Narrative and the Unnarratable: The Role of Narrative in Wellness and Disorder

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Introduction: When considering human nature, one might reflect on such prominent traits as morality, sociality, or even self-consciousness. All of these features are fundamentally linked to the idea of narrative. Narrative is a striking component of the human experience in that it allows us a way to create and organize a worldview that is unique to each of us; at the same time, we may share this individual perspective with others through narrative, bringing closer together two separate beings whose thoughts would otherwise be confined to each one's respective mind.

The ability to narrate is one of our most defining features. Because narrative is present in "almost all human discourse, there is little wonder that there are theorists who place it next to language itself as *the* distinctive human trait" (Abbott 1, emphasis original). Without narrative it would be much more difficult for us to orient ourselves in time and space or even in our own minds. Narrative is so essential that we are unable even to think without its critical contribution to our thought processes due to the fact that "human psychology has an essentially narrative structure" (Crossley 291).

However, there are some people that are not able to express narrative in the traditional sense. Some disorders, such as aphasia, pose the challenge of taking away an individual's words, but not necessarily his or her narrative. There are some who are able to convey their narratives through non-conventional means; there are others still who may thrive in the face of such challenges. For example, Professor Stephen Hawking, celebrated theoretical physicist who is inflicted with amyotrophic lateral sclerosis (ALS), sometimes known as Lou Gehrig's disease, is still able to communicate with others. He does so via a computer system that allows him to write words that speaks them on his behalf (Ley and Blackburn). Another well-known case is that of Helen Keller, who was still able to lead a successful and productive life as an author and lecturer despite the fact that she was deaf and blind. Her success in communicating began with her learning how to "talk with her fingers" (Shattuck viii) to relay her narrative before she acquired the English language. Both individuals were impeded in some fashion in their abilities to customarily convey their narratives. Nevertheless, each was able successfully to make his and her respective stories known to a greater audience despite the difficulties they faced. This is because the narrative impulse is so ingrained in the human experience that even in the event of a loss of words, we still try to find a way to tell our stories.

Introduction to Narrative: Narrative plays an essential role in each of our lives. But what is narrative? As prevalent as narrative is, there is disagreement as to how to define it. According to the Oxford English Dictionary, narrative is "an account of a series of events, facts, etc., given in order and with the establishing of connections between them; a narration, a story, an account." Narrative scholars such as Roland Barthes and Shlomith Rimmon-Kenan declare that there must be at least two consecutive events to constitute narrative, while others such as Mieke Bal, David Bordwell, and Brian Richardson are proponents of the idea that the events must be causally related to pass as narrative (Abbott 13). Although there are many different definitions of narrative, I will be using the one put forth by H. Porter Abbott. Abbott defines narrative as "*the representation of an event or a series of events*" (Abbott 13, emphasis original). He explains that one needs only an event or an action to take place to create a narrative. For example, a narrative could be something as simple as, "He walked his dog," to something as complex as Homer's *Odyssey*. Without an event or action, one is left only with "a 'description,' an 'exposition,' an 'argument,' a 'lyric,' some combination of these or something else altogether, but…[not] a narrative" (Abbott 13). I use Abbott's definition because I feel it is the most reasonable. Like

Abbott, I agree that the other definitions of narrative are much more restricting and complex; if one were to strip these definitions down to the bare minimum, they would be left with Abbott's economic description.

Abbott also differentiates between narrative and story, and does so by the key usage of the word *representation* in his definition of narrative. He explains that a "story… is something that is delivered by narrative but *seems*… to pre-exist. Narrative, by the same token, is something that always *seems*… to come after, to be a *re*-presentation. Narrative, in other words, *conveys* story" (Abbott 36, emphasis original). Although *narrative* and *story* are two separate things, they are inextricably linked; one needs narrative to relate a story, and one needs a story in order for a narrative to exist. This is why narrative is so important—it is the manner in which we record our personal stories in our minds and convey our stories to others. Through narrative we express our unique experiences, thoughts, and beliefs that otherwise would be unknown by others.

Narrative can take place in the form of writing, speaking, or even through thoughts or memories. The many forms of narrative include novels, plays, movies, memoirs, journals, poems, songs, or conversations. It relies heavily, but is not absolutely dependent, upon language. In fact, there are some forms of narrative that do not even use words. Silent movies or picture books exhibit narratives due to our narratively predisposed thought processes. Because we think in terms of narrative, "even when we look at something as static and completely spatial as a picture, narrative consciousness comes into play" (Abbott 6). We make up narratives where there may seemingly be none, which helps account for why two different people's interpretations of the same event may be completely different.

Narrative serves a variety of roles and purposes. The way we think, view ourselves, and make relationships all depend on narrative. Narrative is inextricably bound to our perception of not just the world but our own lives. When people think about the course of their lives, it is the progression or completion of a narrative story that they tend to consider rather than the years that have passed. Common expressions in the English language help to demonstrate that people are inclined to view their lives as a compilation of chapters in an ongoing story. For example, when a student attains a milestone such as graduation, he may describe it as "the closing of a chapter" in his life. Furthermore, a life-changing event such as marriage may be viewed as the "beginning of a new chapter" in the bride's and groom's lives. It is the narratives or stories of one's life that seem to progress, rather than the years, when one think back on a lifetime.

Narrative is constantly in play in our lives, for good or bad. We build relationships on narrative, but we may just as easily tear them down in the same narrative process. Narrative may also be used to manipulate others. "Skilled lawyers arguing before a jury, or politicians addressing their constituencies, or advertisers seeking to create a market" are familiar scenarios in which these people are able to "gain rhetorical leverage" (Abbott 48) all by using or skewing narratives in whichever direction suits their agendas. Narrative is inextricably linked to the human experience. This is because narrative "is the art of making and understanding a world'" (Doležel, qtd. in Abbott 165), a never-ending process that takes place throughout our lives.

Need for Narrative: Every normal human being has the innate ability to produce and comprehend narrative. In fact, being able to understand and create narrative is "a necessary feature of human development" that occurs in all societies around the world (Young and Saver 73). This narrative capacity is more than just a tendency, however. It is a need, inseparable from making sense of one's world and living a healthy life.

Many prominent figures in narratology are in agreement that narrative is necessary for living well. Alastair MacIntyre, for example, believes that a "good life is one that has narrative unity," for he feels that one can only find an answer to the journey of life through a coherent narrative (qtd. in Misztal 87). Similarly, Charles Taylor asserts that one understands one's life as an "unfolding story," and only through understanding this narrative can one "make sense of one's life and one's present action" (qtd. in Misztal 87). There is a recurring theme put forth by these scholars from a variety of fields that narrative is required to live healthily. This is because narrative is what enables us to make meaning of our lives. Without narrative our lives would essentially be without meaning.

Although this viewpoint might initially seem extreme, upon second thought it actually makes sense. Narrative contributes to shaping people into what they think themselves to be and how they view their goals for the future. The narrative organization of key autobiographical memories of past experiences plays a large role in composing one's self-conception. The projection of a person's character determines what goals he believes himself capable of accomplishing in the future (*Where do you see yourself in five years?*) and ultimately shapes the trajectory for the rest of his life. Without the backdrop of a framing narrative through which one lives one's life, even seemingly consequential decisions would be meaningless. After all, every decision one makes is based on the knowledge of past experiences and the expectation of future consequences. As Taylor points out, stories not only "subtly influence [the] progression and orientation" of a person's life, but they also "have the capacity to confer meaning and substance on peoples' lives" (qtd. in Crossley 298).

Another reason that a narrative helps one make meaning of one's life is because each person's narrative is unique to that individual. No two people can experience the world in exactly the same way. Consequently, through self-narrative each "establish[es] a sense of personal history in a social world where others have their own unique personal histories" (Nelson 18). This works to conserve the self as distinctive and exceptional throughout all of time (Nelson 18). This is not to say that two people's individual narratives cannot intertwine; one person's narrative may have a relationship to another's. For example, a husband and a wife who share many experiences together build from each other's narratives to make one that is entirely unique to their partnership. However, each individual still retains his/her exclusive narrative that defines his/her exceptional place in the world, apart from that of the other.

Our need for narrative is so strong that in some cases even when memory fails, the mind fills in the blanks to make sense of ourselves, others, and our world in a narrative way. Oliver Sacks, the physician, author, and professor of neurology and psychiatry at Columbia University Medical Center, gives a good example of this occurrence in his book entitled *The Man Who Mistook his Wife for a Hat*. The case of his patient William Thompson is a sad one—Mr. Thompson has short-term memory loss, but that does not prevent him from constantly devising a story in order to make sense of his surroundings. Although he does not know who Dr. Sacks is, upon seeing him, Thompson assigns Sacks the role of a customer in his butcher shop. When he is alerted that he is mistaken, without skipping a beat he identifies Sacks as his old friend Tom. He goes on to recognize Sacks as a neighboring butcher, mechanic, then another friend all in turn before he finally realizes that Sacks is a doctor.

Even though his brain is not completely functional, in some respects it is still doing its job. William Thompson continually bridges the gaps in his mind due to amnesia by making up "fluent confabulations and fictions of all kinds" (Sacks 109) in order to help him make sense of his ever-changing world. However, for Thompson "they [are] not fictions, but how he suddenly [sees], or interpret[s], the world" (Sacks 109). The brain is so powerful that it may trick its user

into believing that the stories it devises to make sense of its surroundings are real. This is because the need to have a story to orient oneself in the world is so remarkably vital. Furthermore, the way that Thompson continuously and unremittingly assigns Sacks a new identity every time he discovers he is in error conveys his sense of urgency in coming up with any explanation at all that will help him understand where and in whose company he is.

Introduction to Problems with Narration: If narrative is such a defining feature of our existence, how would we be without the ability to narrate? It is hard to imagine life without the use of narrative, just as it is hard even to remember our own lives prior to the use of narration via language. For the most part, we contextualize ourselves and our relationship to others and the world with the help of narrative. Therefore, is it even possible not only to exist but to thrive as a person without the traditional modes of expressing narrative?

We have all been at a loss for words at some point in our lives. Through stage fright while performing, forgetting the words while speaking publicly, or even embarrassment while asking someone on a date, everyone has experienced a loss of the ability to express his or her intentions. In this sense we all know what it feels like to be temporarily without words, and as most will probably attest, it is a frightening and uncomfortable situation. But these are impermanent cases of a loss of the capacity to express oneself. What about longer periods of lacking narrative capacities or even a permanent loss of the ability to communicate through language altogether? Unfortunately, this happens to hundreds of thousands of people every year. Cerebrovascular disorders such as stroke or external physical trauma to the head are some of the main causes of disorders such as aphasia. With aphasia, the victim, at least initially, loses his or her capacity for speech. However, there are patients of this disorder who have proven themselves capable of communicating despite their hardships in order to express their narratives through various means. Certainly every case is different and not every one's circumstances enable them to overcome their disorder, but the interest of my paper falls to those individuals who are able to work towards the recovery of their former communicative skills. The ingrained human need to narrate is showcased through these special people: even in the face of the unthinkable they find a way to express their stories.

Aphasia: Aphasia is one surprisingly prevalent disorder that renders the patient narratively incompetent. Aphasia quite literally means "without language" (Owens, Metz, and Farinella 194). This disorder is most commonly caused by stroke or cerebrovascular accidents (Owens, Metz, and Farinella 203), causing brain damage to various language centers in the brain. The severity of the aphasia is a result of "several variables, including the cause of the disorder, the location and extent of the brain injury, the age of the injury, and the age and general health of the …[patient]" (Owens, Metz, and Farinella 195).

There are many different types of aphasia which affect different communicative abilities. Although aphasia is classified and sub-classified into a variety of categories, there are common features that link them all together. Overall, there are problems with two main areas— "auditory comprehension and word retrieval, [that] seem to be common to varying degrees" in all kinds (Owens, Metz, and Farinella 194). Aphasia may also "affect listening, speaking, reading, and/or writing as well as specific language functions such as naming" (Owens, Metz, and Farinella 194).

Aphasia can be classified into two distinct groups, fluent aphasia and nonfluent aphasia, and may be broken down into further classifications within these categories. Fluent aphasics are usually defined as those who use "word substitutions, neologisms [made-up words], and often verbose verbal output" (Owens, Metz, and Farinella 199). Some examples of fluent aphasia include Wernicke's, anomic, conduction, transcortical sensory, and subcortical aphasias.

Nonfluent aphasics, on the other hand, have "slow, labored speech and struggle to retrieve words and form sentences" (Owens, Metz, and Farinella 202). Broca's, transcortical motor, and global or mixed aphasia are examples of nonfluent aphasias. For more details about each type of aphasia, see Figure 1.

Although the term "aphasia" may not sound familiar to the layman, many people have had some direct experience with aphasia, either from an aphasic relative, neighbor, friend, or have even been personally diagnosed (Owens, Metz, and Farinella 194). In fact, aphasia is actually relatively common. Over one million Americans have it, and "over 200 individuals—primarily adults—become aphasic in the United States each day" (Owens, Metz, and Farinella 194).

Aphasia Type	*Speech Production*	*Speech Comprehension*	*Speech Characteristics*	*Reading Comprehension*	*Naming*	*Speech Repetition*
Wernicke's	Fluent or hyperfluent	Impaired to poor	Verbal paraphasia, jargon	Impaired	Impaired to poor	Impaired to poor
Anomic	Fluent	Mild to moderately impaired	Word retrieval and misnaming good syntax and articulation	Good	Severely impaired in both speech and writing	Good
Conduction	Fluent	Mildly impaired to good	Paraphasia and incorrect ordering with frequent self-correction attempts, good articulation and syntax	Good	Usually impaired	Poor
Transcortical Sensory	Fluent	Poor	Paraphasia, possible perseveration	Impaired to poor	Severely impaired	Unimpaired
Broca's	Nonfluent	Relatively good	Short sentences, agrammatism; slow, labored, with articulation and phonological errors	Unimpaired to poor	Poor	Poor
Transcortical	Nonfluent	Mildly impaired	Impaired, labored, difficulty initiating, syntactic errors	Unimpaired to poor	Impaired	Good
Global	Nonfluent	Poor, limited to single words or short phrases	Limited spontaneous ability of a few words or stereotypes	Poor	Poor	Poor, limited to single words or short phrases

Figure 1: Types of Aphasias (Owens, Metz, and Farinella 199)

How Narrative Is Possible with Aphasia: Though stroke or other head trauma initially impairs the narrative capacity to communicate through traditional means such as reading, writing, or even speaking, patients of stroke and subsequent aphasics are still able to maintain the ability to produce narrative in a variety of ways.

The attempt of the patient to maintain the inner narrative that keeps her focused and positions herself in her greater life story is the first way that an aphasic may showcase her narrative ability. Even though her body may be shutting down due to the stroke she is experiencing, a stroke/aphasic victim may still have an ongoing narrative running through her mind. In the case of Jill Bolte Taylor, Ph.D. who shares her own stroke experience through *My Stroke of Insight*, Taylor's mind struggles to make sense of the sensations she is undergoing caused by her stroke even while her brain is slowly shutting down. Taylor, a Harvard-trained brain scientist with a Ph.D. in Life Science, depended on her highly analytic and verbal capacities for her profession. In fact, she was a keynote speaker at many State NAMI (the National Alliance on Mental Illness) organizations and even "travel[ed] with [her] guitar as the *Singin' Scientist*" (Taylor 10, emphasis original). As the "Singin' Scientist," Taylor gave vocal presentations to crowds in order to educate them about brain donation issues to medical research facilities such as Harvard's Brain Bank. Taylor had the unique experience of witnessing her own brain deteriorate from a neuroanatomist's point of view. This is especially interesting because, although she is well versed in what happens to the brain and body when a stroke occurs, she does not realize that this is what is happening to her. She tries to search the confines of her mind to figure out if she has "ever experienced anything like this before" (41), comparing this new occurrence in the present moment to previous experiences stored in her memory. This is what we already do every day—consult the past to place novel episodes in the greater framework of our lives. The fact that Taylor refers to her past to understand her present, even as her brain becomes less and less functional, demonstrates how our brains work until they can work no more to contextualize experiences in the form of narrative.

The more damage the stroke wreaks on Taylor's brain, the harder it is for her to concentrate. She finds that "in place of that constant chatter that had attached [her] to the details of [her] life, [she feels] enfolded by a blanket of tranquil euphoria" (41). That "constant chatter" is the ongoing narrations in our minds that are incessantly either consciously or subconsciously in play. The chatter is slowly quieting because the language centers in her left hemisphere are little by little drowning in a pool of blood. An amazing part of Taylor's story is that even as she gradually drifts out of normal consciousness, she still fights to hold on to what she is doing and who she is. Although her "brain [feels] inebriated" and her "body [is] unsteady," she still manages to attempt to keep herself on task by asking, "What is it I'm trying to do? Dress, dress for work" (44). As relaxing and peaceful as Taylor claims the silence in her head is, she still manages to contextualize her present actions in the greater scheme of her morning plans. Her brain is fighting with itself to keep narrative intact.

Even more importantly, Taylor feels an urgency to remember her overall experience later when she realizes that she is having a stroke. She hopes to keep her internal narrative intact in order to remember her thoughts and feelings after the stroke is over. As soon as Taylor becomes aware that she is experiencing a stroke, she subsequently pleads with herself, "Remember, please remember everything you are experiencing!" (46). She is anxious to remember what she is feeling later so that she may not only remember this self-defining experience and the remarkable understanding it brought her about the inner workings of her own brain, but also so that she may share this experience with others "who may benefit from it" (175). Her desperation to remember her story demonstrates the need she has not only to share her story but to make a difference with her story in the lives of those who may need to hear it the most. By sharing her story she

necessarily connects with people who have either undergone a similar experience firsthand or with those whose loved ones have had a stroke. However, as important as connecting with others may be, it is the pleading with herself, the urgency to remember her experience, that highlights the innate human need to make narrative and to share that narrative with others.

Taylor records her memoirs for the general public not just "for the many caregivers who have called in search of direction and hope" for those in their care (2), but also so that she may share the "stroke of insight" that it brought her about the nature of our minds. What Taylor took away from her experience was the newfound comprehension of "knowing that deep inner peace is just a thought/feeling away" (159), and that we may access it by choice. This is what is so urgent for Taylor to remember about her experience. She explains that she "resurrected the consciousness of [her] left hemisphere in order to help others achieve that same inner peace—without having to experience stroke!" (3). Taylor shares her narrative so that she may help others channel the same feelings she did; the insight that she gained from her experience provided priceless wisdom obtained at a very great cost.

Another way in which aphasics or individuals currently undergoing a stroke still may produce narrative is through their attempts to communicate, even if their words are unintelligible. Without the will to communicate one's narrative, it is impossible for one's narrative to be interpreted. As clichéd as it is, for the most part it is true that "where there is a will there is a way." Having the will to communicate is the first step to being able to transfer one's desires, needs, or even pleasantries to another; as long as that will is expressed in some manner or another, a patient and listening audience may be able to interpret that person's communicative intentions.

To use Jill Bolte Taylor as an example once again, upon discovering that she is having a stroke, she miraculously is able to devise a plan to coordinate getting herself help. Although it takes her over forty-five minutes to figure out how to use a telephone because of the damage not only to her language systems but to those that decipher simple symbols such as numbers, Taylor is able to call her friend and colleague Dr. Stephen Vincent for help. However, upon his answering the telephone, Taylor learns that she cannot comprehend his words as he "sounds like a golden retriever" (55). Although she is shocked that her left hemisphere is more disabled than she had initially thought, and although being unable to understand another's words in a time of trauma may be rather discouraging, Taylor still manages to find the courage to utter "grunts and groans" at Vincent to convey that she needs help (55). Although Vincent cannot understand her or she him, they are still able to communicate to each other that she needs help and that he will get it for her. The language centers in Taylor's left hemisphere are disabled, but she can still interpret "the soft tones in [Vincent's] voice to mean that he would get [her] help" (55). Taylor has the will to reach out to someone else which is the first step in orchestrating her rescue. Although the traditional use of language is interrupted, alternative methods of interpreting one another are in use to make meaning of this seemingly incomprehensible interaction.

The trials of Diane Ackerman's aphasic husband Paul West is another example of the attempt to communicate despite an apparent lack of traditional understanding of spoken words. In her memoir *One Hundred Names for Love*, Ackerman describes the journey that she and her husband undergo after his devastating stroke that left him with global aphasia. In the recovering days of West's stroke, Ackerman comes to find that when attempting to speak to her or anyone else, West can only utter one sound: "Mem" (22). "Mem" is the only remnant of language he has left (45). Ackerman paints a desperate and troubling picture of her husband's struggles with speech as she describes his use of the solitary syllable in every situation: "He groaned it, he whispered it, he uttered it civilly as a greeting, he barked it in anger, he solicited help with it, and

finally in frustration, when none of that worked, he sat upright in bed and spat it out as a curse" (45).

Not every attempt at communicating one's narrative will be successful, but the insistence on and attempts at communicating work as the first steps in actually being able to successfully convey one's intentions. In West's case, he becomes frustrated and disheartened, but he also does not give up the will to communicate—he uses the same sound to express his frustration as he does to get help. When Ackerman claims that none of his attempts at communicating with "mem" are fruitful, I believe she is mistaken. If she understands that his use of "mem" in one situation is intended as a greeting and his use of "mem" in another is a curse, he seems to have successfully conveyed his point even though he uses the same syllable in both cases. Only being able to utter one inarticulate sound is surely frustrating in the sense that West is unable to convey his purpose as eloquently or thoroughly as he formerly was, but he is able to convey something of what he is feeling inside nevertheless. Later, Ackerman comes to realize this as well. She tells her frustrated husband that "talking and communicating aren't the same thing," and that even though "it takes longer, [is] harder, …[and is] not as complete,… it *is* possible" to "communicate even though [West's] talking doesn't work" (149, emphasis original).

As West undergoes his own adventure to retrieve the words and narrative abilities he formerly had, Diane Ackerman writes her memoirs about the experiences she shared with her post-stroke, recovering aphasic husband. In the way that two individual's narratives may intertwine to create a new narrative unique to their relationship, Ackerman discusses how "so much in a relationship changes when a partner is seriously ill" (99). The dynamics of their personal and relational narratives have changed due to the illness. She is not only his wife but is now also his caretaker and defender, one who helps to bear his burdens in a way that is novel to both of them. "Never before did [she] have to store someone else's trauma" (103) as she did now with her husband. Her narrative is so intertwined with that of her husband that his aphasic episode is now hers to endure as well as his.

Ackerman shares her story not only to inspire others about the hopes of recovery, but also as a way to help herself heal from the experience. She explains that the memoir "has provided an opening for [her and West] to talk about [her] hurts and experiences, as well as his, and about [their] history and life together" (302). *One Hundred Names for Love*, her literary narrative, is essentially the transcribed version of her own narrative, as well as West's, and the narrative they have created as a married couple. She also conveys that relationships and their accompanying narratives are subject to unanticipated change. Their life together, which has essentially created a narrative of its own, is like "an intricately woven basket, frayed, worn, broken, unraveled, reworked, reknit from many of its original pieces" (302); all of these obstacles that they underwent together "ha[ve] brought [them] much closer" together (302). The strongest relationships are those that are not static but instead are malleable; with enough patience and understanding, a relationship may overcome even the most trying of times and come out the other side all the stronger for it.

Because the act of storytelling is intrinsically social, the meaning of a person's narrative depends on more than the way s/he shapes his or her words into a story. The listener actually plays an active role in devising meaning out of words, for the listener is the one who ultimately interprets the narrative. This accounts for why two people may hear the same story but take away different meanings from it; the significance and understanding of a story depends on the hearer's interpretation. Through language we "constantly and perpetually interpret and change the meaning" of ours and others' stories and actions (Crossely 2). Consequently there is always the chance that what one says or does will not be interpreted in the way that one actually intends.

Storytelling and communication in general require the listener actively to engage in the story, for stories "contain the possibility for change" (Berger and Quinney 5) depending on who is listening. In short, interpretation is relative and active.

Since we already necessarily construe meaning from one another's words and actions, it is a matter of honing one's skills in interpretation to make sense of aphasic speech. We are accustomed to making meaning out of the jumble of words with which we construct our sentences because we practice our interpretive skills every time we conduct verbal interactions with another person. In the case of an aphasic patient, however, it is more challenging to try to decipher meaning from the unintelligible sounds or odd assortment of words or phrases that s/he may employ.

Researcher Charles Goodwin's "Co-Constructing Meaning in Conversations with an Aphasic Man" demonstrates how necessary it is for two separate parties to make meaning out of any given conversation, whether it be aphasic or not. Even the title of Goodwin's paper stresses the importance of the roles of both the listener and the speaker in interpreting and co-constructing meaning from a conversation, for interactions require both positions to function properly.

The object of Goodwin's study is Rob, a former lawyer who fell victim to a stroke and was subsequently diagnosed with aphasia. The stroke left him not only aphasic and paralyzed on the right side of his body, but also left him with the ability to utilize only three words of his former vocabulary: "yes," "no," and "and" (Goodwin 1). The three words that Rob is left with are those that have some of the most social uses out of the entire English language. "Yes" and "no" are formally used as responses to other individuals' inquiries; thus, they are essentially utilized in a social context. "And" is used to link either one's thoughts together or to combine one's own ideas with those of another. In this way "and" is similarly used in a social way. As Goodwin points out, "this vocabulary set presupposes that its user is embedded within a community of other speakers" (Goodwin 2). However, because the other speakers in the community in which he is embedded already inherently interpret speech, "this raises the possibility that despite the extraordinary sparseness of this system, its speaker might nonetheless be able" to take part in communications more complex than answering simple yes or no questions (Goodwin 2). These communications may include "engag[ing] in complicated language games …[and saying] a wide range of different things while performing diverse kinds of action… by making use of resources provided by the speech of others" (Goodwin 2). For example, Goodwin depicts an episode where Rob's nurse is putting on his sock for him during which Rob points at the sock and utters an inarticulate sound. Because of his action, the nurse realizes that Rob is inquiring something about his sock. She asks him if he would like it pulled higher, where he responds with "yes" (Goodwin 4). If it were not for Rob's interjection via action and vocalization, and if it were not for utilizing the speech of his nurse, Rob may not have been able to accomplish his objective. Although he can only say "yes," "no," and "and," he is still able to make use of "a large repertoire of subtly differentiated actions, each precisely fitted to the environment within which it emerges" (Goodwin 9). In this instance, his action draws his nurse's attention to his sock, and he is successful in his ability to communicate his desire for her to raise it higher.

Of course it would be terribly difficult, if not impossible, to construct free-standing phrases that make sense with only these three words. Therefore, because Rob cannot make intelligible sentences out of his intensely limited vocabulary, it is left to his wife and caretaker to ask him the right questions in order for him to be able to relay what he feels, thinks, desires, and needs. Goodwin makes clear that "his talk does not stand alone as a self-contained entity, but emerges from, and is situated within, the talk of others, to which it is inextricably linked"

(Goodwin 2). In this way his words must be interpreted in the backdrop of their own words; together they may be able to co-construct full meaning from his own partial language.

Depending on what is asked of him, the same word may encompass a variety of different meanings. Goodwin relates in his own words philosopher Ludwig Wittgenstein's argument found in his *Philosophical Investigations* that "language deceives us by making phenomena that are in fact quite diverse appear identical to each other" (Goodwin 12). He goes on to explain that although Rob is using the same word, "yes," "through variation in the way that he speaks it, he is able to construct" different meanings and therefore created alternative ways of interpreting the same word, resulting in an assortment of various possible actions based on how he says it (Goodwin 12).

Furthermore, although his vocabulary is scant, Rob still retains the ability to control some aspects of conversation. Goodwin states that "in order to make himself understood, he both relies upon, and helps structure, the sequential organization of the talk within which he is embedded" (Goodwin 23). This means that Rob takes an active role in deciding exactly how and when his voice will be heard. He does so in a couple of ways. Firstly, Rob "attend[s] to the sequential placement of his talk" (Goodwin 23) which is commonplace for any type of speech. Placement of words is important in the overall understanding of a phrase or conversation.

More importantly, however, Rob uses "the full expressive powers of his body (intonation, gesture, affective displays of his face and body)" in order to get his point across successfully (Goodwin 23). Although he loses most of his speech, Rob does not lose himself. He is able to express his thoughts and desires by building "a broad range of subtly differentiated action, each fitted in fine detail to the contingencies of the local organization where it is placed" (Goodwin 23). This means that depending on when and how he uses his body language or movement to supplement the few words that he speaks, he can shift the meaning of his words to fit the demands of the situation and communicate effectively. He is able to do this because narrative consists of more than just words—it is composed of actions and meaning. It is the way in which we express those meanings in addition to the words we use that is key in narrative interactions. Literary theorist Lubomír Doležel phrases this idea nicely when he states that "the semantics of narrative is, at its core, the semantics of interaction" (qtd. in Aaltonen 50). This means that the fundamental elements that compose narrative are not necessarily words but rather the implications behind those utterances. When interacting with another person, one attempts to convey meaning first; language is a supplemental tool which helps to convey that meaning.

Similarly, narrative, when stripped down to its most basic property, exhibits the same nuances as does interaction—it also attempts to convey meaning above all else, and will do so in a comparable fashion. This is because the details of narrative are essentially the same as those that compose interaction. This explains how people are able to understand each other even if they do not speak the same language. Body language, tone, and expression account for an enormous amount of information passed between interlocutors; meaning is not dependent solely on words but a mixture of words and subtle cues passed on through the body.

In fact, a study conducted by researchers Justin Kruger, Nicholas Epley, Jason Parker, and Zhi-Wen Ng find that successful interactions through narration by words alone are far from reliable. Their experiment about whether or not one can successfully relay a message over email without the help of tone shows how difficult it really is to convey the entire meaning of a communication solely through words. One example demonstrates that by communicating the ambiguous statement "*Blues Brothers, 2000*—now that's a sequel," a phrase that was intended to be sarcastic, most of the senders did not realize that their point was far from easy to understand

"without verbal emphasis on the word 'that's,' a facial gesture such as an eye roll, or some background information about the communicator (such as his or her taste in films)" (Kruger, Epley, Parker, and Ng 927). Due to a lack of information about tone or body language from which to gather subtle clues, many intended meanings are misconstrued by the interpreter of a message. This suggests that even people whose brains still have intact language systems use a combination of words and paralinguistic cues in order to assess meaning from an interaction even when they can already understand the meaning of the words.

When communicating either in person or through auditory means such as by telephone, many people also use their interlocutors directly to guarantee that their message is being communicated successfully. Techniques of checking-in, such as the speaker asking, "Do you know what I'm saying?" or the listener inquiring, "Did you mean this or that?" are common methods that help to shape the conveyance of a narrative. This interplay between participants assists in the negotiation of the meaning of an expression and structure of the overall narrative of the conversation and story.

Understanding others' narratives depends on the interpretation of a combination of language and other social cues such as tone and gesture. Because we have practice with this on a daily basis, when dealing with an aphasic individual, it is a matter of really focusing to understand his/her intentions by honing one's skills in these interpretive areas. Everyone, whether verbal or not, "narrates in multimodal ways" (Aaltonen 50). Especially in the case of aphasics, by necessity "more than one semiotic channel is used to evoke a storyworld" (Aaltonen 50).

Interestingly enough, some aphasics have to employ the same social cues in order to understand non-aphasics. In cases such as global aphasia, the patient has lost his or her ability to understand speech as well as the ability to produce it. The speech centers of the brain are located in the left hemisphere, and many times the right hemisphere which is in charge of interpreting signals such as tone of voice and facial expressions is unaffected by the stroke and is still intact. In this way the aphasic may not only express his or her narrative to others but may be able to understand others' narratives by means of interpreting their gestures and tone to make meaning of others words. Oliver Sacks recounts a group of global aphasics in "The President's Speech," a chapter from his *The Man Who Mistook His Wife for a Hat*, who reacted with all the right responses while watching President Ronald Reagan's televised oration. These patients "sometimes grasped enough of the gist of the speech to impress friends, family, and hospital staff with their apparent comprehension" (Provine 179). They were able to do so by "responding to the *tone*, not the meaning of the words" because "the tonal, or prosodic, character of speech carries much of its emotional context, helped along by facial gestures and body language" (Provine 179, emphasis original). This is also why it was possible for Jill Bolte Taylor to understand that her friend Dr. Stephen Vincent would get her help. Although her "left hemisphere could not decipher the meaning of the words he spoke, [her] right hemisphere interpreted the soft tones in his voice" to signify that he would assist in her rescue (55). Even with aphasia, the production and comprehension of narrative intentions is still possible.

Finally, another way in which narrative may be present even in disorders such as aphasia is through the hard work and dedication of the victim to regain his/her former vocabulary. This is not possible in all cases, such as that of Rob, the focus of Goodwin's study, who even after thirteen years could still only say "yes," "no," and "and" (Goodwin 1-2). However, Paul West, stroke victim and aphasic husband of Diane Ackerman, was able to regain much of his former vocabulary through daily dictations to a nurse (which were later published in his memoir *The Shadow Factory*), as well as practice with word puzzles. Similarly, Jill Bolte Taylor was also able

to slowly relearn words and relationships and was lucky enough to regain much of her former vocabulary as well.

Every stroke and its resulting case of aphasia is unique. Because of this there is no one "fix-all" solution for aphasics in general to recover disabled abilities or language. Some individuals' brains are so damaged that they may not be able to recover former skills while others are fortunate enough to regain at least some, if not the majority, of what they lost. Most aphasics, however, do "experience some type of spontaneous recovery" (Owens, Metz, and Farinella 207). Doctors and researchers suggest that patients take advantage of the first three months after the stroke to begin to work on rebuilding their skills because this is when "maximum improvement is seen" (Owens, Metz, and Farinella 207).

The stages of an aphasic's recovery can be challenging and disheartening, for "in aphasic conversation… sequences of searching for the correct word… are often long and complex" (Aaltonen 55). However, even if the patient does not make sense in sentence structure or word choice, his/her speech should be "regarded as if it had a point, not as mere nonsense" (Aaltonen 55). After all, the aphasic does have a point which s/he is attempting to voice; through the interpretive listener the intention can and most likely will come across. In any case, this much is true: those who do not endeavor to rebuild their former skills and to flex and challenge their tampered brains cannot and will not regain that which they have lost. Those who are willing to try may or may not succeed, but trying is the first step to recovering at least some of their former abilities.

Narrative with Sickness: The inability to understand or be understood outright when speaking seems like an impossible barrier to overcome, but these individuals work to make sure that their thoughts, opinions, and stories are heard. Why is this?

Part of the answer, I think, is the inherent human need to narrate. The isolation that these individuals bear by being locked inside of their own minds is overwhelming. By virtue of their disorder, they almost completely forgo the ability to relate their thoughts or feelings to others. They are left only with the grueling process of communication by using incoherent words in order to share with others their innermost thoughts. Because of this solitary confinement, they work to overcome the alienating boundary set up by their illness to make a connection with others, no matter how difficult the process.

At stake for some is self-image—the reputations they feel driven to keep. Disorder and disease distort others' perceptions of an invalid, even if s/he is entirely the same on the inside. Onlookers do not have access to see the functional brain trapped inside of the dysfunctional body, but instead make judgments about him or her based on appearances. Others' views are powerful because we are social creatures. How people view us helps create their notions about who we are and even influences our own self-perceptions. Consequently, one's reputation and what others think of one is very important. Anyone who learns that others think less of him/her due to a disorder that is misleading about one's state of intelligence would work to challenge these false perceptions if they could. Some recognize that by making it known that they are still themselves by sharing their stories with others, they could "repair… some of the damage caused by rumor" about their condition and mental state (Bauby 82). Being able to share with others ones narrative, the reflections of an intact inner mind, works to combat the misconceptions about that individual and helps them to regain their sense of person despite their difficulties. Although some may not be able to do much on their own, by sharing their stories they do what they can do to prove that they are still themselves. The need to tell their stories is more pressing than the difficulty they face in producing it.

Jill Bolte Taylor's *My Stroke of Insight* demonstrates how imperative it can be for those under mental duress and physical trauma to share their stories with others. In fact, sharing one's story when ill may even be more important than when one is well. It is "when disorder and incoherence prevail, as in the case of trauma, [that] narratives are used to rebuild the individual's shattered sense of identity and meaning" (Crossley 287). This is not only true for rebuilding one's own sense of identity but in rebuilding others' ideas of oneself.

Undergoing a serious trauma such as stroke, which may result in aphasia, also challenges a person's worldview and everything he might think he knows about his strengths and limitations. As Crossley puts it, "it is in the face of the disruption and incoherence introduced by serious illness that people frequently experience a renewed need to rebuild and restructure their worlds—and they tend to do this through the use of stories" (295). One's use of narrative may also help stabilize oneself in a suddenly altered world and return one to a sense of normalcy. Sharing stories is what we do all our lives. If we suddenly are impeded in the storytelling process, we do what we can to regain that former, familiar ability.

Stories are an outlet which allow us to connect with other people emotionally, bypassing the barrier of the skin. It is in the case of illness, perhaps, that we need to connect with others the most. Illness sets apart those affected from the majority; those who are sick are outsiders and experience things that most of us will never know. In order to gain support and understanding from the healthy people in their lives, the ill share their narratives to help enable the listener to understand. They express their narratives when they need the support and understanding the most from those closest to them, people who most likely have never experienced what they are enduring. Through stories listeners might be able to attempt to relate their own experiences to offer support, or at the very least may be there to lend a sympathetic ear. Sharing difficult experiences with those who can relate is important, for this is from where much helpful advice and support come. This is why there are many different support groups, whether they are for substance abuse, death of a loved one, loss of a limb, etc., where individuals go to talk to and bond with others who have shared common experiences.

As was the case for these affected authors, the journey to tell their stories was painful, exhausting, and frustrating. But despite the difficulty, they press on because of the urge to express their personal experiences to a wider audience. It is not enough that the authors regain their ability to communicate; they need to continue to make themselves heard. Even those who are healthy yet affected by the disorder of a loved one, such as Ackerman, still need to share their stories to recover from the life-changing event. They may do so to help heal from a traumatic experience, like Ackerman, or to attempt to inform others that a peaceful life is within their reach, like Taylor. The fact that these authors documented their ordeals in order to share with others, no matter how personal their motives, reveals how a person's urge to express his or her story with others is so strong that it may overcome the difficulties placed in the way to do so. The human will can overcome almost impossible physical and mental boundaries to make it possible for the self within to share his or her story and be heard.

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