Beyond Narrative Coherence

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CHAPTER 2

Weird stories
Brain, mind, and self

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In the literature on autobiographical narrative, self, and identity construction, many researchers have taken narrative coherence as an important feature that reflects and shapes identity and sense of self. Commonly, this feature is defined and assessed in isolation, as if at stake were an autonomous text. We argue this approach is too narrow to represent things as complex as narrative, self, and brain. We explain this argument in discussing narratives by individuals with serious neuropsychological challenges: people who, due to illness or disability, cannot fully rely on their neurocognitive and narrative resources for their identity construction. We offer a broader view of the issue of coherence in autobiographical narrative that goes beyond a decontextualized concept of narrative, especially, by including (i) the intersubjective context in which stories are told, (ii) the larger autobiographical context of their narrator, and (iii) the wider socio-cultural context in which narratives and narrators are situated. Using narrative excerpts from adults with acquired brain injuries and neurocognitive disabilities, we point out how what is seen as (narrative) coherence of one’s brain, mind, and self changes when these contexts are taken into account.

Narrative identity and coherence: The Aristotelian version

The idea that autobiographical narratives are not only essential to the construction of human identity but also in the creation and reflection of one's sense of self is wide-spread. In psychology, Jerome Bruner (1986, 1990) was one of the first to emphasize the link between autobiographical narration and personal identity. While this view — sometimes called the narrative identity thesis — initially was met with reluctance and resistance, there has been an exponential increase in the number of studies investigating self and identity by examining people’s narratives.

This is true both for more theoretical studies in psychology, the social sciences, and the humanities, as well as for areas of applied research. We want to take a closer look at how the narrative identity thesis is drawn out in one applied
area, a landscape of the mind that we think is of particular interest because it involves people whose “natural” resources both for narrative and the construction of identity are seriously challenged: individuals who cannot rely on “normal”; that is, typical neurological and neuropsychological functioning because their brains went awry.

There are, indeed, many researchers and theorists concerned with neurological and psychopathological issues who have discussed the interweaving of autobiographical narratives and the self. Oliver Sacks (1985) argued, from the point of view of what he called a new neuropsychology, that “each of us constructs and lives ‘narrative,’” concluding “that narrative is us, our identities” (p. 105). (For a discussion of this “strong narrative identity claim,” see Eakin, 1999.) Similarly, Daniel Dennett (1986, 1992) argued that the self, since it does not have any neuronal correlates, only makes sense if thought of as an abstraction. It is a purely linguistic arrangement, a “center of narrative gravity.” While the self, for Dennett, is fictional, it is not fantastical. It is not real in the way brain processes and structures are real, but still plays an important role because it allows us to explain, predict, and narratively organize human behavior. In short, there is no real self, but the assumption of a self makes sense — narrative sense, that is.

Antonio Damasio has suggested a neurobiological theory of consciousness that includes a “narrative core”: “The story contained in the images of core consciousness is not told by some clever homunculus. Nor is the story told by you as a self because the core you is only born as the story is told, within the story itself” (1999, p. 191). In the same vein, Michael Gazzaniga (1998) has viewed “the self as the product of stories we tell about ourselves.” He underscored the argument that, biologically, there is no such thing as a self, but only the illusion of a self created through and by narrative. Drawing on his work with split-brain patients, Gazzaniga proposed that there is an “interpreter” in the left hemisphere of the brain whose function is to seek explanations for internal and external events and, in so doing, constructs intelligible and coherent narratives about these occurrences. Recently even cognitive psychologists, for a long time the staunchest critics of all things narrative, have taken over some of these ideas and adapted them to their models. Greenberg and Rubin (2003), for example, believe that our ability to narrate is so fundamental and unique to human beings, that it represents a distinct cognitive process associated with a distinct neural network.

Commonly, neuroscientific authors do not assume a biological substrate for the self, viewing it rather as a “secondary” construction in which narrative may play the role of an organizer. There are, however — in clinical, social, and developmental psychology, education, and even in narrative psychology — stronger claims regarding this kind of narrative organization. Here many researchers, investigating the narrative construction of identity, have postulated coherence as
Because it is the construction of normal, that cause their brains wired with neurological weaving of auto-constructs and lives (3). (For a discussion-Similarly, Daniel have any neuronal purely linguistic enmattet, is fictional, structures are real, predict, and narrate out the assumption of consciousness images of core con-story told by you as thin the story itself) viewed "the self as the argument that, ion of a self created in patients, Gazzaniga of the brain whose pads and, in so doing, stories. Recently critics of all things them to their models, ability to narrate is so a distinct cognitive

If narrative coherence, then, is taken to be such a powerful indicator, how is it defined? A common definition of coherence draws on what we would describe as the traditional notion of narrative, as it is characteristic of 19th century European genres of realist fiction. Theoretically, this idea can be traced back to Aristotle. An Aristotelian narrative is a well-structured story; it has a clear, temporally ordered plot with a dramatic complication that eventually is resolved. Its components are constituted by the elements of Burke’s (1945) "dramatist pentad," which includes an act (with a beginning and an end), a scene, an agent, agency, and a purpose.
All of this endows Aristotelian stories with a high degree of coherence and potential complexity. Now, in the literature on the relationship between self and narrative the idea of coherence is, however, more narrowly defined, and its Aristotelian model typically is not addressed. These more specific versions of coherence, to mention a few, range from "internal consistency" (based on causal and thematc linkages in one's life story) (e.g., Habermas & Bluck, 2000; Habermas & Paha, 2003), the organization, flexibility, and congruence of affect and content (e.g., Fiese & Sameroff, 1999; Fiese & Wamboldt, 2003), "micro- and macrolinguistic structures" organizing "semantic information", to "intelligibility" (Androutsopoulou et al., 2004) in terms of both narrative form and content, which is expected "to advance living action" (McAdams, 2006b). Furthermore, most concepts of coherence using narrative frameworks include time — typically understood in terms of temporal sequentiality — as a strong criterion of coherence (for a critical discussion see Brockmeier, 2004).

How does the narrative identity thesis "apply" to people with hardcore brain problems? By hardcore we refer to what clinicians call neuropsychological deficits or dysfunctions due to accidents, diseases (stroke, dementia), or syndromes (developmental disabilities). This is an area of research, assessment, and therapy, where one's sense of self and the construction of identity are almost always centrally affected — and so are people's self-narratives. In examinations of the way in which people with these neurological problems situate themselves in their life worlds, the traditional definitions of narrative coherence are also used to assess the opposite, namely, the incoherence of their stories. Mostly, here only a weak version of "mental coherence" or "mental incoherence" is implied; still, the idea of a nexus between brain-mind-self and narrative coherence underlies much of the literature in this area.

As the literature on neurotrauma is vast, we mention only a few representative studies to give a sense of this kind of research on mental and narrative coherence. Snow, Douglas, and Ponsford (1999) argue that individuals with traumatic brain injuries demonstrate more story planning errors on what they call an objective story-telling task (e.g., composing the plot of a story); these are seen as signs of lower narrative coherence than found in stories by individuals without brain injuries. In a single case study, Caspari and Parkinson (2000) examined unrelated, abrupt, and inappropriate topic shifts in the stories of a woman with a memory impairment. In numerous similar investigations of stories by people with closed head injuries, clinicians and researchers have pointed out deficits in "logical," "causal," and "temporal" coherence, "referential cohesion," and/or "structural incoherence" (e.g., Coelho, 2002; Davis & Coelho, 2004; Heartley & Jensen, 1991; Mentis & Prutting, 1987). Irrespective of which brain area is damaged or what ability is impacted, narratives of affected people are commonly classified as "incoherent" or "incohesive." Such a lack of coherence could have serious consequences for a person's sense of self.

Let us at this point view to taking a closer look at the relationship of (narrative) coherence of adequate identity, of a person's sense of self. We want to introduce this discussion in the context of neuropsychology where persons who cannot reflect on their experiences in a way that is meaningful and coherent may experience a sense of disconnection, a feeling of being disconnected from their own lives and the world around them. We will explore the implications of this for lived experiences and identity formation.

Narrative identity

The first problem to address is that of coherence in the wider field of human identity and how it affects the way we understand our lives. While such an analysis of coherence in narrative construction is not straightforward, it is clear that coherence plays a crucial role in shaping our understanding of ourselves and our world. We believe that coherence is not only a function of narrative structure but also an expression of the way in which we make sense of our experiences. Through coherence, we are able to create a meaningful narrative of our life, which allows us to connect our past, present, and future in a coherent and meaningful way.
Let us at this point change our perspective. We shift from reporting and reviewing to taking an analytical and critical stance towards the idea that the criterion of (narrative) coherence and incoherence, as used in the above studies, is capable of adequately "assessing" the mental state and the sense of self, let alone the identity, of a person affected by neurotrauma, neurodegeneration, or neurodisability. We want to make the case that narrative coherence, at least in the way it is typically understood in mainstream psychological and neuroscientific research, as well in neuropsychological assessment and in therapy, is a construct that is all but capable of reflecting the sense of self and the construction of identity in individuals who cannot fully rely on their brains. We believe that the standard — Aristotelian — view on what represents narrative coherence in autobiographical narrative is misleading because it offers too narrow a picture of coherence and incoherence, be it of autobiographical narrative, the mind, the brain, or the self. In what follows we flesh out this argument theoretically and empirically, drawing on our own research as well as on that of others with individuals with neurological damage and disability. In offering a broader narrative, discursive, and socio-cultural approach to the question of how incoherent stories may be linked to the mind, the self, and the brain, we propose that not all weird autobiographical stories are necessarily incoherent, and not all incoherent stories mirror a weird self.

Narrative identity and coherence: A discursive version

The first problem we see with the focus on narrative coherence as the key criterion of a coherent mind and self is that it generalizes specific concepts of narrative and coherence — we have called them Aristotelian — and employs them to the wider field of human social practice and self-experience. A second problem arises from examining people's autobiographical stories in isolation, more precisely: in textual isolation. In a sense, isolating narratives from their discursive contexts and cultural life world is also already part of the Aristotelian conception of narrative. While such an approach may seem plausible if we take narrative to be a written text, it is precarious if we want to approach a person's autobiographical narratives in order to understand his or her brain, mind, sense of self, and identity construction. Here we clearly need to go beyond the limits of the narrative text, at least if it is not understood in a poststructuralist sense (and we can be sure that this is the case in the literature under discussion).

We believe the main difficulty of this approach results from its tendency to decontextualize stories. More precisely, it decontextualizes self-narratives from three
essential areas or aspects of what Alexander Luria (1979) called the "living reality" of human beings: the intersubjective context in which all stories are told (which includes the dialogic or discursive relationship between teller and told), the larger autobiographical context that is behind all self-narratives (which includes one's life history), and the socio-cultural context (which includes the social environments in which narrators share their lives with others). Limiting the focus of investigation to pure cognitive (or mental or neurological) "functioning" brings with it the danger, as Luria put it, of "reducing living reality with all its richness of detail to abstract schemas" (quoted in Wasserstein, 1988, p. 440). In abstracting from the psychological and social embeddedness of every narrative discourse, it even excludes the possibility to understand narrative incoherence as rooted in real-life worlds.

In our own research with people suffering from neurological memory impairments (Medved & Brockmeier, 2008a & b), we wanted to explore how these individuals experienced the catastrophe of a neurotrauma and how they continued to live their lives afterwards. In other words, in which ways were they able to narrate their experiences retrospectively? Not surprisingly, all of the individuals we visited, talked to, and interviewed, struggled to formulate narrative accounts because their linguistic and cognitive resources were seriously limited by their brain lesions. Others experienced difficulties because they had simply no or very few autobiographical memories after their accidents or strokes on which their stories could draw. But what we did not expect was that many of them, although they complained about the lack of autobiographical memories and the impossibility of formulating their experiences in the form of stories, did not complain about changes in their sense of self and their identities in time. The stories they told us were occasionally a bit tricky — for example, they invented, "imported," and "appropriated" memories they had heard from others into their own narratives (Medved, 2007).

Often, these stories were presented in a weird fashion — they were disconnected, fragmented, and implausible. But they were amazingly coherent in an important respect: they suggested an unbroken continuity between their lives and selves before and after the neurotrauma. Most surprisingly, our participants, people with severe memory impairments, appeared to have maintained a strong sense of sameness, in fact, of self-continuity — despite the chaos in their minds and lives. Although they acknowledged, and complained about, their lack of autobiographical memory, the gist of their stories unveiled a sense of self and identity that hardly seemed to have been disturbed by their brain injury.

A similar picture emerged in a study by Örulv and Hydén (2006). They reinterpreted another form of weird narration, so called confabulation, that they observed among the elderly residents of a dementia day care. Instead of examining
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the confabulatory stories of the residents as an isolated cognitive event (for ex-
ample, of thematic and temporal distortions), Örulv and Hydén describe them as products of a particular social and discursive situation. They plot the story of Martha, a woman with Alzheimer’s disease whose narratives are about receiving friends at home whereas she is at her day care clinic. When decontextualized, Martha’s story clearly appears nonsensical and incoherent by all Aristotelian standards. But when the immediate context of the day care, her life history, and the limitations due to her disease are taken into account, her story does not seem so bizarre at all; rather it is a story that, in fact, establishes and maintains a personal identity for Martha, what the authors call self-making.

Coherence in context

We now want to illustrate in more detail how we see autobiographical narrative and the question of its coherence as a discursive phenomenon contextualized in the “living reality” of its narrator and co-narrators. Although we have set up our argument wider in range, we will flesh out our views by closely looking at autobiographical stories told by individuals who are badly equipped for such narrative discourse, individuals who are in one way or another neurologically and neuropsychologically challenged. Here the issue of coherence and incoherence reveals still another existential meaning; to get a sense of it we must not only consider the isolated stories of these people and the clinical accounts of their problems but also engage with the reality of their life worlds.

We start with Ann, a teenage girl with Fragile X Syndrome, a genetic syn-
drome that leads to various cognitive problems or, as neurologists would put it, intellectual deficits (Medved & Brockmeier, 2004). Ann was born in a Caribbean country and, as her mother was unable to care for her, she was raised by her grandparents who allegedly had been abusive. Soon after her birth her father left the family and immigrated to North America. She followed him a few years later, and shortly afterwards was diagnosed with Fragile X Syndrome. Ann told us that in her father’s new household she had to do most of the family chores, duties she deeply disliked. When we first met her, she had moved into a semi-independent home and worked as a cleaner. She also started taking a course, “a course in animal care,” she told us, “because I love animals.”

To be sure, the first time we talked to this shy and quiet girl we had difficulties understanding her. Ann’s stories were told in strange fragments that seemed to be only associatively connected. No doubt, when her story fragments or collections of such fragments were assessed as isolated statements in a traditional neuropsychological fashion, they unavoidably appeared to be incoherent, particularly in terms
of their causal, temporal, and semantic relations. The picture changed, however, when we examined what she told us not against the standard of well-formed stories, which they obviously were not, but as contributions to a dialogic exchange. To understand them as narratively charged conversational turns — turns, admittedly, in an unusual conversation — meant integrating them into a discursive context in which the task of making them intelligible and, that is, creating coherence, was not just on one side but on the sides of both participants of the conversation.

Ann: I know a secret.
Interviewer: What's that?
A: My sister is pregnant, my brother told me.
I: Gosh, that IS a big secret.
A: She's only 16 years old. I don't feel sorry. How will she go back to school. She can't go back.
I: You think school is important?
A: I go to college for a course.
I: What kind of course?
A: For animals. I want a good job.
I: You want to change your job?
A: I don't want to clean trays.

While traditional assessments focusing on rounded and autonomous Aristotelian stories told by an isolated individual easily result in "deficit diagnoses," in this small example the girl and the interviewer demonstrate different things. They act as what in recent narrative theory is called "co-narrators" and their exchange unfolds, as a result, into a fully-fledged discourse. This discourse includes the transformation of one storyline — the "secret" of Ann's sister's pregnancy and its dramatic consequences — via a reflection on the importance of education for life to another, autobiographical storyline that reveals Ann's discontent with her present job and the consequence she has drawn from it: attending a course in order to realize her dream to work with animals. Reconstructing these, at first sight, simple plots which capture, however, existential human concerns implicates shifting the focus from the construct of an autonomous narrative to a social, interactive situation. It means creating a discursive space in which this girl, encouraged, supported, and interpreted by the interviewer — who, as any co-narrator in any everyday conversational narrative, fills in the gaps, comments on and bridges different elements, and brings in personal interest and warmth — is able to give narrative shape to personal experiences and thoughts, beliefs, feelings, and intentions.

None of this would have been (and, in fact, was) possible in the context of a neuropsychological assessment or any (causal, temporal, semantic, or narrative) coherence-centered approach. In fact, curtailing acts of narrative interaction in order to fit traditional assessment requirements and "construct" a decontextualized clinical subject in this way, contributes to the problem.

The idea that integration of acts of narrative interaction can lead to a full understanding of the mental processes of the person being assessed is elaborated on in the example. This is in contrast to traditional neuropsychological assessment, in which we only view each act of the person's narrative performance as an instance of an isolated understanding, as an isolated instantiation of a particular mental process — we suggest, however, that coherence and narrative reflection are properties of acts of narrative interaction in order to fit traditional assessment requirements and "construct" a decontextualized clinical subject in this way, contributes to the problem.

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clinical subject necessarily emphasizes impairment, disorder, and deficits and, in this way, confirm the hypothesized view of an incoherent brain, mind, and self.

The idea that a narrative is jointly constructed and performed by co-narrators elaborates on an understanding of narrative as primarily a communicative activity. This is in contrast with most of the literature mentioned earlier which is based on an idea of narrative (and of language in general) as primarily representational. In viewing each narration as a discursive venture, as a process of interaction and mutual understanding — a view that we see nicely illustrated in the quoted exchange — we suggest a different, discursive, and interactional approach to the question of coherence. Although we have illustrated this approach by referring to the special stories of a special narrator, a girl with Fragile X syndrome, we believe it is a general, in fact, constitutive feature of stories that they are not told as such but always embedded in a conversational dynamic. Thus the coherence of stories, as discussed in more detail elsewhere (Brockmeier, 2004), can change relative to the rhetorical dynamic of the conversation which, in turn, depend on the interplay among the different strategies, intentions, and narrative competencies of the participants.

In our second example we present another weird autobiographical story. In this case we want to draw attention to a different context which, we believe, must also be taken into account in order to understand the coherence, and incoherence, of this kind of story. Here the context is that of the narrator's life history which, quite like the discursive and interactional context, typically is excluded by the focus on the Aristotelian coherence of personal stories.

How essential it is to be aware of the life history of a person in order to make sense of her autobiographical stories and conceive of them as either coherent or incoherent (or both), we experienced in our work with a woman suffering from the neurological and neuropsychological consequences of a stroke. Admitted to the hospital, this woman, Ms. E, showed many symptoms of what clinicians call an “anterior communicating artery syndrome,” which often includes dramatic personality changes, amnesia, and confabulation. This means, for example, that she tells highly unusual stories, if one can call them stories at all. To give an idea of how this looks, let us quote a narrative she abruptly started in the middle of a conversation about her life that had been changed so profoundly by the aneurysm.

See, that's why some like me. I told somebody this before, I don't know who I told this before but it's coming right back to me. We were talking about drugs, taking, not medical drugs but illegal street drugs. That's what you call them. That's why someone like me could never do it, I'm too afraid something would happen to me. That someone would guide me the wrong way. I have to be ... I have to have my wits about me. Like drinking. If we go out drinking, oh I'll drink, but when I order my drink straight up, lots of ice please and it just sits there. Cause I always have to be in control. And [my husband] knows that, cause he's told me...
Reading this transcript, it is not difficult to confirm our impression as we first listened to Ms. E's agitated monologue (which went on for quite a while, and occurred in one way or another in almost all our visits): What is, we were wondering, the point of these endless story bits and pieces? What do drugs and alcohol have to do with the life of this woman, a middle-aged, middle-class professional, wife, and mother with a house in the suburbs? Why does she have to be so in control, even restricting herself to one drink? And what does all this have to do with her stroke and her present life? In no way could this sudden narrative eruption claim any coherence — unless, well, unless we go beyond the concept of an isolated narrative (if we, for once, call it a narrative) and contextualize it within the broader knowledge we have about the life of the narrator. Linguists refer to this as world knowledge, the knowledge beyond the word and the text, completed with the interpretive and imaginative ability, and the emotionality and intentionality shared by members of the same culture. Typically, these are resources every speaker and listener brings to a discursive event.

When cast against the backdrop of the life story of this woman, her weird sort-of-narrative begins to make more sense. An established business woman, just before her stroke, she was in charge of an office staff of about 20 people, priding herself on running a “tight ship.” For many years working hard to combine her career with her family, she apparently was very successful in both domains. Now, imagine what a catastrophe not only for her brain but for her entire being in the world was triggered by a stroke that, at the time she told us this story, left her in a state that made it most unlikely for her to ever return to her former life. In our work with her we have come to suspect that this truth, together with all the havoc caused by the stroke on her brain, might have been simply too much to bear. So her stories went on to suggest, to others but perhaps most of all to herself, a picture of herself as the woman she always was and wanted to be: a strong and energetic woman, a woman in charge. Given her clinically reduced state, her stories were no doubt obsessive, bizarre, and weird; but they were not incoherent stories, at least not when understood as — shall we say, psychological — attempts to struggle against the utter breakdown that fully realizing and accepting her desperate situation would have entailed. They were narratives that gained intelligibility and, indeed, coherence, if understood as counter-narratives. What they were supposed to counter was the horrifying perspective of this woman’s future in contrast with her lived life history.

The third context in which we propose to situate the issue of coherence widens the narrative and discursive framework even further into the sociocultural environment in which people talk about themselves. Typically, individuals are engaged in all kinds of ongoing discursive interactions that involve family members, friends, neighbors, colleagues, baristas from a favorite cafe, and many others. All of them know sense of self; to more, they will that are consid of particular essential parts babies, and ac for the gift, wh all. One could sense of person kind of cohere of memories a

Studying injuries and disa with one’s fam of a coherent edge and aut prised that, de we worked dic cause, as we o understand th everyday prac social environ for what is mi and stability t self (see also F. If they had be cognitive and mental “incol

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of them know something about me and my past, and all of them contribute to my
sense of self, to the way I see, feel, and understand myself in this world. And what's
more, they will likely continue to do so even if I have forgotten things about myself
that are considered fundamental. This discursive net of everyday communication
is of particular importance when I may have forgotten, due to illness or dementia, essential parts of my autobiographical identity — say, the names of new friends, babies, and acquaintances, what I did on my last birthday, whether I thanked you
for the gift, whether you gave me a gift, and in fact, whether we are still friends at
all. One could assume that these bits of information are essential for maintaining a
sense of personal continuity and perhaps even of identity in time. Can there be any
kind of coherent self if there is no coherent knowledge of who I am, not to mention
of memories about my personal past?

Studying sense of self-continuity and identity in people with serious brain
injuries and disabilities we found that the discursive net of one's social environment,
with one's family in the center, plays an essential role in holding together the sense
of a coherent self even when individuals cannot rely on this kind of self-knowl-
edge and autobiographical memory anymore. As already pointed out, we were sur-
prised that, despite profound neurological problems, many individuals with whom
we worked did not feel they had to recover their former sense of self — simply be-
cause, as we concluded, they subjectively seemed to have never lost it. In order to
understand these findings we believe it is important to see that there are countless
everyday practices, micro acts of recognition, reaffirmation, and reassurance in the
social environments that individuals share with others that seem to compensate
for what is missing. In fact, these interactions provide a social network of support
and stability that leads people to feel no fundamental alteration in their sense of
self (see also Roger, 2006, for a similar discussion involving people with dementia).
If they had been, however, "measured" in terms of individual and decontextualized
cognitive and narrative performance, these people might have revealed a funda-
mental "incoherence" not only of their brains and minds, but also of their selves.

To demonstrate this, we do not want to present, as in the previous two
examples, a narrative from an individual with neurological challenges but from an
interview with the entire family of such an individual. In our example this includes
the sons of a woman with whom we had a number of meetings and interview ses-
sions. This woman, a divorced 56-year old former bank teller and mother of two
teenage-aged sons, suffered an aneurysm which left her with cognitive impair-
ment and serious memory problems. Unable to return to work she had to stay at
home most of the time. While she was assisted by her sons as well by her brother
and sister with many of her daily living activities, she appeared, however, amaz-
ingly unchanged in her self perception and self understanding, despite her com-
plaints about her poor remembering and, especially, the lack of autobiographical
memories. This is how her sons talk about her situation, and it also is about how she experiences herself as perceived and understood by her sons:

Interviewer: ...I also talked to your Mom on her own and whenever I leave, I'm under the impression that the way you [talking directly to the mother] present yourself is really, really impaired. Like you know, like really.
Older son: That's the way SHE presents herself.
Interviewer: Yeah?
Older son: WE don't present her as impaired, we think she's quite normal, SHE'S the one that always has to bring up the aneurysm thing. I don't know why.
Younger son: Everybody you [looking at his mother] meet likes you.
Older son: Half my friends don't even know she had an aneurysm.
Younger son: They come into our house and "Your Mom's really nice," you know, and we're like "yeah, she is." Mom will cook, she will clean the floor, she will vacuum a little bit. So what?
Older son: Yeah, like a normal Mom. I don't see her as if she's impaired in any way. The only thing is that she has a memory problem, sometimes. Even if she does have a memory problem, who doesn't?

Clearly there is an enormous difference between assessing, in a decontextualized fashion, the ability of this woman to tell coherent autobiographical narratives and observing herself acting and interacting within her familiar social environment, supported and encouraged by the people with whom she “shares” her identity (and who, like her sons, may just wish to have a healthy and “normal” mom). It is this sociocultural framework of agency and identity practices which, we suggest, constitutes the only appropriate context to consider the question of coherence and incoherence of this woman’s mind and self. A more adequate examination of this question (if we still assume it is a meaningful question) must obviously also encompass the social and discursive fabric in which she lives, a fabric of many voices and practices, woven by many social actors.

A community of brains

We have presented three different ways of contextualizing narrative coherence, integrating the issue into larger frameworks of autobiographical intersubjectivity. All these frameworks highlight the communicative and, more generally, social dimension of human existence, be it on the level of brain, mind, or self and identity. Since the argument of humans’ interactional and intersubjective nature is, in one form or another, widespread in the “discursive” literature on narrative, identity, and the mind (in contrast with the literature on narrative coherence referred to above), we want to draw attention to the brain. On particular important issues we have worked in collaboration with Steven Sabat and Ha-Joon Chang, who have preserved the original sociocultural and individualized context that a standardized and individualized model misses.

What we have called “distributed agency” and “interactions” in the context that a will be familiar to our readers. As Goldstein and Rose (1984/1995) argue:

What on earth has “interaction” to do with that of our neurally specialized brains? It has been a constant of “distributed cognition” or “interactional psychology” that its substance, its ‘brain’ is outside the mind. This is hardly possible to break down, but that its spread is unlikely to have been a common version of the capacity to synthesize the “social” and the “individual” into a “mind” (Goldstein & Rose, 2004; Rose, 1999). It is an approach to situating minds themselves, minds of others and their effects on self, in the world.

Note

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above), we want to conclude with a few more remarks on the social dimension of the brain. One reason we have emphasized this dimension is because of its particular importance for people with neurological damage, people with whom we have worked and whose personal and autobiographical narratives we have mainly drawn on in explaining our argument.

Steven Sabat and Rom Harré (1992; Harré, 1998; Sabat, 2001) have made similar observations in individuals with Alzheimer's disease. Within a discursive context that allows them to be active and live a socially embedded life, the people Sabat and Harré worked with demonstrated abilities that were obviously better preserved than one would have assumed on the basis of their performance on standardized dementia tests. These tests operate on the same decontextualizing and individualizing premise as the narrative coherence tests. Sabat and Harré's studies confirm the assumption that the human mind cannot be exclusively localized in the individual brain, nor can it be identified with an individual self; what is needed is a broader context that does not negate people's discursive and affective interactions.

As Goldstein (1934/1995) and Luria (1973) have already pointed out many years ago, the experience of individuals with lesioned brains makes it obvious that our neurological and neuropsychological functioning is socially intertwined with that of other brains. In fact, it is dependent on other brains, especially, when, as a consequence of brain damage and traumatically caused deficits, they take over certain neurocognitive functions, “bridging the cognitive gaps” (Goldstein, 1934/1995) and creating new “functional systems” (Luria, 1973).

What on the level of consciousness, mind, and self has been discussed in terms of “distributed cognition,” “discursive mind,” “transactional mind,” “relational self,” “interactional self,” and “social self” finds an equivalent on the level of the brain. This is hardly surprising considering that the human brain not evolve in isolation but that its specific qualities stem from the fact that what has evolved has always been a community of brains, a community that has co-evolved with human's capacity to symbolically interact (see, e.g., Deacon, 1997; Donald, 1991; Hobson, 2004; Rose, 2006; Tomasello, 1999). We see here a further rationale for our approach to situate the issue of narrative coherence in the context of communities of selves, minds, and brains.

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