**Bright-siding, narrative, and metaphor**

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I offer an analysis of the phenomenon Barbara Ehrenreich calls ‘bright-siding’ and ask how it relates to our use of metaphors in describing and narrating experiences of adversity.

1. **Bright-siding.**

‘Bright-siding’ as central theme of Barbara Ehrenreich’s 2009 book *Bright-sided*, published in the UK as *Smile or Die*, a critique of an ‘ideology of positive thinking’, visible in discourse in the US about a variety of adverse human experiences (see, also, ‘Welcome to Cancerland’).

Bright-siding as a diverse set of mutually-reinforcing tendencies to ‘turn away from’, ignore, dismiss, downplay, or otherwise fail to engage appropriately with the ‘darker sides’ of the human condition:

* **individuals** – attitudes, dispositions, ‘mindset’.
* **interpersonal** – sustained and enforced by bright-siding norms, scripts, expectations.
* **culture or ethos** – including whole conceptions of the good life, shared ideals, a whole form of life and cultural attitudes of optimism and triumphalism.

Bright-siding can apply in principle to any topic that involves adversity, but Ehrenreich’s focus in *Smile or Die* is endemic bright-siding of experiences of illness (echoed by other critics).

Bright-siding has two main **modes**:

**Attenuation of the negative:**

1. ignoring or denying or failing to properly acknowledge the dark sides
2. Downplaying or understating the reality, scale, extent, and severity of the dark sides.

**Amplification of the positive:**

1. Inventing artificial ‘bright-sides’.
2. Exaggerating the likelihood, brilliance, and compensatory quality of the ‘bright sides’.
3. Emphasising positive possibilities without proper acknowledgement of their rarity and costs.

So, how does bright-siding play out in narrative accounts of illness?

1. **Bright-siding and illness narratives.**

Ehrenreich on bright-siding of illness – triumphalism, glamorisation, romanticisation, and ‘pinkification’ – widely criticised by others, too – including **bright-siding narrative practices**:

**Discursive constraints:**

1. Promoting narratives that present positive outcomes as typical, normal, or inevitable.
2. Promoting narratives that depict experiences of adversity as a transitory state leading to positive outcomes – often coupled to **individualism** and **moralism** about suffering.
3. Imposing and enforcing narrative norms which aim to constrain the content, structure, and expression of testimonies (eg content and tone policing).

Such discursive constraints are often reinforced by **strategies of derogation**:

**Strategies of derogation:**

1. Pathologisation or demonization of the effort or desire to attend to the ‘dark sides’.
2. Derogation, condemnation, or exclusion of those who (try) to communicate darker or gritter accounts of experiences of adversity (as attention-seekers, perverse)

Clarifications:

1. Ehrenreich is criticising situations where ‘bright-siding’ has become (or is becoming) entrenched and ubiquitous and where it excludes – often aggressively – ‘darker’ and richer accounts of experiences of adversity (cf. Kidd on edification).
2. **specific** instances of bright-siding can be necessary and appropriate.

Ehrenreich is also clear that bright-siding is problematic for several moral, epistemic, social and political reasons – exaggerated optimism; effacing the complexities of human experience; impairing truthful communication and authentic interpersonal contact; sustaining deleterious sociopolitical conditions – cf. Ann Boyer, *The Undying*).

Suggestion: bright-siding distorts our ability to describe, communicate, and discuss our experiences—and one way it does that is by corrupting our **practices of metaphorising**: the activities of selecting, interpreting, and deploying metaphors.

1. **Bright-siding and metaphor.**

Proposal: bright-siding can corrupt our ability to **metaphorize** (Sontag’s changing views).

Davidson: we should think of metaphors in terms of their **uses**, not as indirect ways of stating some proposition (echoed in metaphors-and-illness work – Elena Semino, Neil Small).

Question: how do bright-siding cultures corrupt our use of metaphors?

Good metaphors are ‘**dense**’ – they have ‘intentional density’ (Hepburn), rich in different associations, meanings, possibilities, even if only some are drawn on, hence ‘dead metaphors’

Consider widely-criticised martial metaphors – ILLNESS AS WAR:

* + - 1. A BATTLE to be FOUGHT
      2. An ENEMY to DEFEAT
      3. A need for COURAGE and DISCIPLINE
      4. A sense of DANGER and THREAT
      5. A risk of INJURY or DEATH
      6. An opportunity for VICTORY and TRIUMPH

Such metaphors can be unpacked in ways that positively characterise the **character** of experiences of illness – CHALLENGE, CONFLICT, STRUGGLE – and the **comportment** of the ill person – BRAVERY, COURAGE, HEROISM – and the **conclusion** of those experiences – VICTORY, TRIUMPH.

But such metaphors can be unpacked in more negative ways – WARS can be LOST; COURAGE can FAIL – battles can end in (WISE) SURRENDER or TRUCE – which will better reflect certain cases.

Suggestion: martial metaphors are intentionally dense and offer resources for a diversity of ways of characterising experiences of illness. However, bright-siding cultures interfere with our ability to explore and deploy these possibilities (WARS that end in VICTORY but never DEFEAT)

If so:

* employ a range of different metaphors.
* the problem is not (always) specific *metaphors* but *cultures of metaphorising*.
* corrupted cultures of metaphorising limit our ability to understand and communicate and discuss experiences of illness.
* cultures of metaphorising can be – are – deeply corrupted by bright-siding cultures.

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