

Stories we tell ourselves when faced by illness

It is mid-April and later today I will stand outside my house as a hearse containing the body of a friend who lived a few doors away passes, allowing all who knew him in the road to pay their last respects. This is, of course, an improvised substitute for a conventional funeral service now denied to us as we try to maintain social distancing etiquette. But I am flummoxed at the prospect. It may sound silly but I am troubled about what I should wear and how I should behave on the kerbside. Should I wear sombre clothes, should I applaud, bow my head, wave or raise a glass as he and I were wont to do on many happier occasions? What will my wife and neighbours do before the hearse reaches me and will I simply follow their example?

In what is to come in a few hours I will be anxious and very confused having no precedent or narrative to follow in this very important moment when I desperately want to get it right for his widow and family and, I suppose, ultimately, for myself.

Were I to assume an observer's hat I think I might describe my state of heightened anxiety, in which I have no script to help me navigate a social encounter, as constituting what the American sociologist, Arthur Frank, has called a chaos narrative. This type of narrative in which there is no coherent story line is one of three basic narrative types that he has described individuals adopting when faced by an illness (Frank, 2009). The other two are a restitution narrative and a quest narrative and all three of these narratives I find very helpful in trying to make sense of how the corona virus pandemic is affecting me and our public discourse.

The restitution narrative is one that most of us wish for ourselves when we are ill. It has the logical structure "Yesterday I was healthy, today I am sick, but tomorrow I'll be healthy again". Within this narrative, the body is largely viewed in mechanistic terms; it is something to be fixed, often by the assistance of medical interventions, the passage of time and a healthy mindset of wanting to get better. It is a body that can be fixed, anxiety about the illness is contained and there is a conviction that the sufferer will return to the pre-morbid state. There are, of course, exceptions to the smooth unfolding of this story-the course of treatment may not run smoothly- but it is one that most people want for themselves unless secondary gains are obtained from perpetuating a sick role.

It is clear that this restitutive hope is present in much of the social policy initiatives the Government has introduced, informed, as we are told repeatedly, by the advice of our public health doctors and, undoubtedly, it forms a large part of the expectations we all have for when the pandemic is over. We want to re-establish what we have lost and to

maintain continuity with past life at macro, professional and micro levels of social life. I want to see the economy come back into life, for my professional life to rebalance and to hug my close family as before.

Frank suggests that the chaos narrative and the quest narrative are adopted when threats of serious illness arise and involve two different ways of relating to the ill body (and I am suggesting our sick society). The chaos narrative is the opposite of the restitution narrative; there is no narrative order because, as is the case with my impending encounter at the kerbside, there is no clear cut solution or way out; participants are locked at a point in time finding themselves going round and round in circles of doubt and, in doing so, conveying vulnerability, anxiety and impotence.

My 'chaotic' dilemma is nothing compared to the problems in making sense of loss on a broader scale. As I write this piece I know that, in the UK alone, 11,000 people have died in hospital from the virus and this figure takes no account of those dying in care homes or elsewhere. I find it difficult to comprehend what that means for carers and families. Far less can I imagine what will happen in Third World countries as the pandemic spreads. I can be lost for words and upset as I approach thinking about these matters.

Quest stories in Frank's account arise when the ill person meets suffering head on and is required to find meaning in a life upended by a condition that might not be cured in the ways that the restitution narrative implies. I like the idea of a narrative being described as a quest. It implies that the story teller is moving forward and, little by little, trying to find meaning in new circumstances, free of the overwhelming anxiety typical of the chaos narrative and less dependent on the advice and interventions of the medical experts. In optimum conditions the individual mourns what cannot be held onto from the past and takes responsibility for adapting to new opportunities in a changed world.

Franks' three narratives track on nicely to a time continuum. The restitution narrative seeks to maintain the past, the chaos narrative speaks to someone paralyzed in the present and the quest narrative speaks to someone moving forward into a new if uncertain future.

What sort of narrative will the psychotherapy profession develop? I assume we don't want our profession to use any of the narratives Frank describes in defensive ways (Vincent 2019) which might happen if:-

- There is a bid to hold onto practices from pre-virus days and turn a blind eye to the potential benefits of new ways of working.

- We become paralyzed by a corporate reluctance to think matters through and, faced by uncertainty, become marginalized by other more adaptive services?
- We embrace new technologies in delivering mental health services in ways that spurn the key values and practices on which the profession was built?

Rather, I suggest, we need to keep alive our collegial thinking even as the lockdown unfolds. This is unquestionably difficult but on-line video, audio links and email provide opportunities to promote and maintain professional dialogue. This seems to me to be the means by which we can creatively and authentically adapt to new circumstances.

And the proof? Writing this piece helped me think through what to wear and how to behave as the hearse passed. Thanks.

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Frank, A. (2009) *The Wounded Storyteller: Body, Illness and Ethics*, 2nd Edition, Chicago and London: University of Chicago Press.

Vincent, C. (2019) Illness, Couples, and Couple Psychotherapy, *British Journal of Psychotherapy*, 35, 4, 628-641, doi:10.1111/bjp.12501.

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