



Walking away from 'illness fears': Glimpses of a narrative journey towards personal agency and justice

by Jacqueline Sigg



Jacqueline is a Mexican psychologist trained in narrative and art therapy. For the last four years she has been interested in co-exploring ways to respond to different experiences of violence by restoring stories of dignity, and navigating into the construction of a sense of justice. She is the founder of Espacios Narrativos (Narrative Spaces), an organisation committed to expanding narrative practices in Mexico. Jacqueline can be contacted by email: jacquesigg@gmail.com

Abstract

This paper describes a therapeutic journey with a man who reclaimed his life from 'illness fears' and their devastating effects. It invites the reader to become an audience to the client's resistance to dominant mental health discourses and the pathological self-narratives these discourses shaped. The article highlights particular turning points where the client reclaimed places in his life that fears and medical discourses had previously occupied.

Key words: *hypochondria, fears, dominant mental health discourses, personal agency, justice, narrative therapy*

Introduction

I was telling you the three elements in my morals.

They are: (1) the refusal to accept as self-evident the things that are proposed to us; (2) the need to analyze and to know, since we can accomplish nothing without reflection and understanding – thus, the principle of curiosity; and (3) the principle of innovation: to seek out in our reflection those things that have never been thought or imagined. Refusal, curiosity, innovation.

(Foucault, interviewed by Bess, 1988, p. 1)

If I had to summarise the elements that inspire each narrative conversation I embark on, I would use the words proposed by Foucault: refusal, curiosity and innovation. Refusal is present in externalising conversations. These conversations address and resist, among other things, the dominant discourses and practices of power of Western psychologies that confine people's identities. Curiosity, engendered by the 'narrative mode of thought' (Bruner, 1986), leads to exploration – not of certainties and truths, but of a variety of perspectives and possibilities. Finally, innovation emerges when we engage creatively with people and stay open to a diversity of ways to co-construct preferred stories.

It is my intention in this paper to show how refusal, curiosity and innovation informed my work with a client to whom an illness identity was assigned through a psychiatric diagnosis of hypochondria. This illness identity was ingrained through institutional practices that dispossessed him of personal agency and recruited him into oppressive thoughts and practices. I hope to portray the ethical understandings, conversational maps and documents that provided a context in which Manuel¹ could reclaim his dignity from the injustice of pathologisation.

An identity confined by mental health discourses and practices

When Manuel first came to my office, he was overcome by subjugating words that defined him as mentally ill and a hypochondriac. He felt stigmatised and marginalised by the medicalisation of his identity, which had resulted from particular practices of power operating within the medical and psychiatric fields (Madigan, 1992; White, 1995a).

This subjugation had begun during Manuel's psychiatric hospitalisation two years before he came to my office. During the last stretch of his doctoral studies in Germany, fears about acquiring an incurable disease had visited Manuel for the fourth time in his life. With the intention of finally bringing the fears to an end, protecting his relationship with his wife and finishing his PhD, Manuel decided to ask for psychological

assistance through the German government health system. This was where he got the suggestion to go to a psychiatric ward.

I decided to go to the hospital since I had been taught from childhood that doctors heal. During my three previous fear periods, doctors reassured me, confirming that I did not have a physical disease. This was enough for my illness fears to disappear. Nevertheless, last time this did not happen. I thought I was going to be cured at the hospital since I was attending the place where the experts in emotional problems help people.

Manuel's hope that the hospital would help him get well disappeared little by little. It was replaced by self-blame about having a psychiatric illness that, according to mental health discourses, was incurable. During this period, pathologising stories found an open door to sneak into Manuel's life. When Manuel shared the fear that was convincing him he had throat cancer, the therapist silenced him, saying, 'that is not true, you can never forget you are a hypochondriac'.

In order to be heard and viewed as credible by doctors, Manuel was subjected to daily saliva testing. When a test showed there was blood in his saliva ('real evidence' that he may in fact be ill), the doctors sent him to an ear, nose and throat specialist. After this, saliva tests came to dominate Manuel's life, relentlessly torturing him along with illness fears.

Manuel described the hospital he spent four months in as an uncomfortable, threatening place in which his perspective was lost and he felt like a robot. He said, 'my life was stopped. It escaped from my hands and I was cut from my most important relationships with my wife, my brother and my mother, losing my freedom and becoming a shadow'.

Manuel felt his dignity was diminished and his voice silenced by the 'expertise' of the psychiatrists. His experience called me to the ethical responsibility I have as a narrative practitioner to create a subversive space (McCarthy, 2010) against the practices of power embedded in the treatment he was subjected to. I hoped to enable Manuel to recognise, resist and overcome the discursive capture (Strong, 2012) that depicted him as a mentally ill and worthless person. My aim was to collaborate with Manuel in diminishing the dominance of illness discourses by eliciting and mobilising resourceful discourses of possibility (Strong, 2012) and thickening preferred stories. We addressed the injustices enacted through practices of control informed by the medical gaze (Foucault, 1963/1973) in order to contribute not only to Manuel's healing, but also to his sense of justice (Denborough, 2013).

Exploring the politics of hypochondria and psychiatric treatment: externalising conversations

The creation of a subversive space to resist the discourses and practices of power that shaped Manuel's story as a hypochondriac began through externalising conversations (White, 2007). We sought to return Manuel's voice and reclaim his life from the dehumanising and reductionist process he had experienced in the psychiatric ward, which had assigned him an identity as a mentally ill person.

During externalising conversations, Manuel described the problem as 'illness fears' rather than hypochondria. He traced the origin of the fears to when he was 12 years old. Manuel described illness fears' intentions to 'break his life and his relationship apart, to steal his dreams of being successful at work and enjoying a beautiful life with his wife and baby son'. We explored how illness fears ruled almost every moment of Manuel's life by promoting feelings of worthlessness, shame, isolation, desperation, and paralysis. He pictured himself as a weak person who was defective as a professional, husband and father. Illness fears also brought a growing sense of personal failure with regard to normative judgements related to gender roles (in particular, discourses of dominant masculinity) and success within capitalist discourse. Manuel said that he feared not being 'strong enough to respond to my duties as the head of the family to provide economic security for my wife and son. I fear not being able to succeed in my recently acquired job as a professor, and I worry about being a bad influence on my son's psychological development'.

Some days, illness fears convinced Manuel that he was living in 'survival mode'. This led to a strong desire to become sick and die, rather than to go on living. Describing this desire, Manuel said, 'although I am afraid of my thoughts and my desire to die, sometimes it is the only way I believe I can count on to stop this'.

The tears and desperation that accompanied Manuel's description of the illness fears and his experience on the psychiatric ward reflected his sense of impotence and the feeling that the problem was invincible. Using double listening, I understood these as expressions of what mattered to him. This led me to focus on the absent but implicit.

Absent but implicit conversations: hope as a riverbank

Denborough (2014) describes a space to unearth acts of resistance and unveil values, intentions and dreams as a

'riverbank position'. I invited Manuel to take up a riverbank position to explore what was absent but implicit in his story. White (2006) suggests 'no-one is a passive recipient of trauma' (p. 28). He proposed absent but implicit conversations as a way to bring forward people's agency and identify what they hold precious and dear in their lives. I was curious about what values and intentions were implicit in Manuel's desire to die.

Jacqueline: What is it that you hold precious that has been violated and disrupted to such an extent that the thought that you would rather die has shown up?

Manuel: Living with the feelings and with the fears I have experienced during the last two years is not living: it is surviving, which is extremely difficult. I miss the person I used to be, the man who enjoyed life, who laughed, who had an optimistic attitude; the man who could express love. A man who was a good friend, a good partner, a good worker. A man who enjoyed travelling with his wife, who enjoyed eating at a restaurant, hanging out with friends and walking with my dog.

Jacqueline: Is there a word to name what you miss so much about yourself?

Manuel: Joy.

Jacqueline: Despite the difficulty you have found for the last two years in sustaining joy as it was, what are you refusing to give up?

Manuel: Hope, I think.

Jacqueline: How have you managed to hold onto the hope that life could be as it was two years ago?

Manuel: One morning when I was at the psychiatric hospital, I realised my life was being buried. I was dying inside a living body. I was no longer 'someone'; I felt like a puppet with no hope, no independence to make my own decisions. I felt brainwashed. If there is no sense of myself there is no hope, there is nothing. That morning I decided to stop treatment and go out of the hospital. In a little corner I felt reassured and free.

Manuel's decision to break from psychiatric treatment illustrated the importance he placed on hope in his life. His recollections of joy translated into the initiative to break from the practices of power that had entrapped him. I asked Manuel if he thought about his resolution as an act to subvert the intentions of the psychiatric system to steal his life. Would

he call it an act of doing justice to himself? He said that, while he hadn't thought about it in those terms, it resonated with him to think of leaving the hospital as an act of doing justice.

I enquired about other decisions or actions that he would consider acts of resistance to the negative conclusions imposed by illness fears. We developed a list of skills and tactics, which I gave to him on a small piece of paper with the title, 'Manuel's practices of resistance to disempower fears'.

Manuel's practices of resistance to disempower fears

- Summarise my day every night and pay attention to the little things that were positive.
- Invite my rational thinking: if I had had cancer, I would already be dead.
- Remember that if I had been so weak and ill, I could never have finished my PhD.
- Reduce my timeframe to day-by-day.
- Work a little bit every day on possible future plans.
- Notice the joyful moments that exist despite the presence of illness fears, like bathing my son, changing his diapers or playing with him.
- Do little activities alone, such as going to the supermarket.
- Invite serenity by looking at pictures of my son on my cell phone.

Uncovering personal agency

As a record of Manuel's 'knowledge-in-the-making' (Epston, 1999, p. 143), this document was very powerful. It unveiled his sense of personal agency and outlined a range of entry points to alternative storylines that reflected hope and preferred identity conclusions. The document showed Manuel as someone who could take action in the direction of joy, hope and strength. At this point, I again introduced notions of justice by politicising what Gergen (1990) refers to as the language of 'enfeeblement' to expose and address the influence of mental health discourses and differentials of power. I asked Manuel if he considered it fair to surrender the knowledge behind his practices of resistance to a psychiatric diagnosis. Manuel responded, 'No it isn't fair. Those names are not helpful, and neither was how I was treated at the hospital'.

Taking a position in resistance to dominant psychiatric practices made it possible for Manuel to take further steps

towards his preferred story. I asked other contextualising questions, such as, 'Do you have any guesses as to what ideas about yourself the labels of hypochondriac or mentally ill unfairly invited?' Manuel reflected on the depression, isolation and self-doubt that surfaced when he defined himself as 'mentally ill' or 'hypochondriac', or remembered his time at the hospital. I asked, 'How else might you understand the relationship you had with fears in a way that does justice to the moments of joy, hope and strength?' Manuel responded, 'I'm someone who was passing through very hard times in my life, as any other person might have'. This way of making meaning allowed him to imagine new landscapes filled with hope.

Seeking to bring forward the history of this landscape of hope, and to populate it with appreciative others, I asked, 'What would your mother, wife or another significant person have seen in your life that would lead them to be not-surprised by your decision to begin to live again with hope and strength?' Manuel recalled how his mother had witnessed his recovery from the three previous periods of having fear in his life. She knew he was a strong man who couldn't be easily defeated. She also saw his academic achievement as testimony to his strength and perseverance. Manuel mentioned that both his mother and his wife had seen a man who loved life, enjoyed and felt committed to his career, had a hilarious sense of humour, was optimistic, and loved – and was loved by – his parents, brother and wife. Both had seen a man with hopes and dreams for the future.

Unearthing intentional state understandings around strength and hope was a turning point that fostered the re-emergence of Manuel's previously subjugated and disqualified insider knowledges (Epston, 2014). In order to strengthen these alternative storylines, I asked Manuel if he could think of other moments where hope and strength enabled him to go through difficult times. He recalled that after he met his wife in Canada, both had to return to their home countries (Mexico and Germany) in order to finish their studies.

Those were very hard times as we began a long distance relationship that lasted for seven years. Yet we both knew we could go further with our relationship despite the distance, keeping strong, holding to our love and hoping for our desired future together. Love has sustained us since then and our son is the most beautiful confirmation of it.

Through our exploration of what love had made possible, Manuel came to realise that the love he felt for his son allowed him to step completely away from illness fears for at least 10 minutes each day. These were the 10 minutes in which he played with his son. This unique outcome gave life to a stronger sense of hope for reclaiming his life from illness

fears. Manuel said, 'If I am able to live 10 minutes without the fears and self-tests, I can probably expand to 15 or 20 minutes, an hour and so on'.

Inhabiting new territories: anger as a mirror to justice

Despite their constant presence, Manuel decided to no longer allow fears to be the main focus in his life. Instead, he would focus on moments of joy. In order to thicken the story of this shift, I asked Manuel about what led to his decision to ignore fears and instead focus on moments of joy. Manuel said that he was inspired by anger about the ways psychiatrists had treated him. He described how anger helped him stand in resistance:

They made a stereotype of me. They said, and made me believe, that I would never recover from hypochondria; that I would live with restrictions that would make me feel awkward and miserable, and that it was not a good idea to move to Mexico, because I would not be able to adapt. Today I can tell you that I am resisting what they said because I have learnt that I am much more than that. I moved to Mexico and quickly got a job. I enjoy moments with my son and wife. I am reducing my use of medications. I no longer feel like a machine that needs to be fixed. I know I had a slow start, but now I am aware of the direction I want to go in.

Manuel's description of anger inspiring resistance brought to mind White's (1995b) reading of anger as 'passion for justice' (p. 91). Through this lens, we could see new meaning in Manuel's story: Manuel was a person seeking justice in response to abuses of power by the institution of psychiatry. I asked Manuel if he thought of anger as a mirror to his sense of justice.

Doctors tried to convince me I couldn't do anything with my life and that my cure would come from the outside, from their words, from their medication. Today I know it comes from myself, from my own decisions that link to my desires and beliefs – not theirs. It's the best feeling I have had in a long time.

Living with new meanings of hardship with the voices of a beloved son

As our conversation continued, another alternative story surfaced. Despite all his pain, Manuel appreciated his years of

struggle as a significant period in his life because had learnt to respond to problems and had discovered his strength, even when fears wanted to convince him of his weakness. He stated that thinking in this way invited a feeling of compassion for himself instead of rejection. This diminished the fears' influence. He noted how significant it had been to realise that his fears disappeared when he was with his son: 'My love for my child is a compass that guides my life despite the fears'.

Listening to the profound influence of Manuel's loving relationship with his son, Emil, I invited Manuel to consider his son as an audience to his preferred story.

Jacqueline: If Emil were sitting with us today, how would you let him know that the love you feel for him has been so important for sustaining your journey?

Manuel: I would tell him he is my little sunshine, no matter how cloudy or stormy the day looks. When I am with him I feel so much love, joy, acceptance. I feel so proud to have him as a son. He is happy, active and social. I would let him know that his smiles remind me of the beauty of life and ignite my desire to continue. He reminds me of my dreams, our dreams: to have a house at the beach and enjoy the sea with him, to travel together – something my wife and I enjoy so much.

Jacqueline: Thinking of Emil as a witness to your journey, what do you think he would tell you, knowing that despite your fears and self-testing, you enjoy spending time with him and you embrace your dreams?

Manuel: I believe he would say he is proud of me and that he knows I can continue. I think he would say he loves to see me happy and with joy, and that he also enjoys being with me. I would say he would tell me he doesn't want to see me sad or desperate with fears, but that he can understand when I am not feeling okay. He would say to me that he admires the steps I am taking as I admire the small steps he takes to learn every day.

Engaging with Emil's perspective allowed Manuel to further reduce the influence of dominant discourses that invited him to see himself as a failure as a man, father and provider. Manuel said, 'I know I am a good father and husband, and I will be able to be the provider I have imagined I would be'. I asked Manuel if he had an image of himself as a good father and husband.

When I came out of the hospital, I felt devastated. I was paralysed by fears and hopelessness, like I was lying down in the middle of a dry lake in its deepest spot. I was stuck on the ground during stormy days. But then, when I discovered what I have done and can do to keep going despite the illness fears and self-tests, as well as not forgetting I am surrounded by love and strength, I feel reassured that I am able to get out of this dry lake. I feel very happy. The days are not so stormy anymore. I can feel the sunshine through my son, my wife, and my work.

Final thoughts

Manuel's journey is a reminder of the pain and injustices that can be inflicted by the mental health discourses and practices of power that often occur in medicalised contexts. Manuel was captured in what he repeatedly described as a dark, thundery landscape filled with desperation, loneliness and worthlessness. These problems tried hard to colonise our therapeutic conversations and to make hope invisible. However, by attending to the politics of therapy and the therapeutic partnership, together we found that Manuel's lived experiences worked as a compass, leading us to acts of resistance in the 'search for meanings that sustain hope' (Epston, Winslade, Crocket & Monk, 1996, p. xx). These acts of resistance opened possibilities to trace a multistoried account of Manuel's life experiences. Manuel described these new stories as 'a territory painted with sun, mild winds and white clouds, characterised by moments of joy'. This landscape inspires my practice. I hope that, as a narrative practitioner, I continue to engage with an ethic of resistance in order to co-create with my clients' spaces of justice and dignity.

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I acknowledge Manuel for sharing his stories with me. I learnt a great deal from our conversations together, both personally and professionally. I acknowledge his trust in allowing me to share his stories, and hope that the territories of justice and dignity he built are nurtured further in each narrative journey we embark on.

Note

¹ Manuel is the pseudonym the client chose to use for this paper.

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Reflections by Lyra Barrera

In reading this account, I was particularly struck by the ways in which discourses pile on, and I am left with a fresh reminder of all that it takes to push back.

When Manuel described his experience of being in the psychiatric hospital and feeling his life was being buried, I had this image of him being under layers of dense earth – earth thick and heavy, made up of tyrannising ideas about what it means to be a man, and what it means to succeed under capitalism. The final layer of this crush of earth – a layer added when he sought support to get out from under the weight of fears – was psychiatric discourse piling on and insisting on the futility of his future.

That it was in that moment that Manuel connected to the feeling of being brainwashed – that it was *then* that he decided to stop treatment – stands out to me. It was as if he had found a tiny shaft of light coming through, signalling that his life might be lived out under it, rather than the heavy layers that had been crushing him.

Through conversations with Jacqueline, that path out was populated with loved ones, dreamed-of futures, and past hard-earned successes. I imagined Manuel's mother, his wife and his son taking giant chunks of earth and pushing them aside, helping Manuel to dig his way out. Together, Manuel and Jacqueline mounted a campaign to keep Manuel connected to practices of resistance and ways of staying connected to his values and commitments.

I was particularly moved by this passage: 'The love he felt for his son allowed him to step completely away from illness fears for at least 10 minutes each day. These were the 10 minutes that he played with his son'. I am currently in an ongoing conversation with a man who describes having had a very similar experience. When he is spending time with his young son, the lifelong depression he has lived with vanishes, and he becomes richly connected to possibility, creativity and hope. In reading Manuel's story, I am moved by the idea that connections between fathers and sons can have this quality and can provide a liberated and connected space. I have started to wonder about the differences it would make in our world if men took inspiration from Manuel and placed this kind of attention on their relationships with their sons.

As a practitioner, I am reminded of how people can experience their hoped-for lives as being far away or on the other side of very heavy things, and that our profession very often contributes to that weight. Having read the diligent work Jacqueline has described here, I feel reassured that the core tenets of narrative practice can serve as a road map out from under the layers of oppressive discourses, and that they can help us move towards sunshine, love, joy and acceptance – those things Manuel describes feeling when he is with his son.



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