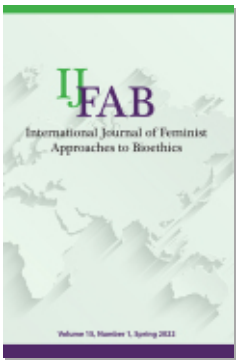
Metagnosis: Revelatory Narratives of Health and Identity by Danielle Spencer (review)



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Metagnosis: Revelatory Narratives of Health and Identity
by Danielle Spencer
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Metagnosis, as a text, is an exercise in metanarration: Throughout the book, Danielle Spencer pulls together medical and medicalized storytelling and self-identification accounts to make sense of a plot device that had remained unnamed. "Metagnosis," as coined by Spencer, refers to the dynamic process of learning later in life that one has a medical condition or that part of oneself can now be medicalized. For example, Spencer recounts how "discovering" her lack of stereopsis as an adult affected her understanding of medicine and of her own identity. In a broader sense, metagnosis refers to learning any information that causes one to question one's self-understanding and, indeed, our understanding of knowledge in general.

This foundational claim that metagnosis has a narrow, medical, as well as a broader, epistemic and existential significance is the greatest strength of the book as it allows Spencer to direct her argument to multiple audiences from clinicians and patients to philosophers, psychologists, sociologists, and disability scholars. Because metagnosis is a dynamic process, it can accomplish a trans/

interdisciplinary narrative feat, but this of course comes at the cost of recognizing its uncertain nature, which is perhaps the biggest hurdle for Spencer's argument to overcome for a medical audience.

Spencer uses a narrative medicine methodology to diagnose, examine, and draw conclusions from metagnosis. The emphasis on the narrative and narration is a critical tool to challenge received disciplinary boundaries, in this case the confines of a biomedical understanding of illness and disability. Spencer's approach is phenomenological insofar as it is determined to deploy metagnosis as a way of capturing the lived experience of the diagnostic process in healthcare. This means investing in a plurality of narratives, or, rather, in an interdisciplinary approach to narration, thus decentering (without excluding) medical epistemology and opening dialogues with a variety of scientific and humanities discourses. Ultimately, metagnosis is defined as an experience that "is largely *about* navigating different forms of knowledge" (20), an effort to read the map of the phenomenon of shifting a variety of epistemic beliefs about oneself and one's sense of belonging at the same time.

This feat of navigation requires what Spencer calls "narrative attentiveness" and what I understand to be a narrative lens or filter (in line with the mindful use of ocular and vision-related vocabulary employed in the book): the practice of translating situations into narratives that interact with one another. Attentiveness to narrative allows us to question certain narrative choices (e.g., which stories are told, by whom, for whom, and how they are told); in other words, to be attentive to narrative is to perform a rhetorical analysis of identity formation and confirmation. To be clear, I am not being flippant with my use of "rhetorical analysis" in regards to Spencer's methodology. She is truly operating with concepts that have their place in Aristotle's *Rhetoric*, one that does not equate storytelling with necessary manipulation or manipulation as something intrinsically evil. Furthermore, this methodological choice is important precisely because it is done within the realm of medical, clinical, and diagnostic discourse.

By employing narrative medicine as her methodology, Spencer is challenging the medical discourse's wariness toward uncertainty. Medicine, according to Spencer, tends to forget that it also tells stories: diagnostic stories told from various disciplinary perspectives, public health stories, stories about the history of medicine, etc. The coining of metagnosis is meant to subvert the assumption that medical "facts" are not part of narratives like other epistemic and existential phenomena and argue for the necessity of an interdisciplinary dialogue between coexisting narratives.

To experience metagnosis is to go through an existential process in addition to an epistemic shift, according to Spencer. That is, gaining new knowledge about a preexisting state, condition, or trait forces us to contend with a challenge to our accepted (or assumed) self-narrative about who we are and how we exist in the world. In order to explain this phenomenological and epistemic experience, Spencer draws out a three-part narrative arc using a mix of personal examples and case studies: recognition, subversion, and renegotiation.

When one experiences metagnosis, the first phase is recognition. This obviously entails self-recognition, in the sense that one becomes aware of—and names—a preexisting condition for oneself, but it also involves recognition from others, be they other people, institutions, or discourses. In other words, metagnosis does not consist in solitary self-discovery: It brings the ignored trait to light under many different lenses and perspectives and triggers differing narratives. In Spencer's case, discovering later in life that she has "half-sight" (i.e., that she perceives half of visual objects), made her and her attending physicians question what this discovery meant for their respective narratives about Spencer's vision (and access to knowledge more generally).

For metagnosis presents itself as a challenge to our understanding of communicability. Spencer recounts her own experience living with strabismus (crossed eyes) and a lack of stereopsis (binocular vision) even before the "half-sight" diagnosis to question the idea that she experiences a lack that must be remedied. In addition to the by now traditional comparison with the medical model of disability and difference, Spencer cleverly introduces public testimonies of others who have undergone neuro-ophthalmic "training" in the hopes of achieving stereopsis, some of them successful and some of them not, in order to critically assess these post-diagnosis narratives. Indeed, recognition prompts the beginning of a series of choices one has to make, some of them existential ("Does this make me defective? How do I feel about that?") and some pragmatic ("Should I start treatment/therapy? Which one should I choose?") and Spencer makes a point of showing different real life paths that have been taken to drive home her argument that there is not only one narrative about perception and "that to simply valorize a given type of perception senselessly (if you will) diminishes others. ... Indeed, the very role of a norm is itself historically contingent, and it is quite complex to inform someone that there is another glorious dimension which—in your view—they are unaware" (88).

The second phase, subversion, involves creative production or what critical disability theorists (Hamraie and Fritsch 2019) have called "hacking": taking the pieces of what is and rearranging them to suit one's needs, without asking for permission. Metagnosis for Spencer is a process of dealing with narrative discontinuity as it forces us to reevaluate our understanding of identity (both individual and communal) and of understanding itself that is outside of the social narrative of reflexive "milestones" like leaving one's family of origin, starting a career, marriage, divorce, parenting, retirement, etc. The subversion phase therefore reflects the process of rethinking our (self-) narrative in creative ways by embracing and/or resisting new narratives, like the pathologizing narrative of a new medical diagnosis, for example.

The third and final phase of metagnosis is renegotiation. Spencer portrays metagnostic renegotiation as a broader epistemic endeavor; that is, once an epistemic shift in self-narrative has been recognized and subverted, one is able to consider how metagnosis affects the very conditions and possibilities of

knowing and of gaining knowledge. In other words, "[an] individual's reception and framing of metagnosis—abruptly putting one's experience and identity into play with disease entities—also reveals different models of knowledge itself" (233). Spencer argues that metagnosis illuminates the presence and importance of multiple narratives within diagnosis and therefore helps us to understand diagnosis in a deeper and more complex way.

In the last two chapters of the book, Spencer considers how her tripartite theory of metagnosis maps onto concrete experiences other than her own and considers how the project to define metagnosis constitutes the creation of a "writerly text" that encourages "writerly reading." It is important to note that Spencer does relate personal narratives that do not following the recognition-subversion-renegotiation model and that she does not deny their importance. Rather, the three-phase structure of metagnosis offered in this book is meant to provide a theoretical framework that can guide knowers toward an interdisciplinary and dynamic understanding of diagnosis. Because Spencer wants to present a writerly text, that is, a text that openly asks to be questioned and challenged, her definition of metagnosis as an existential and epistemic process is meant to encourage its readers to identify the assumptions present in the theories and frameworks they subscribe to and within which they act and make decisions. Metagnosis as described in this monograph is meant to challenge the sanctity of univocal, unidisciplinary theories, not replace them as a unifying theory. The writerly text is meant to shape the writerly reader: a critically active reader that considers how new narratives effect change in both one's particular understanding of oneself and in one's understanding of the possibilities of knowledge in general.

The strength of this book is also its weakness. Spencer ambitiously seeks to use her proposed writerly method (narrative medicine) as a vehicle for her argument and her argument itself. The success of this narrative choice will largely depend on how much of the interwoven tapestry of personal anecdotes, examples, and phenomenological theories present a barrier for some readers. For, while various theories are well explained for the nonspecialists, the sheer number of different kinds of vocabulary from biomedical terminology to biofeminism and ontology makes this a challenging read regardless of one's disciplinary expertise. That being said, *Metagnosis* constitutes an important contribution to many different areas of scholarship across the humanities (medical and nonmedical alike) and the health sciences. Narrative theory may have its origins in literary theory, but Spencer convincingly argues for its usefulness as an epistemic tool in medicine, and her decision to enact interdisciplinarity in her writing is a strong statement in favor of revising the epistemic assumptions behind academic formatting conventions (and therefore academic communication). This book would appeal to philosophers, medical practitioners, sociologists of medicine, health science educators, scholars of interdisciplinarity, disability scholars, disabled activists, and patients who want to learn more about the diagnostic process.

REFERENCE

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CONTRIBUTOR INFORMATION

Élaina Gauthier-Mamaril (she/her) holds a PhD in philosophy from the University of Aberdeen. Her research uses Spinoza's metaphysics and feminist theories of relational autonomy to analyze shared decision-making in healthcare and she is developing a Spinozist approach to the philosophy of disability.