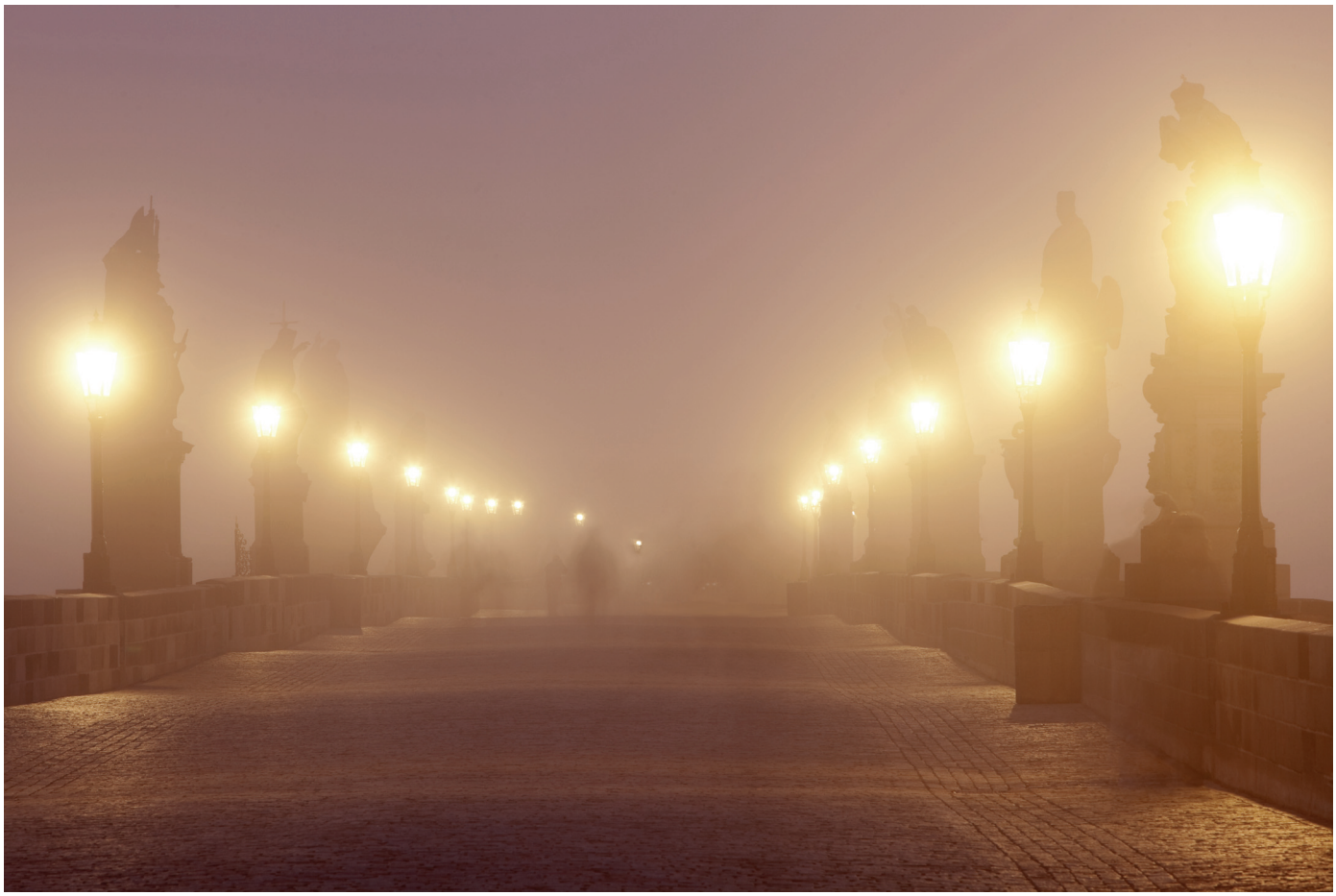
# An illuminated bridge to open dialogue in the fog of life

Ray Middleton



When I was a child, I did not feel I fitted into my social world. This made me curious about how the world worked and I started to search for a different story. This search involved engaging in various dialogues with others, as well as documentaries, books, movies, and music lyrics. I hoped that other people might have within their world a new, believable narrative they might share with me.

While searching, when I was ten years old, I met an adult who wanted to have sex with me. This stirred up confusing, conflicting thoughts and emotions for me, including guilt, enjoyment, and fear. This went on in secret for years and was, on balance, a traumatic experience. There were also positive experiences growing up – love, stability, and family holidays.

'To cut a long story short', I developed some habits of thinking, feeling and acting in reaction to being sexually abused as a child. These habits included anger and resentment towards my abuser; guilt and shame; feeling very anxious when I thought about having adult sexual relationships; suicidal thoughts and wanting to self-harm. I also developed the habit of drinking alcohol to excess as a way to kill the pain of unbearable emotions. Simultaneously, I formed positive habits of thought and emotion, such as compassion, wanting to help others, and a strong feeling for social justice.

## Bakhtin – speech genres and moral habits

Some habits made it difficult to get on with others. These were moral habits I had formed about what was right and wrong. I could only feel angry and resentful about being sexually abused within a moral framework where I believed it was wrong to abuse power over children for sex. Feeling guilty is a moral issue. These habits formed within local moral frameworks (Harré, 1993), within what Bakhtin (1986) called the *"everyday speech genres"* of ordinary life. As I travelled on my journey through different narratives, sometimes these habits were understood as medical mental-health issues rather than moral concerns.

I engaged in dialogues with other people, curious to find something better within their world that could help me escape my self-destructive narrative. I felt some forces kept me trapped in my world whilst I searched for something with enough power to get me out of that world. My experience is not unusual for survivors of sexual abuse. In fact, most people have experiences of trauma, some more and some less traumatic than mine. To varying degrees, do we not all develop post-traumatic personalities with some problematic habits formed in reaction to hurt? These can be mixed with good habits formed in more loving relationships with others. So, we communicate with each other from within our 'narratively constructed' worlds, which always include a unique mixture of our 'good' and 'bad' habits.

With open dialogue, I have come to value a way of thinking and relating, a way to have mutually-helpful conversations. Some ideas that have become particularly valuable to me are dialogical concepts that Russian literary theorist Michael Bakhtin (1981, 1986, 1999) developed in his writings – a kind of illuminated bridge appeared within the fog of my life from reading them. In connecting these ideas with my own life experience, I hope it may find some resonances for you.

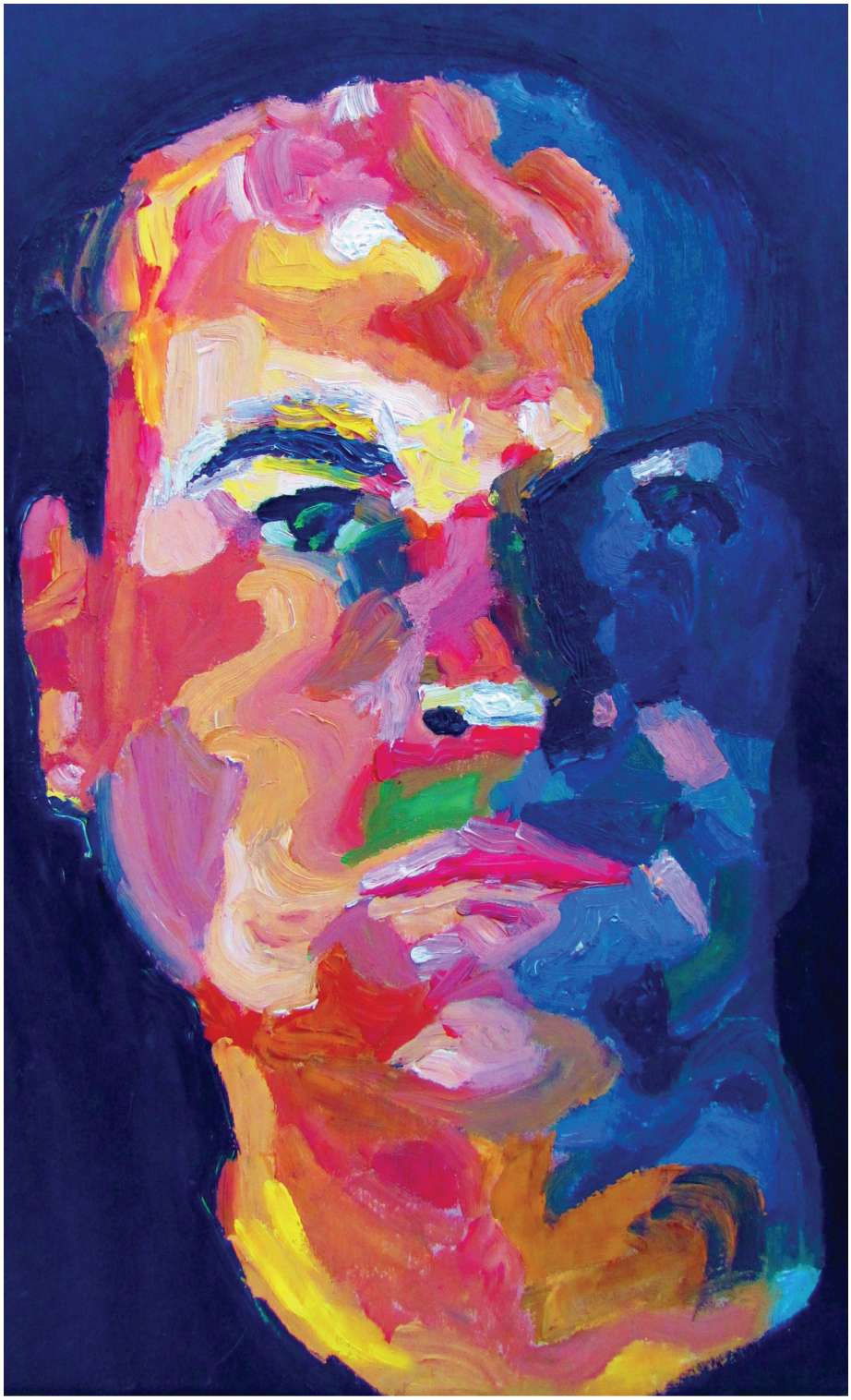
## Inter-illumination

As the author of this text I am opening up a dialogue with you. You and I hold different positions in social space, from which we evaluate each other by the way we act and the things we talk about. We have different experiences regarding love and trauma, and have formed different habitual ways of reacting to these. Thus we 'dialogue' from our different orientations. From your position, you will 'dialogue' internally and "illuminate" (Bakhtin, 1999, p. 88) the words I write, rolling them around inside the discourses you believe in, to consider how well they fit for you; concepts that may become believed. As Bakhtin (1981) would put it, they may become *"internally persuasive"*. We are two unfinalised *subjective personalities* (Bakhtin, 1999, p. 62) in dialogue. Our different trajectories, positioning and orientating us within multiple narratives, are useful because genuine dialogue is only possible in the difference between our worlds. Our words cluster around each other.

You will evaluate the words and phrases that appear to be alien; that is, words that appear to be from another's world. As you evaluate what I say, I invite you to consider *"Who is the author?"* of the responses that appear in your heart and head as you read. Where did the thoughts originate? Are they unique to you or did you hear or read them elsewhere? And who are the authors of the things I am saying? There are many different polyphonic-discourses active within us; our inner chorus (Bakhtin, 1999). Some of this inner chorus draws our subjectivity together whilst others push it apart as we believe in both *"centrifugal"* and *"centripetal"* narrative-forces pushing and pulling us (Bakhtin, 1981).

## Influential discourses?

As unfinalised personalities, we are always, to some degree, under the influence of some powerful discourses when we attempt to engage others in dialogue. What



Self-portrait by Ray Middleton

am I under the influence of, as I speak? In my late teens, my post-traumatic reactive habits of resentment, guilt, fear and self-loathing dominated my dialogue with others. I liked the plots of road movies, so I hitchhiked 3,000 miles across the trans-Canada highway in search of escape or adventure, often drinking excessively. Living above a bar in downtown Chicago, I resisted an invitation to join a criminal gang and returned to England, labouring briefly on the Channel Tunnel, 'dropped out' of studying and aged 19, was admitted to a residential addiction rehabilitation centre. I re-orientated myself within a *"recovery from addiction"* narrative. Many parts of this narrative were of great value, helping me stay abstinent and inviting the fellowship of others in mutual self-help meetings. However, although clean and sober, I was still feeling suicidal, resentful, guilty and fearful of intimacy. An unhealed hurt affected my relationships with others and myself. I went to university and discovered

I was clever but that, unfortunately for me, cognitive-reasoning does not solve these kinds of moral-emotional problems. Searching for a more satisfactory narrative led me to engage with existentialism and with Buddhism. I also completed two years of psychodynamic psychotherapy.

## Medicalising my moral habits

After five years clean and sober, I started using drink and drugs again, as an emotional painkiller. I dropped out of a PhD and was admitted to a psychiatric hospital, aged 24. I told the story of my life to the psychiatrist, in the hope that there was something new in their world that might help me escape my confining narrative and help me deal with my problematic habits. The psychiatrist listened to me and told me I had complex mental health disorders combined with addiction problems. My unfinalised personality was reduced down to a word or two – a diagnosis – and chemical treatment combined with an inpatient admission.

I reoriented myself as mentally ill and believed the expert professionals would treat me. I felt some relief that I was ill, as this helped explain my past and gave some hope that medication might help. This narrative also had the effect of my taking less responsibility for my life-problems, as I thought there was something wrong with me that only expert mental health professionals could treat.

For the next five years, my life spiralled out of control. I had seven inpatient admissions; different psychiatrists diagnosed me with seven different mental disorders and changed my medication. The habits problematic to me, such as my resentment towards my sexual abuser and inability to forgive, were taken out of the *"everyday genre of my ordinary lived life"* (Bakhtin, 1986) and re-located, by authoritative psychiatrists, into a medical narrative where "unforgiveness" was symptomatic of psychiatric disorder. I felt stuck.

## Understanding in remote contexts

Bakhtin (1986) discusses the idea of understanding *"from a remote context"*; understanding a thing in a world far away from where it was first born. When the psychiatrist assessing me introduced the medical narrative that *"holding a grudge"* was a *"symptom of a mental disorder"*, this penetrated into my world. This particular illuminated bridge appeared in the fog of my life and led me to become a subject in the realm of psychiatric discourse. Once across this bridge, I was under its influence for the next five years. To be fair, I also played a part by not resisting the power this story had over me. We can all introduce new material, new narratives that may, or may not, be beneficial to others.

Potentially, we all have an illuminated bridge that could lead someone into some unknown remote context of understanding, within which to make a new sense of life. However, medical science is powerful because it has the quality of *"monological discourse"* (Bakhtin, 1986).

## Monological discourses

A 'monological discourse', like the science of psychiatry and mainstream psychology, is a privileged, authoritative set of ideas that claims authority over a subject. It does not locate itself in the context of multiple, equally valid, competing explanations (philosophical, religious, self-help, survivor-led). It acts to close down and to finalise; always to have the final word in negotiations about biographies.

In contrast, a dialogical approach always opens up the discourse to ever expanding understandings. Equally valid, but less powerful voices are invited to speak. My experience of monological psychiatric-discourse is that it took authority over me. The promise of treatment for my problematic habits constrained my search for a new narrative and I took less moral responsibility for my problems, while waiting for the treatment to work. Monological discourses only influence a subject while they believe in them and, once the discourse is no longer believed, a consciousness is no longer under its influence. Dialogism does not claim a monological discourse as true or not true, but that it has a history and is contingent on its social context. If medical science speaks, it should have some humility and say what it does not know and cannot achieve, and let other, less powerful voices enter into the dialogue. Open dialogue enables people to travel, with their habits, into and out of different narratives.

## A twist in the plot of my life

I was washing up in a café in Bradford as a volunteer when I had a conversation with someone just out of prison. He invited me to his church, and I went along. This time, the Christian discourse connected with me. I think it was because they seemed genuinely to be living out their faith, and they loved me by inviting me to meals and believing I could get better, whilst simultaneously accepting me the way I was. I re-orientated myself towards a Christian narrative, meeting in fellowship with others and got into Christian practice, including forgiveness towards my abuser. I felt a sense of belonging to a wider family with shared narratives and values. These practices freed me from some of my more problematic habits and narratives. I developed more helpful habits, gave up drink and drugs, got a job, got married to a great woman, raised my awesome children and lived happily ever after (…well, so far…). Don't get me wrong, I still have lots of problems and challenges in my life but this is because I am human like you, unless you are clustering your words around (*reading*) this from another world? Through dialogue, we can open up remote contexts of understanding, where problematic habits may be understood differently. New perspectives can always be introduced through different people, in dialogue, until a helpful understanding eventually opens up which makes sense.

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