

LOVE TRIANGLE

by

Victoria Tzoannou

I know how fast I can go. I can train a lot. And eat little. I know my powers. I want to try everything out. See what everything feels like. I now raise my hand – see? –Like this. And now I put it down. Not like a robot, but quite close. It is my way to say “I am in control.”

I now declare that I am in love. I pronounce you my lover. I can make love to you. Or you can make love to me. Hm. In that case it means I have to trust you. Abandon myself in your arms. Right? O-kaay... I will try it. So I can do it, yes. I can have an orgasm. Feel my body dissolving. And still not get too attached to you. Naturally, I arrive at the conclusion that I am in control. My body is mine. I can share it with you, but it's still mine. Or isn't that right? What do you think? Hm?

One day I realize I'm in pain. I realize it while making love. So it is a sweet kind of pain. But I cannot understand it. I cannot declare that I don't feel the pain. It has a center, and it spreads out in little waves. So I have to be quiet and listen to it. See where it is being born. I pronounce you my pain. I know for how long I can put up with you. I can manage to live with you. I am in control. Bullshit, you say. You continue to lodge there inside me. And you become more and more irritating. I don't know much about you. I can't tell what my body is saying. I feel I'm starting to lose control.

Now I know a bit more. You are a tumor, it seems, in my lower abdomen. Not too big. But you talk to me. You nudge me. We have a dialogue. I have to negotiate. What do you want, I ask, to stop growing? What can I do for you, Sir? Some more love maybe? Less love? You hate that food. Ok. I will try to do something about it.

I am in pain and I am trying to talk to you. You think I don't love you. You think I don't want to make love. No, it's not that. It's this thing that is part of myself, and it keeps growing. You don't understand.

I know you're not very dangerous. I pronounce you benign. But sometimes you're fucking painful. So they say: Your friend has to go. Time for goodbye. After that, I can be in control again. But I'm not sure it feels very right. I mean, is it fair? We were having a discussion there; we were trying to work things out between us. What do you say? Who are you anyway? You are an outsider. The guy belongs to me. I don't know. I don't feel powerful. I give up. Once you are in a horizontal position, it means you've given up. So they tell me not to worry; I will be sleeping anyway. When I wake up, the guy I call my friend will be gone. Things will go well most probably. So they ask me to countdown and sleep.

20, 19, 18, 17, 16 --- Waking up from anesthesia...hm, not the nicest thing. I can open my eyes with some difficulty. I cannot talk. The doctor speaks; I can only clasp his finger in response. That's a relief! I declare my hand alive! Although my tumor is not alive anymore. Things are not very clear. Do they show me a part of it? I can't recall.

Lying on a bed still, my first words are. "I didn't feel a thing." So who was in control? While I wasn't here? I can touch the cotton on my abdomen. Someone has been there. And something is not there anymore. I pronounce the tumor gone. No. I cannot declare that I love you. Or that you love me. Or that I'm able to cope with it anymore. I can train a little. And should eat more. I should probably go slowly. And get rid of toxic boyfriends. I pronounce my lover gone.

Over the months I see the little marks on my belly go from red to pink to a light pinkish white. From streaks of blood to thin and transparent skin. The one at the right looks like a small wine stain; another one hides between the skin's creases. There are still two prominent enough to remind me and make others wonder. My lovers stare at them sometimes. Or feel them with their hands. They might ask. Or make an assumption. Or remain silent. I wonder sometimes, if we lived long enough, for two centuries, say, or even more, would our scars ever heal for good? Would they ever vanish? I pronounce uncertainty my new companion. I can swim, sunbathe and dance and never know what mysteries lie beneath the surface of my skin. I now observe a new tumor growing in my abdomen. I might have some unfinished business. I start a new dialogue: Will you stay there? I ask. I still cannot get the answer.

Incision

an incision is a separation
two parts of skin saying farewell
a deep gap opening between them
and each of them staring inside
with awe

what is to be found beneath them
the yawning wonder of life
covered in its dark reds and purples
and transparent whites and yellows
rainbows of colours
how many could it be
flows and stops
and waves and knots
a colourful pandemonium

imagine these two thin
layers of flesh
standing there
like the edges of a cliff
how unbelievable this sight is for them

then a careful hand
holding needle and thread
brings them close once more

the needle penetrates them again and again and again
in a bondage
they try to peek through the openings
but the strange vision is lost
so they hug each other
and start to heal

Revisiting Experience - The Journey of Illness on Paper – Reflections

Illness is a journey, an unpleasant one probably, one that we do not want to remember or repeat. Like any other journey, however, it has its gains and losses, and these cannot be considered unless the journey has been documented. Writing about illness can provide such a documentation, a ride backwards into memory, a conscious attempt to remember and relive. When writing about illness, we often discover that it has offered us insights or caused changes that we had not noticed before when we only focused on its negative aspects and repelled it from memory. Documentation, therefore, or the creation of narratives based on illness, might provide a way to explore aspects of it that were invisible to us before.

My first piece “Love Triangle” is a life writing account of a personal experience with ovarian cysts, a kind of cyst that is considered a benign tumor. The second piece “Incision” is a poem offering a definition of an incision in somewhat personal terms. Both texts balance somewhere between reality and fantasy; the first one does not exactly depict the emotions and thoughts I had while facing the health problem, but rather my responses after revisiting the experience. The second one, similarly, is not how I would normally define an incision. It is, instead, the way I have chosen to look at it at a given moment in time in an attempt to reconcile myself with the idea of an upsetting cut on the skin.

Both texts are revisitings of experiences or preconceived notions through a narrative approach; the narrative becomes a means to reshape these memories. As Rita Charon, one of the initiators and main theorists of narrative medicine, notes, autobiography is a way to merge past and present and define one’s identity as it is in the present moment (70); in other words, writing about the self not only involves relating the events of the past, but also reveals how these events have made us into the persons we are now. Charon claims that “identity is both declared and created with narrative” (73), or rather the notion of who we are and who we have become is revealed in the course of writing and can be influenced by the narrative itself.

It seems extremely depressing to write about health issues, not to mention my own experience with such matters. Knowing that illness has marked my life and deprived me of energy and optimism, even the idea of coming into contact with it again is tough to accept. After a period of denial, however, I have decided that I should write about something personal because, after all, it is still there, still inside me and still hard to cope with. That decision comes with a further realization; one of the few ways to look at illness positively is to see in what ways it has changed me and if, in the end, there is something I have gained rather than lost.

As Charon observes, “[s]ickness opens doors [...] today, it is more likely to be sickness than, say, the loss of faith that propels a person toward self-knowledge and clarifying of life goals and values” (177). In her view, then, illness is an intervention in our life that might lead to a reconsideration and discovery of our needs or true self. Charon believes that this capacity of illness to transform people and their lives can only be taken advantage of through the narration of our stories of illness; telling our story is a deeply ingrained human need, Charon believes, and so is listening to the stories of others (68). Only by telling are we able to reach conclusions and discover the origins of a disease or the transformations it has caused. It is such a perspective

that I have sought to adopt when writing about illness, a perspective of interrogation and self-discovery that would help me answer questions such as why I had been ill and in what ways this has changed me.

Charon also observes that illness more than, say, religion can bring people together today; cancer survivors and alcoholic anonymous groups are, in her opinion, an example of such a tendency to find “our kin” among those who “share our corporeal dispositions” (178). Illness is, in this respect, both a link to one’s own self and a link to others. It is considered as a substitute for spirituality – although, in my opinion and experience, religion or other forms of spirituality are often boosted after serious health issues in people’s lives – and is regarded positively as a warning that triggers a much-needed change.

My piece, “Love Triangle,” begins with a statement of absolute control. The line “I know how fast I can go,” is a declaration of knowledge and power over the body and its functions, an acknowledgement that I can manipulate its pace according to my desires. This statement is reinforced with a movement, the raising of the hand, as a sign of the control over the body. The reference to the robot in my piece also has the same aim: I declare that I am not a machine, but, in fact, I feel exactly as if my body is an automaton, following my orders. As it often happens with machines, however, the automatic processes of the body can indeed be disrupted. The state of control that I am describing is usually the state healthy people find themselves in. It is also very natural; when we are healthy, we do not interrogate the functioning of our bodies; neither do we wonder whether something could go wrong. We feel confident that we can direct our body in whichever way we wish. This lack of observation or attention to normal processes makes a disease “open doors,” to borrow Charon’s metaphor; only when our body stops functioning smoothly, are we able to recognize the delicate balance that existed earlier.

As my piece continues, this loss of balance is illustrated. I start to talk to another person, who comes across as a lover. This part of the piece focuses on the process of abandoning oneself in another person’s arms or care. This process signifies an abandon of the absolute control over the body. It can happen during an operation, when we let the surgeon manipulate our body, but it is the case in love as well. Since the lover can touch the body and influence my reactions, he becomes a manipulator of the body too; it is his domain, as well as mine. However, even when describing a sexual relationship, I still feel that the principal control over the body is mine. I do not want to get “too attached” in the relationship, which means that I want to continue controlling my emotions as well as my body. The bondage between the body and emotion becomes prominent; whatever happens on the body has a correspondence to the emotional world and vice versa.

As most contemporary theorists of the body have come to realize, the body is a domain on which a person’s identity is inscribed. It is also the medium through which all experiences are filtered. As Charon notes, “the self has –and is – a body” and this is why most theory on autobiography returns to the body (76). The intertwining and not the dichotomy of body and mind is very relevant when we are talking about emotions or disease. The wish to maintain control over emotion is directly connected to the body, since it is the body that is beginning to escape control by being shared by another person.

The moment the sense of control vanishes completely, however, pain becomes a lodger on the body too. In my piece, the pain “has a centre and spreads out in little waves” which impels me to “be quiet and listen” (“Love Triangle”). It is as if pain is the voice of the body. Attention is drawn towards processes that have been neglected until now; the body acquires a “voice” through pain. The body talks through the pain, and a separate self perceives the pain. Or, we might regard it as one and the same self whose parts are starting a dialogue among themselves. This dialogue is the beginning of what Charon acknowledges as the life-changing role of illness. A recognition of the needs of the body – and the soul – is starting to take place. There are three “entities” taking part in this dialogue: the lover, the pain and myself. Each one of the three acquires a voice in the narrative, and each one has demands and questions.

When the diagnosis of ovarian cysts is made, there is a negotiation of feelings with my lover: “You don’t understand. You think I don’t love you [...] No, it’s not that” (“Love Triangle”). In these lines, the health problem inevitably becomes a relationship problem because it exists in a female part of the body, the ovaries, and can influence my sexuality. In this way, a health issue uncovers the weaknesses in my relationship. My lover believes that I neglect him out of indifference; whereas I neglect him due to my preoccupation with my own body. The capacity of disease to change the circumstances of our lives becomes evident when an unhealthy relationship is further destabilized as a result of a health problem.

However, the piece focuses more on the dialogue between the self and the pain. After the diagnosis, the first straightforward questions of this dialogue are asked: “What do you want [...] to stop growing? [...] Some more love maybe? Less love? You hate that food. Ok.” (“Love Triangle”). The questions are directed toward the tumor, which is the concrete depiction of pain. Charon observes, “Any time a person writes about himself or herself, a space is created between the person doing the writing and the person doing the living” (70). This space, which is defined as “the autobiographical gap,” “confers the very powerful distance of reflection, without which no one can consider his or her own actions, thoughts or life” (70). This kind of internal dialogue must be a result of such a space for reflection created while writing. The pain –and the tumor, which is its origin – acquires a new dimension, a voice with which I now have the chance to converse. This dialogue, in turn, gives me the opportunity to ask questions I have not phrased before and approach my past condition again through the safe distance time has provided.

In the narrative, however, the dialogue with the body is broken abruptly when the doctors suggest an operation. In my experience, it is often the case in western medicine that doctors propose a certain treatment and go on with it even though the patient is not yet prepared for it. In the piece, the operation is perceived as an obstacle to the relationship I am starting to establish with my body. The doctor is perceived as an enemy, an *outsider*, a person who has no right to intervene on my body. The tumor, on the other hand, in spite of being an abnormality, is depicted as my *possession*: “Is it fair? [...] we were trying to work things out between us. Who are you anyway with your white robe [...]? The guy [tumor] belongs to me” (“Love Triangle”), I erupt. The operation comes as a much-needed, but at the same time, abrupt change. It is strange, but, whereas I felt relieved after the removal of the tumor, I also had the sense that everything concerning this ovarian cyst had been covered in mystery and things about it would never be clear now that it is gone.

A further experience that is recounted in this piece is that of the actual operation – an absence of experience, in fact. The before and the after are there of course: the countdown while receiving the anesthesia injection, as well as the difficulty in waking up and talking. But the most essential component is this realization, “I didn’t feel a thing” (“Love Triangle”). I slept with an ovarian cyst and woke up without it and with several small cuts on my belly.

The experience of the operating room makes me reconsider the idea of the body and the mind as a unity. If something has happened to my body, but I have no recollection of it, then how can it be that these two are intertwined? Consciousness is absent, but the body is present during an operation. So could this dichotomy that contemporary theory has fought to demolish actually exist? Or has there been some part of consciousness that has experienced the operation as it was being carried out? For a neurologist such questions might be redundant; science might propose that everything is simply explained in physical terms; the brain cannot receive any messages since the body is paralyzed. Still, it is interesting to investigate what happens to the actual bodily experience of the operation: is it never psychologically realized? Or does it exist somewhere in our psychological self as a profound trauma?

In the piece, the end of the operation coincides with my greatest realization, that of not having total control over the body. “I can train a little. And should eat more. I should probably go slowly” (“Love Triangle”). The speed and carelessness with which I have handled my body in the beginning is replaced by a more subtle behavior towards it.

The scars that heal but remain visible are a concrete mark of the experience and the principal feeling that has come out of it: uncertainty. “I pronounce uncertainty my new companion” (“Love Triangle”), I say. I have used verbs such as “declare” and “pronounce” to denote control; to say, for example, that I *know* my powers, I *know* that I can tolerate the pain or I *am certain* about the course of the relationship. Now a verb with connotations of power and certainty is combined with the idea of uncertainty. The ability to accept uncertainty, even though it is unsettling and often makes me nervous, is the main gain I have had from this experience. It is true also that while the piece begins with various assertions, such as “I know...” or “I now declare...,” it ends with a question: “if we lived long enough [...], would our scars ever heal for good?” This change from asserting to asking also corresponds to the change from certainty to uncertainty that illness has caused.

Charon’s talk about narrative medicine at the Atlanta TEDx confirms how uncertainty can be the main outcome of an illness and extremely difficult to deal with. Charon talks about a breast cancer patient who, upon recovering, constantly worried about something being wrong with her breast and the cancer coming back. After constant visits to the clinic for checkups, Charon realized that the patient’s concern was a fear of death; she could not accept the idea that her future was uncertain, that she could die anytime. It is probably that same realization of uncertainty and mortality that most people gain when they go through some kind of illness, especially a serious one. It is, at the same time, the anxiety and fear of uncertainty that might push us toward living more intensely during or after an illness. The realization of mortality and our limited time as living beings is probably the greatest gift of illness. Through the narrative, I have the chance to discover this. I write, for example, that now “I can swim, sunbathe

and dance,” but there is always the unknown “beneath my skin”; illness has made me realize the importance of enjoying everyday activities that would otherwise be considered as nothing special.

The details that we do not normally pay attention to also constitute the theme of my short poem. In “Incision” I talk about the wonder of the living body that can be discovered when taking a step back to look into it. Charon stresses that the form of our illness narratives matters: “We have to notice metaphors, images, allusions to other stories, genre, mood,” she writes (66). The two genres that I opt for here have certain traits that justify their appropriateness. The first piece, “Love Triangle,” a monologue, has an immediacy and a confessional tone that it owes to its genre. The extrovert quality that a monologue has when read to an audience suits my need to confess and reshape my experience. The second piece, “Incision,” in contrast, is written in a poetic form. I was unaware of the reasons behind this decision until I was asked to reflect upon it: an incision is something that I was apprehensive of, so when I started to freewrite about it, I was not sure what perspective I could adopt toward it. I started writing hesitantly, a few words at a time, and this resulted in a poem. Curiously enough, when I later typed the poem and aligned it centrally, it took a form similar to a long and uneven scar; the result of an incision.

To come back to the poem and its content, though, I choose to adopt a positive stance toward the word incision in order to cast away any fears about it. Rather than being part of the painful operating process, the incision is seen from the perspective of the body itself; I look at it from the perspective of the skin which takes a peek into the amazing world of life that exists beneath it. First, the skin is opened; one part of skin becomes two and then the parts “say farewell” to each other, as they peek inside curiously. The inside of the body is imagined as a “colorful pandemonium” in various colors and shades. At the same time, the inside of the body is perceived as “flows and stops/ and waves and knots” (“Incision”). By giving voice to the skin and imagining it as “the edges of a cliff” looking at the “unbelievable sight” that opens beneath, I overlook the connotations of the incision as a medical act. Instead the incision takes on a magical meaning; it becomes a journey of discovery.

In this poem I am looking at the body through a macro-lens, so the only thing I perceive of the doctor is “a careful hand/ holding needle and thread” (“Incision”). The doctor’s hand is caught up in a process of sewing together the separated layers of skin, “the needle penetrates them again and again and again/ in a bondage.” While the element of pain is there in the phrase “again and again and again,” the word “bondage” is a return to calmness. The skin once again appears curious for what has been revealed beneath it and tries to hold on to the sight, but now there are only small openings between the two strings of flesh, so it is impossible to see through. So, the two parts of skin “hug each other/ and start to heal.”

By delving into the microcosm of the body and looking at it so closely, I can now treat an incision as a revelation. Instead of emphasizing its unnatural and invasive nature from a medical point of view, I choose to see it as a record of the complexity and mystery of the living organism. What is there to discover in that opening? The skin assumes subjectivity and can supposedly *see*. Finally, while an incision brings to mind the *opening* on the skin, the wound, I also emphasize the *closing*, the process of healing. In this way, the incision is not so frightening anymore.

What this short poem might have in common with the life-writing monologue is the idea of uncertainty and wonder when it comes to the body. Medicine and technology allow us to depict and explain the body in detailed ways; still, there are things about it that we do not know and doctors are in the process of exploring. It is helpful to look at the body from a scientific perspective when we want to have a diagnosis or choose a treatment, but there are always these small questions, these pieces of narrative that are brought out by illness. Even when the doctors answer most of our questions, there are still things that remain unanswered: why do health problems appear in that certain body part and not another? How far can we push our body without getting ill? What is the connection between our emotions and our health?

To borrow Charon's words once again, "[a]s we tell of ourselves [...], we seek out the clarity available only from putting into language that which we sense about ourselves" (70). While seeking this clarity, we also discover our stance towards past experiences and health issues. My life-writing piece starts as a statement of control and power, only to result in wonder and questions and a final reconciliation with uncertainty. The poem is, from beginning to end, an expression of the amazement we can feel toward our own body and its processes and an acceptance that we will never be able to know everything. In both cases, there is a journey from health to illness and back, from the outside of the body to the inside and back. Such journeys might not result in clarity but with a question mark. Even this is a kind of answer. If anything, the stories have been told.

Works Cited

- Charon, Rita. "TEDxAtlanta - Dr. Rita Charon - Honoring the Stories of Illness." Online videoclip. *Youtube*. Youtube, 4 November 2011. Web. 26 Nov. 2013.
- . *Narrative Medicine: Honoring the Stories of Illness*. Oxford, New York: Oxford University Press, 2006. Print.
- Gallagher, Shaun, and Dan Zahavi. *The Phenomenological Mind: An Introduction to Philosophy of Mind and Phenomenological Science*. New York: Routledge, 2008. Print.