Bioethical Inquiry (2006) 3: 187–192
DOI 10.1007/s11673-006-9014-5

Body Talk in the Clinic as a Memoir of Real Lives: Katerina's Story

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Received: 3 August 2005 / Accepted: 2 June 2006 / Published online: 25 October 2006

Abstract The secret worlds of life experience, culture, sexuality and emotions are often expressed through physical "symptoms". The lived body becomes the entry point for professionals to enter the world of the patient. This article, arising out of a study of the experiences of Greek women at menopause, discusses the story of one woman and interprets the cultural and emotional inscriptions that are carried into the clinical setting. It illustrates the multiple layers of corporeal meaning engendered by menopause and the clinical interactions surrounding it. It argues that the bodies that present themselves for consultation and examination are phenomenological memoirs of suffering, struggle and illness. Even in its most technical aspects medical practice cannot ignore the philosophies, values, goals and cultural experiences of those who seek its assistance.

Keywords Women · Greece · Menopause · Philosophy

Modestly groomed and wearing dark colours, Katerina enters the clinic. Greetings are exchanged in the traditional manner of two kisses on the cheek and the squeeze of my hands. I come with her into the consultation room and translate for the doctor. The formalities take a few minutes and then he asks about her health. Katerina's voice shakes a little but, speaking in her native Greek, she replies that she is well other than the itching:

> If only this itching would go. That's the only problem. This itching makes me upset and angry and I'm not able to stop it. Once it starts it just takes over. That's all that's wrong with me, doctor.

She lowers her eyes and fidgets with her handbag. The doctor asks a few peremptory questions about other things but she has little else to say. He scribbles out a prescription, passes it to Katerina and politely shows us out of the room. We move into the corridor. While extending her arms to hug me she mutters something and sighs. I offer to talk for a while and she accepts. We find a place to sit and she starts, tentatively at first.

> I couldn't tell the doctor about my husband", she says. "I'd feel too embarrassed. He wouldn't understand. It's just this itching. This body, it won't let me rest. I don't know what it wants from me. It's been playing up for so long. I take it to the doctors and usually they fix it. This time nothing helps, not creams, not baths, nothing. They give me tablets and they don't help.

I encourage Katerina to explain what she means. She bows her head and draws out a hankie from her bag. She dabs her eyes and goes on.

> If only this itching would stop! I could cope before but now it's making me lose control. This

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> body is out of my control. Do you think I don't know that the itch is because of my husband? Of course I know that but I can't change it. I can forget everything, all the pain, the anger, the humiliation – everything. But, when it starts to flare up I can't forget. It keeps reminding me. When it gets really bad I become a mess...
>
> "What is your body telling you, Katerina?" I ask.
>
> It tells me that I can't cope any more with his abuse, the silence, the pain and the suffering. It's been thirty years of this. By having my body in pain, it takes the pain away from my heart and mind. Maybe it's saved me from going mad. For that I should be thankful. I just thought that maybe I could get through my life like this. I know I can't. I need to talk to someone. I need to do something. I can't keep scratching until I bleed.
>
> There's so much shame. A woman of my age talking about sex and what my husband does to me! It's not dignified.
>
> Even my nerves tell me that I am on the edge. They tremble, they're weak, they hurt and they don't let me sleep. This is worse now with this change of life.

Katerina keeps talking and describes at length how her body responds to her experiences. She talks about her 'blood', her 'nerves' and the 'itch' [16; and see methodological note below]. Her struggles and suffering are inscribed in her body and presented as symptoms to be treated and hopefully resolved or suppressed, only to find that her inner world can no longer be compromised or repressed. We sit for hours as her body talks. It talks of losses, personal tragedies and a lifetime of repressing emotional pain. It talks about being a woman in a Greek culture, about being a mother, about growing old, about sexuality.

Katerina takes her body 'from doctor to doctor' in the hope that someone can fix it or get it going again. Like many Greek-speaking women who find themselves in a foreign country struggling with the language, communication, isolation and years of physical work [3], she reaches a point of desperation where no amount of 'pills or patches' can take away the symptoms. The past and present of Katerina's life become the future, so there is no escape. Menopause has brought with it inevitable, painful consequences, but also – unexpectedly – the opportunity to listen to her body and to acknowledge openly that its symptoms are memoirs of her difficult life.

For Katerina, as for many other women, narrating oneself 'through the body' is a device for managing the relationship between difficult, sometimes catastrophic, external events and difficult, sometimes catastrophic, internal ones [8]. In describing simultaneously her successes and failures, triumphs and regrets, and her physical reactions to them, Katerina shows us her world, both in its objective form and in its fine, subjective content. The latter emerges from her descriptions of her experiences of her body, not as a representation or symbolic substitute but as an expression that is true and adequate in its own right. Describing herself by way of "the body" provides a phenomenological account of the fine modalities of her being in the world, of the incorporation of biology, culture, society and emotional life; it also makes possible for her a certain detachment from which she is able to reflect and bear witness to her life.

Pandolfi has described how peasant women living in Southern Italy experience and express the stresses of their lives through narratives about the body [21]. Greek speaking women in this study also speak through their bodies about their lives, their sexuality, their suffering [4, 15] and menopause, and of their feelings of regret for lives they never lived. In addition, the states of diagnosed illness and of cultural and existential discomfort seem to overlap, with causes and effects being impossible to distinguish.

Katerina's personal story and the medical representations of it – including this one – emphasise that symptoms or representations of illness cannot be understood adequately as purely isolated, existential events in the lives of conscious beings [14, 15, 23]. Through the experience of illness the structures of otherness and the boundaries of sense are put into question. The clinical process, including its therapeutic interventions, awakens new modes of embodiment and raises the possibility of new meanings [15].

For many women like Katerina menopause represents a way of reaching out and seeking help. On the surface, the problems she describes appear to be of a purely biological nature. However, to interpret the physical phenomena as independent variables would be to fail to recognise the layers of meaning with which they are intertwined. On the surface, Katerina – like so many other women in our study – actually seeks a medical diagnosis: She wants to hear that her symptoms can be attributed to menopause. However, as time progresses it becomes evident that these symptoms are in fact symptoms of her life, and that attempts to alleviate physical symptoms by chemical interventions or other instrumental techniques that exclude engagements with her personal world of meaning are ultimately ineffective.

Katerina herself puts these points most forcefully:

> I have lost sight of me, why I live and the purpose of all my suffering. There is no desire for my life. If it was up to me, I would end it.
>
> How much of our lives do we own? My body cries out with symptoms: the itch, the sore joints, the palpitations, the nerves. It cries as a way of taking back some of our alienated selves. Most of us live in this way: abusive husbands, bad relationships and duty driven sex, and we don't have the strength to change it, to take control of our life, to direct it, to enjoy it. So we continue on this false, pretentious path, hoping and waiting for someone else to change it, to fix it.
>
> What our mouths don't utter our bodies do, but do doctors realise this and stop to talk to us? No, they send us off for more tests and to more specialists. No-one wants to get too involved because it is too real, probably too confronting and time consuming. I wouldn't be a two-minute patient. I would take up hours.

In these comments Katerina draws attention to the fact, so often overlooked in clinical medicine, that the body itself is a site of values and meanings in the epistemological and ethical senses. She herself expresses this with disarming eloquence and philosophical depth, at times indicating surprise at her own insights. As remarkable as it is, however, such depth is by no means unusual in clinical discourse, where the free flowing dialogues of the clinical encounter often generate insights of great profundity. These insights are usually embedded deep in the patient's ordinary body talk. To articulate them − even as in Katerina's story in an unorganised, inchoate manner − may be of therapeutic value; however, this is not inevitably the case. In fact, often it is not the manifest content of the discourse that is most important but the ethical conditions of possibility that facilitated it. The establishment of a relationship of responsibility, trust and care may for the patient represent the major accomplishment and outcome of the clinical experience.

With obvious exasperation and maybe a hint of irony, Katrina sighs: "I don't blame them because *I* don't want to listen to my body either!"

The language of the clinic is not free of inconsistencies and contradictions. Although the limitations of a view of the body as independent of emotional, social and ethical life and of biological phenomena as sufficient causes of the problems encountered at menopause often emerge in the course of experiences with medicine, the deficiencies in the reductionist interpretations are often not recognised explicitly. Despite her insights, Katerina retains her assumption that most problems at menopause simply reflect the body becoming "weak" and breaking down, and that the solution involves taking medications.

> The doctor looks at the body to find the problem. Therefore it's the body that's sick and needs attention.... There must be something wrong with me because the doctor took many blood tests and then, after he looked at the results, I had to have more. I know the body has something wrong with it.
>
> One doctor tried to tell me to relax, as though I could fix the flushes and the migraines myself! I didn't say anything to him, but why would I see a doctor if I could fix whatever was wrong with my body?
>
> I've taken tablets all my life. The tablets have always made whatever was wrong with my body better. There must be tablets for me to take to fix the body now.

There is a point in her challenges to medicine beyond which Katerina is not prepared to go. She recognises – albeit implicitly – that the body constitutes an axiological system, is the site of meanings and values in the epistemological and ethical planes. She understands that the clinical process can be at once supportive and protective, threatening and undermining [15]. However, she is unable to take the next step, which would be to insist on a reconfiguration of the entire clinical relationship.

Even if she is unable to say so explicitly, Katerina seeks a relationship which provides her with an opportunity to map her symptoms and bodily experiences against the various discourses of the body, to which the clinician may respond in a multi-faceted way. Clinical practice encompasses a heterogenous assemblage of discourses and practices: It embraces pharmacological and other physical therapies, language and communication and, maybe a contribution from the physical examination. The doctor, therefore, is not just a technician: He or she is also, simultaneously, the symbolic agent of the patient [15].

The reason for the apparent confusion is that Katerina's symptoms and illness behaviour at once reflect factual reality – that is the biological facts – and constitute an array of symbols that condense the problems she is trying to confront. Her language (referring to the 'itch', 'nerves', 'blood' etc.) provides her with a socially appropriate idiom for articulating the losses and personal tragedies suffered in her life and seek attention and care.

The problem is that the contending discourses – of biology, the emotions, of social and psychological life – all have their own internal systems of logic which are not necessarily consistent. Furthermore, the interactions between the different expressions, which all employ the same language, are by no means clear. Indeed, it may not in principle be possible to separate the various elements of her experience: In a strict sense it may be that her distress, which is grounded in both personal and social contexts of meaning, is in fact the same as her physical symptoms, that the biological, cultural and emotional processes cannot be rendered intelligible independently of each other.

This means that the clinical process moves only from complexity to further complexity. Do her symptoms reflect a viral infection? A physiological problem? Has Greek culture led her to focus on one particular manifestation of menopause? Has it led her to adopt several symptoms as primary and to disregard others? Do her complaints represent a culturally appropriate means of articulating personal or intrapsychic suffering? The clinical process may be able to offer some clarification, but there may be a point beyond which it too cannot go.

It is possible that Katerina herself at some level recognises this complexity. However, when asked, this is not how things necessarily come out. All she wants, after all, is for her symptoms to disappear.

> If only this itching would go. That's the only problem. This itching makes me upset, angry and I'm not able to stop it. Once it starts it just takes over. That's all that is wrong with me doctor.

Clinical practice that proceeds independently of patients' discourse encounters profound limitations [5–7, 12, 19]. The alternative – an approach that recognises the simultaneous relevance of biological, social and cultural phenomena – emerges from the recognition that illness is saturated with meaning and that clinical practice is inherently interpretative or 'hermeneutic'. A symptom or an illness, such as Katerina's, condenses a network of meanings for the sufferer: personal trauma, life stresses, sexual abuse, fears, expectations about the illness, social reactions of society, friends and authorities, and experiences with previous attempts at therapy [8]. The meaning of these symptoms or illnesses is grounded in – though not reducible to – the networks of meanings illness has in Katerina's culture [2], although the specific features of the culture that are decisive in this case are not clear cut. It is true that the research project in which Katerina was a participant concerned women of Greek ethnicity; however, there is no theoretical mechanism for proving that ethnicity is the crucial variable with respect to any particular phenomenon. Whatever the answer to this question might be, however, the network of meanings certainly includes metaphors associated with symptoms, the ethnomedical theories of the body and its functioning, the basic values and conceptual forms and the care patterns that shape the experience of illness, and the social reactions to suffering [10].

Women's discourses about their experiences with medicine often highlight the lack of interest of modern medicine in the body's inherent ability to speak on their behalf. Feminists such as Rich [22] argue that medicine treats the body as purely determined by the physiological processes of hormonal production and therefore as timeless, as having no history, consciousness and knowledge.

Perhaps the time has come for the realisation that the jumbled voices women like Katerina articulate in their discussions of symptoms are not simply indications of pathology: They are presentations of the self in crisis, reaching out to be heard, supported and listened to. The unfamiliar experiences of the body in illness, menopause, aging or abuse – often with the guidance of clinical discourse itself – are heterogeneous and fluid [14]. Whether or not Katerina is representative of women of a particular ethnic or other category, her personal voice gives poignant expression to the experiences of a kind faced by many other women;

and the dilemmas and opportunities she encounters are those that arise in many other health care settings.

Methodological Note

This article reports on a series of narratives from one participant in a qualitative study of the experiences at menopause of Greek-speaking women in Melbourne. The methodology and the consolidated data from this study are presented in detail elsewhere [16]. Briefly, 40 women from the Greek Women's Clinic at the Baker Institute in Melbourne agreed to participate in an initial in-depth interview, to attend the clinic three times and then to participate in a final interview. At each clinic visit participants were interviewed by the researcher (BK) prior to seeing the doctor, with the researcher interpreting as needed, for a standard medical consultation. The interviews included discussion about the experiences of menopause, concepts of the body and its functioning and socio-demographic issues. On the second and fourth visits an assessment of the previous consultation was sought, along with expectations of the forthcoming one. The interviews were conducted in Greek, tape recorded and transcribed and data were analysed using: "thematic analysis" [13], which documented the appearance of certain general themes dealing with health and illness; "ethnographic content analysis" [1], which recorded the use of specific categories; and "semantic network analysis" [10], in which temporal relationships between particular words and categories were analysed. The study was approved by the Alfred Hospital Ethics Committee and all participants gave full written consent. The patient herself has seen and approved a draft of this article.

In addition to the above we analysed the data for emerging themes, according to Giorgi's phenomenological analysis, through the following four stages: (a) reading all the material to obtain an overall impression, bracketing previous preconceptions; (b) identifying and coding for units of meaning representing different aspects of the women's experiences; (c) condensing and abstracting the meaning within each of the coded groups; and (d) summarising the content of each code group to generalise descriptions and concepts reflecting the most important experiences from the voices of the women [9, 18].

Interpreting interview transcripts using the above methods enabled us to explore the interviews from the perspective of narrative which enabled us to see how individuals 'made sense of their lives' [20: 113]. The narrative is a medium for conveying shared cultural experiences which is one of several cultural forms available for expressing or formulating the lived experience of illness and suffering. The present article reflects the importance narratives have acquired in the study of chronic illness and their ability to contribute to the understanding of patients' attempts to deal with the perplexities generated by ageing, illness and other experiences [11, 17].

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