Commentary: Stories and Histories in Forensic Psychiatry

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In this commentary, I reflect on the narratives of offending that are generated in the courtroom and those that are generated in the therapeutic space between an offender patient and his or her therapist. I discuss the similarities and differences between these different stories and explore the role of the psychiatrist in both cases.

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I am grateful to the editor for an opportunity to reflect on Professor Drukteinis' fascinating paper, "Forensic Historiography: Narratives and Science."[1] My commentary will reflect my experience as a forensic psychiatrist and psychotherapist working in the United Kingdom. A key difference between the U.S. and U.K. experiences in forensic psychiatry lies in the therapeutic role that U.K. forensic psychiatrists have in addition to their work as expert witnesses. In the United Kingdom, the forensic psychiatrist offers psychiatric care to mentally disordered offenders, either in prisons or in secure psychiatric units, and their expertise in the criminal court is grounded in that clinical and therapeutic experience. So, like Professor Drukteinis, I will reflect on the similarities and differences between the narratives one hears as a therapist (from both offenders and nonoffenders) and the narratives that are generated about offenders in the court room. I will suggest that these narratives are all forms of morality tales and that training in moral theory and reasoning is part of the essential identity of psychiatrists.

His Story Is Bunk: Facts and Fictions in Therapy

This apocryphal quote from Henry Ford is a reminder that stories of events and relationships are inevitably a mixture of facts, interpretations of facts, and evaluations of those interpretations, and the facts may vary in their weightiness and grounding in reality. I am thinking here of the angry disputes between historians about the rewriting of the history of the Holocaust by people with a particular political perspective.[2] Herman and Chomsky,[3] using another political framework, have argued that history can be created in the news media by combining selected pieces of information to make an account that justifies certain actions or inactions.

I do not know who first used "spin" to describe a process whereby different stories can be created, depending on which aspects of a factual truth are either exaggerated or diminished. Whoever coined the term was describing tendency that is ancient and all too human. More subtle than direct untruths or lying, humans tell stories that are the truth as they see it; yet, these different versions of the truth may be incoherent and incompatible. The adversarial legal system is based on this reality, that for any series of events, there may be different ways of interpreting those events and making inferences about the intentions of the actors. As expert witnesses, we know that we are part of these story-telling processes in court, and the best story is that which persuades the jury.

I will return to courtroom stories later. At this point, I want to posit that all people seeking help from another begin by telling the story from their point of view. It is natural and inevitable that when we are thinking about ourselves and our problems, we focus on interpretations of facts that appeal to us, or make sense in various ways. I think of this as a cover story,[4] itself a metaphor that implies layers of intelligence and meaning. The cover story is not necessarily false, but it may be incomplete, inconsistent,

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or incoherent. The art of psychiatry, especially psychotherapy, is that of listening for those inconsistencies and contradictions, to how things are said, not just the content, and what is not said as much as what is.

Stephen Grosz[5] provides a lovely example of this process in his book *The Examined Life*. He describes a patient who tells him stories about her husband that convince Grosz that the husband is being unfaithful. Yet the narrator of the stories seems unaware of what she is saying, or the way it might be heard by others, as if the therapist hears and knows something that she herself is unaware of knowing or saying. When Grosz comments on this, she responds by telling him a story of her father's infidelity to her mother when she was a child that she had not wished to know about then. Grosz ends his account with his patient's experience of letting herself become consciously aware of her husband's infidelity and what she had known but could not accept.

I think this vignette is an excellent example of the function of the cover story in keeping the unthinkable out of inner sight. It also has an important relational function in terms of emotion and agency attribution. Here the patient's cover story was heard by the therapist as the narrative of a wronged woman, passively accepting another's deceit and injury, a narrative that induced anger and protest in her therapist on her behalf. This patient's cover story of herself was of a woman who was unable to act, who was hurt and puzzled, not angry and suspicious. In dismantling the cover story, she enabled herself to experience those more negative feelings and then develop a new narrative that included an account of herself as an agent who asked difficult questions and who initiated potentially painful conversations. Her new story of herself became one that focused more on her agency and capacity to direct her own life and less about someone's choices, a story that was richer and (in Clifford Geertz's famous term) thicker.[6]

This process of narrative development in therapy is studied in detail by Adler *et al.*[7,8] and McAdams and Olson,[9] using McAdams'[10] concept of the three levels of personality: actor, agent, and author. The narrative level of the personality is the domain in which an individual is the author of the story of his lived identity in relation to other people and, especially, changes in that identity. At the cognitive level of personality, the individual is a solo agent who can change the ways he evaluates or interprets information as he sees it, but a change of identity entails a change in the way that he reflects on himself in relation to himself and others and changes his story. Narratives of successful therapy (as judged by patients) are associated with an enhanced sense of agency in the narrator,[8] even at the level of the use of the personal pronoun.[11]

Tall Tales and Horror Stories: Therapy With Offenders

A particularly ancient form of story or narrative is the story of the defeat of a monster that threatens a community.[12] In traditional stories, the process of finding and defeating the monster is the process of change by which an ordinary person is transformed into a hero. In the modern world, the monster is usually a psychological one: the monster within. The modern protagonist may also have to overcome an internal monster of inauthenticity, to discover his "true" self. The hero is liberated from his monstrous self by overcoming or transforming an internal darkness, usually through a process of (sometimes painful) change.

What about stories of becoming a monster? The first accounts of this process are dramatic. As early as Euripides, we find accounts of what perpetrators of violence and cruelty say about the process of becoming monstrous to others. Shakespeare allows his monsters to speak to the audience directly about their capacity for cruelty to others and their enjoyment of their agency and choices, and there is drama in the tension between the audience's knowledge of the actors' monstrousness and the ignorance of the other players. If space permitted, there would be much more to say about how Shakespeare uses language to demonstrate changes in agency and feeling in offenders, especially the move from poetry to prose and his use of punctuation.

However, there is a body of non-Shakespearean work on the language of offenders that pays close attention to the offender's voice and perspective.

Early studies of the narratives of offenders focused on the language of prisoners convicted of violent crime. Tony Parker[13,14] was one of the first researchers to use taped and transcribed interviews with offenders whose voices had been silenced: sex offenders and murderers. Both O'Connor[15] and Presser[16] have explored linguistic constructions of agency in the language of convicted offenders, both finding that offenders use language and generate narratives that

diffuse their responsibility and imply that events just "happened" to them.

These are examples of what the criminologists Sykes and Matsa[17] called neutralization discourse. What is neutralized in these discourses is any negative feelings that might cause pain or distress in the offender, such as shame, guilt, anxiety or self-reproach. Like most other people, most offenders want to see themselves as good people who have made mistakes or were provoked into wrongdoing. Psychological processes (both intra- and interpersonal) that encourage the ownership of responsibility and agency for wrongdoing may be painful to experience and may generate negative affects that have to be endured and accommodated.

Those working with offenders in rehabilitation programs hope that offenders who own their agency and responsibility for offending are less likely to reoffend. Although in intuitive accord with cultural and religious norms, there is surprisingly little research to support this hope. One piece of research that supports intuitions in the importance of agency and responsibility in desisting from crime is by Maruna,[18] who used narratives generated by two groups of offenders: those who had desisted from crime and those who had not. The desisters generated narratives of themselves that emphasized their sense of a former, offending self who was not real and also used the language that indicated that they experienced a sense of agency in taking steps to act differently. In contrast, the persisters (who continued to offend) used language that suggested that they experienced themselves in a passive way, as people to whom things just happened.

The commission of a violent offense results in a massive change of identity for the perpetrator, and this change in turn requires a narrative shift to accommodate it. It is inevitable that perpetrators of violence develop a cover story to explain their circumstances, often a cover story that minimizes their agency and responsibility and talks up the guilt and agency of other people. I shall return to this subject below when I discuss experts' narratives, but at this point, I want to comment only that those who have perpetrated violence, especially those who have offended when mentally ill, need a cover story that saves them from feelings of shame, guilt, and distress and that may save them from a prison sentence or the death penalty.

Narrative Coherence: The Best Words in the Best Order

If Maruna's findings are correct, then we need to help perpetrators of violence to articulate their new identity as offenders, which means being able to put into words their agency for what they have done and to see what they have done from the perspective of those whom they have hurt. Psychological therapy for offenders is an exploration of experiences, memories, and reflections that are sometimes literally unspeakable, because (as Shakespeare helpfully puts it) they are afraid to think what they have done.

The concept of coherence is crucial to discussion of narrative. A coherent narrative hangs together and makes sense overall; it does not have gaps, lapses, or intrusions that render it incomprehensible. Coherence and agency often go together, because coherence conveys identity and is essential to social communication. Grice[19] argues that coherence is an essential feature of social relations in the form of language and conversation. He suggests that coherence is derived from the following communicative principles or conversational maxims:

> Quality: be truthful and have evidence for what you say.
>
> Quantity of speech: neither run on interminably nor speak so tersely that the communicative process is lost.
>
> Relevance: keep to the subject in hand and, if changing topics, license the change with some explanation or indication of how it connects with the subject.
>
> Manner: use of complete speech acts and use of correct grammar and syntax and appropriate imagery, metaphor, and tense.

Work using Grice's conversational maxims has shown that the capacity to self-reflect and articulate an autonomous sense of self in relation to others is associated with security of attachment relationships in the early years.[20,21] Narrative coherence does not imply elegant prose or intellectual reflections; rather, a coherent narrative is one that communicates a message with meaning in a fresh, authentic, and reflective way.

Here is a quote from "Tim," a member of a therapy group for men who killed persons close to them:

> I feel I'm stuck in my previous age . . . the age I was when I did my offense . . . . Time's passing here, and there are

> things I'm not doing . . . . I want to capture time with magazines and pictures to show what I was doing when I was here . . . . What will it be like in 10 years' time? Where will we be? What will I think on my deathbed about this time?

The language communicates a lively, thoughtful voice, asking serious questions about a complex human experience. The language is not complicated or extensive, but in a few well-chosen words, Tim conveys his awareness of how time changes perspective, and that time is changing and moving while he is not moving. The existential question about the end of life indicates his awareness of the self-reflective process that takes place across the life-span: he is wondering what he will think about himself and the meaning of his total experiences across time. He communicates a complex thought in a set of speech acts that are clear and concise, and indicate a willingness to cooperate conversationally in the dialogue that is taking place in the group.

In contrast, incoherence of personal narrative is manifest in language in ways that make a speaker's meaning obscure. Incoherent narratives lack detail, and incoherent speakers may struggle to find words for negative feelings or to use the personal pronoun.[22,23] A common form of incoherence occurs when a speaker recounts dreadful trauma and abuse but simultaneously denies any distress or suffering, or seems surprised that others might think there is a problem. This type of inconsistency of narrative is also found when speakers talk in highly positive ways about parents or caregivers, but seem not to notice when later they give accounts of abuse from the same persons. Speakers who have experienced extremes of trauma and abuse may generate narratives that show lapses of reasoning or monitoring of external reality but seem unaware of the lack of connection between their different speech acts. Incoherent speakers typically use verbs in their passive form and recount events in which others have all the decision-making or choices, as if they are not actors in their own story. Highly incoherent narrators often respond to questions about themselves with "I can't think," as if the speaker is blanking out thought or lapsing into dissociation. Odd associations and metaphors may be present that hint at the experience of extremes of fear and distress.

The following excerpt demonstrates some of these indicators of incoherence. The speaker (Kevin) is a member of a mentalization-based therapy group for offenders. The interviewer is asking about childhood disruptions of care—in this case, parental divorce:

> Interviewer: Did they divorce?
>
> Responder: Well I don't know if he divorced [her] or not but all I know is that he left her in a sense that he told her about his companion as he called her and to cut a long story short I blamed him for her demise because the last flicker of flame in her belly had been extinguished.
>
> Interviewer: What did she do when she heard?
>
> Responder: Of course, yeah, after being married to [him] since childhood days, see aunts and all the rest of it, you know from back in the army days and all the rest of it, and I thought well, he's responsible for her demise, I was just grieving so much I didn't know what to do, so I thought I would kill him, probably glad that he wasn't in really, he wasn't in; so I got in through the back door at the side of the house and went to go and hang myself in a tree but that didn't work, so I left.

Note that an incoherent narrative is not incomprehensible. It is perfectly possible to infer the meaning in Kevin's answers to the questions. However, a close look at the language of the narrative shows a variety of violations of Grice's cooperative principle of conversation. Notice how Kevin answers a very simple question with an elaborated answer that shifts very quickly from a factual yes/no reply to a discussion of a death and his feelings about it. His first answer contains a beautiful but strange metaphor (the "flicker of flame"), which is not licensed and does not help us understand why Kevin wants to communicate this at this point. His second answer again moves swiftly from discussing divorce and marriage to a continuing discussion of a death, his feelings about it and the remarkable eliding of the experience of grief with instant thoughts of either homicide or suicide.

It is not that Kevin's narrative is wrong or incorrect; it is incoherent, because it does not complete the agreed on conversational task, and it leaves the listener confused about Kevin's choices, values, and experience. It does powerfully communicate Kevin's sense of distress and confusion, and the risk of impulsive violence when he was distressed. It will perhaps not be surprising to know that Kevin was a patient in a secure hospital because he had killed a stranger when he was chronically psychotic and experiencing paranoid delusions.

The therapeutic process in forensic psychiatry focuses on helping people articulate their offender identity and then supports a process of reflection and discussion that allows for the possibility of narrative transformation from a cover story that is often mad

and incoherent into a more nuanced and thoughtful story that includes an account of agency, but also expresses regret and hope.[4]

For example, we may think the speaker below has some work to do still on his offense narrative:

> I didn't kill anyone . . . . You can dig him up and ask him if you don't believe me.

Whereas, this speaker (Tom) is actively working on his experience. He is another member of the therapy group for people who have killed and, on this occasion, was heard muttering to himself:

> Therapist: Tom, I can't hear what you are saying very well when it's a mutter.
>
> Tom (suddenly speaking very clearly): I was thinking about the person I killed and how I would like to say sorry . . . when I killed my mum I was mentally ill, but . . . there was no reason for me to kill the second person.

This excerpt suggests that Tom had been thinking deeply about the offenses he had committed. He verbalizes his agency ("I killed") and he expresses regret. He makes a very interesting distinction between the two homicides and the acknowledgment that there is a difference in culpability for offenses that have mental illness as their reason, and those that do not. Tom's contribution was remarkable because he was one of the quieter members generally, and the therapists did not always know what he made of the experience of being in the group. The coherence of his reflections is especially interesting because he had been thought to be too psychotic to engage in therapy of any sort.

Narratives in the Criminal Court: The Beginning and End of a Story

I said I would return to the topic of narratives of the forensic expert, and I conclude my commentary with some thoughts about experts in the criminal court. I have written elsewhere about the narratives that people have to generate when they are accused of a serious offense and the challenge for forensic professionals who become involved in this process.[24] I have been influenced and encouraged by the work of Griffith and Baranoski[25] into thinking more about the dramatic process in the court and the role of psychiatric experts in creation of tragic narratives.[26] In the criminal court, forensic experts contribute to the development of different narratives: one that depicts the defendant as a monster who made blameworthy choices and who deserves punishment or even death and one that depicts the defendant as a victim who did not truly own the choices he made, especially if he was suffering (i.e., at the mercy of) a mental illness. These stories are articulated and to some extent are enacted by the counselors, and the jurors act both as witness and judge of the coherence of the story, the one they wish were true. This process is an awesome one (in the proper sense of the word), and so it is right that forensic experts approach their part with a commitment to honesty, integrity, and objectivity.

Medical training emphasizes the importance of taking a history of the presenting problem, but it seems to me that it is difficult to take a history about a dreadful event from a person who may be frightened at what he has done and what lies ahead, who may be traumatized by his participation in the offense, and whose anxiety about what lies ahead may be manifest as aggressive denial. I think we may have to give more thought in our training as to how this work affects us, how we let ourselves become aware of our feelings and tell a more truthful story of ourselves and our biases. Close examination of the narratives that we generate in the courtroom or in the therapeutic space will reveal the extent to which these are also exercises in narrative ethics: the stories of what we want to be as good experts and therapists. As experts and therapists with offenders, we cannot remove ourselves from the morality tales that are being examined in such great detail in courts and clinics. Both therapists and experts may need training to be ready to listen to what the offenders have to say, in their own time and in their own way, to pay minute attention to shifts in narrative emphasis, tone, or metaphors. In this way, we can combine a narrative approach to forensic psychiatry, as experts and therapists, with narrative approaches to ethics.

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