to me.

In keeping with Bakhtin’s (1981) assertion that true dialogue has no beginning and no ending, the second significant experience of revelation, which was enabled by my interactions with Frankenstein’s monster occurred post-narrative. My encounters with the works of various others, including Jung and Foucault, contributed to the evolution of my perspective on the nature of mental illness. With much greater clarity, I came to see that madness is not reserved for a select few who are identified through the machinations of scientific reasoning. Instead, it is a core feature of the human condition, which is not either present or absent (Foucault, 1965; Jung 1989, 2006). The potential for madness to come to life within the person, is a fundamental aspect of the self (Corin, 2007; Eigen, 2004; Jung 2006).

**Madness vs. Non-madness**

Victor Frankenstein was a man who attempted to outwit the dis-abling effects of accumulated adversity that had piled onto, and deeply wounded, his psyche. Through denial and avoidance, he attempted to suppress the coming to life of his own madness. By immersing – nearly drowning – himself in his work, he was able to stave off the
impact of his accumulated psychic wounds, but only temporarily. Frankenstein wanted to create a being that would not contribute in any way to the experience of suffering the same tragically painful effects of grief and loss that he had experienced. He poured himself into his work to reach this end.

Under the guidance of my new preceptors, I entered with the greatest diligence into the search of the philosopher’s stone and the elixir of life; but the latter soon obtained my undivided attention. Wealth was an inferior object; but what glory would attend the discovery, if I could banish disease from the human frame, and render man invulnerable to any but a violent death! (Shelley, 1831/1999, p.42)

The strategy used by Victor Frankenstein to enable him to run from his psychic wounds was also the process that facilitated his undoing, the unleashing of his own madness.

The method being used by Frankenstein to outrun madness became his madness (L. M. Grace, personal communication, October 22, 2013).

“In the moment that Victor Frankenstein brought the monster to life, he created madness” (L. M. Grace, personal communication, October 22, 2013). When Victor Frankenstein gave life to the monster, the monster took on a life of its own. The monster was no longer a part of Victor Frankenstein; it had become a separate being. The removal from/of his self, brought Frankenstein’s madness to life (L. M. Grace, personal communication, October 22, 2013).

As discussed earlier, in the bio-medical approach to the treatment of what is referred to as mental illness, the self is removed from the individual when an explanation for dis-order is sought through processes of objectification. A collapse of the psyche becomes a diagnosable mental illness when the person, and her/his history
of experiences are separated from the self by affixing the diagnostic label to the individual’s dis-integrated narrative. Madness is given form when the self is removed from the individual. The person becomes the illness.

Michel Foucault (1965) understood the nature of this tipping point that intersects non-madness and madness. He examined the unleashing of madness as it occurred in the lives of several famous artistic figures (Foucault, 1965). Like Victor Frankenstein, these creatives also experienced the release of their own madness when they became separated from their works (Foucault, 1965).

Madness is the absolute break with the work of art; it forms the constitutive moment of abolition, which dissolves in time the truth of the work of art; it draws the exterior edge, the line of dissolution, the contour against the void. ...... Madness is no longer the space of indecision through which it was possible to glimpse the original truth of the work of art, but the decision beyond which this truth ceases irrevocably, and hangs forever over history. ...... There is no madness except as the final instant of the work of art – the work endlessly drives madness to its limits; where there is a work of art, there is no madness; and yet madness is contemporary with the work of art, since it inaugurates the time of its truth. The moment when, together, the work of art and madness are born and fulfilled is the beginning of time when the world finds itself arraigned by that work of art and responsible before it for what it is. (Foucault, 1965, p. 287)

Madness is not either present or absent. The monster is the man and madness is non-madness. As a core feature of the human condition, the madness in Victor Frankenstein was Victor Frankenstein (L. M. Grace, personal communication, October 22, 2013). By separating himself from the monster, Victor Frankenstein removed his self from his history of experiences; he brought his own madness to life. In this, he created the same intersection that Foucault (1965) identifies as the location wherein madness is realized.
Not Going Mad

If madness is a natural and expected human experience, how do we reframe our perceptions such that further dis-integration of the self does not become the outcome of intervention? According to Kate Millett (1990) we would not go mad if instead of taking the self out of the experience by framing the madness as a bio-medically constructed pathology (as happens when the narrative becomes incoherent) we were to leave the self within the incoherent narrative and then work within that realm. A number of scholars and clinicians advocate the use of psychotherapeutic processes that enable re-integration of the dis-integrated self (Dimaggio & Stiles, 2007; Dimaggio, Hermans, & Lysaker, 2010; Lysaker & Lysaker, 2001; Lysaker, Lysaker, & Lysaker, 2001; Lysaker, Ringer, Maxwell, McGuire, & Lecomte, 2010; Power, 2007;). The objective of this approach is to enable the establishment of coherence (i.e. meaningful connections) between the various bits of the fragmented narrative self, the self that has become dis-integrated.

According to Millett (1990), this process of going mad happens within the context of a larger society that cannot tolerate chaos. That is, a society which functions in the shadow of a set of dominant and sanctioned parameters that are organized around a fixed delusion that dictates the nature of coherence to both the self and others.

The clinician faces the ever-present risk of losing sight of the bias inherent to diagnosis and of confusing the perception of a phenomenon with the reality of that phenomenon. Indeed, contemporary psychiatry and current approaches to psychosis may have a kind of hubris, believing that the perspective offered by empirical science could lead to a complete understanding of the
phenomenon and to its mastery in a near future. (Corin in Biehl, Good, & Kleinman, 2007, p. 275)

Embedded within the governance of our mental health is a belief that coherence can be determined definitively.

Without doubt, I believe that modern mental health care is obliged to pay humane regard to those who experience a dis-integration or collapse of the self, when the cumulative effects of too much adversity bring them to their knees. I argue that non-biomedical, non-invasive means of encouraging enhanced self-understanding have more than the potential to enable a move away from illness and dis-ability and towards wellness and ability.

**Being Accountable To the History of Our Present**

In his seminal work, ‘Madness & Civilization’, Michel Foucault (1965) takes his readers on a critically reflective and revealing tour of the history of madness in the western world from 1500 to 1800. Through this work of analysis and historical revelation, Foucault (1965) rips the façade away from the conceptual walls that have served for decades as justifications for the existence of this construct that is purported to be madness. He lays bare the folkloric and authoritarian beliefs that have been collected, created and stitched together to underpin what has become our modern perspective on mental health. In ‘Madness & Civilization’, Foucault (1965) explodes the divide that was created to form a barrier of safe keeping between those who have sanity and those who do not. He pulls back the curtain on history to show us a labyrinthine collection of assumptions, those that have been used to inform our present day standards and practices. With luminous precision Foucault (1965) denounces the
evolution of modern psychiatry and shows it for what it actually is - a devolution.

Through this exceptional work of exposure Foucault (1965) demands both accountability and reconciliation.

We must try to return, in history, to that zero point in the course of madness at which madness is an undifferentiated experience, a not yet divided experience of division itself. We must describe, from the start of its trajectory, that “other form” which relegates Reason and Madness to one side or the other of its action as things henceforth external, deaf to all exchange, and as though dead to one another. This is doubtless an uncomfortable region. To explore it we must renounce the convenience of terminal truths, and never let ourselves be guided by what we may know of madness. None of the concepts of psychopathology, even and especially in the implicit process of retrospections, can play an organizing role. What is constitutive is the action that divides madness, and not the science elaborated once this division is made and calm is restored. What is originate is the caesura that establishes the distance between reason and non-reason; reason’s subjugation of non-reason, wresting from its truth as madness, crime, or disease, derives explicitly from this point. (Foucault, 1965, p. ix)

In ‘Madness & Civilization’, Foucault (1965) has authored a bold testimony to support the need for what he describes as a difficult but essential relinquishment. He names our desperate reliance upon, and clutching of, this set of truths that he maintains have been cultivated on contaminated soil. Foucault (1965) tells us to let go of the false understandings of sanity versus insanity, to close the divide that was created between that which is madness and that which is not.

Hence we must speak of that initial dispute without assuming a victory, or the right to a victory; we must speak of those actions re-examined in history, leaving in abeyance all that may figure as a conclusion, as a refuge in truth; we shall have to speak of this act of scission, of this distance set, of this void instituted between reason and what is not reason, without ever relying upon the fulfillment of what claims to be. Then, and then only, can we determine the realm in which the man of madness and the man of reason, moving apart,
are not yet disjunct; and in an incipient and very crude language, antedating that of science, begin the dialogue of their breach, testifying in a fugitive way that they still speak to each other. Here madness and non-madness, reason and non-reason are inextricably involved: inseparable at the moment when they do not yet exist, and existing for each other, in relation to each other, in the exchange which separates them. (Foucault, 1965, p. ix)

Closing this divide will require not just a paradigmatic overhaul; it will require confession and then demolition. Modern mental health care is a layered empire of enmeshed stakeholders (‘big pharma’, psychiatry, government, etc). To ensure a position of primacy for the self in those who experience a psychic collapse, this iceberg needs to tip. Heteroglot dialogues need to be exchanged for polyphonic dialogues where no voices are silenced; dialogues where the primary voice is the voice of the service user. I argue for a fundamental shift in perspective. One where the paradigmatic underpinnings will be deconstructed and then reconstructed to ensure the connection between the self and individual is enabled and preserved. The self must not be restrained by the diagnostic straitjacket. Agency and identity, individuation and self-actualization, must be paramount.

**A Trail of Breadcrumbs**

This project started with the objective of adding an educationally based option to the bio-medical treatments that are most available and accessible to those who become service users within the mental health system. While I have remained true to my original objective, the journey taken to this end has included a number of additional excursions of enlightenment. Along the way I have seen much. And even though much of what I have taken in has challenged my resolute nature, it has also been life altering
and life enhancing.

Indeed, I do feel challenged by the life altering and life enhancing perceptions of what I view to be at least some of the fundamental flaws that are the underpinnings of the bio-medical model of mental health. With scholars like Carl Jung and Michel Foucault as my guides, I have walked a trail that is littered with what I have come to believe are the tainted breadcrumbs that mark the developmental path taken by this troubled branch of health care. My journey has been informed by scholarship from a variety of academic and professional disciplines, including, philosophy, psychology, sociology, medicine, health sciences, nursing, and history. I cannot unlearn.

The concerns of this work are multi-layered. This project is about many things. It starts with my interest in the storied – narrative – nature of human experience. It is about our natural inclination to weave together bits of experiential content such that we might be able to create narratives that are coherent and meaningful. It is about doing this while navigating our way through the oftentimes dark corridors of our existence. To these ends, I have presented parts of this work as lyrical representations of experience. This project is also about the staccato bits of life - the spaces where the weight of accumulated adversity has the power to disrupt life’s momentum. This work is concerned with what happens when a sharp and disorienting turn undoes the storied nature of the self. It is about what happens when psychic collapse leads to the losing of voice and the relinquishment of the authorial self's ideal position. This research is about reclamation and renewal of the narrative self.
Implications for Health Professional Education

Critical examination of issues that are inter-disciplinary in their nature is a core interest in health professional education. I suggest the notion of client/patient voice, and its position in the health care dialogue, to be an issue that is noteworthy in all fields of health care and within all health care settings. This project has argued for the client/patient voice to be established and maintained in a position of primacy. To this end, the use of a meaningful learning approach to health education, as a way of enabling wellbeing, has been recommended for those who become service users within the mental health system. Further to this, a case has been made for a dialogic method of creating self-narratives as a way of facilitating processes of making meaning and creating understanding in those who experience compromised emotional wellbeing. With health care providers being positioned as facilitators of wellbeing rather than as managers of illness, I believe this dialogic process has much potential to enable insight, empowerment and self-understanding.

It is my recommendation that this approach to individualized health education, or guided self-discovery, be used in a facilitated manner with those who experience what they are told is mental illness. It has been my personal experience that this non-biomedical, non-invasive, means of encouraging enhanced self-understanding is a viable option that has more than the potential to enable a move away from illness and disability and towards wellness and ability in those who experience a dis-integration, or collapse, of the self, which results from the burden imposed by the cumulative effects of too much adversity.
The implications of this work for the larger field of health professional education include what I determine is value to be found in the finding of meaning in spaces that exist outside of the dominant models of care. Although it is both powerful and pervasive, the bio-medical model that rules modern mental health care is but one paradigmatic position. Finding meaning in ‘alternative’ paradigmatic locations, as has been advocated in this dissertation, provides the field of mental health professional education with an approach to individualized health education that does not assume the presence of illness. Instead of focusing on disorder, the perspectives put forward here acknowledge and regard the natural occurrence of dis-order as is experienced when psychic collapse happens in response to the accumulation of too much adversity.

The third way in which this work contributes to the field of health professional education is through the autobiographical narrative of illness experience that serves as the results of this research. Health care providers need to know what their clients/patients experience when they enter into (and become consumed by) large systems of care (Frank, 1994, 2001, 2004). When treatments are prescribed and provided, those who are doing the prescribing and the providing need to know at least something about the patient experience. Through my autobiographical narrative of illness experience I provide a first-person, present tense account of what it is to undergo shock treatment. Quite simply put, if for no other reason than to respond to the rage of controversy that surrounds this form of treatment, health care providers need to know what it is to be shocked in a mental institution.
One Last Conversation

This project has been centered on a dialogically created autobiographical narrative of mental illness experience. To help me further justify the importance of making stories like mine known, I will engage in one last conversation.

Why do I (and others like me) want people to hear what I experienced when I was being treated with electroshock in a psychiatric hospital? Who are we and why do we want our stories to be told?

It would not be too simplistic to say that they were “every woman.” ..... The reasons women wanted to publish these first-person accounts were many and varied. ..... Some women felt it was their duty to write not only for themselves but for the many women who were locked away and who did not have the means to tell their own stories. (Geller and Harris, 1994, p. 4)

Can our individual narratives make significant contributions to the bodies of literature that are used to inform teaching, development, and practice in health care? Can we occupy positions as legitimate creators of knowledge, or are we simply intent on being heard for the sake of being heard?

Since the detailed study of a single case has a respected place within the discipline of psychiatry, one might expect that the first-person account of one individual’s experience might be similarly well received. After all, what is a first-person account but a case study written by the patient rather than the doctor? But therein lies the crucial distinction and the reason that first-person accounts have been relatively ignored [until recently]. ..... In general, our histories have been written from the perspective of those who held institutional power. ..... [T]his same charge of “self-serving” reporting might just as well be levied against the scores of practitioners and administrators who present cases and program descriptions in a light designed not only to inform but also to enhance the reputation of those doing the reporting. Even when outside observers report on the work of independent clinicians, they bring certain assumptions and
values to the process of recording the “truth”. (Geller and Harris, 1994, p. 6)

What about the integrity of our reporting? We were treated for what we were told was mental illness. Does this not compromise or even nullify the reliability and/or the worthiness of the knowledge we put forward through the sharing of our narratives?

The very nature of psychiatric illness, which causes both thought and mood to be altered, renders the accounts of ex-patients suspect. Can there be any truth in an account told by a woman whose very sanity is at issue? ….. Even if all twenty-six of the women whose accounts are presented here suffered from a diagnosable mental illness, which seems highly questionable, they were still keen observers of their environments, meticulous chroniclers of their own experiences, and often poetic and witty recorders of their subjective and emotional state. (Geller and Harris, 1994, p. 7)

Through the meticulous chronicling of my keen observations I have endeavoured to provide both revelation and contribution. Through dialogic engagement with theory, philosophy and aesthetic representation I have attempted to make a case for a reframing of perspectives on the care and treatment offered to those who become service users within the mental health system. And, while I do believe I have achieved some measure of success with regard to the potential for contribution that I have achieved through this process of inquiry, I am also aware of the humble nature of this work ….. and, as Hermann Hesse (2011) might suggest, most scholastic achievements.

Books

All the books of the world
will not bring you happiness,
but build a secret path
toward your heart.

What you need is in you:
the sun, the stars, the moon,
the illumination you were seeking
shines up from within you.

The quest for wisdom
made you comb the libraries.
Now every page speaks the truth
that flashes forth from you.

(Hesse, 2011, p. 34)

When the effects of carrying the load imposed upon the self by the accumulated
weight of adverse experience becomes too heavy to hold, the person becomes
vulnerable to a collapse of the psyche, a dis-integration of the self. At this point of
departure, the sanctioned treatment interventions that are imposed upon the person
(who is replaced by the patient) by the bio-medical approach to mental health care,
insist on taking the self out of the individual. Scientific reasoning describes this psychic
collapse according to a prescribed list and configuration of symptoms intended to
identify a disorder that is not of the person.

In a manner that is considered to be both valid and reliable, an empirically based
label is used to name the objectively identified affliction. The subjectivity of
compromised emotional wellbeing is replaced by the assignment of this pathology,
which has overtaken the hapless patient. This process enables the self to be relocated to
a space that exists apart from her/his history. The individual is removed from her/his
collection of experiences. These psychiatric maneuvers are employed in the process of
tidying what would otherwise be the very messy nature of the human condition.
According to modern mental health care, that which has resisted explanation can now
be explained, that which has been distressing and disturbing can now been contained,
and that which has been disheveled and disorderly can now been controlled. Or, we can resist the temptation to tidy and tuck away?

I imagine the deep self as the depository of the exact knowledge that we need for our lives to be purposeful and make sense. Under the old notion that each person is born with their own medicine, the deep self can also be seen to carry the antidote for what truly ails us. (Meade, 2010, p. 7)

It is my ultimate hope that by way of humility and a rejuvenated pledge to the strength of the human spirit, we will choose to show our faith in The Other by bearing witness to her incoherent narrative. That we will embrace our own smallness by joining her on the ground when she is brought to her knees by the weight of too much adversity. Perhaps it is through these demonstrations of genuinely engaged compassion that we will experience the joy of watching the re-integration of her narrative self.
References


University Press.


CURRICULUM VITAE (Abbreviated)

Marnie Wedlake, HonsBA, MEd, PhD

DEGREES

2014          Doctor of Philosophy, Health Professional Education Field, Health & Rehabilitation Sciences Program, Faculty of Health Sciences, The University of Western Ontario

1999          Master of Education, Educational Psychology & Special Education, Educational Studies, Faculty of Education, The University of Western Ontario

1990          Bachelor of Arts, Honours Psychology – Thesis Program Faculty of Arts, The University of Waterloo

EMPLOYMENT HISTORY

2003 to present          Self-employed ADHD Coach & Consultant
                          Provide individualized coaching, psycho-education and consultation to adults, families, and organizations affected by and/or interested in, ADHD (Attention Deficit Hyperactivity Disorder) and related conditions

2012 to present          Team Leader – Information, Support & Education Services Team, Canadian Mental Health Association, Middlesex
                          A variety of administrative functions related to leadership of a team comprised of 4 distinct programs: Information & Support Program, Mental Health Public Education & Health Promotion Program, Suicide Bereavement Services Program, Family Education & Support Program

2004 to present          Mental Health Public Educator, Canadian Mental Health Association, Middlesex
                          Provision of individualized mental health education & health promotion to families, informal caregivers, and persons with lived experience; provision of mental health education to groups of various sizes and demographics; coordination and primary facilitator of CMHA, Middlesex Family Psycho-educational Course
2005 to 2011  
**Research & Information Coordinator**, Canadian Mental Health Association, London-Middlesex  
Research conducted in association with community, institution and academic associates; research conducted to support agency initiatives

**UNIVERSITY RESEARCH EXPERIENCE**

- **June 2008 to Fall 2011**  
  **Co-Investigator**, Principal Investigator - Dr. Rod A. Martin, PhD, Professor, UWO Department of Psychology (Clinical), *Humour-related Interventions for Mental Health Care Service Users: A Feasibility and Exploratory Study*

- **Sept 2007 to Fall 2011**  
  **Co-Principal Investigator**, with Dr. Abraham Rudnick, MD, PhD, Associate Professor, UWO and Physician Lead, Regional Mental Health Care, *Fostering Recovery: Employment Support through Training and Trades*

- **Dec 2009 to Spring 2010**  
  **Research Working Group Member**, Principal Investigator - Professor Joel Lamoure RPh, BScPhm, FASCP, Department of Psychiatry, Schulich, School of Medicine and Dentistry, UWO, *Smoking Cessation and Grief*

- **Feb to June 2004**  
  **Research Assistant**, Adolescent & Adult ADHD Research Program, Centre for Addiction and Mental Health, Clarke Site

- **Dec 1995 to June 1996**  
  **Research Assistant** to Dr. Carol Crealock, PhD, Professor, Department of Educational Psychology, Faculty of Education, UWO

**UNIVERSITY TEACHING EXPERIENCE**

- **Jan to April 2010, 2009**  
  **Teaching Assistant**, Introduction to Ethics in Health (HS2610), Health Sciences, UWO, Required course for second year Bachelor of Health Studies students.

- **Sept 2010 to May 2011**  
  **Seminar Facilitator**, Health Professional Education Seminar Series (formerly HS 9611), UWO, A seminar series for Masters & Doctoral Students.

**SELECTED LECTURES, PRESENTATIONS AND CONSULTATIONS**

October 2012 – **Wedlake, M.** – Keynote Speaker – Child & Parent Resource Institute (CPRI) Professional Staff Mental Health Education Day; delivered keynote seminar to approximately 120 professional staff from a variety of disciplines (including psychiatry,
psychology, occupational therapy, nursing, social work, speech & language pathology, human resources); title of the talk: ‘Mental Health As Emotional Wellbeing’, London, Canada.

Spring 2012 – Wedlake, M. - Invited Guest Speaker, MSc OT Course, OT 9562 – Mental Health in Context; Delivered talk on Mental Health Services Delivered in a Community-Based Setting, Western University, London, Canada.

May 2012 – Wedlake, M. - Program Planning Committee Member and Group Discussion Facilitator – Minding Our Bodies; Health Eating and Physical Activity for Women’s Mental Health Forum - A one-day forum bringing together peers, program leaders and practitioners from the community mental health, nutrition, and physical activity sectors who work with women, London, Canada.


April to July 2011 – Wedlake, M. - Book content consultant to Dr. Timothy S. Bilkey, MD, FRCP(C), Adjunct Professor, Department of Psychiatry, Schulich School of Medicine & Dentistry, Western University and Director, Ontario Bilkey ADHD Clinics & co-author Dr. Craig Surman, MD, Assistant Professor of Psychiatry, Harvard Medical School, on Fast Minds: How to Thrive If You Have ADHD (Or Think You Might), a self-help book on adult ADHD. Book available for purchase in February, 2013.


Post-Secondary Education, Ontario University & College Health Association, Toronto, Canada.

August 2010 – Wedlake, M. - Invited Breakout Session Panel Member, Sub-group: The Mind, South West Region Liberal Party of Canada (Ontario) Policy Forum. A non-partisan meeting where speakers were invited, based on their expertise and willingness, to share insights to be used for consideration by the Federal Liberal Party of Canada in their efforts to collect information to inform policies relevant to Canadians, London, Canada.

June 2010 – Co-presenter - Rudnick, A., Wedlake, M., Lau, W., McEwan, B., Lundberg, E. - Department of Psychiatry Academic Research Day, Department of Psychiatry, Schulich School of Medicine and Dentistry, University of Western Ontario, Combining supported post-secondary education with supported employment for college students who have mental illness: An exploratory study, London, Canada.

Spring 2010 – Wedlake, M. - Invited Guest Speaker, MSc OT Course, OT 9562 – Mental Health in Context; Delivered talk on Mental Health Services Delivered in a Community-Based Setting, University of Western Ontario, London, Canada.


October 2009 – Wedlake, M. – Creative Consultant to Dr. Lilian Magalhaes, PhD, Occupational Therapy Department, University of Western Ontario – The Going Back Home Exhibition - An attempt to explore the process of transformation within the Brazilian Psychiatric context, London, Canada.

September 2006 - National ADHD Community Advisory Board – meeting (by invitation) of 12 community-based ADHD professionals from across Canada regarding the development of ADHD support and education in Canada, Montreal, Canada.

2005 – Wedlake, M., Author, *ADHD and Gifted Intelligence*, presented by Dr. Umesh Jain, MD, PhD, FRCPC, CADDRA (Canadian ADD Resource Alliance) Conference, Vancouver, BC.

**OTHER SCHOLARLY ACTIVITIES**

June 2010 - Reviewer for Journal - Reflective Practice: International and Multidisciplinary Perspectives

2008 to 2010 - Member, Conference Organizing Committee, Thriving In 2010 And Beyond, National Conference On Mental Health, Canadian Mental Health Association, London, Canada

2008 to 2010 - Chair, Conference Program Committee, Thriving In 2010 And Beyond, National Conference On Mental Health, Canadian Mental Health Association, London, Canada

2008 to 2009 - Conference Organizing Committee, Engaging Reflection In Health Professional Education and Practice Conference, London, Canada

2008 to 2009 - Fundraising Chair, Engaging Reflection In Health Professional Education and Practice Conference, London, Canada

**WRITTEN WORKS**


**SCHOLARSHIPS**

2011 – Western Graduate Research Scholarship
2010 – Western Graduate Research Scholarship
2009 – Western Graduate Research Scholarship
2008 – Western Graduate Research Scholarship
1996 – UWO Special University Scholarship

**MEMBERSHIPS AND AFFILIATIONS**

May 2013 to Present – Local Secretary, Mensa Canada Society, London Chapter
2005 to Present - Member, ADRN - Attention Deficit Resource Network
2005 to Present - Member, CADDAC – Centre for ADHD Awareness, Canada
2001 to Present - Member, Mensa Canada Society
Past - Student Member, Society For The Arts In Healthcare
Past Member, National ADHD Community Advisory Board