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Alternative Rationality and Agency: Schizophrenia as a Case of Narrative Resistance

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Abstract

Among the disregarded narratives, schizophrenic ones are peculiar since they defy the fundamentals of rationality and meaning-making practices. I aim to look at the particular case of publishing first-person accounts in *Schizophrenia Bulletin*, written for the academic community studying schizophrenia, to facilitate learning. I contend that schizophrenic writing ought to reveal an 'alternative reality' through the lens of an 'alternative rationality,' but this gets compromised when these accounts are bound to follow the publication rules. This study analyses two accounts, one which resists the rules and the other which complies with them. The paper aims to demonstrate how the patient's writing resists the general demand to make sense to a larger audience by conforming their narratives to the standards set by common sense and clinical interventions. Thus, through this paper, I attempt to contextualise the narrative resistance exercised by the extensively marginalised community of people with schizophrenia, studying the language, images, coherence, and rationality in the respective texts.

Keywords: Irrationality, Common Sense, Schizophrenia, Narrative Resistance, Alternative Rationality, Agency.

Introduction

The prevalent marginalisation of individuals with schizophrenia owing to a homogenised perception of the illness in society has paved the way for dehumanization and discrimination. Their narratives are

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not deemed adequate for conceptualizing their experience since they are often associated with incoherence and irrationality. Hence, clinical or scientific narratives overshadow the nuances of their reality and deprive them of their agency. However, publishing personal stories of their illness experiences facilitates a re-establishment of agency and resistance against the dominant medical discourses. This paper aims to look at the particular case of publishing first-person accounts in *Schizophrenia Bulletin*, written for the academic community pursuing scholarship in schizophrenia. The paper contends that schizophrenic writing can reveal an 'alternative reality' in the light of an 'alternative rationality', but this possibility gets endangered when publication rules are made a mandate for these accounts. Therefore, I argue that it jeopardizes the purpose of such an activity; which is to learn from these narratives about the alternative perspectives they can offer, making it a mere academic facade. To defend my argument, I will study two accounts, one which resists these rules and the other which complies with them. Taking into account the scholarly records of all the debatable arguments concerning schizophrenic narratives, the paper attempts to foreground the foundation upon which human thoughts are evaluated through narratives. Based on an understanding of the rationale behind forming and interpreting narratives, I would study the first-person accounts in *Schizophrenia Bulletin* that are supposed to be deviant, distorted, incoherent, and consequently, neglected and devalued.

Among many disadvantaged groups in society, people with schizophrenia and their narratives are believed to be non-functional on many levels. However, through analysing their first-person accounts, I attempt to problematize this notion by demonstrating how they negotiate with these prejudices and re-establish their narrative agency. According to Angela Woods, the concept that schizophrenia is anti-narrative developed across five domains, the first being psychiatry—with its understanding of dementia, degeneration and deterioration—it deems that no coherent storytelling is possible. Whereas, in neuropsychology, the same is asserted through studies investigating schizophrenia's impact on the cognitive and affective underpinnings of narrative capacity, and in the philosophy of psychopathology, they emphasize a breakdown in narrative identity and the dialogical self. Even in the aesthetic realm, the 'mad

narratives' or anti-narratives of schizophrenia are celebrated for their failure to conform to the humanist conventions of either nineteenth-century realism or literary autobiography, and finally in the socio-political domain, stigma and discrimination seem to muffle stories of schizophrenia (38-39). Contrary to these notions, with advanced treatments people with schizophrenia have published accounts of their experiences as memoirs, autobiographies, and short essays, all written with different purposes. Therefore, this paper will examine ideas about irrationality in general and schizophrenia in particular to arrive at the concept of 'alternative rationality' in first-person accounts of the *Schizophrenia Bulletin*, which embodies resistance towards the widely accepted notions about schizophrenia.

Irrationality

Scholars from across the disciplines have pondered over the concept of rationality. Their attempts resulted in diverse theories and concepts that enriched the understanding of 'human thinking.' However, rationality turned out to be a multifaceted phenomenon which cannot be understood or explained with a single concept (Djulbegovic and Elqayam 920). Conversely, it is possible to ponder on how irrationality is understood generally. Albert Ellis attempts to describe the biological basis of human irrationality thus:

> By irrationality, I mean any thought, emotion, or behavior that leads to self-defeating or self-destructive consequences--that significantly interferes with the survival and happiness of the organism. More specifically, irrational behavior usually has several aspects: (1) The individual believes, often devoutly, that it accords with the tenets of reality although in some important respect it really does not. (2) People who adhere to it significantly denigrate or refuse to accept themselves. (3) It interferes with their getting along satisfactorily with members of their primary social groups. (4) It seriously blocks their achieving the kind of interpersonal relations that they would like to achieve. (5) It hinders their working gainfully and joyfully at some kind of productive labor. (6) It interferes with their own best interests in other important respects. (4-5)

He argues that all humans ubiquitously and constantly act irrationally though some considerably more than others. This probably implies that they do so naturally and easily, many times against "the teachings of their families and their culture, frequently against their own conscious wish and determination. Although modifiable to a considerable extent, their irrational tendencies seem largely ineradicable and intrinsically go with their biological (as well as sociological) nature" (5). Mental illness and irrational behaviours are often equated with each other. However, through this paper, I argue that it is essential to look at alternative ways of interpreting such behaviours before dismissing them as irrational. Nonetheless, the fundamental motive of these deliberations is to understand how human beings make sense of reality and navigate through it. At this juncture, it is important to take into account that narratives are often the object of study in these kinds of research. The observations and theories are also rationalized narratives or attempts to rationalize the narratives, actions, and behaviours. Based on all these concepts, I would argue that rationality is conceived as the ability to achieve a goal in the best way possible with the least number of consequences. Therefore, it becomes significant to decipher the kind of rationality that schizophrenia permits or hinders, but before addressing that the relationship between narratives and rationality has to be dealt with.

Narrative and Rationality

David R. Olson foregrounds the open-endedness of narratives in his essay "Narrative, Cognition, and Rationality," in his attempt to "examine the relation between language and rationality in terms of modes of discourse or genre in which distinctive ways of thinking and reasoning are called for" (604). He differentiates between literary and scientific modes of discourse (narrative and paradigmatic, respectively). Drawing on Stanovich, he lays the basis for further arguments. He says, "Stanovich distinguishes low-level, automatic "algorithmic" processes from "higher level" reflexive processes, further claiming that failures on such high-level tasks indicate that people are often, if not basically, irrational" (604). On the contrary, Olson says low-level and high-level information processing models:

> . . . overlook the possibility that deviant answers are actually a rational solution to a different problem. By appeal to the understanding of the alternative modes of discourse mentioned above, we may be able to fill in that gap. Specifically, it is proposed that a class of reasoning failures occur when formal reasoning tasks are disguised as conventional narratives. Narratives, like ordinary informal oral discourse, are radically open to context and to prior knowledge in determining the meaning of a word or expression; paradigmatic discourse, of which reasoning tasks are exemplary, require attention to a narrowed and specialized "literal" or logical meaning of terms. (604)

In addition, fictional narratives are meant to be more connotative than non-fiction. According to Olson, non-fictional prose enjoys the status of a serious narrative which is considered ideal for a more rational interpretation. Academic prose is mainly associated with scientific and philosophical discourses; therefore, literary narratives are often deemed inadequate for analyzing truth, validity, and rationality. Nevertheless, Bruner problematizes the claims made by two groups with "two" contrasting attitudes to story. In one camp he places the "fabulists," those who point out the importance of story in understanding ourselves, others, and the world, and in the other, the "antifabulists," who worry about the ways that stories mislead" (11-12). According to him, the fabulists "describe the virtues of story not only for its power to entertain, but also for its ability to "subjunctivize" experience, to bring experience out of the ordinary world of doings and happenings into the world of the possible, the hypothetical" (Olson 605). Imagination unravels a world of innumerable possible outcomes. Therefore, "stories allow one to adopt a more reflective and self-conscious attitude to experience, thereby liberating the mind" (605). However, on the flip side, "the imagination gives rise to error as often as to truth. Modern critics are equally suspicious of stories, claiming that people spin themselves into stories that are clearly at odds with scientific and logical truths" (606). For psychological laws, there is a mandate to pay attention to personal narratives and the veracity and validity of these narratives are a serious matter of concern. Olson points out that the medical field

has adopted a narrative approach, treating patients as agents rather than objects (606). Thus, he concludes:

> And one cannot think in terms of narrative discourse without appeal to notions of agency, intentionality, and, most importantly, disruptions to the expected. As mentioned, in his earlier writing on narrative Bruner saw narrative as one out of two equally important modes of representation: the more scientific and logical form, which he dubbed the "paradigmatic mode," and the less formal mode, which he called the "narrative mode." Both were seen as essential to understanding the mind—one tied more to the sciences, the other to the humanities. (606)

Olson deems it essential to have a proper understanding of the rational uses of both discourses. Unlike scientific approaches, humanities do not have a method to ensure Ceteris paribus, a Latin phrase which denotes that all other things are equal. He further explains, "In a story, things are conspicuously not equal, nor can they be systematically ruled out as they may be in a scientific laboratory. In a story the unexpected occurs" (607). Thus, he says that narratives are important to explain the human mind. He further opines that "this is a world in which it may be unrealistic to expect strictly causal laws; it is impossible to assume, for any real, naturally occurring event, that all other things are equal" (607). Polletta et al. in the article, "The Sociology of Storytelling'," discuss this in detail bringing in ideas of many scholars. It states, "symbolically aligned with common sense rather than science, stories seem engaging and concrete rather than abstract. They seem democratic ("everyone has a story," we often say) rather than monopolized by elites" (110). Conversely, the article also ponders on the prevalent concerns about stories being "deceptive" and a "creative ploy." A story is often equated with weak credibility owing to its nature of being subjective. The following statement from the article encapsulates the general notion about stories, "people trust stories as normatively powerful and dismiss them as politically trivial, as entertaining but unserious" (110). However, the focus of this paper is on the first-person accounts which are supposed to be authentic. Schizophrenic narratives blur the boundaries between fiction and non-fiction as delusions and reality

co-exist. Hence, the credibility of their first-person accounts in terms of what is real and unreal is considered to be precarious. According to Pollette et al., "Disadvantaged people are often less well trained in the requirements of telling an institutionally appropriate story, they are less likely to be seen as narratively competent, and their very experiences make them less able to tell the kind of story that is required" (123). People with schizophrenia are disadvantaged on many levels and their process of telling a story has to be studied as a peculiar case with characteristics typical of the nature of their illness, medical experiences, and society's perceptions. Conversely, it is imperative to ask why their stories always have to be institutionally appropriate.

Rationality and Schizophrenia

As already discussed, the medical community has started paying more attention to patients' narratives, but it is essential to look at how their narrativizing ability is affected by the illness, and how it changes at different points in time. It is also important to not disregard the attitude of the medical community or other scholars in the field towards comprehending their narratives, and their approach towards the patients when they are incomprehensible. Drawing information from certain studies, I will examine how the patients and the scholars deal with alternative rationality or meaning.

Logical reasoning is an integral part of being rational. Syllogisms are often used to test this ability in people. People with schizophrenia often undergo these tests so that their thinking can be evaluated. In a report published by Gareth S. Owen et al., they "show that under conditions where commonsense and logic conflict, people with schizophrenia reason more logically than healthy individuals" (454). They used "syllogisms that were deductively valid or invalid, and common sense using syllogistic content that strongly conformed to or departed from practical knowledge. Two types of syllogism were constructed, in each of which there was a conflict between deductive truth and commonsense truth" (453). Aaron L. Mishara in "On Wolfgang Blankenburg, Common Sense, and Schizophrenia" narrates his experience which implies that it is common sense that is lost and not every other mode of rational thinking. He states: "I

recently interviewed a patient with undifferentiated schizophrenia who spontaneously reported that she had lost her “common sense.” I asked her what she meant. She replied that it is something that “children learn” but she has lost it. She reported that it interferes with her sense of agency and ability to spontaneously partake in activities with other people” (321). However, other than the feeling of having lost something, there is an inability to comprehend the exact nature of what is missing. Even the scholars of rationality and reasoning would offer multiple interpretations for the experience of having common sense. Giovanni Stanghellini attempts to compile all such observations to give us a picture of common sense as it is experienced. He elucidates how common sense is a tool for adaptation as argued by Horton, Locke, Heider, and Plotkin in their respective works. It is the quintessential element that helps us in doing anything in everyday life rather than knowing. This sense is characterized by the ability to attribute cause-and-effect relationships to events that happen around human beings which is highly useful on a pragmatic level (778). Evolutionary psychologists also observe that "our literal survival depends upon a finely tuned knowledge of the causal texture of the world" (Plotkin 185). Further, Stanghellini enunciates that common sense is an old inheritance where the knowledge is gained by others which are available as reports and teachings. Thus, it is a socially derived sense with a high social value (778). Nevertheless, it differs among different groups. One of the most significant aspects of common sense and its lack in schizophrenic patients is discussed by Pierre Bovet and Josef Parnas. They state, “Common sense reflects our pre-conceptual attunement to the world. It reveals not so much what is evident but how it is evident, the constantly present and tacit frame of experience. The defect in common sense can manifest itself in a lack of taste and feeling for what is adequate and a lack of the sense for the "rules of the game" of human behavior” (583). Stanghellini elaborates on this phenomenon as follows:

> In everyday experience, we feel familiarly related to the environment and to current social situations. At a perceptual level, objects in the world and persons appear familiar (i.e., as we expect them to be according to our past experience). In social situations, the movements, expressions, and

> utterances of others also appear typical and understandable. There is a break with ordinary experience when objects or persons disagree perceptually with expectancies (e.g., when colors are too bright or details magnified—perceptive aberrations). But one can also have this feeling of strangeness without any change on the perceptual level, that is, when the meanings of objects in the world (e.g., "What is this chair for?") and of the actions of others (e.g., "Why is he laughing?") appear uncanny. The attunement concept refers mainly to this second level of experience, which involves the intuitive attribution of meanings to objects and situations, and of intentions to other people. (779)

Schizophrenia disrupts this function and it is one of the early symptoms. Blankenburg finds that this is exemplified in their actions as reported by their relatives that, “in the initial stages of schizophrenia, the patient asks questions about the most self-evident issues, whereas the ability to solve abstract and intellectual problems remains intact. In such cases, it is sometimes apparent that the lack of common sense is compensated by a hypertrophied devotion to logical solutions” (Bovet and Parnas 583). Thus, this problem can be read along the lines of Olson's conventional narratives and deviant narratives. As he asserts in his writing, a deviant narrative might help you arrive at a more rational solution in certain situations. Schizophrenic narratives are considered deviant, but according to Olson, they might have a separate rationale pertinent to their situation or context. Therefore, I propose that a schizophrenic world with a lack of access to conventional narratives possesses an alternative rationality. This alternative rationality is revealed through narratives such as oral narratives like therapy tapes, printed memoirs, autobiographies, and records on different media. Since scientific discourses have started giving more importance to the narrative mode, Humanities can also make use of both paradigmatic and narrative modes in research. Thus, I will examine first-person accounts written for the scholarly journal *Schizophrenia Bulletin* rather than autobiographical works written for common readers through psychological and philosophical lenses.

Understanding Narrativised Schizophrenia in Writing

To further the argument, it is important to give a glimpse into the years of work done on interpreting and understanding schizophrenic worlds through their narratives. Keith Doubt et al. in the article, "'Mother Is Not Holding Competely Respect': Making Social Sense of Schizophrenic Writing," indulge in comprehending a piece of writing written by a person with schizophrenia. Given below is an excerpt from the transcription used for analysis. "The bracketed insertions identify crossed-out words and describe particular graphics of the letter" (Doubt et al. 91):

> mother is not holding competely respect, that I'm actually embasse[r]de, ashamed, and raped over it. there not my type or style I don't like the idea [of my being dea relationship] eval[a]uate before there chance to of a relationship [ship in bold] to has a chance to be, but take the stepfather [r]lationship is cause problems in my life though this legal guardianship there both using it exploit me. there force a family. (91-92)

The article devotes its attention to each word and it unravels the nuances involved in the study of a narrative that defies the conventional rules. The article says, "'Holding' is not an unintelligible substitution for 'showing' since we could say that we 'hold someone in high regard.' The phrases 'hold in high regard' and 'show respect' are semantically similar … 'holding' is a maternal word and could express the frustration of having a mother who neither 'holds' one physically nor 'holds' one in respect" (93). Similarly, they attempt to translate a whole sentence as in, "I don't like the idea of being evaluated before there is a chance for a relationship" (94). The article comments that "such a remark suggests how the author might feel about the way that people categorize and dismiss her because of her illness. If relationships with others had a chance to grow before evaluation and judgment took place, the author would have the right to speak for herself and the opportunity not to have her illness speak for her" (94). However, it is impossible to overlook the way "evaluate" is written in the handwritten document with a "d" beside the "u" so that what we have is "evaludate,"

suggesting a link between the words “evaluate” and “validate” (94). Implying that “In her relationships, the author may feel offended by this linkage of evaluation and validation; she may feel offended by the judgmental response of society to her afflict” (94). Through this word-by-word analysis, the authors are putting forth an idea that how understanding people with schizophrenia should be a concern for everyone. They also emphasize the purpose of such a study as he opines drawing on the ideas of Rosenberg that “Insanity is constructed according to the normal member's inability to take the role of the psychotic” (103). However, this raises the question of whether the existing problems will be resolved if we understand them completely. Taking the role of a patient and speculating the possible meanings will not solve the problem. Nonetheless, the authors think that the “process of role-taking is curative for society's narrow grasp of someone experiencing schizophrenia” (103).

This has been the concern of scholars of different disciplines who wanted to study the experience of a person with schizophrenia. The latest studies on Schizophrenia and Language also point in a similar direction. The loss of the inherited common understanding about things that force them to attribute estranged or alternative meanings to the events happening around them would explain many kinds of delusions if not all. The book *Autobiography of a Schizophrenic Girl: The True Story of “Renee”* by Marguerite Sechehaye, supports this viewpoint. For instance: “When, for example, I looked at a chair or a jug, I thought not of their use or function – a jug not as something to hold water and milk, a chair not as something to sit in – but as having lost their names, their functions and meanings; they became ‘things’ and began to take on life, to exist” (Sechehaye 56). Valentina Cardella in her book, *Language and Schizophrenia: Perspectives from Psychology and Philosophy,* looks at these experiences and breaks down the process involved with the excerpt which says, “looking around my room, I found that things had lost their emotional meaning. They were larger than life, tense, and suspenseful. They were flat, and coloured as if in artificial light” (Anon 167). Cardella calls this ‘the phase of delusional moods’ that leads to full-blown delusions in the future. The philosophical explanation she gives is that the patient loses the semantic, pragmatic, and emotional components attached to these. There is a sense of artificiality because

of a suspension of meaning (68-69). Subsequently, when the delusions become an intense experience, the exact opposite happens, which is an overflow of meanings. The rationale behind this process is philosophized by Cardella as follows:

> When reality gets less and less familiar and the world seems to lose its meaning, where is it possible to regain what is getting lost? The answer is only one: in the inner world. It is not accidental that only when the delusion rises schizophrenic subjects succeed to get out from this intolerable situation of suspension. The dawn of delusion comes together with the most severe phase of Wahnstimmung, and it literally reverses the situation, converting the suspended meaning into an overflowing meaning. The delusion puts everything in its right place and attaches meaning to every single thing. Before the appearance of a delusion, every possibility of comprehension is suspended, while after it, everything can be understood. (69)

Therefore, the situation changes such that every irrelevant thing is attached with a meaning. Consequently, they are always preoccupied with decoding these meanings and it becomes strenuous. In addition, every information or sentence is linked to the already existing delusional thread. The world inside us is revealed through language, hence, whatever is revealed is the reality of that person. Rather than labelling it as irrational, the current scholars look for a rationale peculiar to the schizophrenic person. All these studies reinforce that there is a loss of commonly accepted meanings and narratives which force them to attribute new meanings to everything according to the alternative rationality they possess.

These attempts to interpret a schizophrenic world are commendable, but as a literary scholar, the concerns are regarding the extent to which these activities and genuine efforts are actually happening, the effectiveness of such an endeavour in helping the patients, and the expectations of a patient. First-person accounts published in *Schizophrenia Bulletin* encourage people to share their experiences and insights into living with schizophrenia to help the

medical community or any other research community interested in this field. Even though it sounds to be an empowering act, it is imperative to analyze the differences between publishing a full-length personal account like a memoir, an autobiography, or any short account in a non-scholarly medium. The objective of these accounts is to help the professionals in this area of study to learn more about the schizophrenic experiences. Hitherto, the paper has discussed the general understanding of rationality prevalent in medical discourses and how schizophrenic patients are different. Narratives reveal the reality as already mentioned; therefore, as far as learning is concerned it is important to consider the circumstances in which they are writing and what their personal goals are in doing such an exercise. Nevertheless, this paper will particularly look at two first-person accounts published in *Schizophrenia Bulletin*. Unlike the narratives that were used to study the rational narrativization skills in people with schizophrenia, these narratives are expected to follow the rules of the journal to get published. This is expected in any other kind of publication since the readers are mostly common people without any previous knowledge of this subject. To cater to a wide reading community, writing and editing are crucial. On the contrary, when it is for the medical community or any scholar who studies the reality of such experiences, a strictly guided personal account does not serve the purpose. Ironically, first-person accounts published in scholarly journals such as *Schizophrenia Bulletin* are most likely subject to scrutiny on a different level other than a genuine examination of the content with the intention to comprehend the incomprehensible through the ways that have been discussed in the paper.

The Clinical Gaze and the Disregard for 'Alternative Rationality'

Angela Woods in "Rethinking 'Patient Testimony' in the Medical Humanities: The Case of *Schizophrenia Bulletin's* First Person Accounts," proposes this concept of clinical gaze where a patient Marcia is supposed to speak in front of the medical community adhering to the conventions set by them in the context of a recovery. Marcia's concerns as portrayed by Woods are: "Will I be able to communicate my view of recovery? Will I be allowed to say what is important to me? Will they hear and be convinced by my story?" (46).

However, clinical gaze can come in many forms, where all their actions and speech would determine their treatment in terms of the dosage of medicines, restraining orders, and physical violence in certain situations. Even though these are inevitable, the patient's discretion on the right treatment that he or she deserves or yearns for would hinder the necessary transparency between the patient and the doctor. In another case, clinical gaze could also mean the interpretation of their experiences only through the lens of medically familiarized narratives. In other words, limiting their experiences into a bundle of symptoms. The experience of each individual being unique and unconventional even the medical diagnostic templates cannot fit the whole of it. Susan A. Salsman echoes this concern when she begins her account by asking this question: "Wouldn't it be great if all mental health professionals were required to have a mental illness?" (6). Even though she adopts a jovial tone, she puts forth this idea that to help mentally ill, one should be mentally ill. However, this is not a thought after immense deliberation on the viability, practicality, efficacy, or effectiveness of such a case. Instead, I argue that it is an emotional and instinctive response to the constant trial of getting misunderstood and the need to explain.

In Marcia's case, the clinical gaze is performing the role of a judge who has the power to decide whether the patient fits in society after all the treatments and training. The major requirement in such a situation is to prove that you are rational in the commonly understood sense. Therefore, assisted writing is advised as described in "Supported Reporting of First Person Accounts: Assisting People Who Have Mental Health Challenges in Writing and Publishing Reports About Their Lived Experience," by Rudnick et al. The major suggestions from them are:

> Reports, including first person accounts, benefit from some structure, which can be formal, as illustrated in separate sections, or informal, as illustrated in a coherent flow of the text from start to end. Whatever the preferred structure, it is best to determine it in advance, even if roughly, and fine-tune or radically change it as needed during presubmission revisions if needed. This should be done in a particularly collaborative manner, as content expertise and process

> expertise come together to determine the coherence and hence the structure of a report. In our case, one report was more formally structured, due to a more cognitive emphasis in the report, whereas another report was more informally structured, due to a more emotive emphasis in the report. (2)

Further, the rational aura is also created with the following rules in terms of language. They say that "process expertise can be helpful here by guiding content expertise in relation to standard ways of writing that may be most acceptable for publication, such as avoiding overly technical or idiosyncratic jargon and using grammatically and syntactically correct language if the content expert is not versed in writing for publication" (2). This is an attempt to make the patients or survivors surrender to the clinical gaze. An imposed rationality rather than an alternative one as suggested by the scholars who studied their narratives. Most of the first-person accounts follow these rules with so little liberty. Hence, re-emphasizing the motive of publishing such accounts as described by themselves becomes a necessity.

> Knowing the lived experience of people who have mental health challenges is considered instructive and hence potentially helpful for other people who have mental health challenges and for other stakeholders, such as their significant others and mental health care providers. Publishing such lived experience in journals that are read by psychiatrists and other mental health care providers, policy makers, clinical researchers, and non clinician scientists (who do schizophrenia research but are not commonly exposed to individuals who experience schizophrenia) as well as by people who have mental health challenges and their significant others, may be an important way to promote learning from, and empathy with, people who have mental health challenges. (1)

This sounds ironic since encouraging the patients to rationalize their experiences and narrativise in a way that conforms to the conventions could be considered a recovery exercise where the responsibility of explaining and making it convincing is on the patients. However, this

is contrary to the objectives of the journal publications. Therefore, it is essential to differentiate between two kinds of narratives in which there is an apparent acceptance of a breach of commonsensical understanding followed by its reclamation and another which defies this linearity. Valerie Fox's first-person account takes us into the nuances of rationality where she consistently strives to embrace the rationality of the outside world. Contrary to the many experiences of scary and troublesome delusions, she found peace and safety as Gods were the ones talking to her. Rationality of religious beliefs is another debate, however, in my opinion, it is unlikely for an educated human being with exposure to the happenings of the world to believe that God can actually talk to them, despite being religious. On the contrary, it should appear rational to a believer if they actually believed in all the stories in the scriptures of any religion. I would argue that it is common sense or the inherited common understanding that prevents them from easily falling prey to such narratives when they have not experienced it personally. The shared knowledge is that such incidents are unheard of and highly unlikely to happen. However, there are exceptions and one such case is schizophrenia. Amidst the debilitating and excruciating symptoms of schizophrenia, Fox's delusions gave her much-needed solace. She says:

> In this world of homelessness and schizophrenia, when I was abused and violated my heavenly family said it was because I was mistaken for someone else. I faithfully believed this explanation. God and the Blessed Virgin were always with me. It was as if I could feel their presence. Before going to sleep on a dirty, cold floor or beneath the protectiveness of spiraling pine trees or in an abandoned building, I saw in my mind's eye Mary's picture as if she were standing guard so nothing evil would happen to me during the night. I did sleep, and I started each new day with Mary and our Father. While treachery abounded all around me, my core was peaceful. (364)

Her core was peaceful, but she was forced to embrace the rationality of the world because the people she loved belonged to that world and they could never access or fit in her inner delusions. Therefore, with the help of medicines she chooses to heal. The signs that show that

she has regained her common sense is her reluctance to the delusional experience, despite it being a peaceful place amidst the torturous symptoms. She concludes that the limited possibilities offered by a simple life are all she needs. She says, “I don't want God, Jesus, and the Blessed Mother to be in my conscious mind on an ongoing basis…I do believe in God and Mary and Jesus, and that is enough for me. I have a great respect for life and for the deadliness of my illness, yet I embrace life fully and am thankful for each day of health of mind” (365). Apart from her transition to the shared world, it is imperative to focus on the way her narrative also follows the structure and is coherent as per the requirements needed for publication. Nevertheless, I contend that it is a revised and polished picture of her story, which is indeed an authentic version but misses the ambiguities, uncertainties, constant flux of worlds, and incongruence of an ongoing experience of being a schizophrenic.

On the whole, change is inevitable if the objectives envisioned must be attained. Jaison Jepson writes an unconventional account of defying the rules in a conversational tone. The writing is such that it evokes questions in readers’ minds at several points and the narration ends by showing a snippet of his everyday life, without giving us clinically approved or socially acceptable information, terms, or adjectives to make it a coherent narrative with a beginning and an end. Fox starts her account in this manner: “With this factual story of my descent into the world of schizophrenia, I want to show the insidiousness and deadliness of the illness” (363). This is a formal, well-structured, and scholarly sentence which might have been a result of an editor’s intervention. There have been numerous discussions on considering schizophrenia as a disease of language. Therefore, their narratives quintessentially embody all the nuances of their experiences. However, Jepson’s account says, “I try to walk every day. Occasionally I clean up the trash on the side of the road. You never know what you are going to find. Today I didn’t take a bag to put the trash in, because I felt the sidewalk would be clean from the last time I picked up the trash. However, while walking along today, I found a hammer” (468). As already mentioned, it is casual in tone, and he never reveals what his whole journey was like, since it is ongoing, he does not present a philosophized outlook on

his life that has been overturned by schizophrenia. He matter-of-factly describes his delusion:

> Usually when something different occurs in my life, it triggers my mind to start wandering. I wouldn't call it a hallucination, but just an image in my brain. In this case I saw a police car stop in front of me. A policeman tells me to drop the hammer and get on my knees. He also tells me to put my hands on my head. I thought all of this could be occurring while my neighbors were watching me. When images or thoughts like these show up, I ignore them but that doesn't stop them from happening. Maybe it is the product of being a quiet dreamer. (468)

There is a reflection on how he thinks and how he differentiates between real and unreal. However, the lack of academic seriousness in his writing makes us sceptical about the credibility of his words. The hammer itself might have been a part of his imagination. An unreliable narrator is typical of schizophrenia, but it should not lead to disregarding their content as irrational or meaningless. As pointed out by many scholars doing advanced research in schizophrenia, the goal of any scholar from any discipline has to be finding the alternative rationality or alternative meaning that characterizes the schizophrenic world. Jepson describes his current situation as follows:

> These thoughts do not mean that my medication is not working. I understand that my meds may not take care of everything, all the time, and sometimes it doesn't take care of all paranoia. But I can ask myself questions to determine if this is reality or my "unreality." Schizophrenia is like a heavyweight fight, but it will not knock me out. It might cause me to have things to ignore or beat down inside me, but I will not react to a delusion unless I have real evidence that it is true. (468)

He does not disclose anything about his personal life other than his illness. However, the intriguing part is that readers are left clueless about how he finds the evidence and how he convinces himself

whether something is real or unreal. It embodies the ambiguities, uncertainties, and a movement between the real and the delusional world. This also appears to be an account written for himself rather than the research community. He is in conversation with himself and he asserts his agency in determining what is real and what to do about it. He reclaims his control over his own life without succumbing to society's expectations and without conforming to its rules. He displays his ability to deal with alternative rationality to navigate through a world that does not understand it. Nevertheless, it is revelatory rather than informative, hence, the knowledge is not readily available, which necessitates a deep and empathetic look at the conditions and their reality, along with a sincere approach towards thorough research to comprehend this illness.

Conclusion

Schizophrenia entails exclusion and incomprehensibility in addition to suffering and helplessness. Dismissing their narratives as meaningless or regarding them as useful only to check off the list of symptoms is a common practice as evident in many of the discourses discussed. 'Alternative Rationality' demands keen observation skills, thorough research and consistent efforts to embrace the deviant and radically nonconformist ways of thinking evading the trap of conventional narratives. This is expected of the people researching schizophrenia with direct access to the patients and their narratives. Medical Humanities offer plenty of opportunities to explore such illness narratives in the light of first-hand studies done by professionals to add to the knowledge, criticize the shortcomings, and cater to a wide audience in a more simplified form. The purpose of this exercise would be to familiarize with the alternative narratives despite the challenges in comprehension. Through this paper, I attempted to show the problems involved in narrativizing schizophrenic experiences in a way that conforms to the conventional rules. Even though it is inevitable when the readers do not know about the illness, it is perilous when the informed groups demand the same. Therefore, I contend that being institutionally appropriate should not be a necessity when it comes to publications for the research community. Though it might serve other purposes, it is essential for budding learners in the field and scholars without direct

access to them unlike psychiatrists, psychologists, and therapists to further their research. Thus, Jepson through his account asserts his agency and resists the clinical gaze and their attempts to subdue the alternative perspectives he has to offer.

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