

Narrations of the Body

Incorporating the Body into the Narrative Practice

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Scars are tattoos with better stories...

This paper is a thread of narrations that unfold in order to reveal the body, overlooked so often in therapy. Mind-body dualism, common in Psychotherapy, which perceives the body as the requisite, yet invisible, vehicle that brings the –all significant- mind of the patients in therapy, or treats it as a clutter of awkward symptoms that should be removed in order for the client to be ‘free’ of them, has systematically underestimated the participation of the body in therapy. Yet the body is ever present in an experiential, empirical, relational and political way. The paradigms presented here are an intentional attempt to incorporate the body into the practice of narrative psychotherapy so as to offer richer descriptions of our ways as therapists to connect with our clients’ stories.

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Introducing the absent but implicit body

And those who are in the flesh cannot please God.

Romans 8:8

During my ten years of private practice I gradually came to realize that I encountered clients with bodies that were treated as invisible and thus were kept in silence.

This realization came in part out of the recognition of my personal difficulty to articulate in a somatic level some of the inevitable crises I encountered during important passages of my life this last decade. In the course of those times I put ten extra years on my personal account of life spent so far, had a minor eye surgery, lost a parent, changed jobs twice, got pregnant, got married, delivered a child and moved to a new home three times. In those important and demanding years I often felt that my body manifested in many ways its' participation in my living experience, but this participation was not always appropriately acknowledged by me and included. These were also times where I felt my relationship with my body being mediated by expectations about its performance in certain situations, rather than by my experience, my senses or my will.

Apparently, the oppression of the body that I eventually noticed was not a unilateral personal slip. And proportionally, as it has been already mentioned, it is not only in psychotherapy, it is also in everyday life that the neglect of the body and of the somatic experience becomes a commonly accepted convention (Csordas, 1994). After all, who questions the dominance of the mind over the flesh, which is connected with sin and mortality (Hart, 1996)?

In orthodox psychotherapy the body is scarcely the object of the discussion or of an intervention, unless the so called 'patient' is faced with the so called 'neurotic symptoms' of anxiety or panic attack that need to be removed because they are 'distressing', 'annoying' and/or 'dissonant to the ego' (American Psychiatric Association, 1994; Hersen & Gross, 2008). The somatic manifestations of discomfort in this dominant discourse are considered to be a humble obstacle to the clients' process of 'self-realization' (Winnicott, 1965), 'self-actualization' (Rogers, 1951; Maslow, 1954), and 'self-determination' (Ryan & Deci, 2000), that are all of an intellectual 'nature'! The resemblance of this theoretical model concerning the process of psychotherapy that conceives the somatic reactions of the clients as symptoms that need to be relieved, to the dominant medical model that treats the body of the 'patients' in order to extinguish the symptoms of illness and restore a state of health is, of course, remarkable (Foucault, 1976).

Social anthropologists, feminists and philosophers, in contrast to the more traditional psychological theories, highlighted the notion of the social construction of reality and of the underlying politics in the discourses concerning the body (Turner, 1992). Thus it can be argued that many of the taken for granted assumptions about the body and about issues

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concerning the body, reproduce stereotypes and prejudices that render the field of psychotherapy biased. Since it was academically announced, for example, that 'women are from Venus and men from Mars' those who failed to fit to these fixated gendered matrixes were treated with extreme consideration by dedicated therapists in order to help the former minimize their divergence, and thus the danger of marginalization. Couples therapy in many occasions is also dramatically influenced by dominant understandings of what gender performativity (Butler, 1990) and relationships should look like (Freedman & Comps, 2002; White, 2004).

Furthermore, the health status and the body image of the clients are used as predictors and indexes of 'quality of life' and 'successful living' and thus interventions aiming towards helping the clients reach those ideals are of high priority (McKian, 2014). Under this scope, the body becomes the focus of interest in a profound way, when growth or an eating disorder questions the ideals of the perfect body image imposed by our culture (Csordas, 1994). Those ideals are taken for granted while discussing the aims of therapeutic interventions that are directed towards the valued young, slim, ideal body image, praised so much by the media. In such cases the body is treated as an 'untrustworthy aging machine' whose function must be restored or -when the concern is about body image- a 'maltreated field' with much potential for improvement (Fox, 1999; Gibbs, & Wilson, 2002)!

This consideration is most evident in the case of serious, chronic or life threatening illnesses where the somatic manifestations of the disease, along with the dominant medical discourse about them can alter dramatically the identity of the person affected (Weingarten, 2001). In a society that treasures youth, beauty and good health, those who fall to the most threatening margin of a serious medical diagnosis must deal not only with the symptoms of their illness, but also with the social predispositions, labels and fears about the accessories of sickness (Sontag, 1978).

Gender studies has been an academic field that widened and enriched significantly my understanding of the world and of my position on it. During my readings on anthropologists and philosophers like Foucault, Goffman, Derrida and Butler I was better able to understand the body as a political and cultural field where certain identifications, discourses or 'performativities' act as validations of the power relationships. Many of these ideas I found helpful in my work as a psychotherapist. The notion of the social construction of the body in particular offered to me the 'discourse' necessary in order to help my clients deconstruct some of the very taken for granted assumptions and expectations about their gender, like those of what it means to be or become a mother, the necessity to prove or demonstrate a certain type of masculinity, the moral judgments and the stigmatization on peoples sexual choices and identities. This opportunity became possible due to the better understanding of the underlying politics concerning the body those studies highlighted to me.

It is my recent interest and engagement with narrative therapy though, that offered to me the theoretical background and the practices necessary to further explore, translate and implement those ideas and principles in the therapeutic process. For me it was as if I had found a precious map, drawn with a moral code and under a political scope I needed in

order to conduct the act of psychotherapy in a way I feel stands closer to the coordinates I use in order to track my flow in the world.

But still I sometimes feel that the bodies of my clients remain hidden under layers and then more layers of good intentions of theorizing about them. I had this realization in particular while working in the field of trauma with minor refugees, where I felt in a great degree powerless in dealing with the somatic manifestations of their experiences. Yet it is promising that some current studies support the hypothesis that somatic disturbance is at the core of PTSD (e.g. Levine, 1997; Van der Kolk, 2004) and thus offer the discourse necessary and the therapeutic suggestions in order to 'incorporate' and heal the somatic dimensions of these experiences (Eckberg, 2000; Beaudoin, 2005).

I believe that narrative therapy has a corpus of ideas and practices that can facilitate the access to and the incorporation of the somatic experience of many clients with claims concerning their bodies. Symbols, metaphors, tales and traditional practices, like dances, religious rituals, folk treatments and other somatic expressions and celebrations of important events or passages in life, as well as discourses are cultural means by which the body has traditionally been expressed, explained, accessed and even cured. So, there exist the means to approach and incorporate the body more actively into the practice of psychotherapy.

To conclude, the field is exciting and extensive! So I feel that by focusing on the body in this project I will not cover the issue, but I will offer some new ideas and routes for exploration and discussion.

Externalizing the somatic: Crafting Guilt

The body is sometimes presented as the problem of the person. This is often profound in the case of serious disabilities, accidents and in chronic illnesses, like cancer or multiple sclerosis (MS), where the client sometimes talks about how the body had betrayed him/her or about the ways that the illness or a disability has stolen his/her identity and/or life.

Such stories of multiple losses, due to impaired body functioning tend to extend far beyond the personal sphere. The affect of an illness can extend far beyond the somatic limits, to the systems, with which the person is connected (Gergen, 1994).

Rosa¹ is married to Petros for 23 years. She is also the mother of two girls. She has been suffering from progressive quadriplegia for the past 5 years but refused external aid for her increased personal needs and for the housekeeping. While in therapy her family talked in regard to the illness about the Frozen Mammoth in the room that would not let them express themselves, their needs and their feelings, see each other as members of the same beloved family that they used to be and enjoy their family life.

¹ All names and personal information concerning the clients are changed in order to ensure confidentiality. Consent is given by the clients to present their stories in this paper.

In such cases the externalizing of the disability and the creation of a story line about it could add a lot not only to the person's capacity to separate his/her identity to that of a patient, but also to the family's capacity to re-evaluate their ideas, attitudes and practices that sustain it (White, 2007). This recognition of the beliefs and practices that sustain a problem could shed light to other choices possible for the persons involved and multiply the potential for new solutions (Epston & White, 1990; Morgan, 2000). For Rosas' family, for example, the recognition of the importance of treasured moments among them, gave rise to many ideas concerning the reclaiming of 'essential space' from the illness, as a prerequisite to join each other again.

Furthermore, such a position, could also raise questions on the dominant discourse about illness and/or disability, in order to allow alternative, more close to the experience or even political discourses concerning the issues of illness and health (White: 1988a). Under this light, Rosas' initial refusal to accept help, was recognized and honored by her family as an act of resistance towards the identification with her illness.

In other cases it seems that it is the body image that becomes the center of the person's attention. This is more profound when an eating disorder, like anorexia nervosa, obesity or bulimia, is present. It is not rare though to listen to the clients complaining about particular parts or qualities of their bodies which they find unattractive or even damaged due to the inevitable changes aging brings or due to serious accidents. In those cases it might be useful to externalize the beliefs and attitudes of the clients towards the body image in order to track the problem's appearance in the life of the person and discuss their failure to conform to the standards that society sets in a deconstructive manner (White, 2002). More discuss will be given on that issue later on this paper.

There are then those cases that the body acts as a narrator on it's own, regardless of the person's needs or wishes.

Dimitra came to therapy the past August, with the request to get professional help for she suffered from repetitive seasonal panic attacks.

During one of our first sessions Dimitra mentioned that she was experiencing some mild symptoms of anxiety at the time. I asked her to try to focus on those sensations and show me where she felt they were seated. She showed to me her chest and told me that it was in her esophagus that she felt an intense pressure. She felt in particular as if something was there and was choking her. I asked her to try to give a figure to that somatic sensation. She closed her eyes and soon she frowned and then replied that it was a disgusting creature that lived there, that resembled a lot with a gremlin, one of those hairy creatures of the 80's homonymous movie. I asked her if she could invite that creature to take part in our discussion. She nodded, so I asked some questions about its presence in Dimitra's life, its intentions and its plans. Dimitra answered to those questions in first person and very fluently. What came up was that one of the main purposes of it's presence in Dimitra's life was to make her feel like a failure and to punish her for her divorce. Even though she weren't happy in her marriage Dimitra felt that she was forced to take the decision to

divorce her husband by her mother who witnessed her distress, maybe sooner than when she would actually feel ready to take the decision on her own. The fact that she is now divorced is also opposite to her juvenile dreams about her life, for she was always domestically oriented in contrast to her mother who valued independence, feminism and the participation in the community as very important in her life. That creature, the gremlin, was for Dimitra a judge who would seat in his chair in the presence of a random audience in public spaces and would find her guilty and failed time after time.

After establishing the possibility to actually discuss with the somatic symptom, Dimitra was able to better acknowledge some of the values that she considered important in her life but she felt could not be acknowledged. Those were her willingness to look after her beloved ones and to invest a lot of time and energy in the domestic life and her family. She remembered how responsibly she looked after her father while he was ill. 'I was the one to close his eyes when he passed away" she said, and how much she treasured her relationship with all the members of her family. 'Maybe, this creature is not an enemy after all, but someone who wants to keep me in touch with my values. Maybe he is just blindly conservative!' she announced in relief.

Since Dimitra is a person who enjoys making handicrafts, I suggested to her that maybe she could create a handicraft in order to have a better visual contact with the values she treasured and better agency on their punitive manners. She said she would think about that idea. On our next session she opened her bag and presented to me Mr. Conservative.

The beauty and the Beast

Was Mr. Conservative the most powerful figure in Dimitra's life? Was he ruling alone her everyday life, her job, her role as a caring mother, her relationships with her family and friends, her choices, her aspirations and her dreams about the future?

The analytic discussion of his presence in her life, of his methods, his tricks and his allies even though useful in order to reach a good description of the problem story, opened a lot of opportunities for the identification and co-creation of alternative story lines of identity for Dimitra (White, 1988a). Despite of the fact that Mr Conservative could fill Dimitra with self-doubts during the summer for example, his presence was very rare during the school year when Dimitra could feel that her life had a clear purpose. But even when she was in the middle of a panic attack she knew that she had to wait for a while and then the symptoms would faint and finally extinguish. More questions focused on the many incidents where Dimitra was actually capable to regain control over Mr Conservative shed light to new conclusions about her preferred identity- that she decided to call 'tenderness and care for the loved ones'.

In Dimitras' case her panic attacks were relatively easily relocated in more accessible place, her bag.

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In other cases though, a diagnosis seems capable of stealing a persons' former identity and replace it with that of a patient. In such a case the person can be faced with an existential (and at the same time hidden political) dilemma. Should he/she accept the new medical identity offered to him/her by the dominant medical discourse or should he/she deny the illness's presence in his/her life (Sontag, 1978, Telford, Kralik & Koch, 2006)? The fear of stigmatization and the secrecy about the illness's presence in a persons' life can create an additional trap where the person feels ashamed about his/her medical status and isolated (White, 1988b).

For the past three years Electra is under a standard medication of monthly injections with beta-interferon in order to prevent the reappearance of the symptoms of optic neuritis she had when she was first diagnosed with MS. Her doctors suggest that in the absence of symptoms in two years time she could stop taking any medication and she could start hoping for a life free of MS. Despite her good prognosis though, Electra is not living a happy life. She came to therapy because of her persistent fear that she would have a panic attack if she were to stay alone at home and because of her tendency to explain even small alterations in her usual senses as a sign of the underlying disease. Electra and her family had been secretive about her disease, because of the fear that if people in her village knew about it, their attitude towards her would change and they would feel pity of her or they would try to avoid her in the fear of polluting them. Electra hadn't share her "secret" even with her boyfriend, Alex, because she was afraid of his family's reactions.

Electra described the presence of the illness in her life as a set of 'Shadows' that keep her in a state of constant fear and make her feel weak and isolated. In the search of unique outcomes though she was able to identify many incidents where she was able to control her fears and assert a life free of isolation. What shook her up the most was the remembrance of an incident where she could give instructions to relax to a friend whilst the later was having a panic attack. During that time she remembered feeling caring for the other, strong and in control. After inquiring more into other events where Electra felt connected with others, strong and in control, she could better recognize her skills as a caring friend and family member, and also her determination to stay present in stressful situations until things become easier for her or her beloved ones. She could also recognize and describe more richly her identity as a person who values intimacy, friendship and economic and emotional independence.

She and her boyfriend were capable to stand for those values when she decided to speak to him and to his family about her illness and when Alex's parents expressed their initial objections to their relationship because they feared that she wouldn't be able to have children and offer a healthy family life for their son.

What seems very important in re-authoring, is that in relation to the body, a search for unique outcomes can move the focus of attention concerning the body or the body image to values, principles and commitments more personalized and close to the experience, than those imposed by the dominant discourses concerning the ideals about health or body image.

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For Victor, 24, who had an extended burn on his skin, due to a childhood accident, his injury had been the source not only of excessive somatic pain for a prolonged period of his life, but a constant emotional hardship, because he felt deformed.

Eleni (the therapist)-Deformed in relation to what? Which would you recognize as the initial or the original form?

Victor-The form I would have if the accident hadn't take place. A skin I wouldn't feel ashamed of, a body I wouldn't have to hide all the time. I feel that when people look at me all they can see is a giant disgusting scar.

Eleni-What is the ideal form for you Victor? The one you wouldn't feel ashamed of?

Victor-Well, I sometimes have this dream that I get undressed in front of a mirror and then the scar is gone. And I feel so relieved, as if a curse is gone! And my body looks young and almost perfect...

Eleni-Tell me more about this idea of the curse that you mentioned. If there was a curse on you, what would it be?

Victor-Oh that is an easy one! I often feel like a noble prince, trapped in the body of a beast because of a sin I carry, maybe from a past life. And I have this hope that someone will come for me and see the real me and love me for what is hidden inside, despite the repelling outfit. And then maybe the spell will be gone...

Victor went on to describe how his sense of failure in relation to the ideals about the perfect body image created a split between him and his body. He invested a lot to his studies and he kept his body in the background, avoiding sport and other energetic activities and circumstantial exhibitions of the body, as in the beach during the summer, or with his occasional sexual partners. He believed that this split also desensitized him somehow. He had great tolerance in somatic pain but also he wouldn't feel his other emotions in the full range, but only as small alterations in his mood. He concluded that he felt alienated from his body and isolated from his social environment due to that split.

Eleni-Victor, I was wondering if there was any occasion in your life that you didn't feel the split between you and your body, any occasion when you gave up your attempts to refuse it.

Victor-No, I am in a constant battle with it. I hate this body!

Eleni-Is this hate ever present? Hadn't there been times when you felt simply relaxed? That you didn't feel so angry about it all the time?

Victor-You know... there was a friend, his name is John. He was the only one with whom I felt relaxed under my skin. He was an erasmus student in my school and we used to spend a lot of time together just walking around, discussing and taking photographs of the city. Well, it was during these long walks that I felt actually *In Love*! No, it was something more, something really amazing! It was as if I were a big throbbing heart ready to jump onto John and live with him, inside of him forever...

As Victor was able to recognize one case where he not only gave up his attempt to hide his body, but surprisingly he felt his feelings incorporated by his very alive and throbbing body, he started to recall other incidents where he felt ok in his body. For starters he remembered that he felt his body not only accepted but also respected in the LGB Rights Community he participated during his final year in the university. There were also sometimes that he recalled leaving his hesitations behind and staying until late to the beach with his brother in his bathing suit, enjoying the sensation of the hot sand and the sea breeze in his skin. And there was of course someone who worshiped Victor and offered to him a stable and mutually caring relationship to retreat, regardless of his scars. And that would be Amversa, his dog.

As more unique outcomes came to the surface and started to build an alternative story to that of split, self-hatred and shame connected with the idea that he was deformed, Victor started to better realize knowledges and skills he had, that stood closer to his preferred identity, one that valued diversity, acceptance and the happiness in relating with others. And as a result, he eventually started to feel that a different future might be possible for him, a future of reconciliation with his scars and maybe a public statement of this acquired knowledge of his, through the re-engagement with LGB Rights Communities.

The body re-members

Re-membering John, Amversa and the relationship Victor had with other members of the LGB Rights Community helped him stand with significant others in a preferred territory of his identity (Russel & Carey, 2002), where he wasn't at battle with his body. These connections seemed to provide a great deal of support for the preferred actions he wished to take in supporting what was now recognized as a life project for him (White, 1988a), his respect and support for diversity. And as this alternative story was thickening more, the scars in Victor's body were recognized and honored by him and by the community he participated, as the visible political symbols of his struggle.

For Victor re-membering had significant intellectual and emotional value. On some other occasions, though, re-membering can be of a literal somatic nature and offer opportunities for healing.

For Arletta her breakdown last summer was initially recalled as a traumatic experience of extreme stress due to a threat of dismissal she had received from her boss, endless hours in the office in order to finish an enormous amount of workload, and then eventually after several days of self-imposed insomnia and hard work, a state of confusion, delusions and the emergence of a paranoid fear that she was tailed after. Even though Arletta managed to fully recover from that breakdown and keep her job after spending some days in her mother's house, she felt very confused because of the nature of her symptoms.

Eleni- What do you think these symptoms tell about you?

Arletta- That I am crazy? (Laughs apprehensively). I don't know how to explain them...

Eleni- Well, since you now allow yourself to sleep and you leave the office before 9 pm, maybe for the time you have managed to skip this diagnosis...

Arletta- You're right (she laughs)! But there is something more to that, that I haven't mentioned before. You see, my mother reminded me the past week that when she was at exactly the same age, she suffered from a major breakdown of exactly the same nature! And this identification drives me crazy!

What was really extraordinary in Arletta's story, was the fact that she had copied somehow the exact problems her mother had when she was at her age; a constant stressful race of proving her value by taking good care of her kids and the housekeeping despite of her husband's assumed rejection of her as his partner, and then a prolonged period of extreme work overload and some days of consecutive self-imposed insomnia in order to finish it. And then she collapsed and Arletta returned from school one day to find her lying in the

couch, unable to speak, move or even look at her. 'She was just lying there, staring at the sealing!' And then Arletta took over the family burdens for more than two years, until her mother found again the strength to get over depression and to stand on her feet.

Arletta refers to herself as the mother of her family, of her mother and her brothers, as she is the one who takes care for all of them and helps them whenever they are faced with difficulties. She treasures her family more than anything in the world and she mentioned that they were her motive to heal. 'I couldn't stand to see my mother so sad about my situation' she said. She considers her mother to be the most important figure in her life but she recognized in agony how much affected she was by her mother's difficulties, even at a somatic level.

Eleni-What is it that your mother contributed to your life? What did she do that made a difference to your life?

Arletta-She taught us to care, to care not only for our family but also for those in need. So she also taught us to share. And you know, our house is a house open to many friends. And she also showed to us that happiness doesn't need money. Happiness rests to precious moments with your beloved ones.

Arletta went on to describe how she and her mother share the same set of values concerning the family life and the relationships with their friends. She remembered their many daily trips by bus to the suburbs, their picnics and she also remembered the times when they helped each other in times of great distress.

Eleni- You mentioned before that your mother struggled with depression, but she eventually managed to stand on her feet and change those things that troubled her in the past. How did she do that?

Arletta- My mother stopped to work so hard. She is more easygoing now. And she started to exercise. She goes to the gym every day for the last thirty years or so...

Eleni-What do you think these changes say about what she values now more in life?

Arletta- My mother decided to be more relaxed and not such a perfectionist. And she also decided to respect herself and her body. We now argue about my working so hard!

Eleni-Why do you think she argues with you about your working so hard?

Arletta- She has been in the same path... She knows that perfectionism and the need for approval lead to a dead-end and seeing me there makes her feel very sad.

In the case of Arletta, re-remembering helped her not only to recognize what she and her mother used to share the same demon- that is perfectionism, but also the amount of their care for each other and what they both treasure in life. And finally re-remembering in this case also helped Arletta to find a way out of her current problems, by offering a paradigm she could follow in order to heal the neglected body.

Celebrating pleasure

Electra's preoccupation with potential somatic signs of multiple sclerosis brought her body to the foreground of therapy in many occasions due to her worries about it's functioning. Any sign of fatigue, blurred vision due to random reasons, small cramps, even the signs of

common flu were interpreted in many occasions as indications of the underlying disease and led to numerous visits to doctors and extensive medical examinations.

How could such an overwhelming anxiety be “treated” in narrative practice?

The fact that Electra was always alert in order to notice any unusual signs fitted with the notion that she was ‘policing her body’ against the ‘Shadows’. This metaphor, borrowed from narrative work with people who have suffered the consequences of trauma, helped her eventually to better understand herself as an active agent who struggled to secure her health status rather than being the passive victim of her disease.

This acknowledgment of positive meaning attributed to a behavior that was originally considered to be indicative of her vulnerability, along with her commitment to live her life free of fear enhanced her willingness to overcome one of the most distressing, yet embarrassing consequences of her constant policing, her failure to reach to the state of orgasm during intercourse. Besides the discussion concerning the competitive nature of stress to that of sexual function and the challenging of many of the dominant discourses around the issue of what constitutes a successful sexual relationship (Fishman & Mamo, 2002; Nickolson & Burr, 2003), Electra felt that she would like to invite Alex, her boyfriend, to one of our sessions as an outsider witness to her preferred identity claims (White, 2007; Carey & Russell, 2003).

Alex accepted her invitation with gratitude. During that session Electra talked about her fears concerning her disease, and the impact those fears had on her life, her sexual life also, as well as she described the various ways she had tried to leave the trauma of her diagnosis behind despite those fears. When asked to name what it meant that she had been taking all those steps, Electra said it meant that she was moving towards independence and the overcome of fear. She also talked about why she wanted to leave her fears behind. This included wanting to move on with her career, not wanting to be dependent on others and because she wanted to enjoy her life more and to make happy those who loved her and cared about her.

I then stopped asking Electra questions, turned to Alex and asked him what were the things that stood out to him in Electra’s statements. Alex replied that he was touched by Electra’s determination in dealing with her fears. When asked further questions about this, Alex could mention a series of incidents that Electra would demonstrate this determination. He also talked about his personal fight with fear, when as a teenager he was being bullied by two neighbours of him and about the help he had received from a friend of him who had encouraged him to talk to his parents. When asked what it meant to Alex to hear his girlfriend talk in these ways, he replied that he felt closer to Electra, as if he could now see themselves more clearly as two co-fighters against the ‘Shadows’.

When I turned back to Electra, she said that listening to Alex talking about the importance of his friend’s support in dealing with his fear and the image of herself and Alex as two co-fighters against her fears released her anxiety in discussing about their sexual problems and increased her hopes that with Alex’s help she could reclaim her life from the ‘Shadows’.

This session inaugurated indeed a more active attempt on the couple's part towards dealing with the consequences of the 'Shadows' on their common life, including their sexual life and Electra reported how much more imaginative and playful she and Alex were in creating an actual ritual of face and body painting to exorcize the 'Shadows' from their bed!

The boy with the fish scales

While elaborating on thickening Victor's alternative story to that of shame and the split, I asked him whether he felt he would like to write a letter I could archive for and then share with other clients dealing with issues concerning their body image (White, 1995; Newman, 2008). He told me that he would think about my proposal and discuss it with me in our next meeting. One week later he came up with a draft and asked me to co-write with him a fairy tale with a happy end for the Beast he had been dealing with all those years. 'After all, people would be interested to know what happened to the man with the curse', he said, 'and maybe some of them would be personally interested in hearing about communities where they are welcome'. During that session we wrote the tale of "The boy with the fish-scales".

THE BOY WITH THE FISH-SCALES

There was this boy. He had a lovely smile and a kitten to take care of. He loved his mothers' cookies and a silver bicycle he used to ride.

One day he passed from an old lady's yard.

-Come here you little one, she said. I need you to scratch my itchy back.

The boy felt disgusted by the image of the old lady and flew to his home. But then, the next morning he woke up to find out that half of his body was covered with red fish scales.

His mother called the doctor. The doctor said the boy should be put in an aquarium so that he would be protected in this new condition, the Beast he had become.

'Not to be touched, not to be seen in public' were his orders to the desperate mother.

The boy wept, but tears could not be seen under the water.

Then one night he found out he could jump out of the aquarium, stagger to his feet and escape hidden in the shadows of the night and under layers of clothes so that no one could uncover him. And he walked alone for miles and miles until he could not find his way back.

And then there was in front of him a new state with miraculous people who would shine like thousands of stars under the glowing sun.

And they welcomed him, and took him to their palace, and offered to him food and wine, and a place to move in.

-This is an offer I cannot accept, he said in sadness. See, I am a monster, an outcast...

-Come with me, said one voice he recognized he had somehow heard before. I'll show you what those fish scales can do.

The old lady took the boy outside and one by one she removed all of his clothes. And then, what a miracle, the fish scales on his skin shined like thousands of stars over his body.

-Could you now, please, scratch my itchy back? Said the old lady in laughter.

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When the fairy-tale was finished Victor and I had an extended discussion based on the following questions adapted from Newman (2008):

-What message do you intend to offer by this fairy-tale to our potential readers concerning the skills, knowledges and learnings you have acknowledged as important in your life?

-What is the new meaning this fairy-tale implies in relation to the usual ways you had been dealing with the Beast?

-What is it that you understand as important in circulating this tale?

During that discussion Victor talked a lot, amongst other things, about the political aspects of his decision to circulate this fairy-tale. He spoke in particular, about the importance of deconstructing the 'distorted glasses' he used to wear while gazing at his body.

Victor -It is this objectification of the body that runs in our culture. Now I feel more free and yet connected in relation to my body. I spent years looking at my body as if I were someone else, a 'philanthropist eugenicist' who would condemn my body in the sentence of lifetime numbness, instead of euthanasia due to practical issues, like the need to have two legs to carry my heavy head, and two hands to type in the computer. But now I can better recognize the importance of valuing my diversities.

Eleni -Why is it important to you to value your diversities?

Victor -I know I have to honor my deviance in order to escape this numbness and be alive. And this realization is indeed liberating! What I can see now, thanks to these scars, is that it wasn't only my body that was in numb due to my feelings of anger and shame and to the decision to denounce my body. There were also other aspects of my being that I had oppressed because they are considered deviant in our culture, my homosexuality for instance. I feel that this new gaze to the old scars has created for me a new pair of glasses to look and then stand at the world in participation with other people who feel the same. I know now I must assert my way of being, instead of following the beaten track.

Eleni -Victor, what do you mean by 'asserting your way of being'?

Victor -Well, as I sense it now, it is like relocating from a passive to a creative way of being in the world and from a personal whimper to a collective claim. I am more certain now that the Beast I felt I were, is fed not by my personal insecurities but from the many stereotypes and prejudices this world uses to conserve the status quo. I am glad I participate in what I consider to be important social processes by taking the side of the more liberating and humanitarian forces.

Scars are tattoos with better stories

It was an intellectual challenge for me at the beginning to devote this project to the body. I knew from the start I would have to be inventive in trying to create clear and meaningful links between the notion of the social construction of the body and narrative practice.

This process of reading, searching, implementing ideas, writing and discussing about aspects of my work towards that direction, enriched significantly my understanding of some of the ways by which the body could participate more open in the act of narrative psychotherapy.

At the same time I began to feel that the bodies of my clients were no longer as invisible as they had been in the past. The focus on the somatic brought to the surface the role of dominant discourses concerning the body and highlighted more the experiential, relational and political ways our bodies participate in our living experience.

Narrations of the Body

Furthermore, as I proceeded in my writings, I began to feel that new opportunities were starting to unlock as potentials for further exploration. Narrative practices for instance could offer a whole new approach to the cluster of behaviors we traditionally label and acknowledge as sexual disorders. Remembering practices could shed new light and enrich the ways by which members of the same families or other groups of people relate in a somatic level. The practice of 'living documentation' could empower the voices of persons suffering from 'identity threatening' diseases. Rituals, practices and celebrations concerning the body, those that relate to death included, could be approached under new light and acknowledged for their role in facilitating the ascent of the somatic to the living experience of important life events.

There were many challenges and new issues this project set to my professional work as well. Among them, central was the question of whether I could ensure that I am not subjecting my gaze to my clients. And then, more precisely, I came to realize that my appearance, my gender, my age, my sexual orientation, even my clothes, the learned ways my body communicates with the bodies of my clients, my social status and my prejudices concerning the body involve in many ways in my practice. To those questions and speculations, there are of course no definite answers, but a constant negotiation with the limits of my work.

I believe though, that the decentred practice I engaged with, created the space, necessary for my clients to investigate alternative stories that described more richly their experience. And in almost every case I presented in this paper I was amazed by the new meanings they came out with, and by the new unique potentials for action that appeared.

However, what was more important in this procedure for me was not the intellectual journey, but the liberating effect it had on my relationship with myself. I was so much inspired by my clients' flow towards experimenting and challenging their relationship with their bodies and their position in the world that I felt more secure to embark myself away from Formality and Oppression and towards new uncharted regions of thinking, feeling and relating. In this mode, my 'scars' of those last demanding and turbulent years of my life are tattoos with better stories waiting to be narrated by a skilful storyteller.

But of course, this could be a whole new project...

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