Recovery as Opportunity:
Narrativity theory and the transport of mental illness

Can there really be anything of value coming out of illness? Can one’s character be honed and enhanced in recovery? Or is it all loss? There would then be nothing to be gained from suffering at all. The answer is that recovery does offer genuine possibilities of moral growth. We are going to be having a look at recovery from a narrative perspective. Narrativity theory is the view that life takes the form of a story. Human experience happens within an ongoing storyline. My aim here is not to indulge in disclosure or claim that I developed otherwise unattainable insight through the course of my illness. We will instead be looking at how the process of recovery brings on opportunities for moral understanding in the form of insights into the nature of suffering, increased sensitivity to what is going around you, and appreciation of how certain things can affect the whole of life. What was taken for granted now has living ramifications. Central to recovery is the care that we offer and receive. Our aim is to see just how recovery offers opportunities for moral growth. Recovery, in short, takes place in that safe little space with another, just like the generation of the virtues. Various concepts from the current study of Virtue Ethics apply, and we will be looking at the “transport.” Healing with others is a virtuous activity in itself and we are blessed to have the presence of such characters in our lives. They support the very foundations of the self. This being said, let’s take a short look at recovery and the gifts it has to offer.

Acceptance is part of recovery. We must accept that now we live with the condition and the possibilities it contains. In my case I must face the possibility of relapse into some schizoid state and the unpleasant possibility of institutionalization or simply destitution. This reframes all of my experience. I must accept this and be resolute to avoid these possibilities. When I accept the existence of a condition I can stop blaming others for my situation. I would blame my parents for my genetic endowment, my mother for the depression which I learnt through her behavior. Through acceptance of
my condition I can find greater compassion for my parents. I can see that my condition is not their fault and, even though it is not my fault either, I must take responsibility for it and work within life as given. Acceptance leads to responsible living. The alternative is to blame others or fate and shake off responsibility. But I can only say this because I’ve recovered. Recovery offers the opportunity to take responsibility. And this may sound counter intuitive: to take responsibility for something that is not your fault. However it is necessary nonetheless. The alternative is to be determined by the condition. The condition is not my fault but still I must act responsibly. The alternative is to be constantly reacting to the trauma, locked into that one framing of experience.

As long as we are running away from the trauma we will be incapable of living intentionally. It has to be experienced and discharged. But focusing on the trauma and not letting go can also be a way of forestalling anxiety, the greater anxiety which comes from facing life again, from taking hold of one’s agency and not resting in passivity. Action remains on the level of reaction when suffering, and our own pain can be employed defensively, in defense against change and its anticipated increase of vulnerability. We remain framed by the condition because it is less painful than accepting that we have to live again, assume agency again. There is a time when one can only suffer, be trapped in the moment-to-moment and live absently. But at a certain point one has to elevate above the suffering and start to live intentionally again. This movement beyond the moment-to-moment, this transcendence of suffering onto a life resumed, requires an initial acceptance to lift off. We suffer, yes, but something remains and this is a point of departure. A reflective acceptance, especially one that recognizes incremental improvement, can help to foster recovery. From reflecting on our situation with acceptance agency can be regained. Slowly we can begin again to have wider concerns. These wider concerns are a real indication that healing is taking place.

Even in the smallest first step into recovery there is a moral opportunity. By accepting the condition and all that it entails we can become more responsible in our actions. The perspective over an entire life enters in. We envision the whole and must make the best of it as given. Responsibility and
agency come through acceptance, and acceptance is only possible when we have thought through all of the lifelong implications of the illness. In short, recovery impels the mind to envision the whole.

In my case I can only speak of wisdom being generated during recovery. There is really no sound practical reasoning going on when you are ill with a schizoid condition. To be schizophrenic is to be overrun, afflicted by the hallucinations and the delusions about reality that they stand for. Moral agency is impaired and I must forgive myself for all the atrocious things I thought, the hateful person I became. I must let go of the vivid memories, of the ego bolstering delusions and the grandiose mission I was on. But someone who has not recovered cannot do this. The memories are too vivid. The delusions weigh too heavily. However, as my condition faded I could enter in and begin to shape reality intentionally again. As agency returned I begin write into the life script with intention instead of being overrun by stories upon stories. From a narrative perspective this is how agency returns in recovery, as a taking hold of the life-writing process. It is the reestablishment of a certain command in the flow of life’s storylines.

In the case of someone who cannot distance themselves from their traumas, someone who is still in the thick of it and afflicted, the richest opportunity for gaining practical wisdom is yet to come. This conclusion is obvious for schizophrenia, where practical learning is hampered. But the point can be generalized, that we learn less while we are overrun with suffering, in the throws of it, than when the pain recedes. Certain pains are just too intense to allow reasoning to happen. One may have visions or realizations, but they are only integrated when the suffering begins to fade. However, if when the pain is receding we can step back from our situation, in effect gain some perspective wherein there is an inward freedom maintained, then a footing can be regained and we are one of the fortunate who can recover. We can then steadily assume agency in our actions and not just be on the sideline suffering, while the everyday world rushes by.

Perhaps an example would help to clarify this “standing beside” when ordinary life comes to a halt. When I was ill I was still technically an undergrad in university. I lived almost two hours away by
bus and was constantly going back and forth. The whole endeavor seemed utterly pointless. I would schlep there and back while the busy life of the city just passed me by. People were moving fast, everywhere with direction. But I had no direction, no intentional orientation. Because I could not grip reality readily I was aimless, as Bob Dylan would say, “like a rolling stone.” The busy world of the city just whirled in front of me and passed me by. The world just rushed by and the whole of life seemed utterly pointless. The loss forces on you an awareness from the sidelines. And this is true of any loss or illness which would put a freeze on life, make one confront death and suffer in the extreme. It can put you beside life, beside the busy sidewalk and beside yourself. But even from this extreme there is an opportunity offered during the return. Recovery can offer a better grip on the image of one’s life as a whole and how this moment fits into it, even if it operates now only as an intuitive framework. Because we stood beside it we got a better view. Because the conditions of human flourishing were suspended we formed a better notion of what they are. This return with “better vision” is something central to the virtues, and recovery has in it by nature this possibility.

Having temporarily lost what is of utmost importance and recovering we step into every situation looking for salient features, features of interactions which indicate the storyline of what’s going on around us. Having suffered, for example, we look into every situation for the features of suffering. Those who suffer and recover gain the ability to size-up and identify suffering when it is present. We spot it in others and it is not long before the universality of suffering becomes apparent. We can now recognize common salient features in others. We know how we would like to be treated in a similar state and so can act wisely. It is of course not always the case, but our reactions can be tuned in more appropriate ways by the loss. We can help others through these existential states and this offers an intimately co-creative experience, something central to generating virtue. Recovery opens subtle ways for appropriate action, action which brings self and other towards wellbeing. Healing with others is a function of recognizing salient features and acting appropriately.
Being able to heal with others is a mark of virtue. Intentional responsiveness to salient features is a way of co-creating virtues with others. These features reveal the importance of certain conditions of flourishing. From encountering the perspective of life as a whole we learn how the moment-to-moment interaction with others really matters, how the part can effect the whole. We know this because one part of life effectively suspended the whole. The condition impaired everything. Now everything has living ramifications in one self and others. The subtle quality of experience is infused with existential storylines. From the recognition of life as a whole we see how the parts really do matter, for oneself and others. The here and now demands presence. We become sensitive to the smallest of things because at one point the subtle quality of present experience made all the difference. It was in effect all that was left.

So far we have seen how recovery can act as a corrective for moral vision. It offers better vision in seeing the whole of life, insight into the nature of suffering and the possibility for appropriate action. We become sensitive to the littlest of things. The moment-to-moment experience of being with others offers opportunities to act appropriately and to cherish the subtle quality of attending and being attended to. The narrative, or life story, is co-creative. My story involves the stories of others. Other people populate my storyline and so my very attitude towards the world depends on others. The theory of narrativity has widespread applications in terms of personal identity, but for now I would like to focus on the notion of the “transport” and how it applies to recovery.

One of the things talked about today in narrative ethics is the transport. Narrative ethics is the approach that says the ethical situation takes the form of a storyline. The notion of the transport is that of entering into the storyline of a movie, a book or some other narrative, and then returning to one’s own with better moral vision. Seeing the storylines of the other narrative is thought to help us pick out what is going on in our own. Perhaps in the story there were characters worthy of admiration. They can then act as models of virtue to learn from, shining examples of what it means to be human. The hope is that one returns from the transport, back to one’s own narrative with a better ability to spot what’s
going on and live more meaningfully thereafter. What I would like to add is that the notion of transport also applies to illness and recovery. Illness is the transport away from life into suffering, and recovery is the return. The hope is to enlarge one’s vision of life and the possibilities it contains when you come back. The other narrative helps us to understand our own when we return from it. Recovery does this as well.

Let’s take an example to show how narrativity functions in illness and introduce the transport. Often people hear voices when they become schizophrenic. The voices sometimes take the form of a whispering commentary on one’s actions, sometimes commanding intrusions. In the former case the person suffering will hear sentences like: “He is going to the fridge to get something to eat… he is pulling out change for the bus,” and so on. What we can see from this case is that the person suffering has lost control of his narrative. He (his present consciousness self at least) is no longer the one writing the life script. With this loss of narrative control the storyline overwhelms. Delusions take the form of storylines and schizophrenia is an engagement with the narrative, just one that has gone wild. The storylines flood in whether they are understood or not, whether they are pleasant or not, and one’s pull in the direction of thematic development is lost. So, schizoid illness is an engagement with the narrative. But it is in general a profoundly disturbing one. It is transport from one narrative to another, or one style of narrative to another, but not one like going to the movies. If we were to use the currently talked about example of going to the movies, then it would be like the movie is being projected directly into your head. It came in as a brilliant comedy, turned fantasy and progressively wound its way into a nightmarish horror until weeks later you stumble out of the cinema deranged and dehydrated. Schizoid illness is a transport, but one of a terrible kind.

Returning from the transport “offers the possibility of growth. It is the possibility of an increase in the intensity in one’s life as well as an increase in one’s understanding of the possibilities one’s life contains” (Gilmore 6). Recovery is just this, a return from the transport of illness. The key to this growth according to Gilmore is the “reflective acknowledgment” of the transport. This is also true of
recovery. The key to recovery is the reflective acknowledge of the meaning of the illness. One cannot recover unless she finds meaning from the experience. It has to be integrated. In my case it took almost a year of staring at the wall, in and out of sleep with a rolling past of luminescent symbol structures generated by the psychosis. But eventually they died down. I learned to find meaning in the whole ordeal by acknowledging the personal psychological import of the illness— reasons why it took the form it did, and then finally a thankfulness for the return of my faculties. Life on the return has new possibilities and one can see them by reflecting on the difference between the present and past narrative. This reflection from a better state, even if it is only slightly better, helps one along in the slow and incremental change of recovery. Eventually one reaches a point where one can engage in a “reconstructive doing,” a taking hold of life which begins with an integration of the meaning of the illness.

The transport of becoming ill and recovering is really revealing when one can stand back from the experience and begin to understand its significance. This parallels another virtue spoken of in the literature of virtue ethics, that of standing back from unproductive emotions. Upon recovering one is tempted to dwell in one’s own particular states which keep one reacting to the trauma. To gain insight from the illness one has to stand back a bit, but this is precisely what cannot be done before recovery begins and the suffering starts to diminish.

If I am to stand back, then I will have to see how present events fit into my life story. I have to stand back from certain things to cultivate others. This involves some thought as to what is really of value in life, and this widening perspective is precisely what one seeks to avoid when suffering. Certain emotions keep us living in the moment-to-moment. But we have to stand back and let practical reasoning acquire a foothold again. Some recommend that we should “stand back from our desires, so as to be able to inquire rationally what the pursuit of our good here and now requires and how our desires must be directed and, if necessary, reeducated” (Macintyre 83). We need to be able to discern things from a wider point of view. But when the suffering is extreme there is no wider point of view, or
even a free space within which to reflect. There is nothing outside the trauma here and now. However, as the intensity fades there comes a moment of stability wherein one can decide to begin to look forward again, a momentary footing which has to be taken in and fostered. It is, in effect, a pivot from which one regains the ability to inquire rationally as to what would be the best course of action, to decide what mental states are destructive and which ones one should slowly begin to cultivate in life now readjusted.

The return from the transport of illness offers the opportunity to gain increased self-knowledge. But again this can only happen if one recovers, which is a shared venture. I can only recover through the help of my therapists and loved ones. The therapist not only acts as an example to be emulated, a model of the virtue of practical wisdom, but helps one to find meaning in what happened. It is the virtue of a therapist to have sound practical reasoning and to impart this measured responsiveness to the patient. The therapist acts like a parent, withholding judgment, offering a safe space to engage in learning about the condition and coaxing one to stand back from unproductive emotions. It is a wonderful blessing to have someone like this in your life, but the basic traits are not confined to professionals. Anyone of practical wisdom can have this effect, and we are blessed to have people like this in our lives. Recovery would just not happen otherwise.

Here is another example, again from my story. I remember at one point in my illness I was overrun with extreme anxiety. In social situations I was so tense that it was like film of plastic wrap was stretched across my face. (It didn’t help that I would actually see a huge translucent film extending in both directions.) I was hallucinating rampantly, twisted inside by the hallucinations. Being with others was a constant battle of spells and curses, magical stories upon stories. I was irate, overrun and exhausted. I went to see my father and even though he couldn’t fix this mental turmoil for me he told me to take some deep breaths. He just sat there breathing with me. His steadiness was a great comfort and I knew he would be with me come what may. I was calmed and reassured by him even at this worst of times, by his courage and uprightness in approaching the situation. He handled the situation
virtuously and this will always be with me. Nothing more than this was needed and even the best psychologist couldn’t have done better.

The process of recovery in mental illness is dependent on meaningful interactions with others, on having a rich network of support. This is also known to be a determining factor in preventing relapse. Another way of putting this is to say that the powers and abilities with which we approach the world are co-creative. They are dependent for upkeep on interaction with others, people in this case who have the virtue of caring. Adequate self-knowledge and responsiveness is a shared achievement because the narrative is co-creative. A life story plainly can’t be written with only one character. So the narrative arises in interdependence. In the case of talk therapy ideally the therapist’s practical approach rubs off on you. The rich network of support offers safety from facing it all alone. Just as the therapist does, so do the people who really care. They offer a safe space in which to heal.

Suffering and recovering gives one the opportunity to expand one’s “subjective motivational set” to include others. We can learn to care for those who are suffering. We learn to spot salient features and can see the appropriate action for the situation—a type of practical wisdom. For us and for others little experiences are “clothed in meaning.” We are sensitive to the details because we’ve realized how much certain details matter. Being transported outside of health we lost those details. Life as a whole stood apart from us. We stood beside it and so the perspective over an entire life entered in on the return. Just what one thinks human flourishing is becomes apparent when recovering from losing it. By this subjective growth done in reclaiming life we can avoid insensitivity and indifference. We can act appropriately in subtle ways that help others along. This is co-creative and is virtue itself. We help each other along and so can learn practical wisdom together. To the traditional list of virtues we ought to add the virtue of caring.

Becoming ill is the transport away from a functioning life, a standing beside it. Recovery is the return in which one can reflectively acknowledge the meaning of the illness. The whole is now limited by certain circumscribing conditions, but still it is reclaimed. Provided the recovery is complete enough
we become sensitive to the salient features of our surroundings. We can then do our best to live responsibly and this leads to appropriate responsiveness. We can accept these opportunities for intimately appropriate action, for the co-creative experience which generates the virtues. On the one side we are overrun with suffering, just overrun on the sidelines. On the return we regain the ability to write intentionally into the life script. The ultimate goal is to integrate the suffering into a richer way of experiencing and gain a deeper appreciation of the here and now. For a social animal this healing just cannot be done alone. That little safe space with another is crucial. Caring is crucial. For our very footing in life we have many to thank, for their help in cultivating co-creative mental powers. It simply does them honor to act in ways befitting of the word “virtuous.” The hope and reality is to return from the illness with better vision for the details and the life story. Recovery is this return, and to the extent it is fostered and fulfilled it will offer these opportunities.