Abstract

This symposium is situated within the context of mental health, which educational institutions are being called upon to respond to. We will focus on 're-thinking narrative' as a way of problematising contemporary conceptualisations of the mental health crisis, and limitations in the predominant responses to this crisis in education.

We explore the relationship of narrative, mental health and education from a number of perspectives: (1) the inconsistency of self-narratives as explored through existentialist literature, with implications for common educational responses to disordered thinking; (2) the reductionist account of the cognitive approach to mental health, and a response in light of Stoicism; (3) narratives as a means of constructing understandings of mental health, and the problematic narratives of mental health reflected in education; (4) narratives vs. scripts, and rethinking the role of the humanities in education and mental health.

We aim to bring to light points of connection and contrast within different philosophical traditions that contest medical, psychological, and public health conceptualisations as foundations for mental health supports for young people. We aim to explore the value of thinking with, and beyond, narrative as a way of understanding the kind of education called for by the contemporary crisis in mental health.

Paper 1: The Stories We Tell Ourselves: Inconsistencies in Mental Health Education

(Alison Brady - UCL)

As recent mental health policies for schools in England suggest, mental disorders are often thought to be capturable by observing a person's behaviour (e.g. DfES, 2018). This can also be seen in cognitive behavioural therapy, which is often the standard practice for dealing with mental health in schools as well as national healthcare providers (e.g. DfES 2020; NHS, 2019). CBT is thought to be particularly helpful in *managing* distress – teaching the individual to identify and alter disordered thought processes, building resilience, and ensuring that one remains a productive member of society in spite of the challenges they face (e.g. DfES 2018; 2020). The assumption behind CBT is that by incorporating a range of techniques into our day-to-day lives (e.g. role-playing, relaxation, journaling, exposure therapy), disordered mental states can be interrupted and reasoned with, and a person will thus change their (future) behaviour in line with this. The aim is also to resolve inconsistencies in a person's thinking, where these can lead to cycles of negative thoughts.

There are, of course, normalising discourses that shape these conceptions of disordered thinking and behaviour, and indeed, what it means to suffer from mental health issues more generally (e.g. Brown and Carr, 2019; Brown and Dixon, 2020) To what extent do these cultural narratives misrecognise (causes of) disordered thinking? And since their focus is on cultivating dispositions that can inform a person's future behaviour, the identified cause of mental distress is not only the *presence* of negative thought patterns, but an *absence* of dispositions that lead to more desirable behaviours, such as resilience or logical thinking.

This seems to make sense. Conventionally, I may come to believe that *because* I am an anxious person, I am more prone to self-doubt in all situations. But how do I know this about myself? In his early works, Sartre (2011) argues that 'dispositions' are not inert personal qualities that determine a person's behaviour. Rather, these facets of my personality only appear *on the basis* of how my actions have been interpreted. But rather than seeing them as located *only* in the moments in which they appear, I instead define myself (and others) as *always and inescapably* being that way, both now and in the future. Importantly, however, understanding dispositions is not a matter of 'excavation' i.e. discovering the 'inert truth' of what determines my behaviour. Rather, this very process of understanding *brings to light* who I am in the present, and is always open to (re)interpretation.

In any account we give of ourselves or others, there is always an element of *fictionalisation*. By this, I am not referring to the ways we might fabricate stories about ourselves: our self-deceptions, the explicit selectivity with which we remember events that 'define' us, or the means by which we (misguidedly) rationalise our behaviour. Rather, fictionalisation is inevitable in the ways in which we attempt to understand ourselves and others, as well as the narratives of our past that we continually (re)construct in order to explain 'who we are'. Autobiographical writing serves as an example of this - assuming, of

course, that autobiographies are not simply a reporting of 'facts' about our past, but involve an active and ongoing construction of who we are by virtue of how this past is (re)interpreted.

Most autobiographies are written over a long period of time, and involve a level of introspection that is deeper, more complex – and indeed, more *inconsistent* - than those offered in CBT. For narrative researchers, one is 'rendered meaningful' in these self-accounts (Ricoeur, as cited in Polkinghorne, 1998). Sartre's own autobiography, *Words*, first drafted between 1954-1957, was later redrafted almost ten years later (Whitmire, 2006). As such, it can be read as a palimpsest of sorts, revealing uneasy tensions in the person Sartre was across his lifetime: as a child (the object of the text), as pre-War intellectual (the first draft), and as an activist looking to rebuild European society after the horrors of war (the second draft). Throughout, Sartre (2000, p. 46) interrupts his self-narrative by reflecting on the difficulties of writing an autobiography more generally. Indeed, in offering an account of ourselves, the extent to which our outward behaviour reflects our private motivations or thoughts is tricky. This is especially complicated when judging the reasons for our behaviour retrospectively:

> It is no good putting yourself in the dead man's shoes… you cannot help assessing his behaviour in light of results which he could not foresee and of information which he did not possess, or attributing a particular solemnity to events whose effects marked him later, but which he lived through casually… It is not surprising: in a completed life, the end is taken as the truth of the beginning.

The value of this form of introspection does not lie in the extent to which one figures out the exact causes or reasons for their behaviour, however. Rather, it serves as a means by which to (re)construct the stories we tell ourselves, and the person we 'are' on the basis of this. Of course, some scholars have pointed to *Words* as a way to showcase inconsistencies between Sartre's later and earlier thought. In CBT models of therapy, such inconsistencies are a direct target for 'treatment', as evidence of illogical (disordered) thinking that is in need of correcting. And yet, inconsistency seems to be an inevitable way in which one relates to themselves, given that the accounts we offer over time are attempting to capture something *inherently inconsistent* - the changing nature of our commitments, the wider narratives that are introduced and that cast our histories in a new light, the relationships we forge and the books we read that show us new perspectives – in short, the instability of making sense of ourselves across time.

In light of this, how might we reconceptualise 'disordered thinking' in education? By introducing narratives (e.g. in literature) that embrace inconsistency, might we then offer educational responses to mental health that see inconsistencies not as problems but as part of our ongoing pursuit to (re)construct ourselves?

Words: 1001

References

Brown, C. and Carr, S. (2019). Education policy and mental weakness: a response to a mental health crisis, *Journal of Education Policy*, 34 (2), pp. 242-266.

Brown, C. and Dixon, J. (2020). 'Push on through': Children's perspectives on the narratives of resilience in schools identified for intensive mental health promotion, *British Educational Research Journal*, 46 (2), pp. 379-398.

(2018). Mental health and behaviour in schools: Departmental advice for school staff, online www.gov.uk/government/uploads/system/uploads/attachment_data/file/508847/Mental_Health_and_Behaviour_-_advice_for_Schools_160316.pdf [Accessed 30/05/2021].

Department for Education (DfE). (2020). Relationships and sex education (RSE) and health education, online: https://www.gov.uk/government/publications/relationships-education-relationships-and-sex-education-rse-and-health-education [Accessed 30/05/2021].

Sartre, J. P. (2000). *Words*, London: Penguin Modern Classics. Originally published in 1963.

Sartre, J. P. (2011). *Transcendence of the ego: a sketch for phenomenological description*, S. Richmond, trans., London: Routledge. Originally published in 1937.

Polkinghorne, D. E. (1988). *Narrative knowing and human sciences*. New York: State University of New York Press.

Whitmore, J. J. (2006). The double-writing of "les mots": Sartre's "words" as performative philosophy, *Sartre Studies International*, 12 (2), pp. 61-82.

Paper 2: Is self-narrative the way to broaden the reductionist cognitive therapy?

(Chien-Ya Sun – UCL)

Cognitive approaches to emotional disorder are predominant in modern psychotherapy (David et al., 2018), and the cognitive account has also been widely adopted in addressing mental health and well-being in education. These approaches, including Cognitive-Behavioural Therapy (CBT) and Rational Emotive Behaviour Therapy (REBT), emphasise the role that ideas have on human emotions and how changing the ideas might well act to change excessive and disrupting feelings. The emphasis on 'the role of cognition in determining the cause and cure of emotional disturbance' in CBT and REBT has the philosophical roots in ancient Stoicism (Robertson, 2020:20). This has been explicitly expressed by both the founders of CBT (Aaron Beck) and REBT (Albert Ellis). In this paper, I would like to examine some criticism, made by A. Grant (2011) and Martha Nussbaum (2001), of the cognitive therapeutic approach, for being too reductionist and restrictive. Both Grant and Nussbaum, from different perspectives, propose an alternative approach to emotional therapy that

requires self-narrative; but I would like to suggest that the narrative approach to emotion may actually lead to an increase in existing emotional problems.

Judgements as a fundamental component of emotion

Both Beck (1976) and Ellis (1962) developed their theories based on this principle: 'it is not a situation in and of itself that determines what people feel, but rather how they *construe* a situation' (Beck, 2011:30). The situation alone does not determine how one feels since the emotion is mediated by one's conception of the situation. Almost an identical statement was made by the Stoic philosopher, Epictetus: 'it is not things themselves that trouble people, but their opinion about thingsw' (Handbook, 5). The Stoics considered that the first impression (*phantasiai*) through sensory organs of an image was soon combined with the reaction (*dianoia)* to the impression, which involved an inner discourse on the image. The latter was the 'judgment' Epictetus refers to. Based on this concept, Epictetus developed the discipline of assent (*sunkatathesis*), which consisted of the recognition of the judgement and a suspension of it. We can see this practice in the diary of Marcus Aurelius, the 2nd century Stoic emperor:

> Don't tell yourself anything more than what your primary representations tell you. If you've been told, 'So-and so has been talking behind your back,' then this is what you've been told. You have not, however, been told that 'somebody has done a wrong to you.' (*Med*., VIII: 49)

That someone talked behind your back, if it happened, is a fact. Marcus refrained from attaching any other judgements to what happened.

Both Stoicism and CBT consider judgements of a situation to be potentially problematic. However, they are different in terms of to what extent personal judgements should be restrained. The Stoic discipline 'consists essentially in refusing to accept within oneself all representations which are other than objective and adequate' (Hadot, 1998:101). CBT, on the other hand, seems to adopt a language that often suggests that there is clearly a 'correct' judgement of the situation. Judith Beck (2011), in giving an example of 'automatic thought', states that 'when you find your interpretation of a situation is erroneous and you correct it, you probably discover that your mood improves, you behave in a more functional way' (32).

The implication of a 'correct' interpretation and judgement to be learnt through the cognitive therapy may lead to a restrictive understanding of emotion.

A reductionist portrayal of human suffering

Grant (2011) argues that too often CBT treatment is constrained by 'a simplistic liner trajectory of start (problem), middle (treatment), end (no problem)' (37). The real, complex, flesh and blood person disappears in the protocol. Furthermore, human suffering is not merely an internal reflection of some external reality – the meaning of suffering is made by the person, through 'contextual referents' (36). What this criticism reflects is not only that the context, such as gender, affects the person's experience; but also that the *very act of personal interpretation* matters in the formation and the treatment of emotion. Grant believes that human suffering is contextual, so it cannot be fully understood without the person's own 'interpretive and narrative accounts of more fleshed-out, contextualized representations' (37). A similar development is seen in Nussbaum's (2001) conceptualisation of a Neo-Stoic account of emotion which replaces the original Stoic account. Nussbaum's account posits a significant role for 'historical narrative' in understanding human emotions, which, Nussbaum argues, is mistakenly lacking in the ancient Stoic account: 'The Stoics, categorizing emotions, omitted the past as a temporal category. Their taxonomy made no place for emotions directed at past events' (177). Emotions, however, 'have a history … without mentioning which one frequently cannot give an account of the full specificity of the emotion itself' (177-9).

In light of the Stoic idea of wisdom

While I am sympathetic to these criticisms, I find this alternative interpretive-narrative approach problematic in itself. The ancient Stoic practices aimed at an ideal of *living well*. The Stoic philosophers viewed themselves as imperfect and unwise, striving for wisdom. Excessive emotions were to be treated as part of the philosopher's journey towards wisdom and living well. In light of the Stoic ideal of the good life, the narrative approach may be problematic because, instead of encouraging the individual to examine all potentially problematic

thoughts, it risks *reinforcing problematic thoughts* by validating these thoughts solely because a person has experienced them. But the individual's thoughts, in Stoicism, were not to be celebrated just because they belonged to the individual or they were unique and original. The individual's thoughts were considered to be inevitably limited in the light of some greater ideal.

If we take into consideration the greater ideal of thinking about mental health as *living well and meaningfully*, the criticism of the cognitive approach as being reductionist and as falling short of full humanity stands, not because it fails to encourage the person's own interpretation of the situation, but because it fails to push beyond the aim of reducing negative moods towards thinking about fundamental questions such as how to live well. Cognitive approaches can be put to better use, in terms of improving mental health, if such a greater ideal of living well is included.

References

Beck, A. (1976). *Cognitive Therapy and the Emotional Disorders*. New York: International Universities Press.

Beck, J. (2011). *Cognitive Behavior Therapy: Basics and Beyond*, foreword by Aaron T. Beck. (2nd ed.). New York; London: Guilford Press.

David, D., Cristea, I., & Hofmann, S. (2018). 'Why Cognitive Behavioral Therapy Is the Current Gold Standard of Psychotherapy', in *Frontiers in Psychiatry*, 9, pp. 1-3.

Ellis, A. (1962). *Reason and Emotion in Psychotherapy*. New York: Lyle Stuart.

Epictetus, Long, & Long, Anthony. (2018). H*ow to Be Free: An Ancient Guide to the Stoic Life / Epictetus*. New Jersey: Princeton University Press.

Grant, A. (2011). 'A Critique of the Representation of Human Suffering in the Cognitive Behavioural Therapy Literature with Implications for Mental Health Nursing Practice', in *Psychiatric and Mental Health Nursing*, 18(1), 35-40.

Hadot, P. and Aurelius, M. (1998) *The Inner Citadel: the Meditations of Marcus Aurelius*. Cambridge, Mass: Harvard University Press.

Marcus Aurelius. (2006). *Meditations*, translated by Martin Hammond. UK: Penguin.

Nussbaum, M. (2001). *Upheavals of Thought: The intelligence of Emotions*. Cambridge: Cambridge UP.

Robertson, D. (2020). The Philosophy of Cognitive-Behavioural Therapy (CBT): Stoic Philosophy as Rational and Cognitive Psychotherapy (2nd ed.). London, New York: Routledge.

Paper 3: Mental health narratives in education (Emma Farrelly - UCD)

> People were completely misunderstanding the way I was communicating and I think it just, not that I got a little bit lost, but just things weren't heard and especially when you go in to a therapy session and you have people who already have ideas about who you are because you have an eating disorder, it cuts you off, you stop. [. . .] I had one therapist who refused to believe that I wasn't abused. She said, "until you can admit it, you are never going to get better". She would give me books about not remembering being abused and I was like "But I wasn't fucking abused"' (Kate, p.29[1]).

Kate's experience of 'people who already have ideas about who you are because you have an eating disorder' highlights how, for many who experience mental health difficulties, existing narratives in mental health can constrict, if not limit, their ability to make sense of, and recover from their experiences. This brief paper explores the importance of narrative and meaning in mental health and proposes that, in endorsing and perpetuating dominant cultural narratives, school-based mental health programmes and interventions risk foreclosing opportunities for understanding and self-discovery.

Mental health difficulties foster a sundering of self and story. To 'lose the plot', as students who have experienced mental health crises sometimes describe it, is to lose that structure by which experiences can be organised into meaningful wholes. It is to lose the story of who we are and the future we thought our past was leading up to. Mental health crises are, to misappropriate the words of Cora Diamond, "the experience of the mind's not being able to encompass something which it encounters" (Diamond, 2003, p. 12). It is in these times of crisis, when our basic assumptions of self are shaken and ruptured, that we are forced to search for meaning. Narrative, according to Donald Polkinghorne (1988), is the primary form by which human experience is made meaningful.

Narratives are patterns of meaning that transverse and tie together personal stories. They are the templates, or 'cognitive scheme(s)' (Polkinghorne, 1988, p. 13), we turn to when constructing and telling our stories. Just as we internalise language and stories from our culture, we internalise "the shape of the telling", as Arthur Frank (2013, p. 3) describes it, too.

[1] "Kate' is a pseudonym chosen by this student who was interviewed as part of a study of the nature and meaning of mental health difficulties for students in higher education (Farrell, 2017). The page number refers to the page of Kate's transcript from which the quote was taken.

Nikolas Rose (1985), drawing on the work of Foucault, describes the development of a 'psychological complex', or narrative, in the Western World over the latter half of the 20th century. This complex, deeply rooted in assumptions about the separation of mind from body and the individual from social, has become the socially endorsed narrative structure available for individuals to make sense of their mental health experiences. Schools have become key environments in which culture conveys this narrative structure, or way of making sense of experiences, to young people. We do implicitly in the "restitution stories" (Frank, 2013, p. 75) we tell, or more explicitly in teaching mental health literacy (Jorm et al., 1997) to our students. While the language of mental illness may support some students in making sense of their experiences, for others it not only denies them a more suitable narrative but forecloses opportunity for self-discovery and understanding.

> These kind of things you come up against where they [professionals] already have a type of language and a way of communicating that they give to you, for you to understand yourself through, but it's…, they are giving it to you. It's not your own kind of subjective 'this is how I experience things'. It's not and it doesn't work (Kate p.23).

Education, as Bourdieu and others describe, plays an important role in the transmission of cultural values and norms. This includes the transmission of cultural norms and narratives of distress, or a language "for you to understanding yourself through" as Kate put it. While Davidson (1998) suggests that "it is much easier to call experiential suffering and its results 'illness' and treat them as such" (p.59), this cultural grand narrative "doesn't work" (Kate, p.23) for everybody. This paper, and the stories of students like Kate, invites us to consider what it would be like to step beyond the dominant (and convenient) cultural narrative of distress and instead offer our students a "hospitality of narratives", to borrow a phrase from the Irish philosopher Richard Kearney (Kearney & Fitzpatrick, 2021), by which they might explore and organise their experiences into meaningful wholes.

References

Davidson, B. (1998). The role of the psychiatric nurse. In P. Barker & B. Davidson (Eds.), *Psychiatric Nursing: Ethical Strife*. London: Arnold.

Diamond, C. (2003). The Difficulty of Reality and the Difficulty of Philosophy. *Partial Answers, 1*(2), 1.

Farrell, E. (2017). *Losing the plot: a hermeneutic phenomenological study of the natue and meaning of psychological distress amongst third level students in Ireland.* (Ph.D.). University of Dublin, Dublin. (11127)

Frank, A. (2013). *The wounded storyteller: Body, illness and ethics* (second ed.). Chicago: The University of Chicago Press.

Jorm, A. F., Korten, A. E., Jacomb, P. A., Christensen, H., Rodgers, B., & Pollitt, P. (1997). "Mental health literacy": a survey of the public's ability to recognise mental disorders and their beliefs about the effectiveness of treatment. *166*(4), 182.

Kearney, R., & Fitzpatrick, M. (2021). *Radical Hospitality: From Thought to Action*. New York: Fordham University Press.

Polkinghorne, D. (1988). *Narrative knowing and the human sciences*. Albany N.Y. : State University of New York Press.

Rose, N. (1985). *The psychological complex: Psychology, politics and society in England 1869–1939*. London: Routledge and Kegan Paul.

Paper 4: Narratives, Scripts and Fixations in Thinking (Emma Williams- Warwick University)

Narrative and storytelling are today widely celebrated as valuable means for understanding ourselves, and for sharing who we are with others. In therapeutic contexts, narrative approaches are now well established (Winslade and Monk, 2006). Within education, studies are currently being conducted into the effectiveness of narrative approaches for universal mental health provision in schools (e.g. Eames *et al* 2016).

Winslade and Monk's (2006) account can serve as a helpful exemplar of narrative approaches that are often employed in therapeutic and educational contexts. In their account, the first step of the therapeutic process is for an individual to separate from historical life events and view them in a detached manner. The individual is then encouraged to identify whether they have a 'helpful' or 'unhelpful' narrative about a situation. If the latter, the individual is encouraged to 're-author': construct a new story that is more conducive to mental health. The constructed narrative aims at giving the individual ownership and authority over life events.

Narrative therapies such as these may help young people navigate broad issues such as the negative effects of labels produced by psychology ('disruptive child' etc.). But how helpful are they in addressing the more everyday, ordinary ways narratives can impede our thinking? In this short paper, I show how lines of thinking from Wittgenstein and Cavell can help us to think again about the nature of narrative in therapy and education.

'A Picture Held us Captive'

When looking at the ways that fixations that can take hold of a human beings and their thinking, Wittgenstein suggests: 'a *picture* held us captive. And we couldn't get outside it, for it lay in our language, and language seemed only to repeat it to us inexorably' (1953, §115). For Wittgenstein, *language* is central to the way our thinking happens, and our thoughts can become imprisoned by certain formulations of words, such as when a formula phrase repeats itself back to us again and again. Once a certain script/phrase sets in, it provides us with a fixed frame for understanding the meaning of events and experiences, and ourselves.

Consider way that our relationships with others can become problematic by the setting in of a certain script: 'what she says to me never quite rings true'*;* 'they are always just trying to gain my favour'; 'he only does these things because he cares about me.*'* A certain imperative propels script type thinking as exemplified here: we live with a sense that it *must* be like this. These ways of thinking have their own momentum and take us over. We are drawn to see all instances as like examples, to foreground certain connections. The particularities of contexts and of people are blocked. Wittgenstein comes to talk about the notion of 'aspect blindness'––which is an inability to see something in a new or different way.

It could sound at this point as though the kind of therapy Wittgenstein's philosophy might advocate is one of removing the blocks in our thinking so that we can get a full or complete view of a situation. But this would miss the point. For Wittgenstein, seeing more generally is *thematised* seeing or 'seeing as' (e.g. *PI* 210e). Put otherwise: we are *essentially* not just contingently interpretive beings. This means that the opposite to aspect blindness is

not the getting of a *direct* or *complete* view of something. Such a view is impossible. Interpretation is necessarily partial.

What is other to aspect blindness, then, if not the achievement of a direct or complete view? Stanley Cavell writes, 'aspect blindness is something in me failing to dawn. It is a fixation … a kind of illiteracy; a lack of education' (1979, p. 369). Just as a literary text is always open to new interpretations and the generation of new meanings, so too are human behaviours and acts. My life remains fluid, subject to further interpretation. We will not find the right kind of answer or a definite answer. The truth of my life is that it is on going, and there is finding and changing and losing and refining and re-finding of little narratives. Education is what we need to be open and ready for a new interpretation to enter in.

Rethinking narrative in education

Smeyers *et al* (2008I) observe how, in education currently, a fairly conventional conception of story-telling holds sway. By contrast, Wittgenstein and Cavell's philosophy ask us to consider the way narratives work in our thinking at a much everyday level—connected with ordinary language and formulations we can become stuck within. They bring us to see how narratives can impede our thinking and relationships with each other and the world world in surreptitious ways. How do these ideas from Wittgenstein and Cavell change our thinking about what needs to happen in schools around narrative, and the teaching of mental health?

In educational/therapeutic approaches to narrative, step-by-step programmes and techniques are predominately used to help me construct a coherent story for my life that I can be satisfied and happy with. But following Wittgenstein and Cavell, striving to find and fix a uni-linear narrative for one's life will be part of the problems we need to move beyond. What are we suppressing or denying when we attempt to construct a coherent, authoritative narration of ourselves, and what has happened in our lives? We start to see here how Wittgenstein and Cavell's thinking relate to certain lines of thinking in psychoanalysis, as well as to experiments in the history of the development of the novel, that have worked to unseat our assumptions about thinking of human lives and reality in terms of an imagined authoritative storyteller.

Instead of the finding of more authoritative narratives, what these approaches suggest we need instead is greater attention to the range of meaningfulness of human behaviours and actions, the possibilities of interpretation that are open, and the essential unsettledness of any interpretation. This turn us towards the importance of a *humanities* education—subjects that, when taught well, are primarily concerned with the study and refinement of our 'meaning making' practices and capacities. Indeed, *it extends our understanding* of the distinctive kinds of thinking called for in the humanities, and of their therapeutic value. Closures and fixations of thinking come from scripts setting in. The humanities, as the psychoanalyst Adam Phillips puts it, 'sustain our belief in the meaningfulness of language' (2000 p. 15).

References

Cavell, S. (1979). *The Claim of Reason.* Oxford University Press.

Eames, V., Shippen, C. and Sharp, H (2016) The team of life: A narrative approach to building resilience in UK school children. *Educational and Child Psychology* 33(2): 57–68.

Phillips, A. (2000). *Promises, Promises: Essays on Psychoanalysis and Literature.* Faber and Faber.

Smeyers, Smith and Standish (2008). *The Therapy of Education.* Palgrave MacMillan.

Winslade and Monk (2006). *Narrative Counselling in Schools: Powerful and Brief.* Corwin.

Wittgenstein, L. (1953). *Philosophical Investigations.* Wiley-Blackwell.