Restorying the Self, Restoring Place

Restorying the Self, Restoring Place: Healing Through Grief in Everyday Places

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A few years ago, a commercial ran on prime time television depicting a woman in her mid-thirties standing in a romanticized version of an office space--I remember wood paneling and glass partitions. Through special effects, the "burning" pain she experiences as a result of too much typing appears as a red glow on her forearms. With the help of the analgesic being advertised, this red glow is erased and the woman returns happily to her keyboard.

I no longer remember which particular product was being marketed, but the thirty-second story has stuck in my mind. It is a local instance of a much broader narrative that dominates the spaces of western societies: The story that pain disrupts business as usual and should be palliated so that people can return to being productive members of society. The analgesic in the commercial is a technique of power for disciplining disruptive bodies, but then so is the story.

Grief, along with other uncomfortable emotions, is often referred to as "painful."[i] "Pain" in this instance is a revealing metaphor, one that discursively links emotional wellbeing to the narratives that circulate in society about disruptive bodies. Grief, depression, and their associates ought to be managed so that individuals and societies can carry on as usual, unchanged.

In this paper, I want to think both about and with these uncomfortable emotions through the stories people tell about who they are in relation to place. By engaging dialogically[ii] with two memoirs, Linda Hogan's The Woman Who Watches Over the World (2001) and Terry Tempest Williams' Refuge (2001[1991]), I wish to excavate alternative knowledges of grief and to open up other possible stories for healing in ordinary places. Before moving on to these stories, however, the differences between palliation and healing need to be untangled so that some of the dangers lurking in the shadow of therapeutic landscapes can be brought to light.

Healing as Transformative

Palliation and healing, although often elided in the dominant narratives that circulate through society, represent two very different orientations to wellbeing. Etymologically, to palliate means to cloak. Palliatives are charged with dampening-down symptoms and emotions regardless of what has caused them. Healing—to make whole, holy, to make sacred--is concerned with underlying causes and their transformation. Painful physical and emotional symptoms can be catalysts for healing transformations. However, if they are cloaked and ignored they cannot sound their warnings, and people may not realize that they require healing until it is too late to affect the needed changes.

Taking seriously post-positivist assumptions about relational selves, healing must of necessity extend beyond individual psyches and biologies. Embedded individuals cannot heal in isolation but must instead transform in and through relationships to and within a range of different places. Wholeness involves others. For this reason, with healing—of the body, mind, emotion and spirit—there is always the risk of disruptions to business as usual, a threat to the status quo. Where there is fear of change, palliation may be preferred to healing by individual and society alike.

For the past two decades, the study of "healing" within geography has been associated with the field of therapeutic landscapes. As a number of these studies touch on mental, emotional and even spiritual wellbeing, there has been a great deal of cross-fertilization with the literatures of emotional geography (Williams 2007 and Milligan 2007).[iii] This field has done a great deal to extend ideas of health and healing within the field of geography—not least of which by including emotional wellbeing within its remit. However, like any field, therapeutic landscape research has its limitations and it has come under criticism from a number of different perspectives (see Milligan 2007, for an overview). There are two criticisms of particular relevance to this paper. First, that therapeutic landscape research tends to focus on exceptional places, while ignoring the ordinary places most of us spend most of our time in. And, second, that there is an overt or covert assumption that there are inherent attributes of places that make them therapeutic. I argue here that the conceptual and oft-times physical separation of health-giving places from everyday places is too easily co-opted by dominant stories of palliation and therefore may ultimately be detrimental to healing. Leaving the ordinary places where one dwells in order to spend a small amount of time in a place deemed to be therapeutic is more likely to result in palliation than healing. Palliating painful emotions may pose a danger to individuals, places and societies if it defuses an urgent need for healing ordinary places and everyday relationships in and to places. In this paper I advocate, instead, the excavation and amplification of alternative stories, stories of healing in and of place.

Gesler, who is generally credited with the birth of the field of therapeutic landscape research, is perhaps paradigmatic of these problematic trends. His studies have focused on exceptional places such as Epidauros, Bath, and Lourdes, and purpose built places such as hospitals and centres for alternative medicine (2003). Moreover, his work seeks to identify common therapeutic attributes of these places (2003). While more recent research has emphasized the cultural, subjective and relational aspects of therapeutic landscapes, many of these studies still concern non-ordinary places such as a yoga retreat in Spain (Lea 2008), a respite care centre in the English countryside (Conradson 2005 and 2007a), a monastery offering retreats to lay people (Conradson 2007b), and a national park (Palka 1999). This continued focus on non-ordinary places continues to ally therapeutic landscape research more closely with stories of palliation than healing.

For example, the guests of the rural English respite care centre that Conradson visited (2005) state in various ways that without their periodic visits, they would be unable to cope with their everyday lives. There is no sense in what Conradson presents that guests anticipate their visits will improve the conditions in which they live their everyday lives. Instead, the visits provide them with a break so that they can better

manage their disruptive bodies and emotions when they return home. Imaginative therapeutic landscapes, places where people retreat to in their minds (DeVerteuil and Andrews 2007 and Gastaldo, Andrews and Khanlou 2004), also tend to be palliative in that they do not impact upon the everyday conditions people are subjected to but rather help them to manage difficult emotions.

Of course it is possible that through having a respite, a retreat, or new experiences in other landscapes that healing transformations may be enabled. Experiences in one place can seed the construction of new stories to live by in other places.[iv] However, the focus of most research in this field is on the therapeutic landscape and the experience, and very little attention tends to be paid to what happens when people return to their ordinary places. For example, Lea (2008) writes in relation to the yoga retreat in Spain, that some practices of relating to landscapes in such exceptional contexts may "problematise our existent modes of dwelling" (96). Helping participants to effect such a change was, in fact, the espoused goal of the leader of this particular yoga retreat. However, Lea does not tell us what happens to her self or the selves of the other retreat attendees after they have returned home, so it is difficult to explore the broader impact of such problematizations.

Palliation can happen immediately, a woman takes an analgesic and the pain is erased (temporarily); or a woman signs on for a yoga retreat and feels the stress of her office life evaporate (temporarily) as she steps off the plane onto the tarmac in Spain. Healing takes more time. To examine healing in relation to place requires looking at much longer segments of people's lives than has been usual in this field. A disinterest in what happens when people return to ordinary landscapes in itself ties therapeutic landscape studies to palliative storylines.

There are also issues of inequality involved here. Inevitably, in a globalized economy in which tourism is big business, those places deemed to be inherently health-giving are commodified (Conradson 2007a). Palliating painful or uncomfortable feelings by moving through space therefore becomes a privilege because of the time and money costs associated with leaving ordinary places behind, because of the fees of travel and accommodation, and in many cases because of the costs associated with admission to these places. Discrimination may also restrict some people's movements.

Unequal opportunities to move across space can contribute to health inequalities—stress is a killer, and palliation can help manage it. However, these inequalities are greatly amplified by the dualism arising from conceptualizing some places as having therapeutic attributes. If some places can be identified as "health-giving", then by implication other places must not contribute to people's health. More troubling, one cannot produce therapeutic places without at the same time producing anti-therapeutic ones—some, such as the Soviet Gulag, are even intentionally designed to destroy people in mind, body and spirit (DeVerteuil and Andrews 2007).

It is here, in the splitting and the categorizing and the valuing and the commodifying that therapeutic landscapes run into the same problems Cronon (1995) describes for the concept of "wilderness". If some places are designated as special, if they are "idealized", that means that other places, the places where most of us live, are not idealized and therefore become available to be exploited or abused or just plain neglected. In such a dualistically-divided world, health-giving places are available only

to the privileged few, while other places risk becoming "sacrifice zones". The separation of health-giving from ordinary places means that not only do relationships in and with ordinary places remain unhealed and un-healing, these relationships may actually deteriorate. By separating out and idealizing some places as therapeutic we risk reifying all places and we risk equating "healing" with palliation. By labeling and even marketing and promoting some places as therapeutic, the possibility of healing landscapes elsewhere is at best ignored and at worst denied.

To resolve the dualism at the heart of traditional therapeutic landscape research we need to extend and double our vision. Research needs to look at lives lived in ordinary places and at the transformations, negative and positive, that occur in and of those places. More can be learned from looking at change than by looking at stasis. "Healing places" should be read both as a compound transient noun and as an active verb transforming the places where we live and the relationships we have to them.

Some work has already been done along these lines. Parr's work on how de-institutionalized people with mental illnesses experience being in public spaces emphasizes that the therapeutic effects of places are not static and that individuals and groups can engage in the "diverse strategies of transformation" (1999, 145) to imagine more therapeutic places and bring these into being. Milligan's (2007) study of the influence of sensationalized media stories on how people experience woodlands, is another recent example of a study that examines changes in the therapeutic nature of relationships to place. Her study demonstrates that a landscape that is experienced by some as "restorative" may be experienced by others as "risky," and that it is story that makes the difference.

Given the importance of story in conferring meaning, Milligan's findings are not surprising. Even the "traditional" therapeutic landscapes Gesler explores (2003) are thickly storied. Both recent work in health sociology (Frank 1995 and 2004) and the development of the social-constructivist field of narrative therapy in counseling (White and Epston, 1990) suggest that stories can be key to facilitating healing transformations. Therefore, it is through the stories people construct, and re-construct that I propose to continue my exploration of healing in and of place.

In the two sections that follow, I explore what can be learned about healing and place through reading the memoirs[v] of two people who live in places that are definitely ordinary—and that could even be conceived of as health-denying--and who choose to work through painful emotions rather than to palliate them. Through their stories, these two women heal and therefore transform their relationships in and to the places where they dwell. Through writing their stories, they demonstrate the power of words to heal their selves and their world. What I hope to do through these sections is to begin to excavate alternatives stories of healing places.

Thinking With <u>The Woman Who Watches Over the World</u>

In <u>The Woman Who Watches Over the World</u>, which is subtitled "A Native Memoir", Linda Hogan (2001) writes about the pain experienced by her self, her people and her place. It is a pain too large to be encompassed by words like sadness, depression or grief,

and yet it is the act of putting words to the pain through storytelling that ultimately brings about healing; because the only thing more difficult to live with than the pain is its denial.

Linda Hogan's pain, like the pain carried by other Native Americans, is the pain of the land. It is a pain that has been actively denied and silenced by the dominant narratives of America because to acknowledge it would mean to disrupt business as usual. However, as long as this pain remains unstoried, as long as Linda Hogan remains voiceless, her very self is denied. As she writes,

> "Language is an intimacy not only with others, but even with the self. It creates a person. Without it, in the dawn, in the dark of night, there is no way to know who or what we are." (Hogan 2001, 56)

As a child, Linda Hogan barely spoke. She "was too shy to say 'Here' at roll call or even to raise a hand when [her] name was called." (36). Without the words with which to participate in the co-creation of her self, her self became thin and dominated by the stories told about her. As the child of a Native American Chicksaw father and an American mother of European ancestry, born into a family in which silence reigned, and living on an army base in Germany, she experienced her life as unnarratable. She became trapped inside an "unnamed grief" (56). Without the ability to relate to her self, all places were health-denying. As a young woman, shortly after she and her family moved back to the U.S., she began to drink "suicidally" (53) in an attempt to palliate her pain in the only way she could find to do so. She writes of "being lost" (54) but also of wanting to "destroy" "the self" (57). Only when "the words came" did she begin to heal. The above quotation continues,

> "One day the words came. I was an adult. I went to school after work. I read. I wrote. Words came, anchored to the earth, to matter, to the wholeness of nature. There was, in this, a fall, this time to a holy ground of a different order, a present magic, a light-bearing, soul-saving presence that illuminated my heart and mind and altered my destiny. Without it, who would guess what, as a human being, I might have become." (Hogan 2001, 56-57).

White (2000) writes that people seek narrative counselling when they are mired in "problem-saturated" stories of their lives and "deficit-centred accounts" of their identities (6); a state that could be understood as a narrative crisis. The counsellor's task is to help the client to free herself from those narratives that dominate her life and limit her possibilities for being and acting in the world. To achieve such freedom, the "problem-saturated" stories must be externalized, separated out from the client's self. In their seminal argument for and description of narrative counselling, White and Epston (1990) draw heavily on Foucault (particularly 1979, 1980 and 1984). They locate those dominating and limiting stories that clients experience at the intimate inter-personal scale, within the "normalizing truths" of modern power/knowledges. These dominating and limiting stories about people discipline them into "docile bodies" that in turn serve, promote and proliferate modern power/knowledges. The revolutionary possibility of pain

lies in rendering docile bodies into disruptive ones and one of the ways of doing so is through words.

Once a certain degree of externalization of the dominant narrative has been achieved, the counselor then helps the client to identify events in her life that counter these stories and that may point to other ways of narrating a past, present and future. Once a preferred plot-line has been developed, the client is then invited to tell and perform their alternative story in public. The practice of externalizing dominating narratives and performing alternative knowledges is a critical act with ramifications that go far beyond the counselor-client relationship. Healing involves more than a single individual.

I am invoking narrative counselling metaphorically here. As far as I know, Linda Hogan never went to a narrative counselor. However she, a woman who once had been silenced by stories that dominate the place of America and its history, wrote a book-length narrative about her life story that could be understood as her preferred plot-line at the time it was written. Through this memoir, Linda Hogan stories her way through to healing. The final paragraph of the introduction to this book begins,

> "This is a book about love. It didn't begin that way. I sat down to write about pain and wrote, instead, about healing, history, and survival." (16).

Instead of palliating pain, she sets out to give it voice and meaning, and through this process she heals.

In her memoir, Linda Hogan successfully narrates that younger self that was silent and silenced. Over the decades separating the memoir's narrator from that child, she has excavated knowledge that has given her the narrative resources to narrate what was once unnarratable and to name what was once an "unnameable grief". In her memoir, Linda Hogan intertwines stories of the exiling and decimation--in both numbers and spirit--of her Chicksaw ancestors with the stories of her own silent youth. As a child, Linda Hogan could not narrate her self because alternative knowledges of history and geography, of people and land--the “unbearable” “dark ongoing history” of America (53)--had been subjugated and largely silenced. Within the dominant discourses of America the righteous, the land of the free, the place of opportunity there is no room for the stories of those who were evicted from their homelands, exploited, tortured and traumatized. In order for these stories to remain dominant, the pain of America's native peoples--which Linda Hogan stories as also the pain of the land and of America—must be cloaked, palliated, rather than healed.

Ochs and Capps (2001, 258-259) suggest that developing a coherent narrative may be the most important factor in achieving healing/wholeness by those who have suffered trauma. Hua (forthcoming) suggests through her reading of the novels of Dionne Brand that this may be equally true for peoples and places. As a Canadian woman of European descent, some of whose ancestors have been on the continent since the 17th century, facing Linda Hogan's stories of past and present suffering was difficult. I empathized[vi] with Linda Hogan, was sometimes overwhelmed by the emotions she evoked on the page, and also felt my own shame and guilt in realizing that just as she

lives with the pain of her ancestors, I live with the gain. In restorying her self, she has also restoried me.

Near the end of her memoir, Linda Hogan writes of lying in a hospital bed after a near fatal accident, feeling the urgent need to break through still more silences:

> "I asked the unaskable questions, broke through the silences of all the previously unspeakable things in our family. I entered the country of the past so the future would hold healing" (178).

In publishing her preferred narrative-self--one that excavates subjugated knowledge on several scales--Linda Hogan enters not only her own past, but the past of her people and of the land in order to heal the future. In order to heal her self she must transform her understanding of who she is, what America is and what her relationship to America should be. In order to restory her self, she must also restory place.

Thinking With Refuge

Refuge, subtitled "An Unnatural History of Family and Place," covers a period during which time Terry Tempest Williams lost her mother and both grandmothers to cancer and the Bear River Migratory Bird Refuge to the flooding of Great Salt Lake. It is a story intimately tied to the ordinary places of Utah. It is a story and a geography filled with grief, and yet it is this very grief that offers an alternative knowledge of place that challenges those narratives deployed by the military-industrial complex of America.

The book is written in the present tense in the form of daily journal entries. However, rather than dates, each entry is preceded by a record of the level of Great Salt Lake, thus tying the events of Terry Tempest William's life to events in the more-than-human world. The one section of the book that is out of chronological order is the prologue, which concerns the writing of the memoir seven years in the narrative future. Specifically linking her own narrative healing to the healing of place, in this prologue she writes,

> "In the past seven years, Great Salt Lake has advanced and retreated. The Bear River Migratory Bird Refuge, devastated by the flood, now begins to heal. Volunteers are beginning to reconstruct the marshes just as I am trying to reconstruct my life" (3)

It is only in the next paragraph that she informs the reader that "[m]ost of the women in my family are dead. Cancer" (3). The story of the rise and fall of Great Salt Lake and the loss and renewal of the bird refuge becomes a narrative resource that enables Terry to write her way through grief to healing. So even as the present self of her story grieves the loss of the refuge along with the losses of family members, the narrator (and the reader) knows that the refuge will survive. This provides the story with a thread of hope. By "dating" each chapter with a record of the rising and then receding of the lake, human lives and deaths are reassuringly tied into greater ecological rhythms and cycles. This is a story of place as emotionally and spiritually restorative. It is a story of healing.

Just as with Linda Hogan's memoir, Terry's can be construed as its author's preferred plotline at the time it was written. Devastated by the deaths of people with

whom she had co-constructed her life, she writes that the process of reconstructing her self narratively through memoir-writing was a healing one:

> "Perhaps I am telling this story in an attempt to heal myself, to confront what I do not know, to create a path for myself with the idea that 'memory is the only way home.'
>
> I have been in retreat. This story is my return." (4)

As she writes her memoir, Terry Tempest Williams' restorying of her self begins to spiral[vii] outward from self, to genetic family, to ecological community, to place and to the wider world. One of the alternative knowledges of living that Terry excavates through her memoir is that her wellbeing is intertwined with the wellbeing of the place where she dwells. Her preferred plotline becomes one in which she is profoundly embedded in health-affirming relationships with other living beings and with place.

Near the end of the book, Terry's preferred storyline is fundamentally challenged by another, more dominant narrative.

Terry has one of her recurring dreams about seeing a bright light on the horizon. She tells her father about the dream and he responds that it is actually a memory, that the whole family had witnessed a nuclear test one night as they were driving home through the desert. Terry reflects that while it can never be proven that cancers in her family were related to nuclear testing, it can never be disproven either. All at once, the ordinary places that she considered to be health-affirming and embedded in stories of life and renewal are revealed to be health-denying and dominated by stories that bear little relationship to her lived experience.

She learns that the military have their own story for where she lives and therefore for who she is:

> "When the Atomic Energy Commission described the country north of the Nevada Test Site as 'virtually uninhabited desert terrain,' my family and the birds at Great Salt Lake were some of the 'virtual uninhabitants'" (287).

Her memoir bears witness to the grief that she—an "uninhabitant"--lived through, and thereby challenges the dominant story of that place as an empty one lying in abstract Cartesian space.

In defence of her preferred storyline, Terry is compelled to break with Mormon tradition. She begins to participate in practices of nonviolent direct-action activism, she speaks out in public, and she publishes her deeply personal story of grief.

Despite being health-denying in terms of exposure to radiation, Terry Tempest Williams clearly experiences the Bear River Migratory Bird Refuge and other places in Utah as health-affirming. As a Mormon who can trace her family history back to the first pilgrims to settle the area, the place is literally sacred to her and her family. Living through the loss and renewal of her beloved Bird Refuge ultimately becomes part of her healing. By transforming her self from passive observer of nature to eco-activist and impassioned writer, she re-affirms her Utah landscapes as healing ones.

In the final chapter of her memoir, Terry recounts a dream she had of women from all parts of the world circling around a fire:

> "They spoke of change, how they hold the moon in their bellies and wax and wane with its phases. They mocked the presumption of *even-tempered* beings and made promises that they would never fear the witch inside themselves. The women danced wildly as sparks broke away from the flames and entered the night sky as stars" (287, emphasis added).

These dream women are preparing to go into the desert and reclaim it "for the sake of their children, for the sake of the land" (287).

I began this exploration by asking what might transform a health-denying relationship to place to a health-affirming one, implicitly referring to the human as the subject of health. Terry Tempest Williams' story of grief and renewal turns this around, asking how we as humans might transform our relationships to place from ones that are detrimental to the health of that place into ones that are health-affirming. One provisional answer to this question is that such transformation can come about by giving voice to unruly emotions, rather than silencing them.

Reflections on Reading Grief

All narratives are imbued with emotion. As Smith et al. (forthcoming) write, "emotional responses de-limit places as much as people." Patriotic narratives of the United States of America unapologetically seek to invoke pride in its citizens. Narratives circulated in the interests of the military-industrial complex draw on fear in an attempt to render self-evident the necessity for developing and testing toxic weaponry. Even Cartesian Abstract Space, which would deny all subjective ties to place, takes a particular emotional stance to its subject, even if that stance is to deny the place and value of emotions. Painful emotions are disruptive and the stories that arise when loss and trauma are worked through may threaten these dominant emotional geographies (Hua forthcoming). Therein lies their healing potential.

Hua argues that works of literary storytelling can enable the development of a "contextualized empathy" within which lies the seeds for counter-histories and counter-geographies. Linda Hogan's and Terry Tempest Williams' stories of working through grief in ordinary places present affective counter-geographies to the dominant narratives of Utah and the United States of America. By refusing to be silenced, their memoirs become critical acts of emotional resistance, threatening to transform our relationships within and to places.

While these memoirs do not have the same circulation in society as a prime time television advertisement for analgesics, by thinking with them within an academic context their reach is extended. Richardson (1995) argues that increasing the circulation of narratives that offer alternatives to those that dominate society is a legitimate vocation for social scientists, one which can contribute to healing:

> "At the individual level, people make sense of their lives through the stories that are available to them, and they attempt to fit their lives into the available stories. People live by stories. If the available narrative is limiting, destructive, or at odds with the actual life, peoples' lives end up being limited and textually disenfranchised. Collective stories that deviate from standard cultural plots

> provide new narratives; hearing them legitimates a replotting of one's own life. New narratives offer the patterns for new lives. The story of the transformed life, then, becomes a part of the cultural heritage affecting future stories and lives." (213)

One way of emphasizing healing over palliation in a therapeutic emotional geography could be to make available stories of transformed places.

In order for our work to be healing, we must be open to having our selves transformed by our research practices and our engagements with others. On occasion, this can mean making ourselves available to witness pain. Empathy is central to social research (Bondi 2003), which means that engaging with the painful experiences of others can be uncomfortable for us. In our desire to protect ourselves from pain, we may consciously or unconsciously avoid engaging with painful stories (Wilkins 1993) such as those presented by Terry Tempest Williams and Linda Hogan. However, a geography that shrinks from pain risks reproducing power/knowledges that are ultimately health-denying. Difficult stories need to be told (Niemi and Ellis 2001), and listened to (Yashinsky 2008) in order to effect healing transformations in the plotlines of our selves and our societies.

Reading and rereading these two memoirs in an engaged, reflexive and dialogical way as a virtual "outsider-witness" (White 2000, Polkinghorne 2001) was an emotionally challenging task. There were many occasions when I had to stop reading because the tears were blinding me to the letters on the page. However, through reading these memoirs with empathy, the stories I knew about America and Utah were challenged, modified and thickened, as was my own self-story.

For the wellbeing of their selves, their places, and the other beings who co-habit those places, Linda Hogan and Terry Tempest Williams must not only re-story their selves and those places, they must do so as publicly and as loudly as possible. In order to heal their selves, they ultimately need to challenge and to change the narratives that dominate the places where they dwell. Depicting these places as ones in which people grieved opens up alternative stories, stories in which supposedly empty places are filled with emotions, stories in which the property rights underpinning the American Dream were won through atrocities that continue until today through acts of silencing, stories that can ultimately be used to heal people and places. Worked with dialogically and narratively, painful emotions have the potential to bring about lasting transformations in our relationships with places, moving them from health-denying ones to health-affirming ones.

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[i] See for example Wilkins (1993) and Hua (forthcoming).
[ii] See Bakhtin (1984) and Frank (2004).
[iii] The literatures of therapeutic landscape research are engaging with emotional aspects of healing (see for example Gesler 2003) and with geographical aspects of emotional well-being (see for example Hua forthcoming, Davidson and Parr 2007, Parr, 1999,

Thurber and Malinowski 1999, Williams 1999). Meanwhile, many recent articles in emotional geography touch on aspects of health (see for example, McGrath, Reavey and Brown 2008, Milligan, Bingley and Gattrell 2005, Collis 2005).

[iv] The term "stories to live by" comes from Connelly and Clandinin (1999).

[v] Frank (1995) makes the following distinction between thinking with and thinking about stories:

> "To think about a story is to reduce it to content and then analyze that content. Thinking with stories takes the story as already complete; there is no going beyond it. To think with a story is to experience it affecting one's life and to find in that effect a certain truth of one's life" (23).

[vi] In relation to emotional geographies see Hua's (forthcoming) discussion of the need for contextualized empathy. For a discussion of empathy and identification in social research see Bondi (2003).

[vii] The spiral metaphor is one she explicitly uses in relation to her self-narrative in "A Note to the Reader" at the back of the 10-year anniversary edition of Refuge (311-314).