The term “narrative” means both of “narrated story” and “narrating act”. Compared with an already finished story, a narrating act in the state of being born lies in a so to speak magnetic field where a narrator narrates to a listener/listeners. The narrative has a point of view of the narrator and is narrated in a spatial and temporal perspective of where and when he/she begins and ends his/her narrative. Listening to this narrative gives us an important clue in order to approach to in what life-world he/she lives, what he/she thinks and values. But the narrator doesn’t narrate everything what he/she experiences and thinks about. He/She selects what he/she finds worth to narrate and makes his/her story. Then the truth for the narrator is not always true for everybody who experienced together with the narrator. It doesn’t mean that the narrator told a lie. Even if the narrator told what he/she found true from his/her perspective, the other who experienced the same event from other perspective could experience it totally differently. Certainly there is a space into which a falsehood could enter. Or, the listener could understand it in a totally different perspective what the narrator tells. Because there could be a gap between the narrator’s perspective and the listener’s one. That could build a hotbed which could give birth to a lie. In my following speech I would like to seek how narrative and perspective could conceive truth and falsehood. Since I’ve been engaged in phenomenology, especially phenomenology of intersubjectivity, as well as in anthropology, especially anthropology of caring, I would like on one side to welcome such a movement to emphasize narrative, but on the other side feel worry about it’s attitude to take the focus on linguistic “narrative” exclusively. The point of my speech lies in making clear this ambivalence against narrative approach.

1. Attention to “narrative” in various fields

The theme “narrative” has recently attracted researchers’ attentions in various fields. What gave clue to attract researchers’ attentions to the act of “narrative” in philosophy was the “narrative theory of history” developed in A. C. Danto’s work Analytical
Philosophy of History (1966). Parallel to Th. Kuhn’s work The Structure of Scientific Revolution (1962), which brought the paradigm change from positivistic to hermeneutic view of science in natural sciences, Danto’s work has brought the similar paradigm change in human sciences. According to his idea the basis for historical description is not an “ideal chronicle” where every event is exhaustively written down, but a “narrative sentence” which describes past events as such, not as participants experiencing the events directly report, but as historians re–describe them in the light of subsequent events that participants didn’t know. In Danto’s work there was also included the idea of “point of view” of narrative that “historians view an act in the temporal perspective”.

In Japan we find the first discussion about “narrative” in philosophy in the 8. volume of the series Adventure of Modern Philosophy (1990). The article at the beginning of this volume was NOE Kei–ichi’s “Introduction to the theory of narrative acts”. He began by characterizing human beings as “narrating animal” or “animal obsessed by desire to narrate”, based on the above–mentioned Danto’s discussion, confirmed that “experiences become experiences only by narrating” and called the “conceptual equipment to transmit experiences and make them common” as “narrative”. In the same year a Japanese philosph SAKABE Megumi published a pioneer work of modern theory of “narrative”, Katari (1990). He piled up an original thinking within a space of Japanese language in spite of being led by P. Ricoeul’s work Temps et récit (1983), and discussed the theme “narrative” from fresh points of view, such as “narrating” and “deceiving”, “narrative” and “song”. It is very interesting for our discussion his theory of double structures that constitute the scene of narrative, developed by the well–known fact that “narrating” leads to “deceiving”, and his discussion that “sciences idealize so to speak <non–personality> being totally free from any specialized point of views”, whereas “poems have their character of utterance as <multi–personality> or <primordial–personality>.

In the field of psychology a Japanese psychologist KAWAI Hayao published his work Narrative and Human Sciences (1993), and, referring SAKABE’s work, discussed narrative and psychotherapy. He claimed that “a narrative has a plot” and, it means that “I am inserted in it”, and continued that “the language of sciences will tell facts as they are, whereas the language of poems will do very difficult trials to tell my inner experience, e.g. my looking at a glass, in the relationship with <I>, and yet to others”.
On the other hand, apart from these fields of philosophy and psychology, the theory of “narrative” that A. Kleinman’s work *The illness narratives: suffering, healing and the human condition* (1988) developed in medical anthropology has influenced widely on medicine, nursing and welfare studies. He distinguished between “disease” that is viewed from the medical point of view and “illness” that is lived experience from the point of view of patients. Because “patients arrange their experiences as personal narratives”, according to him, “it is important for care-givers to be present at narratives of their lives, to admit correctness of their interpretation and to support their value”. He asserted that caring begins with listening to the narrative of illness. Being prompted by this medical anthropology, the studies from the outside of medicine, it appeared a corresponding movement from the inside of medicine.

In the field of medicine and health care, in 1980’s, accompanied with the development of digital database of medical information, e.g. by MEDLINE of the National Library of Medicine and with the development of the epidemiological and statistic methods, it appeared the assertion that the evidence for selection of a treatment “must be looked for in observations and experiments based on correct methodology”. Since 1990’s the idea of “EBM (Evidence Based Medicine)” has spread rapidly, that in selection of a medical treatment, based not on a theory, an experience or a judgement of authority, but on firm epidemiological evidences, we must pass the scientifically best judgement. However, as if following this movement, in the second half of 1990’s, the idea of “NBM (Narrative Based Medicine)” has appeared, that require a paradigm shift against “evidence”, “statistics” and “scientific character”. According to the latter idea human beings live their original “narrative”, and even “illnesses” are a part of their narratives. Taking narratives of patients seriously and utilizing dialogues to clinical practice are regarded as an important obligation of medicine. But this NBM is not regarded as taking the place of the EBM, “not as what are counter to each other, but as what complement each other”.

In the field of clinical psychology and clinical sociology, in the similar time (the second half of 1980’s), instead of the system theory that takes family as a system, the “narrative therapy” (reconstruction of reality by “narrative”) based on social constructualism has spread. This social constructualism, originally an idea of sociology, became a movement that asserts the important role of “narrative” in caring or helping.
and is called as “narrative approach”. The Japanese sociologist NOGUCHI, who edited *The World of Narrative Therapy* (1999) and published *Caring as Narrative – to the World of Narrative Approach* (2002), advocated “a narrative revolution in clinical fields” and expressed that “in the clinical world it is now changing from ‘the time of technology’ to ‘the time of narrative’”.

Even in the field of psychiatry, where the psycho-therapy is originally valued, there is a tendency to reexamine “narrative”. The Japanese psychiatrist FURUKAWA (2003) gives on one side “a theoretical outline of diagnosis studies in psychiatry from the standpoint of EBM”, on the other side regards it as “what should converge to reading the story of patients” and called NBM as one of both wheels with EBM. The Japanese psychoanalyst KITAYAMA (2004) said that “a work to draw out of clients’ ‘narrative’ and to spin ‘stories’ is originally none other than a reconstruction of the past, and is regarded as a familiar work for therapists intending a psycho-analitical psychotherapy”. Also the Japanese psychiatrist KATO (2005), who has been engaged in psycho-pathological investigations of schizophrenia and manic-depression, discussed that it is important “to insist that in the time where EBM is called as a golden rule the approach of NBM is ultimately alpha and omega for psychiatric clinic, and to consider how to listen to narratives of schizophrenia patients and how to correspond them by psychotherapy in a wide sense”.

Turning our eyes toward the field of nursing studies, P. Benner (2004), who is famous with her phenomenological theory of nursing, states that “the attitude of nurses’ listening to promotes restoration of patients”, and that “it is necessary to put the medical intervention into the situation of patients and make it narrative”. She advocates “narrative as a method to grasp the nursing practice”, insists that the method of narrative is necessary to take the practical knowledge of nursing and to think critically, and pays attention to not only narratives of patients but also narratives of nurses. Finally in the field of caring, the Japanese psychiatrist and specialist of dementia OZAWA (2003), using the term “life-world”, asked a question “in what a world persons suffering dementia live, what they see, think, feel and what inconvenience they live”. In an extension of this idea, in his article “Caring for dementia as narrative” (2004), he states that “I wanted to show the core of my theory of caring for dementia, not to receive words and behaviors of persons suffering dementia only superficially, but to interpret
them as a story that is spread behind them”, and refered “narrative therapy (therapy that respects narratives of each person)”.

Well, I said that against such a movement to emphasize “narrative” spread in these various fields I would like on one side to welcome it, but on the other side feel worry about it. To answer why I would like to welcome it, the above-mentioned social constructualism came from Berger & Luckmann (1966) who inherited the stream of phenomenological sociology originated by Alfred Schutz. He sought refuge in the United States after he had a scientific exchange with Husserl in his later years. In the idea of social constructualism that “the reality of ordinary life appears for us as an intersubjective world, namely as a world that I have with others in common”, I find a heritage of phenomenological thoughts, even if in a different style. On the other side to answer why I feel worry, the social constructualism, especially in the idea of “linguistic construction of reality”, emphasizes paying attention to language so that it has a tendency to focus solely on narrative by words. If we say that “reality” doesn’t exist objectively but is mediated by language and others, and is constituted intersubjectively, we can find something common with Husserl’s phenomenology. But against lingua-centrism which will reduce everything into language I would like to keep a distance. In my opinion we can admit the nonverbal dimension of body and investigate the “constitution” functioning already there. In other words, we can distinguish between the dimension of “linguistic articulation” and the one of “bodily articulation” in the “constitution” of the world.

2. Phenomenology of “perspective”

Although I cannot approve the lingua-centrism conceived in the “narrative” theory without hesitation, I would like to evaluate it’s emphasizing of “narrative” action on the distinction between nominal “narrative” and verbal “narrating”. That a “narrative” is narrated from the perspective of narrator’s point of view is important, and in this sense we can say that the “narrative” theory has something common with the fundamental idea of phenomenology. Moreover, a “narrative” cannot stand up solely with a narrator, but demands a listener who has a perspective more or less different from the narrator’s one, therefore “listening to the narrative” cannot but have not only overlap but also
difference between both perspectives. Also in this sense we can find something common with phenomenology. But, according to phenomenology this phenomenon of perspective is a structure that appears already in the bodily dimension, without being “narrated”, in this sense the phenomenology part from the lingua–centrism.

The perspective in this context is not the one as a artistic technique in pictures (perspective drawing), but the one as a structure that the relationship between the I and the world appearing for me, namely that I am situated here with my body and can do nothing but perceive the world from here, then the world can do nothing but appear in the perspective from here. That I call as “perspective”. Therefore the world has the spatial structure that it has “orientation” such as “upper” and “lower”, “left” and “right”, “front” and “rear” from my body, and the depth such as “near” and “far” and correspondingly “big” and “small”. Accordingly “this side” of an object is seen, whereas “back side”, “another sides” and “inner side” are not: objects “before me” hide objects “behind” them. These are also derived from the same structure of perspective. Moreover, being connected with them, from the interest or intentionality that I have, an object floats up as “a figure on the ground”, in a distinction from “circumference”, “background”, “horizon” and finally the world as “horizon of horizon”. “Perspective” expresses such a structure of the relationship between the world and I.

Here I would like to add the term “kinesthese” that Husserl used, a word combining both Greek words of “kinesis (movement)” and “aisthesis (sense)”. That my body as the origin of the above-described non–homogenous and non–Newtonian space has a constitutive function by it’s “kinesthese” is mentioned in Husserl’s Ideen II, and later inherited and developed by Merleau-Ponty. From this it is recognized that the above–mentioned perspective space is not static, but dynamic, and that the structure of “far” and “near” is only possible by the kinesthetic “I move”.

At the same time it also turns out that I mentioned just the spatial perspective, but that the relationship between the world and I has a structure of temporal perspective too. Not only I am situated spatially here because of my body, but also temporally now, therefore the time can only appear in the perspective from this now. The past can be talked about only in looking back from the now, the future also only in looking forward from the now. Moreover this now is by no means each moment as a point, but is now accompanying horizon of “just ago” (retention) and
“just soon” (protention), namely the “living present”. It flows continually, settles down and accumulates. We live in such a perspectivistic temporal structure. This is a point of Husserl’s theory of time. He raised instead of the homogenous Newtonic time and space a non-homogenous phenomenological theory of time and space spreading from the origin of <I-now-here>.

In my paper “schizophrenia” (1998) I discussed that there is two types of psychoses as ideal types. On the one hand a patient E is amnesia of whole life and asks “Where is here? Who am I?” It means, although E has lost own whole memory till then, as long as E asks so, he/she has understanding of what means “here” and “I”. This patient has lost the data that should be connected to this fundamental understanding. On the contrary, a patient T lacks the living sense of <I>, inspite of various data, and cannot understand whether they belong to him/her or to others, nor which data belong to him/her. T lacks the living sense that <I> am living situated <here, now>. The disorder of the patient E lies in that data on the “empirical” dimension have been lost, whereas there remain yet the “transcendental” function of <I-now-here>. On the contrary, the disorder of the patient T belongs to the “transcendental” dimension, and lacks the fundamental sense which connects <me> with <here, now>. This was only my raising a question what about such a distinction as ideal types, because I’m no clinician that talks with concrete data of patients. I wanted only to focus on the “transcendental” function of <I, now, here>.

This problem of the “transcendental” structure that the world appears from the perspective of <I, now, here> lies on a different dimension from the “empirical” structure that the perspective of “I” (the narrator) is different from the one of “the other” (the listener), and that there is a lag. In the following I would like to start from the state that there is a difference between the narrator’s perspective and the listener’s one, and to discuss how to adjust them and to come to an agreement. Therefore here I cannot enter into how these different perspectives are generated. Certainly genetic spoken, it is not the case that there are at first both perspectives, then they need to be exchange, but it is the case that there is at first a perspective indifferent between “I and the other”, then it is differentiated into the perspective of “me” and at the same time the other’s one. Surely it is the genetic order, but here I would like not to enter into such a genetic problem, but to go further to the problem of perspective in “narrative” after confirming
that the difference of perspective appears before the linguistic dimension, already in the pre-linguistic and bodily dimension.

3. Perspective of “narrative”

A “narrative” has a perspective. It means that the narrator can only narrate in the above-mentioned spatial and temporal perspective, and that the dimension of “linguistic articulation” depends on the one of “bodily articulation”. Language certainly articulates the formless world and gives forms to it, but it can happen only based on the world that is already perspectivized and articulated with body. The perspective of “narrative” can be realized only based on the spatial and temporal perspective from the origin of <my body>. Since the latter has been elucidated by phenomenology, the “narrative” can only elucidate the dimension of language based on the phenomenological analysis.

Here is a clue to discuss truth and falsehood of a narrative. It is possible that what seems true from a perspective seems false from another perspective. Truth and falsehood of a narrative depends not only on the spatial and temporal perspective, but also on the perspective of narrative. For instance, something that seems a circle from an angle can seem a rectangle from another angle. If a person who sees the thing from an angle says based on the appearance “there is a circle”, another person who sees the same thing from another angle thinks that the first person tells a lie, because this second person thinks “there is a rectangle”. The same thing can be talked with terms as aspects and contexts. For example, although a figure in the context of rabbits seems to be a rabbit, it can also seem to be a duck in the context of ducks. A person narrates “there is a rabbit”, whereas the second person narrates “there is a duck”, and both abuse the other to be a lier. To “narrate” without noticing the difference of the spatial and temporal perspective causes the disagreement of truth and falsehood.

What I just called “truth and falsehood”, can be understood also as “reality and fiction”. The “narrative” doesn’t narrate the “reality” as it were, but on the one hand narrates it “too few” by not taking up much, on the other hand narrates it “too much” by adding e.g. a causal relationship. “Narrating” reality “too few” or “too much” is different from “swindling” and “fiction” only with a hairbreadth.
Such "too few" and "too much" of "narrating" happens already in the dimension of the bodily perspective perception. Husserl said: "The outer perception is a persistent presumption to accomplish what cannot be accomplished from its essence." Take seeing for instance, we don’t accept simply everything what is given, on one hand we don’t see everything to be given, on the other hand not everything we see is given, namely we see more than given. As in the "narrative", so in the "seeing" we see "too few", on the other hand we see "too much". Just this is what the term "intentionality" means that Husserl learned from Brentano.

If we discuss the perspective of "narrative" different from the spatial and temporal perspective, it is characteristic that the "narrative" has a "beginning", a "plot" and an "ending". As a prototype of language lies in classification or grasping that pulls out an object from the world or the surrounding, so a "narrative" states a "beginning" in an event out of innumerable events, gives a "plot" in a situation where innumerable plots are thinkable, puts an "end" in innumerable events and cuts off a story. It would be a perspective that we get through drawing a line. As often said, in a diary we don’t write down everything what happens on the day, but only those events what are vividly memorable, especially attract our attention, and we want to keep in mind. Although time flows day after day and various events happen, if we "narrate" our experience, we bind several events to a "plot". Although it was possible with any event we end our "plot", we take out an event to "end" it. In such a way a "narrative" comes into being.

However, we may not forget that a lot of "un-narrated" events remain in the circumference of the "narrative". The reason why the narrative theory of history was criticized came from the point that we must listen to the voice of "un-narrated" people. But because I cannot enter into this discussion, here I would like only to confirm that the process of those events could be narrated with another "beginning" through another "plot" and with another "end". That "narrating" is at the same time "swindling" from the beginning originates from such a situation. "Narrating" a process of events with a "plot" is just "swindling" for a person who sees another "plot" in the same process. "Narrating" truth from a perspective becomes "swindling" falsehood from another perspective. It will be meaningless to ask whether it is true or false without perspective.

One of the narrative therapy which makes use of these circumstances is called as a "rewriting method of narrative" (White & Epston). It is to turn eyes from the "dominant
story” made by one “plot” to “unique outcomes” of “un-narrated” and to rearrange it to an “alternative story”. Thereby it will release the client from the “dominant story” and make him/her live easily. But then distinguishing between truth and falsehood of a “narrative” will lose it’s meaning or get a totally different meaning. What is true would be what can cure the client. We cannot say which is true or false, the dominant story or the alternative story.

Well, however, although this idea could be effective for a nervous client who persists in his/her view, it would lead as much as the “narrative theory of history” to a dangerous revisionism of history, what I could not enter to discuss now. After I confirm that there is only a hairbreadth between truth and falsehood, I would like to seek a way to tell about truth and falsehood, without entering into a relativism between truth and falsehood, a relativism that it is enough if it heals, or that “a truth is a falsehood we need to live”, if we use words of Nietzsche.

4. What the “narrative” therapy implies

About a life history of a person, not to place absolute value in a narrative solely from a perspective, not to settle only the dominant story, but to make it relative and to rewrite it to a story from an alternative perspective: that is the “rewriting therapy of narrative”. But what happens, if life histories of plural persons twine each other. In such a case each has each perspective, however it is not the case that one of them will be dominant and others are alternative. We would say that each finds own perspective as dominant and the foreign perspective as alternative. As long as one places absolute value only in one’s own perspective, one can’t but repeat always misunderstanding and passing each other with others with other perspectives. Whether one can accept other’s perspective as an alternative story that could rewrite one’s dominant story and exchange it with one’s own in a situation: in that implies the possibility to open the closedness of one’s own perspective to the other’s one.

The Japanese sociologist UENO Chizuko (2001), based on the linguistic theory of post-structuralism, criticized the traditional concept of “subject”, asserting that “a subject can come to being only by being subordinated to language, therefore neither an aggregate of subjects makes a society, nor subjects can exist outside of a society”.

HAMAUZU, Shinji: “Narrative and Perspective”, April 25, 2009, in Tampere (Finland)
Nevertheless, because “any reality is realized from a special perspective”, UENO introduced instead of a pre–linguistic autonomous “subject” the concept of “agency” as a bearer of this special perspective who mediates from passivity of actions to activity, and concluded that “important is who and from which place gives utterance – the constructualism doesn’t allow the transcendency of utterer by including the agency in the context”. Then, however, even for the social constructualism it will be brought into question how stories of each agencies interwine, overlap and adjust each other and how a reality will be constructed between plural agencies.

Here I would like to turn eyes towards a sample which applies a narrative theory to medical ethics. MIYASAKA(2005) raises as three methods for medical ethics “principle”, “procedure” and “narrative”, and says that “replacing theory of principle with context of procedure of medical staffs was the theory of procedure, whereas replacing it with context of patients’ lives is the narratology (theory of narrative).” As said at the beginning of my speech, the importance of listening to patients’ narratives is emphasized in various fields, but important in medical scenes is not always to accept every patients’ narratives. It is not so simple if we take it into consideration that plural persons participating in medical scenes give meaning to own’s actions from each narrative. From the beginning the social constructualism has the idea that a reality doesn’t exist as a sole objective, but is constructed among plural persons. The “patient–oriented medicine” has been expressed, by criticizing the “doctor–oriented medicine”, by emphasizing “illness” lived by patients different from “disease” grasped by doctors and by listening to patients’ narratives. But it doesn’t mean always listening solely to patients’ narratives and following patients’ opinions. As much as patients have “patients’ narratives” from the viewpoint of patients, family of patients has “family’s narratives” from the viewpoint of family, even medical staffs have “medical staffs’ narrative” from the viewpoint of medical staffs. Thus MIYASAKA says that “narratology promotes making relative of viewpoints by that it is possible for a doctor and a patient to have a different valuation”. Further by asserting that “it could be effective to think about an ethical problem of medicine that narratives of every participants co–exist and that an ethical problem occurs as their disharmony”, he emphasizes the importance of “dialogue” between participants with their narratives from different perspectives.

This is related to the problem of determination of terminal care that has been
often discussed recently in Japan. How can the narrative of a patient from the perspective of “the first person”, the narrative of his/her family or friends from the perspective of “the second person”, and the narrative of medical staffs from the perspective of “the third person” be adjusted and reach to a mutual agreement through dialogue? That is the problem here. In my paper (2007) I thought that we should set our goal, ideally to say, not in giving priority to one among them, but in seeking a point of agreement among those perspectives. There should be a question of narrative, perspective and alternative, too.

Concluding words

As the German psychiatrist W. Blankenburg (1991) in his paper “pespectivity and delusion” said, one way of characterizing psychosis lies in adhering to one perspective, and in being not able to take another, alternative perspective. Whereas a person with a normal state can grasp the same thing not only with one aspect but also with another aspect, and understand a process of same events not only with one story but also with another story. “patients with mental disorders lack the ability to exchange the perspective”. A normal person can exchange, compare, antagonize or integrate one’s own perspective with the other’s one. Just in such a place we can talk about truth and falsehood intersubjectively, namely beyond truth and falsehood for a perspective. I mentioned already a “lag” between the narrator’s perspective and the listener’s one. But also in order to grasp the “lag” as “lag” we need an ability of exchanging perspectives. We adjust the “lag” through dialogue and communication with others. There is a place of intersubjective constitution of the world, where we should make clear about the “truth and falsehood of narrative”.