



## Stories of the body:

*Incorporating the body into narrative practice*

*by Eleni E. Karageorgiou*

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### *Abstract*

This paper is an attempt to incorporate the body into the practice of narrative therapy so as to offer richer possibilities for therapists to work with clients' stories. The paper presents various case studies working with various body 'issues', such as quadriplegia, multiple sclerosis, sexual intercourse, stress, and body image. Maps of narrative practice brought to these issues include externalising conversations, outsider-witness conversations, re-membering conversations, and addressing personal failure.

**Key words:** *mind-body dualism, somatic, narrative therapy, externalising conversations, outsider-witness conversations, re-membering conversations*

## Introducing the 'absent but implicit' body

During my ten years of private practice, I gradually came to realise that I was encountering clients with 'invisible' bodies that were being kept in silence. This realisation came in part out of my own experiences. Across these years, I often felt that my body was demonstrating its participation in my life with its own set of responses, but that these expressions were not always acknowledged by me. These were also times where I felt that my relationship with my body was mediated by dominant expectations about its performance in certain situations rather than by my experience, my senses, or my will.

However, it seems that the silencing, invisibilising, and oppression of the body that I eventually noticed was not a just a personal slip. In many contexts, neglect of the body and of somatic experiences is a commonly accepted practice (Csordas, 1994). After all, questions about the dominance of the mind over the flesh are deeply entwined with dominant discourses regarding sin and mortality (Hart, 1996). For example, the Bible suggests that 'those who are in the flesh cannot please God' (Romans 8:8). In orthodox psychotherapy, the body is scarcely discussed or considered unless the 'patient' is faced with so-called 'neurotic symptoms' of anxiety or panic attacks (American Psychiatric Association, 1994; Hersen & Gross, 2008). Bodily manifestations of discomfort are therefore considered to be a humble obstacle to the clients' process of 'self-realisation' (Winnicott, 1965), 'self-actualisation' (Rogers, 1951; Maslow, 1954), and 'self-determination' (Ryan & Deci, 2000), that are all of an intellectual 'nature'. This mind-body dualism has systematically underestimated the participation of the body in therapy. Mind-body dualism, common in psychotherapy, perceives the body as the requisite, yet invisible, vehicle to bring the all-significant mind of the patient into therapy, or alternatively treats the body as a clutter of awkward symptoms that should be removed in order for the client to be 'free' of them. Yet the body is ever-present in therapy in an experiential, empirical, relational, and political way.

Social anthropologists, feminists, and philosophers highlight these considerations, the way in which realities are socially constructed and the influence of politics and discourses that concern the body (Turner, 1992). In a society that treasures youth, 'beauty', and good health, those who fail to measure up to these standards and are assigned a serious medical diagnosis must deal not only with the symptoms of their illness, but also with the social prejudices, labels, and fears about the accessories of sickness (Sontag, 1978). I believe narrative therapy offers a body of ideas and practices that respond to these concerns and that facilitate access to, and

incorporation of, the somatic experience of many clients. Through the use of externalising (White, 1988/1989), thickening preferred identities (Morgan, 2000), escaping from failure (White, 2002), I share some of the ways in which I have worked with people to incorporate the body more actively into the practice of psychotherapy.

## Externalising the somatic: Rosa and 'The Frozen Mammoth'

Sometimes, the body is presented as the problem. This is often profound in the case of serious disabilities, accidents, and in chronic illnesses where clients sometimes talk about how their body has 'betrayed' them. Such stories of multiple losses can extend far beyond the personal sphere and significantly influence families and communities. In the following two examples, I canvas how externalising practices can open up new possibilities for people.

Rosa has been married to Petros for twenty-three years and was the mother of two daughters. She had been suffering from progressive quadriplegia for the previous five years but had refused external aid for her increased personal needs and the housekeeping. Through externalising conversations, Rosa's family came to name her illness 'The Frozen Mammoth'. Following my enquiring about the effects of this 'Mammoth', the family spoke about how it prevented them from expressing themselves, sharing their needs and feelings, or even seeing and enjoying each other as members of the beloved family that they used to be. For Rosa and her family, this recognition of the importance of 'treasured moments' gave rise to many ideas about how they might reclaim 'essential space' from the 'Mammoth'. In this case, externalising disability and illness significantly contributed to separating Rosa's identity from that of a patient, shed light on other choices possible for the people involved, and multiplied the potential for new solutions (White & Epston, 1990). Furthermore, these conversations also raised questions about the dominant discourses of illness and disability, making visible political and alternative discourses concerning the issues of illness and health (White, 1988/89). In this light, Rosa's initial refusal to accept help was re-interpreted, recognised, and honoured by her family as an act of resistance towards 'The Frozen Mammoth'.

## Dimitra and 'The Gremlin'

Dimitra came to therapy with a request to get help with 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 personify that bodily sensation. She closed her eyes, frowned and then replied that it was a disgusting creature that lived there, that resembled a gremlin, one of those hairy creatures from the 1980s movie *Gremlins*. I asked Dimitra if she could invite that creature to take part in our discussion. She nodded and so I asked some questions about its presence in Dimitra's life, its intentions, and its plans. Dimitra said that one of the main purposes of the creature's presence in her life was to make her feel like a failure and to punish her for the 'crime' of her divorce. The 'Gremlin' was like a judge who would sit in his chair in the presence of a random audience in public spaces and would find her guilty and failed, time after time. During these sessions, we discussed the 'crime' she had committed (divorce) and the family values and dreams that were 'betrayed' by this decision of hers. Although 'The Gremlin' was creating havoc and imposing judgements, through asking if 'The Gremlin' had any positive role in her life, Dimitra was able to speak of some of the values that she considered important that the Judge was letting her know she was neglecting. This included Dimitra's willingness to look after her beloved ones and to invest a lot of time and energy in domestic life and her family. Dimitra 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 spoke about how much she treasured her relationship with all the members of her family. Dimitra came to believe that, '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 enjoyed making handicrafts, I suggested to her that maybe she could create a handicraft in order to have better visual contact with the values she treasures and more agency over their punitive ways. She said she would think about that idea. At our next session, she opened her bag and presented to me 'Mr. Conservative', a tiny doll, made of cotton fabric. I enquired whether Mr. Conservative was the most powerful figure in Dimitra's life – was he alone ruling 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? This deconstructive discussion of his presence in her life, of his methods, his tricks, and his allies was useful in order to reach a good description of the problem story and opened a lot of opportunities for the identification and co-creation of alternative storylines of identity for Dimitra (White, 1988/89). Despite 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 and she was connected to treasured ways of life. This enabled me to ask questions about the many times where Dimitra was capable of regaining control over 'Mr Conservative' and shed light on new conclusions about her preferred identity that she decided to call 'tenderness and care for loved ones'.

## Thickening preferred identities and re-authoring

In some cases, a diagnosis seems capable of stealing a person's identity and replacing it with that of 'a patient'. In such cases, people can be faced with existential and political dilemmas. Should they accept the new medical identity offered to them by the dominant medical discourse, or should they deny the illness's presence in their life (Sontag, 1978; Telford, Kralik, & Koch, 2006)? The fear of stigmatisation and secrecy about the illness's presence in a person's life can create additional traps where people feel ashamed about their medical status and isolated (White, 1988). In the following story, I share ways of identifying and thickening preferred stories and identities in contrast to totalising identities of 'patient'.

For the previous three years, Electra had been under standard medication of monthly injections in order to prevent the reappearance of symptoms of optic neuritis she had when she was first diagnosed with multiple sclerosis. Her doctors suggested 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 multiple sclerosis. Despite this good prognosis, Electra was 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 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 for her or they would try to avoid her in the fear of her 'polluting' them. Electra hadn't even shared her 'secret' with her boyfriend, Alex, because she was afraid of his family's reactions. 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 its functioning. Any sign of fatigue, blurred vision due to random reasons, small cramps, or even the signs of common flu, were interpreted on 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?

Electra described the presence of the illness in her life as a set of 'Shadows' that kept her in a state of constant fear and which were making her feel weak and isolated. 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 to better understand herself as an active agent struggling to secure her health status rather than being the passive victim of disease. In our exploration of unique outcomes, she was able to identify many incidents where she was able to control her fears and assert a life free of isolation. What moved her the most was remembering a time where she was able to give instructions to relax to a friend while they were having a panic attack. During that time, she remembered feeling caring for her friend, strong, and in control. After enquiring more into other events where Electra felt connected with others, strong, and in control, she could better recognise 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 was able to recognise and describe more richly her identity as a person who valued intimacy, friendship, and economic and emotional independence.

This acknowledgment of positive meaning attributed to behaviors that had previously been considered to be indicative of her vulnerability, along with her commitment to live her life free of fear, enhanced her enthusiasm to overcome one of the most distressing and embarrassing consequences of her constant policing, failure to reach orgasm during intercourse. Once we had engaged in a discussion about the impacts of stress on sexual function, and challenged many dominant discourses around what constituted a 'successful' sexual relationship (Fishman & Mamo, 2002; Nickolson & Burr, 2003), Electra felt that she would like to invite Alex to one of our sessions as an outsider-witness to her preferred identity claims (Carey & Russell, 2003; White, 2007). 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 in general and her sexual life in particular, and 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 overcoming 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 had 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 mentioned a series of incidents in which Electra had demonstrated this determination. He also talked about his personal fight with fear when, as a teenager, he was being bullied by two neighbours and had received help from a friend 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 them 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, relaxed her anxiety in talking about their sexual problems and increased her hopes that with Alex's help, she could reclaim her life from the 'Shadows'. This session inaugurated a more active attempt on the couple's part towards dealing with the consequences of the 'Shadows' on their sexual life, and Electra reported how much more imaginative and playful she and Alex were in creating a ritual of face and body painting to exorcise the 'Shadows' from their bed!

## Re-membering

Arletta's breakdown last summer was initially understood as a traumatic experience of extreme stress due to a threat of dismissal she had received from her boss and endless hours in the office in order to finish an enormous workload. Eventually, after several days of self-imposed insomnia and hard work, a state of confusion, delusions, and a paranoid fear emerged. 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 say 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 those times 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 somehow experienced the exact problems her mother had when she was at her age. This consisted of a constant stressful race of proving her value by taking good care of her kids, the housekeeping, a sense of rejection by her husband, and a prolonged period of extreme work overload with some days of consecutive self-imposed insomnia in order to finish it off. Arletta's mother then collapsed and Arletta returned from school one day to find her lying in the couch, unable to speak, move, or even look at her. Arletta then took over the family responsibilities for more than two years, until her mother found the strength to overcome depression. Arletta referred to herself as the mother of her family, of her mother and her brothers, as she was the one who took care for all of them and helped them whenever they were faced with difficulties. She treasured 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 considered her mother to be the most important figure in her life:

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 shared the same set of values concerning family life and relationships with friends. She remembered their many daily trips by bus to the suburbs, their picnics, and 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 working 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-membering helped her not only to recognise what she and her mother used to share the same demon of Perfectionism, but also the amount of their care for each other and what they both treasured in life. Finally, re-membering 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 her neglected body.

### *Escaping from failure and unique outcomes*

For Victor, twenty-four years old, an extended burn on his skin due to a childhood accident had been the source not only of excessive bodily pain for a prolonged period of his life, but a constant emotional hardship because he felt deformed:

Eleni: Deformed in relation to what? What would you recognise 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 into his studies and kept his body in the background, avoiding sport, hiding his body at the beach during the summer and from his occasional sexual partners. He believed that this 'Split' also desensitised him somehow. He had great tolerance for somatic pain but he wasn't feeling his emotions in the full range, rather only as small alterations in his mood. He concluded that he felt alienated from his body and isolated from his social environment due to 'The 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? Haven'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 exchange 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 recognise 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 okay in his body. He remembered that he felt his body not only accepted but also respected in the LGBT Rights Community that he had participated in during his final year in university. There were also sometimes that he recalled leaving his hesitations behind and staying until late at the beach with his brother in his bathing suit, enjoying the sensation of the hot sand and the sea breeze on his skin. And there was someone who worshiped Victor and offered him a stable and mutually caring relationship to retreat to, regardless of his scars –Amversa, his dog.

As more unique outcomes came to the surface and started to build an alternative story to that of The Split (and he also externalized Self-hatred and Shame), Victor started to better realise knowledges and skills he had that stood closer to his preferred identity, one that valued diversity, acceptance, and happiness in relating with others. And as a result, he eventually started to feel that a different future might be possible for him. Victor could see a future of reconciliation with his scars and maybe even a public statement of this acquired knowledge of his, through re-engaging with LGBT Rights Communities. Re-membering John, Amversa, and the relationship Victor had with other members of the LGBT 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 recognised as a 'life project' for him (White, 1988/89) – his respect and support for diversity. As this alternative story was thickened, the scars on Victor's body were recognised and honored by him and by the community as the visible political symbols of his struggle. For Victor, re-membering had significant intellectual and emotional value.

## Conclusion

It was an intellectual challenge for me at the beginning to devote this project to the body. However, I have begun to feel that the bodies of my clients are no longer as invisible as they had been in the past. Engaging narrative practices in attending to the body has brought to the surface the role of dominant discourses concerning the body and highlighted the experiential, relational, and political ways our bodies participate in our lived experience. Externalising, re-authoring, re-membering, identifying unique outcomes, thickening preferred identities, and escaping from failure practices have offered me and those I work with whole new ways of navigating mind-body dualism and attending to somatic experiences.

There were many challenges and new issues this project brought to my professional work. What was more important in this process for me was not the intellectual journey, but the liberating effect it had on my relationship with myself. I have been so inspired by my clients' movement towards experimenting and challenging their relationships with their bodies and their position in the world that I felt more secure myself to move away from formality and oppression towards new uncharted regions of thinking, feeling, and relating. In this way, my 'scars' of those last demanding and turbulent years of my life are like tattoos with their stories waiting to be narrated by a skillful storyteller. But of course, this could be a whole new project...

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