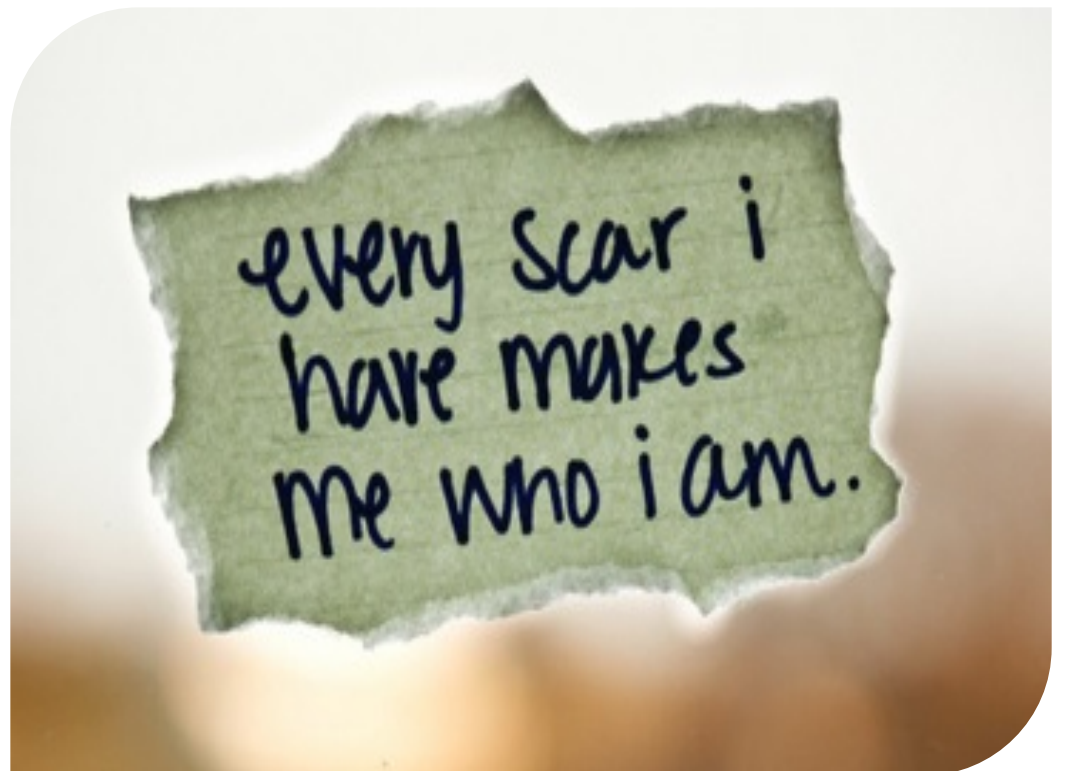


A Tale of Two Scars

Negotiating identity through interventions on the skin



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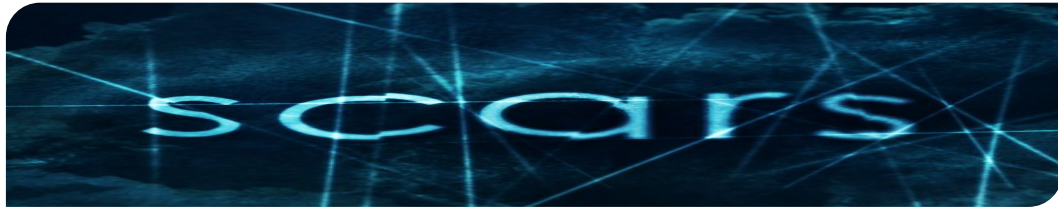
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Abstract

Deep invasions, creating scars become personal-cultural signs that operate as memory devices connecting the personal past with the present in order to anticipate the future. When these memory devices, constantly creating a fluidity of thoughts and feelings, become mediators of the self, we can observe the psychological centrality of the skin. A person is involved in a dialogical process developed from the feelings incorporated in the traumas, creating the scars that represent life-ruptures. The ruptures of the skin become vehicles of meaning making in the process of creating identity.

When the need to understand and describe the phenomenon of having a scar that becomes a memory device and hereby creates identity through meaning making of traumas that connects the memories of the past with the future, the foundation will be put on basic notions that usually will not be considered as related. These theories will be *dialogicality*, *transitions*, *borders* and even *skin* (as a psychological notion, aside from its biological role).

As for the methodological approach the thesis will build on a single case. This single case is represented by a narrative and semi-structured interview with a woman who has had two Caesarean sections. The important feature of her case is that she only has *one* visible scar but explains her experiences by identifying her self as having *two* scars. The single case method holds the ability to emphasize the phenomenon and thus becomes the backbone of the entire design of the research in this thesis in order to understand the choice of a narrative interview as one of the methods in the single case approach. During the interview the participant was observed in order to connect voice, words and body language as for the triangulation in the design.

The chapters of this thesis are all intertwined and thus not strictly composed as an ordinary masters thesis. From the very beginning of the thesis the analysis and

interpretation of the data will be incorporated in the text. This is not to confuse the reader or an indication of a lack of professional understanding or mere stupidity. It is a carefully considered and deliberate choice of a compositional structure, since it gives the opportunity to build in the considerations of theoretical and methodological choices in close connection with the phenomena. Also it gives the opportunity to build up the analysis and interpretation in the text in order to create a flow in the rhetoric as well as the relating to the scars.

The skin as a psychological boundary, represented by the scars, related to identity and communication shows to be present in the understanding of the skin as a semi-permeable membrane, where the communication as a flux is regulated and interpreted by the holder of the skin and the scars.

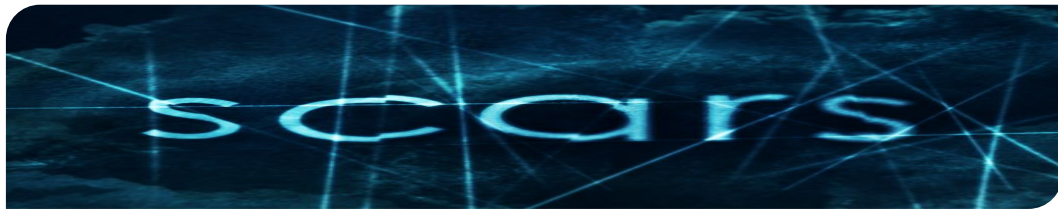
The investigation into the personal meanings of scars allows researchers to investigate the connection between wholes and parts—a perennial problem in psychological theory. The scars themselves become separate voices on the skin and thus become descriptions of the parts of the whole. These voices thus represents the personal-cultural signs that become dominating signs positioned hierarchically as to function as meta-signs promoting a feed-forward function in order to create meaning in advance of time.

In cultural psychology as well as in health psychology this notion can be the first step of investigating how the skin as a communicative boundary is controlled. If it is possible to understand this kind of psychological, embodied control it can create a new understanding of e.g. doctor-patient dialogue or any other asymmetrical communication. The skin will then be understood as a medium through which the world is understood, communicated with, identity is created and thus becomes the focus in the individual meaning making.

List of Content

ABSTRACT	1
INTRODUCTION	1
TWO SCARS	1
WHO IS CREATING IDENTITY AND HOW	2
STRUCTURE	3
THEORY	5
DIALOGICALITY	5
DIALOGICALLY CREATED IDENTITY IN A NARRATIVE	10
RUPTURES AND TRANSITIONS	11
LIFE-COURSE	11
CHANGES	12
BORDERS	14
PARTS AND WHOLE	14
SKIN AS THE ULTIMATE BOUNDARY BETWEEN BODY AND EXTERNAL WORLD	15
SKIN	17
HOW IS THE SKIN PERMEABLE?	17
SKIN AS A BODILY EXPERIENCE	19
MEMORY ON THE SKIN: DIALOGICALLY RECONSTRUCTION	19
SUMMARY	21
HOW TO STUDY COMPLEX PSYCHOLOGICAL PHENOMENA	23
PHENOMENOLOGY	23
EXPERIENCES AND MEANINGS	24
EXPERIENCING PHENOMENON	24
INVESTIGATING ONE'S OWN BEING	26
HERMENEUTIC	28
INTERPRETING INTENTIONALITY	28
SYMBOLS, METAPHORS AND NARRATIVES	31
UNCOVERING COHERENT MEANINGS	32
NARRATIVE THEORY	33
WHEN WORDS CREATE IDENTITY	34
METHODS	36
CASE STUDY	36
WHEN ONE IS ENOUGH	37
MISUNDERSTANDINGS OF THE SINGLE CASE METHOD	40
TIME IN A SINGLE CASE RESEARCH	44
INTERVIEW	45
ETHICS	46
TWO SCARS ONE NARRATIVE	46
WHO TO INTERVIEW	47
ASYMMETRICAL COMMUNICATION	48
TRANSCRIPTION	48
NARRATIVE ANALYSIS	49
ANALYSIS	51
CHRONOLOGY, RUPTURES, STRUCTURE, CONTENT AND KEY-FIGURES	51

CHRONOLOGY AND INTERPRETATION	51
DESCRIBING THE PAST IN PRESENT TIME ANTICIPATING THE FUTURE	61
DISCUSSION	64
DEEP EMOTIONAL DIALOGUES ON THE SKIN	64
I-POSITIONS REPRESENTED THROUGH SKIN-RELATED ACTIONS	65
MENTALLY PERMEABLE BOUNDARY	68
SOMETHING IN BETWEEN	69
TWO CITIES AND TWO SCARS	70
CONCLUSION	73
PUTTING INTO PERSPECTIVE	75
TO CONNECT SCARS AND SEMIOTIC SKIN	77
REFERENCES	79
ENCLOSURES	89
A: CONSENT FORM	89
B: DESCRIPTION OF CHRONOLOGY WITH EMPHASIS ON RUPTURES	89
C: TRANSCRIPT	89



INTRODUCTION

Two scars

When I was first introduced to the skin, in psychological phrases, as a boundary between “me and not-me”, I felt an urge to figure out, how this psychological boundary was related to the biological and chemical understanding of the skin, as semi-permeable. How would it be possible to understand identity, and even describe it, in an understanding of the psychological boundary as semi-permeable? Was the boundary even permeable in any point?

At the time when I was struggling to find answers of understanding identity as constructions by dialogues between two sides of a membrane, I came to think about the novel “A Tale of Two Cities” by Charles Dickens, and he opens his novel by this sentence:

“It was the best of times, it was the worst of times, it was the age of wisdom, it was the age of foolishness, it was the epoch of belief, it was the epoch of incredulity, it was the season of light, it was the season of darkness, it was the spring of hope, it was the winter of despair, we had everything before us, we had nothing before us, we were all going direct to Heaven, we were all going direct the other way”

(Dickens, 2007, p. 4)

It captures the central tensions of the novel and in a wonderful way, through an exceptional language and rhythm of phrasing it suggests that good and evil, light and darkness, etc. are equally matched in the battle in which they are produced. This duality, where the opposite conceptions are described as equal, represents a reality

where both must be present in order to be able to understand the world as meaningful.

To understand these opposing concepts or feelings as equal and in constant dialogue, despite the apparent opposition between them, *Dialogical Self Theory* (DST) and the notion of life ruptures is my entry to the understanding of the skin as a boundary through which it is possible to communicate. This communication I will try to illustrate through memories embedded in two scars. Two scars, as Dickens's two cities, representing a duality, and a way of communicating, that exactly through dialogue is meaningful and thus creating identity.

The goal for this research is to find a way to explain how deep invasions, creating scars in the skin, become personal-cultural signs that operate as memory devices connecting the personal past with the anticipated future.

And how does the process of connecting the past with the anticipated future become meaning making of the traumas in order to create identity.

When these memory devices, constantly creating a fluidity of thoughts and feelings, which develops a process in mutual dialogue, are becoming mediators of internalization and externalization, it shows a dialogical process developed from the feelings incorporated in the traumas, creating the scars, that represent life-ruptures, which then again becomes the meaning-makers in the process of creating identity.

Who is creating identity and how

In the approach of answering the research questions the emphasis has been put on a narrative and slightly semi-structured interview with a 35 year-old woman (M) who have had two Caesarian Sections (C-sections) in the timeframe of 6 years. She only has one visible scar but explains her experiences by identifying her self as having two scars.

The first C-section was extremely traumatic while she was in labour for almost 24 hours and still not able to give birth naturally. When she was becoming more and more fatigued an acute C-section was decided. This decision was difficult

for M while she did not feel she was a part of the decision-making and she felt she lost her autonomy. While having the C-section she almost died and the scar from this operation was not visually very beautifully made. Her relation to this scar was dismissive and she did not want neither herself nor her husband to touch it. Even when looking in a mirror she neglected the scar, while it represented a trauma that she associated with the fear of her own and her child's death.

The second C-section- in contrast with the first-- was planned and by her retrospective self-report-- gave M a feeling of extended autonomy and she could identify her self as a mother giving birth (not naturally though) to her child. This c-section was not as traumatic as the first but she experienced the sedation as not sufficient and therefor felt pain during the operation. In contrast of the first c-section she did not fear for her own or her child's life and the scar from this operation turned out to be much nicer and even than the first one. Hereby she felt a greater desire to touch the scar (not the healing wound though) and associates herself with the scar as a mother who gave birth to two beautiful, perfect children and her identity is mostly connected to this second scar that represents the mother she sees herself as.

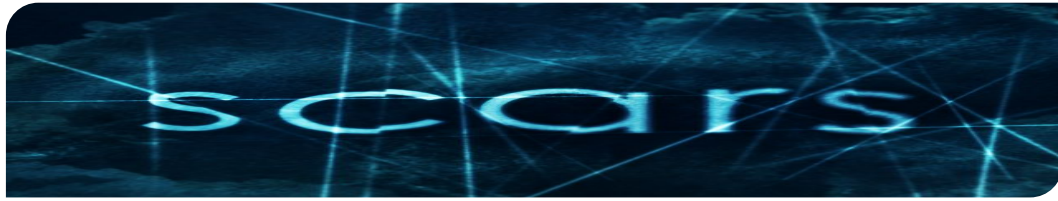
The two scars represent two different traumas and they hold two different narratives with two different identities incorporated. These differences become the foundation of the development of an analysis that gives the opportunity to answer the research questions as well as they become the foundation from where it is to put it into perspective and hereby create new research further on.

Structure

This thesis will not strictly be composed as an ordinary masters thesis with separate parts of theory, method, analysis, discussion etc.. Instead it will be divided into the traditional chapters of theory, how to study complex psychological phenomena, method, analysis, discussion, conclusion and putting into perspective. What is the different part is that these chapters are not strictly delimited from each other. Instead, the chapters intertwine and the subjects from one chapter will be described or even discussed in other chapters. The analysis of the interview with M will shortly be integrated when it gives a way to support the theoretical or methodological descriptions in order to provide a larger understanding of the choice of literature etc..

The precise indications of time and place / lines in the interview will be shown in the analysis chapter and not while reading through the other chapters. This is to give the opportunity to a more fluent reading, and is hence not an expression of neglect of the importance of these demarcations.

The reader shall bear in mind that this thesis is a steppingstone towards an investigation that creates a synthesis between cultural psychology, health psychology and philosophy. This approach will be further described in the part 'putting into perspective'. Therefor this thesis hopefully will feed curiosity and develop questions that are not yet answered or even described in this present work.



THEORY

When the need to understand and describe the phenomenon of having a scar that becomes a memory device and hereby creates identity through meaning making of traumas that connects the memories of the past with the future, the theoretical foundation was difficult to limit. Therefore the next part of describing different theories as dialogicality, transitions, borders and even skin is an attempt to gather theories that do not normally relate with one another in order to create a foundation from where the answers of the research questions becomes meaningful. There are tremendously many other approaches to this thesis, but in order to limit the analysis and discussion these parts were excluded (e.g. theories of memory and collective memory). Also please bear in mind that this thesis is the steppingstone toward another research and thereby holds the theoretical foundation of understanding another phenomenon from the view of this thesis.

Dialogicality

“The dialogical self can be conceived of as a dynamic multiplicity of I-positions in the society of mind. As a “mini-society,” the self emerges from an intense interconnection with the (social) environment and is intrinsically bound to particular positions in time and space.”

(Hermans, 2012, p. 8)

The first proposal of the *Dialogical Self Theory* (DST) was by Hermans, Kempen and Van Loon in 1992 where they solidly explain the two main contributions for developing the theory. These main contributions build first of all on the self-

psychology proposed by William James (1890) and George Herbert Mead (1934) and secondly on understanding language with a dialogical view by Mikhail Bakhtin (1986).

In the chapter on the self, James (1890) described the extension of the self as located not only on the inside of the skin but also extended into the environment. With this notion Hermans (2001/2012) describes the *Me* (one's feelings and thoughts) belonging to the self as well as *Mine* (what the person sees as his or her own. E.g. my body, my children, my enemy) do.

As for understanding the self Hermans (2001) also uses James' (1890) distinction between the *I* and the *Me*. The *I* is comparable with the *Self-as-knower* and contains three different notions: continuity, distinctness and volition. The continuity, in the self-as-knower, rises when the person has a sense of personal identity, which gives a sense of sameness through time. The feeling of individuality is a notion of the distinctness from others. The self-as-knower proves itself when actively processing experiences by continuously acknowledging and rejecting thoughts volitionally.

The *Me* is comparable with the *self-as-known* and is to be understood as composed of all the elements belonging to oneself. In this description of the self-as-known we return to the distinction between *Me* and *Mine*, since the empirical self is to be understood as composed of all that belongs to the person. Not only his or her own body and thoughts but also e.g. a spouse, children, reputation and opponents are also a part of the self-as-known (James, 1890; Hermans, 2001). This means that both people and things belong to the self as long as they or it is felt as mine. Hereby the self is extended to the environment and this extended self gives the opportunity to understand contrasts, oppositions and negotiations as part of a distributed and multi-voiced self (Hermans, 2001).

As described above the different characters (children, spouse, enemy) represented in a person's life belongs to the *Me*. For Bakhtin (1973) these characters are explicitly elaborated and explained in his polyphonic novel, where he explains there is not only a single author but several authors and thinkers that are represented by the different characters in the novel. Instead of treating the characters as slaves of the author's thoughts and imagination they are described as independent thinkers and thereby become a part of their own ideology. In this way the multiple consciousness's become parts of a unified world organized by the author's/writer's

individual consciousness (Hermans, 2001). Multiple voices participate in a dialogical accompaniment with multiple perspectives. Hereby the possibility to differentiate the inner world of one single person and his or her interpersonal relationship opens. Interior thoughts become dialogues between two (or more) independent parties within the person.

One of the primary points in the DST is that dialogues can occur between two or more people but it can also take place between different positions in the self (*I-positions*). These dialogues between different I-positions take place as proposals and disposals – I ask myself something I might want to do or not want to do (proposal) and after an inner dialogue I find a way to answer that proposal (disposal) (Hermans, 2012). These thoughts that are presented in the different I-positions are expressed as e.g. inner voices, written texts, diaries etc.. By using these media to express the I-positions it gives the opportunity to hold on to them in a more complete and certain way. Hereby the ability to produce a rather symmetrical process, of proposals and disposals in the self by a process of internal dialogue, is established. When the proposal becomes a command one part of the self becomes dominant and another part becomes suppressed. This leads to the lack of inner dialogue and instead an inner monologue is realized (ibid.).

Internal dialogues are often less systematic and less organized and more impulsive than the external dialogues. These internal voices are both more complex and -simple than the external voices. The simplicity shows in the syntax and semantics where the use of words and different parts of building sentences are diminished. As for the complexity it shows an extremely developed incorporation of extra-linguistic elements such as visual imagery, tactile sensations, taste, smell, kinesthetics, sound and silence (Wiley, 2006). Even though there is a significant discrepancy between the internal and the external dialogues they both are very central in relying on the different voices (Hermans, 2001 / 2012; Hermans & Hermans-Konopka, 2010).

The internal and external voices in the self are not only individually constructed. Instead they often show the ability to reflect *collective voices*, which are represented by the society. The individual voices are infiltrated in the culture of groups or institutions in which they are a part of and act in. These collective voices are e.g. expressed as ideologies, professional terminology, languages and social circles. They constitute the speakers' voice in the time, context and culture he or she

is placed in. A collective voice for M could very well be the notion of being not that kind of woman who cannot give natural birth to her child – but then she realizes that she actually IS that kind of woman (Nedergaard, Valsiner & Marsico, 2015). She identifies a “real” mother with a woman who can give birth natural since the voice of the society for M is exactly this stereotype.

As for the DST there is seen a power difference between different collective voices and thus represents a power struggle between different I-positions in the self. Hereby it shows counter-positions in the self that might agree or disagree to the collective voices / -influences (Bakhtin, 1986; Hermans, 2012).

A dialogical self is a composition of self, dialogue and society. The embodied multiple I-positions have the ability to move between different internal and external positions in time and space. These positions are then involved in the relations between multiple voices that are significant in dominance and social power. Hereby the I-positions’ voices have their own stories to tell and exchange knowledge and information with each other, creating a complex, multi-voiced and narratively structured self (Hermans, Kempen & Van Loon, 1992; Hermans & Hermans-Konopka, 2010; Hermans, 2012).

When M is experiencing her first c-section in particular she is experiencing extreme uncertainty. This uncertainty is associated with an immensely amount of negative emotions and M has to cope with this. According to the DST she will put her emphasis to a place in her self where she can find certainty.

“Apparently, going into uncertainty is only possible when there are some other places in the self where there is some degree of certainty that compensates for the lack of certainty. Some stability is needed to cope effectively with instability. A certain organization in the self is necessary for productively coping with destabilizing events.”

(Hermans, 2012, p.17)

To cope with this uncertainty the self has to be opened towards new inputs from other positions, both internal and external. To do this a *promoter position* stimulates a broader range of these positions of the self. Hereby the internal and external positions of the self are placed in a higher level of integration and thus become crucial for the social and personal development (Hermans, 2012). These models of

promoter positions are inspirations able to compensate for the costs of the identity associated with the uncertainty. When the promoter positions inspires they give a sense of direction.

Human dialogue can have the purpose of interaction between two or more people to hereby create a basis of human development. It can also be a symbol and through interpretation become meaning making. When this dialogue has made the basis of making meaning external it gives the ability to internalize the manifold aspects of the external world in the mind of a human (Hermans & Kempen, 1993; Valsiner, 2014)

As Hermans (2001, pp.252f) describes there is a decentralized multiplicity of *I*-positions. The *I* moves between different positions and hereby creates a field in which self-negotiations, self-contradictions and self-integrations occur. This does eventually, through inner dialogue, results in a tremendous variety of meanings. The self is composed of multiple internal and external positions. Both between these internal and external positions and between the self and the outside world there is an open / highly permeable boundary.

The core of the relations between *I*-positions in the “inner” and “outer” domains is the membrane that separates as well as unites them. This membrane, the skin, has the opportunity to communicate in a very special way, when it becomes scarred. When these scars bear a memory of a traumatic experience, they become personal-cultural signs that operate as memory devices, connecting personal past with anticipated future.

The concrete approach into narrative analysis in this particular research will be addressed with a theoretical concept that builds upon Bakhtin’s ideas of heteroglossia (Bakhtin, 1981)¹. In this kind of narrative analysis there will be a focus on the construction of individual identity and positionality within cultural worlds, which have been described by Skinner, Valsiner & Holland, (2001). This gives the opportunity to understand how *M* orchestrates the multiple voices from cultural and social worlds to create identity in order to anticipate her future life and social role. Hereby the multiple voices representing the social past present and future mould a unique self-understanding for *M* so to make meaning.

¹ Hermans also builds his dialogical self theory on the basis of Bakhtin’s heteroglossia (multi-voicedness) and James’ ideas of dialogue.

Dialogically created identity in a narrative

Bakhtin's (1981) notion of multiplicity of voices (heteroglossia²) and dialogism has been seen to describe the human mind as socially generated and the identity being dialogically created. This perspective notices the narrative as being externalized in a multi-voiced utterance that emerge from the author's internalization of the past and imagined dialogues in the social world.

Whenever a person is speaking the utterance will be multi-vocal and dialogic (Skinner, Valsiner & Holland, 2012; Bakhtin 1981). The dialogism puts an emphasis on the different ways the self of the speaker incorporates words and voices of others and society. In this way any speaking contains multiple voices – at least the voice of the speaker and the voice of the *social languages*³. The words being used and produced in a dialogue / an utterance are socially charged and dialogically connected to the past, present and future listeners and filled by the intentions of the speaker (Bakhtin, 1981).

The person creating a narrative develops novelty by making meaning of the particular position he or she is taking. This position engages a dialogue that takes a particular standpoint when answering others and the world. The words being used in this particular dialogue have been going on before and have been given certain meanings (in – and of the past), and orient these words towards a dialogue with listeners anticipating connection and agreement from this or these person(s) (Skinner, Valsiner & Holland, 2012). The act of speaking then author a self that constructs personal and cultural meaning:

“In weaving a narrative, the speaker places herself, her listeners, and those who populate the narrative in certain positions and relations that are figured by larger cultural meanings or worlds. Narrative acts may reinforce or challenge these figured worlds.” (ibid.)

² Heteroglossia is composed of a combination of *social languages*, which some of are in opposition. Social languages are e.g. the professional terminology/jargon of lawyers or psychologists or the use of language amongst a group of teenagers.

³ Social languages are e.g. the professional terminology/jargon of lawyers or psychologists or the use of language amongst a group of teenagers.

These figured and social worlds are restricted and traditional activities significant for specific historical time and place. In these different figured worlds the understanding of self and one's identity are being formed in each of them. Hereby the identity develops dialogically through constant contact between the social worlds in order to position oneself within the figured world (ibid.).

Ruptures and transitions

When studying life, the main question to be answered must be why a person becomes who he or she is (Zittoun, 2014). There is no human life outside the notion of a culture and the most specific part of human life is the central role of meaning making.

Life-course

Doing an effort to understand the structure of a developing person and the cultural environment (constantly changing) he or she is a part of is the definition of a *life-course* (Zittoun, 2014). Being a part of a culture and also being able to influence this culture are factors in counting out why a person becomes who he or she is. In developing the ideas of the life-course theory five principles have been highlighted (Elder, Kirkpatrick Johnson & Crosnoe, 2004).

1. *“The principle of life-span development: human development and aging are lifelong processes*
2. *The principle of agency: individuals construct their own life-courses and the choices and actions they take within the opportunities and constraints of history and social circumstance.*
3. *The principle of time and space: the lifecourses of individuals are embedded and shaped by historical times and places they experience over their lifetimes.*

4. *The principle of timing: the developmental antecedents and consequences of life transitions, events, and behavioral patterns vary according to their timing in a person's life.*
5. *The principle of linked lives: lives are lived interdependently and socio-historical influences are expressed through this network of shared relationships.”*
(Zittoun, 2014, p. 514)

The individual lifecourse has a notion of *trajectory* that describes human's trace within both a historical structure and a social structure (Furlong, 2009). Within this trajectory in lifecourse the concept of *transitions* is introduced as *turning points*. These turning points are events that create a considerable change in the direction of the individual's life (Elder, Kirkpatrick Johnson & Crosnoe, 2004, Zittoun, 2007/2014).

In every persons life there are changes. From the minute a person is born at a certain time in history his or her life will unfold as time passes. In a complex environment and contexts the person's life will be an interaction between the person and the environment/culture. In this interaction the most important and central role is meaning making (Bruner, 1990). In the process of meaning making the environment is perceived and felt by the individual and through this develop memories and expectations. People learn to understand and read the environment and other people in it as well as they learn to make them selves understood (Zittoun, 2014).

Changes

In cultural psychology changes can be distinguished between *transitive* changes and *intransitive* changes.

The transitive changes can be understood as quasi-circular. An example of this is students reading books, write notes, asking questions, check references and then borrow or buy new books (Zittoun, 2014). Other changes are not that mild and quasi-circular. Instead they are leading to totally new conducts from where there is a point of no return. These changes are called the intransitive and can be exemplified

by someone losing a leg or in this thesis M is having a c-section. There is no way to re-do these traumas and they hereby require a totally re-elaboration of her understanding of her self and her means of action in relation to her self and her environment.

As mentioned not all changes have permanent impacts on life trajectories and are of small consequences. These transitive changes are just a part of every day interactions between a person and his or hers environment. The changes described by the intransitive changes, which have the point of no return incorporated are *ruptures*. Ruptures are moments where a person's advanced adaptation are interrupted and can be both internal and external mediated. The ruptures can be anticipated (while imagining e.g. first day in school or the day to give birth to one's child) and are turning points in the life trajectories (Zittoun, 2007/2014).

A rupture constitutes a bifurcation in the life trajectory and some of these pathways are open and some are not. The path to choose or the path that is marked out for one is not pointed out and is not certain in the outcome.

“The interesting thing is that ruptures experienced by a person demand substantial, intransitive changes – processes of adjustment, or adaptation, between him/her and his/her environment. It is these processes that we will call transitions. From a life-course perspective, then, ruptures followed by transitions are moments of accelerated or catalysed changes.”

(Zittoun, 2014, p. 517)

These changes become meaning making by the person's embodied existence. This meaning making is an ongoing process of an individual perception, understanding of and acting in an environment constantly experienced by the individual. In this way the experiences a person has is therefore limited by the senses or capacities within the individual's body and mind. On the other hand are these capacities which are themselves facilitated by the individuals own meaning making. They mutually influence each other so to speak (Zittoun, 2014). An example could be when M was being advised by a doctor during the first c-section – she was not trusting her even though the doctor is well educated and with much experience. Instead M's perception of the situation, and her interaction with the doctor, is influenced by M's understanding of her social and cultural environment. Some capacities are valued

higher than others and M develops capacities and replaces some during her experiences of the c-sections.

It is as embodied that humans experience themselves, others and the world in order to make meaning. This use of the body to make sense and meaning of experiences is to be recognized by others and reacted to by society (ibid.). The society with all the qualities it creates in the environment, modes of life it encourages and in this case also the medical system shapes the perception of changes of the body and how the world is experienced through this body.

Borders

Brentano formulated the fundamental ontological property of boundaries when he elaborated on Aristotle's remarks. If a boundary is something continuous it can then not exist unless it is in connection with other boundaries as belonging to a continuum of higher dimensions (Brentano, 1988, part I). Hereby boundaries can be compared to universal forms such as abstract structures like holes and shadows. It is impossible to extract the boundary from everything continuous and extended, which can be understood by there is no death without life or there is no reaching a higher level of perception without reflection.

Parts and wholes

Mereotopology is the combination of mereology, which is the logic of parts (overlaps), and topology, which is the logic of wholes (connections). In mathematics mereotopology is a theory investigating the relations between parts and wholes and the boundaries between them (Varzi, 1998).

An object is the fusion of its parts and if these parts in any way gets separated a dilemma, concerning the boundaries between these parts, raise (a scar can be a representative of this kind of separation). Is the boundary only belonging to one part or both? And is it an internal or external boundary?

In this thesis the phenomenon being investigated has the elements about wholes and parts incorporated in the data collected in the interview with M. First of all M talks about the two scars being a part of her, but she does not equally connects

and identify herself with the two scars. The two scars are reflected upon as a whole, but she still mostly identifies herself with the second scar. This division between the whole and the parts creating this whole will be further elaborated in the analysis.

Skin as the ultimate boundary between body and external world

It is through the manifold socially shared cultural resources that internalisation and externalization makes it possible to reach an understanding of an entirely unique body and mind. The human skin is the ultimate boundary between the body and the external world. Above this level the cultural-psychological processes are internalized and externalized and through signs regulates the human psyche and thus creates the foundation for identity creation (Valsiner, 2014).

The relationship between internalization and externalization serves as a feed-forward process.

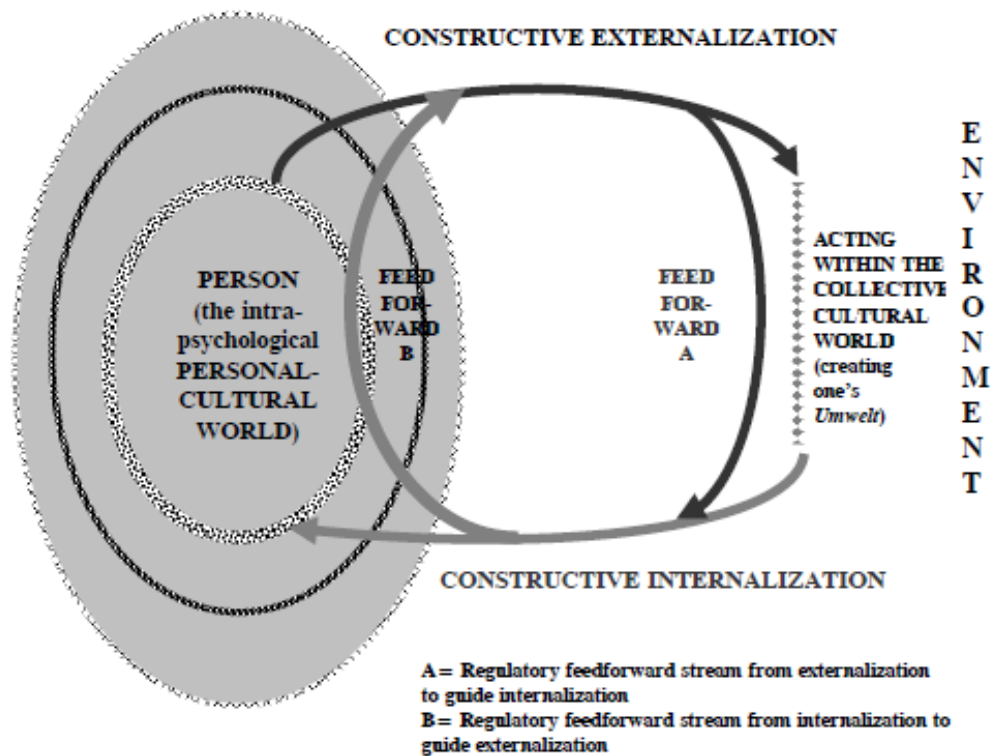


Fig.1. Relations between internalization and externalization (Valsiner, 2014, p.70.)

In between the internalization and externalization, a boundary emerges that outstrip the internal personal endless with the external world. This limitation creates a dialogical relationship between these two sides - while at the same time distinguish between them.

To create meaning through internalization and externalization the human functioning is both personally designed and socio-culturally guided. And through this sense-making signs will continuously differentiate and integrate hierarchically so that even new, unique experiences are understood in relation to similar previous experiences and reactions. These signs will therefore be the basis for generalizing beyond the situation in which it originally emerged (Valsiner, 2014).

The propensity for generalization is integrated in signs' ability to create a synthesized reflection of an initial context (Valsiner, 2001). When the sign is transformed into a generalised and trans-situational form, it will be attributed to the

ability to be integrated into a preliminary unclear field of personal sense. From this ambiguous position the sign can once again be used to create meaning in new and different circumstances (Abbey & Valsiner, 2005).

In this context the signs become hierarchically organized when making personal sense and hereby becomes auto-regulating and generalized meta-signs. These meta-signs become promoters for a feed-forward function that depicts possible boundaries in making sense of the unforeseeable future. In this kind of future a person will constantly create meaning in advance of time if/when needed (Valsiner, 2014).

For M the sign that creates a synthesized reflection is the scar. This scar though holds the memory and reflection of two different experiences/traumas and is therefore visually one sign that contains two (or more) hierarchically organized signs.

Skin

The skin is not only a boundary – it can also be a carrier of memories. These memories can be represented via tattoos, piercings or even scars (MacCormack, 2006). The personal-cultural memory is, so to speak, written on the skin via scars, as is the focus of this thesis, and creates both negative and positive feelings in the person who has them.

Scars are the results of wounds. They are the physical evidence of an injury that leaves a mark on the body. A mark that might diminish over time but never goes away (Linares, 1996).

How is the skin permeable?

The skin is constructed of three layers: Two layers, dermis and epidermis, and an underlying subcutaneous layer. It is comparable with an elastic cover that surrounds and tightly binds to the whole body. At the natural openings in the body, the skin changes into mucous membrane and at the body surface the skin protects the organism from physical, chemical and bacterial attacks. It is the largest organ of sense perception and also highly permeable. Through the three layers there are channels of communication that allows water, nutrients, waste products and sensory

signals to flow. This permeability is absolutely necessary for e.g. heat regulation and absorption.

On the skin surface the permeability is highly restricted. A crucial distinction is between penetration and absorption. Skin absorption only occurs when chemicals are able to break down the skin barrier, through the three layers, to reach the bloodstream. A penetration represents a chemical that exist unchanged through all three layers and is therefore not absorbed and cannot affect the body system. A penetration can as well be of mechanical nature that creates a scar, but this, unlike the chemical penetration, does indeed affect the body system (Geneser, 2011; Rhoades & Bell, 2009; Bojsen-Møller, 2002).

For M having the c-sections where the skin is fully penetrated, the biological permeability is violated and hereby the physical and emotional understanding of the skin as a boundary between the inner and the outer part of the body is intruded. Further in the analysis this issue will be described in order to explain how these operations become catalysts for meaning making of the present in order to anticipate the future. This future then holds the memory in the scar and thereby becomes identity creating.

Biological membranes are permeable under specifiable conditions. They give the opportunity to restrict the flow of ions or molecules and thereby give the opportunity to create an environment optimal for the cell. Also there is a constant communication between the internal and external substances of the cell. This permeability is by James' (1890) words also an opportunity the human body is capable of. Not in a physiological or biological way, but in a psychological and mental way.

A wound penetrating the skin and creating a scar during convalescence can become a physical memory that represents the boundary between external and internal. This boundary is highly mentally permeable and hereby originates a "platform" where the identity, as scarred, is created by internalizing external signs/components into internal, and vice versa (Valsiner, 2014).

M explains that even though there is only one visible scar, she still has two scars. They both represent an experience and they are both a part of her bodily and mental understanding of herself, and when she looks at the scar today it has become a part of her. She describes the first scar as a different feeling than the rest of the body, and when she was recovering from the first wound, she did not like to touch

the area around it – nor was her husband allowed to touch it either. She did not in any way feel the same disgust when recovering from the second wound, and she describes her feelings about the two scars as not being able to separate them when she thinks about the two different experiences. For her the two scars are intertwined. This will be further investigated in the analysis chapter.

Skin as a bodily experience

My focus on scars will only be represented by traumas caused by deep cuts through the skin. A wound this severe has created a rupture through all the layers of the skin by a total penetration. The scars are the physical evidence of an injury that leaves a mark on the body. A mark that might diminish over time but never goes away (Linares, 1996). When M explains her feelings connected to the first scar, it is no more visible on the skin surface. The scar visible on the surface of her skin is from the second C-section and thus covering the first scar. But M is very explicit in her description of having TWO scars – not one.

These marks can represent a turning point that makes a change in direction for the persons' life – a rupture. If a person experience a rupture an adjustment / adaptation between the person and the environment is demanded. These processes make a transition. To make sense of these transitions the body is important, hence it is as embodied persons the world and our Selves are experienced (Zittoun, 2007 / 2014). The skin on the body represents both the bodily experience of the world as well as the psychological approach in this. The skin, so to speak, carries out the expression of the mind AND the body.

Memory on the skin: Dialogically reconstruction

As described earlier, the skin is not only a boundary it can also be a carrier of a memory. In this research the memory is represented by scars. The personal-cultural memory of a traumatic experience is for M written on the skin and creates both negative and positive feelings. These opposite feelings become the foundation of different I-positions when M tries to construct an identity with these memories as a

part of a narrative (Brown, Moss, McGrouther & Bayat, 2009; Hermans, 2001; Bruner, 1990).

When talking about remembering there has – primarily - been two different directions of describing the phenomena. Plato’s conceptualization of memory was described as a spatial storage and as a social agent. In contrast to this Bartlett described remembering as a constructive activity where feelings and earlier experiences plays an active role (Wagoner, 2014). Bartlett conducted an experiment where he used the Native American story ‘War of the Ghosts’. People would read the story and then re-tell it (Wagoner & Gillespie, 2014). As Wagoner (2014) elaborated these experiments led to four descriptions of constructive/re-constructive memory.

First of all, memory is a constructive process where a person’s past experiences become a part of retelling a story with the intention of creating meaning of the memory, to understand the present and predict the future. Secondly, memory is primarily declarative. This means that people, when they express a memory, do this by using words and symbols to articulate what they know. Thirdly, when memory is present in consciousness, it is in a continuous and uninterrupted form. And lastly, memory disintegrates in accuracy and becomes disorganized over time.

When M is recalling her experiences from the first C-section she describes a very traumatic course of events, and it was impossible for her to talk about it until she had the second c-section. From then on the experience from the second c-section makes it possible to talk about the scar, while the feelings connected to this was not as traumatic as the first time. It became possible to both look at and touch the scar. The reason of this development towards the ability to touch and look at the scar, M describes as not the second child’s way of putting a plaster on the wound and feelings. But the progress in the c-section was not as traumatic, while the second was planned in advance, so she felt she was in control. She even accepted to be a part of a research about c-sections after a conversation with a doctor she trusted, and her experiences from the first c-section.

Even though M is aware of the blurry memory of her experiences, she is sure about her memories at the hospital and with the staff there. This gives her a feeling of lost faith in the staff and the system.

Summary

Scars are the result of wounds (Linares, 1996). They are the physical evidence of an injury that leaves a mark on the body. A mark that might diminish over time but never goes away.

These marks can represent a turning point that makes a change in direction for the persons' life – a rupture. If a person experience a rupture an adjustment / adaptation between the person and the environment is demanded. These processes make a transition (Zittoun, 2014). To make sense of these transitions the body is important, hence it is as embodied persons the world and our selves are experienced. The skin on the body represents both the bodily experience of the world as well as the psychological approach in this.

The society and others will recognize and treat people as embodied beings (Zittoun, 2014). Sense-making dynamics can be approached through narratives or biographical elaborations in life-course (Bruner, 1990). Dialogue between people not only occurs linguistically bot often through body language, facial expressions, smiling, gazing, vocalization and intonation (Hermans, 2001, p.261).

The scar will represent a rupture and forever be a memory through which there constantly will be an adaptation between the person and the environment. This can either be positive or negative, and the scarred person will integrate those reactions in the self in the process of sense making.

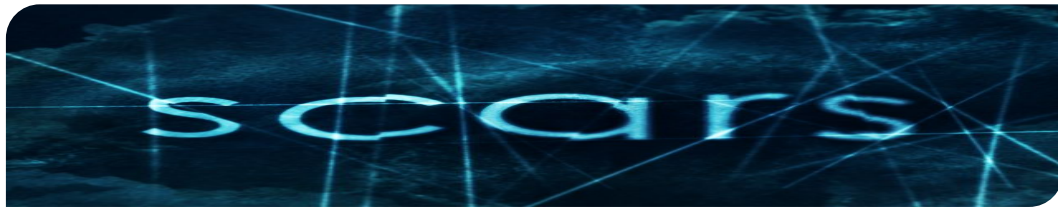
As Hermans (2001, pp.252f) describes there is a decentralized multiplicity of *I*-positions. The *I* moves between different positions and hereby creates a field in which self-negotiations, self-contradictions and self-integrations occur. This does eventually, through inner dialogue, result in a tremendous variety of meanings. The self is composed of multiple internal and external positions. Both between these internal and external positions and between the self and the outside world there is an open / highly permeable boundary.

The inner dialogue is intertwined between inter-psychological and intra-psychological processes (Hermans, 2001, p.255). So when the scarred person is coping with the sense making of the experience that created the scar, there will be a dialogue not only between different positions in the persons inner, but also between the outer and the inner. The dialogue between inner and outer could e.g. show in different groups, which the person is a part of. And the dialogue will be different from one group to another.

It seems that the movement of *I*-positions and the relations between them are dependent on the culture and the changes in this. In our postmodern society the flux between these positions can be intense and within a short time period (Hermans, 2001, p.255).

In order to be able to work through the data collected in this interview and put into perspective during the mechanical approach, in creating a chronological description of the events and mark the ruptures, which M is going through a transition from in order to make meaning, the next part of this thesis will be with an emphasis on the methodological foundation and how this complex psychological phenomenon will be approached.

The foundation from which the analysis will be build and understood will be explained as both philosophical, psychological and technical etc.. Not all of the philosophical ideas from which an analytical approach is build will explicitly be emphasized during the work with the analysis. Instead this platform will be a fundamental and implicit ideology from which the data will be put into perspective and thus understood in the analysis.



How to study complex psychological phenomena

Put in a short and roughly delimited way, methodology is the study of how research is done and how specific things in the research questions are found out. In the following this thesis' methodology will be described with a special emphasis on the philosophy of phenomenology and hermeneutic, since this direction is the core of the research analysis. Also it is the foundation of the choice of method. In this research design the interview is the tool being used to gain knowledge in a single case study and the approach and way to analyse the gained data is based on these philosophical ideas. Finally in this chapter narrative theory and approach in psychology will be explained in order to create a platform from where the narrative analysis of the gained data from the interview and transcription of this interview are being performed.

Phenomenology

“Phenomenology is the study of structures of consciousness as experienced from the first-person point of view. The central structure of an experience is its intentionality, its being directed toward something, as it is an experience of or about some object by virtue of its content or meaning (which represents the object) together with appropriate enabling conditions.”

(Stanford Encyclopedia of Philosophy, 2003)

Experiences and Meanings

Making meaning with experiences is crucial for humans as they are living through irreversible time. The aim is to catch the experienced phenomenon as closely as possible in the exact concept that the experience takes place. In order to do this - phenomenological research methods approach this by narrative descriptions that put a focus on the lived world so to be able to see and understand things as they appear (Giorgi & Giorgi, 2003).

Different philosophers did throughout the 19th century develop and adjust the phenomenological understanding of the world and contributed with an understanding of the human in the world as not only a philosophical approach but also with a foundation of a way of interpreting psychological issues. Hereby the phenomenological philosophy work its way from Husserl's epistemological project (Husserl, 1982) and till Gadamer's hermeneutic fashion (Moran & Mooney, 2002).

Experiencing phenomenon

Phenomenology emerged in the 19th century with the German philosopher Edmund Husserl (1859-1938) who is normally described as the founder of this philosophy (Rendtorff, 2004, p.278). He did not believe that no matter what humans experience, is possible to extract from what is experienced in the world. The conditions under which the phenomenon is experienced can only appear in the human it self and therefor outside the world (Zahavi, 2003). Husserl's interest in the experience of the human conscious was described with the argument that it was the subject that was the centre of the world and not the earth. This exactly because the world, as it shows in the subjects' conscious, is the immediate experience. For Husserl phenomenology should show how to 're-find' the human life-world. He thought that the mathematical and natural scientific approach had blurred the human origin by retaining the objectivizing view of human nature (ibid.).

The intention Husserl had with his epistemological project (Husserl, 1982) was to study humans' consciousness in order to understand how world phenomena were experienced. His idea was that it would be impossible to separate the experienced phenomena (the object) from the human experiencing it (the subject).

Husserl did aim high with his project since he described it as a way to describe a universal phenomenology that had the capacity to be the ultimate foundation and critique of all knowledge. Hereby he claimed that his phenomenology would be the medium to direct philosophy and science into the ‘right’ school of thoughts (Spiegelberg, 1978).

Husserl developed his understanding of the concept of *intentionality*. He described human consciousness as always directed toward something and thereby intentional in the way that it is impossible to feel without feeling or thinking something. By this he meant that whenever a person is conscious or aware of something it will always be directed towards a consciousness or awareness of something in the world outside the subject (ibid.).

In his approach to illuminate the idea that intuition should be the one and only source of knowledge and preconceived theories should never be the foundation of forming experiences, on the contrary the experiences should determine the theories, he introduced his interpretation of the concept “*epoché*”⁴. By this he meant that phenomenology should reject what sciences naïvely assumed (e.g. the existence of the physical world), only to study the ‘pure consciousness’ instead (ibid.). This understanding of *phenomenological reduction* showed that all details in the experienced world should be treated with equal values. Hereby all phenomena are understood on the same level while they are not put into any kind of prioritizing (Langdridge, 2007). Understanding any human experiences, Husserl thought that by different stages of this reduction, it would be possible to see these phenomena with a fundamental understanding (Spiegelberg, 1978).

Phenomenology examines the ‘being’ as a subject, which is socially, bodily and culturally incorporated in the world and investigates a frame of understanding about human life-world (Merleau-Ponty, 1964). Hereby phenomenology is in opposition to the theory of science where the human and the subjective seek to be replaced by a rational objective line of thoughts. The way phenomenology is not exact in its results of theory it becomes very relevant when examining the life-world. A human life-world that is never static – instead it is in constant change. Humans and the world they live in – the history it explains- and the relations they are influenced by, will always be able to be viewed from a phenomenological approach. This

⁴ The word is Greek and means ‘holding-back’. From *epi-* and *echein*. To have / to hold.

phenomenological approach will always be alternating and unfinished (Zahavi 2003 / 2007). This is seen in qualitative research as well, while it attempts to extract preconceptions and ascribe openness to participants' individual experiences. (Usually the researchers realize that this is impossible).

Some phenomenological approaches have the idea that it is possible to reach an understanding of phenomena only by descriptions of them (detailed descriptions though). In qualitative methods this idea has been criticized and the fundamental discrepancy between these two directions is whether the analysis should be built upon interpretation of the data (in this case the narrative in the interview) or it should solely depend on the before mentioned detailed description (Giorgi, 1992). For Husserl's followers it was essential to develop the phenomenology in the direction that stated that interpretation had to occur no matter how detailed the descriptions were, they would always involve some kind of interpretation (Gadamer, 2007; Heidegger, 1962; Ricoeur 1970).

Investigating one's own being

The student of Husserl, Martin Heidegger (1889 – 1976) introduced the existential approach in phenomenology. By his understanding of *being*, this will always presuppose the being of something. When he described the analysis of this being in the world it included the being of one's own. The formulation of the method of investigating one's own being, as a circular process, also emphasized what kind of being that was investigated. This kind of being he conceptualized as "*Dasein*"⁵ (Heidegger, 1962). This ontological term describes the idea of humans as they are for themselves and understand themselves instead of describing what they are.

"Understanding of Being is itself a definite characteristic of Dasein's being".
(ibid., p. 32)

In Heidegger's opinion the way of understanding our selves and the investigation of this issue has to be phenomenological. The fundamental structures under which

⁵ German. Means presence, existence. The translation could be 'being there' or 'there being'.

humans understand their own being are often covered up for the individual and it must be emphasized that there must be found a way to get past these obstacles. In order to be able to interpret the understanding of one's own being these covered obstacles must be unconcealed.

Heidegger believes that phenomenology has to rely on detailed descriptions. However – these descriptions always involves some kind of interpretation. Hereby he introduces the direction of hermeneutic phenomenology. When interpreting a phenomenon it gives the opportunity to develop understanding of it. So the understanding of something does not become something different by interpreting it – it, on the other hand, becomes itself (ibid.). In this way the interpretation of a phenomenon means explicitly to unveil or articulate the structures of what it is “as” (Stolorow, 2006).

When Heidegger hereby describes the interest of the ontological foundation of experiences and the understanding of these he introduces a way of being situated in time and space. The way he describes this spatio-temporality is by explaining humans as situated in a pre-existing world that holds people and things (objects); culture, signs and language. The way humans understand their being is founded in the very existence of the individual. This existing is factual and the understanding of this being is based on the way the world is filled with ‘doings’ and ‘practices’ (Dreyfus, 1991).

Existence and the experiences in this existence are always, for Heidegger, understood in a situated, temporal context that contains past, presence and future. Any understanding the human may have will be from a contextual, situated position in the world that is shared with others and have a history from which we cannot withdraw. This world is representing preconceptions that humans are not aware of and a framework of conditions for understandings that are not fully explainable for the individual. When things are seen or understood in this world the phenomena do not show clearly. Instead it gets known by not exactly showing what it is. When phenomena do not show as what they really are they have to be interpreted in order to create meaning (Smith, Flowers & Larkin, 2009).

The phenomenological interpretation Heidegger developed was directed towards the use of language. Hereby the narrative approach for understanding any phenomena was anticipated (Heidegger, 1962). This narrative approach was taken up by Ricoeur and he related it mutually with time in his direction away from

Heidegger's understanding of phenomenology (Heidegger, 1962; Ricoeur, 1980). An elaboration of this phenomenological approach will be further described later in this thesis.

Hermeneutic

The word hermeneutic has its origin from the Greek word *hermeneuein*, which means to interpret. Originally hermeneutics was the discipline to indicate a method for interpreting theological and legal texts. Present it is a theory of how to understand not only texts but also other meaningful entities.

In the psychological understanding of the concept of hermeneutics it is the notion that it is not the task of psychology to explain causes of the mental processes' beginning and development. Instead it is to understand these processes' from a meaningful and holistic view on the life of humans. The goal for this holistic view is to increase the insight of one's self.

(Den Store Danske Encyclopædi, 2015)

Interpreting intentionality

In the same direction of claiming phenomenology in a hermeneutic way was Hans-Georg Gadamer (1900–2002). He represented the philosophical development of hermeneutic. This philosophical hermeneutic is described as a search for and a clarification of what role humans' understanding of the world plays in the way they act in this world. In this way the philosophical hermeneutic becomes an understanding of something as something – *intentionality*.

Hermeneutic is a way of interpretation that has its beginning in the ancient Greece. It is related to the Greek god Hermes. He was the messenger for the gods and the connection between the cryptic messages and the humans' attempt to interpret these codes (Højbjerg, 2004, p. 311).

Through the 19th century the hermeneutic develops to become a theory of interpretation. This methodological hermeneutic would put up rules for

interpretation, in order to avoid misunderstandings. The better the rules were, the more truth the interpretation became (ibid.).

Gadamer's (2007) message was that understanding and interpretation are basic conditions for the human existence and that the science's belief of the true method was not possible. Instead he talks about a conditional relation of the human process of cognition, existence and experience. The condition of cognition is described as the *hermeneutic circle*. The circle is infinite and therefore it is impossible to get out of it. It is a way of understanding and structure the world.

The hermeneutic circle is a very central concept and it defines the parts of a whole (e.g. a scar and the whole body or parts of a text with the whole text) as only understandable in its full extension. Also it is only possible to understand the whole if every part is understood separately. In this sense it is necessary to have a mutual and united understanding of parts and wholes, which is also in line with the notion of mereotopology, which will be described later in this thesis.

For Gadamer it was essential, in order to understand any kind of interpretation, that the right language had to be present as a tool. To create a foundation from where it is possible to understand any phenomena as it presents itself, language would be the conceptual medium to constitute this. Also he puts an emphasis on the notion of language as a dialogical character having the ability to create understanding through a *fusion of horizons* (ibid.). This horizon of understanding is both individual and a collective. It is constituted by our private experiences and cultural context. The horizon of understanding is constituted of language, personal experiences, history, culture and time. This is also the collected frame in which I understand the questions pointed out in this thesis.

Any kind of understanding is based on the time in which we live and the prejudices that are forever a part of this interpretation in order to understand cannot be separated from us. By this he means that understanding of any phenomenon is always based on the specific context in which the individual is oriented. It is impossible to reach to a full and complete interpretation of the phenomenon since the time and context is different in every person. Not even for a researcher this is possible.....

According to Gadamer's hermeneutic phenomenological ideas *being-in-the-world* is understood as a subject (the human) that always will be embedded in the world. The world is, as it shows for humans, felt, seen and interacted with.

Gadamer's hermeneutic phenomenology does not accept that in this experience of the world there is something outside one self or behind the experience, which is more true or real. The subject is pivotal and is not hidden behind anything else. It is embedded in the world in which it is displayed. THAT is the reality (Gadamer, 2007; Zahavi, 2007, pp. 14-19).

This phenomenology is then in opposition to the natural sciences that rejects anything about the subject in order to show reality (Zahavi 2003 / 2007). Instead it describes the reality as a context of experience, a system of validity and opinion that is dependent of the subject (the human) to be able to realize and display it self (ibid). Thus this phenomenology is not an objectivising, reducing or abstract theory about humans. Instead it is an analysis of human experience as it shows in the human's consciousness.

Another aspect of this phenomenology is the first person perspective. Analysing the understanding of life conditions, such as cognition, experience or meaning it is necessary to incorporate the first person perspective, to even say anything about these life conditions. *Intentionality* in this context means that all phenomenon / all objects, will be an appearance *of* something, *for* something. If one wishes to further investigate a phenomenon or a subject's experience, then it is necessary to start from the subject from which the phenomenon appears for (Zahavi 2007 pp.17f).

Phenomenology becomes an explanation of coherence between the world and the subject, instead of a separation of the two. A separation that is not possible if the human is seen as a being in the world (Gadamer, 2007; Zahavi, 2007). The background for not separating humans from the world is that the world is not something in front of humans, as a separated thing. Humans can only be understood as being-in-the-world as related to the world and hereby gives meaning to the world as it appears and is understood by the human it self. Thus phenomenology becomes a search for understanding the meaning in the world as it appears in the humans' consciousness.

This approach is in line with the analysis of being a patient at a hospital and being M having a C-section. The world in which M is experiencing the surgery and the experienced time until it happens is difficult to understand for her. In this confusion the coherence between world and human is crucial to understand in order for M to make meaning of the experience.

In order to produce a solid analysis this philosophical approach as well as the following parts described, will be the foundation to do this interpretation.

Symbols, metaphors and narratives

The philosopher Paul Ricoeur (1913–2005) was in the beginning of his work grounded in the philosophy of existence and in Husserl's phenomenology. Later he doubted on the ability to give an immediate description of the fundamental features in human existence. Instead he pointed his focus towards hermeneutics in the specific orientation of the medias in which existential experiences are expressed. These medias are symbols, metaphors and narratives (Ricoeur, 1980 / 1981 / 1984).

As Gadamer, Ricoeur focused on what Gadamer called being-in-the-world and focused on texts when he described the opportunity to understand and interpret human existence as differentiated as possible. Hereby he represented a way of indirect reflectiveness and a use of symbols in order to interpret written phenomena. This line of thoughts constituted the development of hermeneutic phenomenology (ibid.).

When attempting to interpret meanings of a text, Ricoeur's thought was that the text is both approached face value and with a phenomenological issue and hereby interpreted hermeneutically. To make this kind of interpretation it demands to incorporate symbols in order to understand hidden meanings and the special use of words (Ricoeur, 1981). What he meant was that in order to make meaning intrinsic to humanity it could only be understood when analysing metaphors/symbols and narratives (Ricoeur, 1980 / 1981 / 1984).

When Polkinghorne (1988) draws on Ricoeur's ideas of narratives, he explains the significance of narratives as fundamental linkage between human actions and specific events in order to create an understandable unit – a whole. For Ricoeur and later on for Polkinghorne, stories are constructed in order to make meaning in lived experiences by organizing un-homogeneous elements into relatable wholes. Hereby narratives gets the roles that place the subject into being in the world and situate human experience in time as well.

Ricoeur's narrative theory describes identities as being created through the stories that are constructed by the individual and hereby this theory became the

inspiration of the development of the narrative analytic direction in qualitative research and hereby the phenomenologically narrative analytic method (Langdrige, 2007).

Uncovering coherent meanings

It is a fundamental issue, in hermeneutics, that for humans in interaction with other humans and ourselves we always try to understand and interpret. The way a person acts and the statements that are generated are not always clear and understandable for others. In this field of ‘non-understanding’ it becomes possible to construe new understandings. On the other hand both action and statements can be misunderstood. In this way the interpretation becomes a way to uncover a coherent meaning and understanding of actions and statements. This indicates the changes that one must alter in the interpretation and search for understanding. It is not possible to understand the whole without the parts – and it is not possible to understand the parts without the whole. The idea of understanding the parts, in order to understand the wholes, and vice versa, are in track with the mereotopological description of the parts and wholes (Varzi 1998). Hereby it shows a theoretical link between the two directions that gives a solid foundation for interpreting the two scars, the environment and the context in which the experiences are collected, as parts of the whole. The meaning making of the traumas incorporated in the scars become the whole as a foundation of creating an identity as a scarred with the exact personal understanding of self that gives meaning for the individual.

In this case it means that it is not possible to understand the interaction between the parts of the trauma that created the scars unless the scars as a whole is also understood. Furthermore there is an interaction between the scars and the owner of the scars. This interaction between scars and owner of the scars is interesting in this thesis, while the interpreter cannot neglect the ‘already-understanding’ and horizon there is. Hereby the scars are understood on the background of one’s own context. In the first place for the owner of the scars, that interpret the personal meaning of them (M) in order to create meaning and thereby create identity – but certainly also for me as a researcher, trying to interpret this meaning.

The philosophical hermeneutic does not determine a concrete method as a kind of recipe to follow but says that interpretation is a way of being. Working with a hermeneutic analysis the concept as horizon of understanding is described. This horizon of understanding is both individual and a collective. It is constituted by our private experiences and cultural context. The horizon of understanding is constituted of language, personal experiences, history, culture and time. This is also the collected frame in which I, as the researcher and the analyst, understand the questions pointed out in this thesis. For interpretation and analysis it means something that I have a past as a professional in the medical area, brought up in a democratic country, living in Denmark, being a woman, being a mother, my present education in a humanistic area etc., etc..

These are all conditions from which I understand a case and hereby interpret and analyse the outcome. My horizon of understanding unfortunately also limits and restrict my analytic work in this paper, while there will be angles of understanding that I do not see or recognize. For the moment in this analysis I will be aware of the parts of data, where M is reacting on collective voices and an internal dialogue about meaning making in order to create identity, since her interpretation of herself is the first and most important part of the analysis.

I am very well aware of my own background and thus my limitations of my analysis and it will therefore be crucial to share this knowledge from my data-collection with others in order to develop a theoretical foundation of a further investigation of the skin as a communicator and thereby a creator of identity.

For the moment being this interpretation and analysis has been shared with my supervisor and colleagues from all over the world at the conference of the DST as well as with the other professors in cultural psychology and pedagogical psychology at Aalborg University. This does not mean that the analysis and the interpretation of mine is the concrete answer – it only shows my intentions of widening my perspective and questioning my own abilities in this research.

Narrative theory

White (2006) describes narrative theory in such different areas as social sciences, history, literature research and therapy. In these different directions the

understanding of narrative theory is logically also very different. These very different directions of understanding, with very different definitions of the narrative theory, are both intertwined and overlapping. Since they have this severe overlapping they also describe the elements of the theory with overlapping definitions from the different directions (Bruner, 1991).

This seems like a morass of definitions and descriptions and therefore it does not leave much room for finding, let alone producing, a description of the choice of a simple direction of a narrative theory. This is somewhat a problem since the description of the choice of direction in the analysis of the narrative in the interview with M is difficult to conceptualize in details.

On the other hand it gives an advantage in the freedom to combine different approaches in order to create the most solid platform to build the analysis from.

When words create identity

In the earlier described phenomenological ideas there is an implicit interest of understanding experienced worlds through narratives. This interest have increased since the early 80's and through this time the qualitatively based psychological research of the storytelling has developed a narrative method (Bruner, 1991; Polkinghorne, 1988, Ricoeur, 1984).

These narratives are seen as fruitful in order to be meaning makers in lives of humans (Bruner, 1991). The way they become meaning makers are though very individual and these narratives can be described in different ways. When working on the definition of a narrative as M is using it and in this way internalizing the future in the present in order to anticipate the future to create identity, it becomes very difficult to find a description that fully explains.

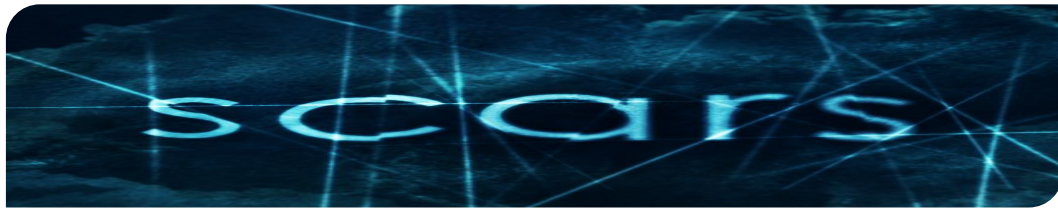
To create a definition of M's narrative in order to analyse the interview I will build upon both Bruner's (1991 / 2004) and Gergen's (2005) definitions.

For Bruner (2004) the individuals have very specific expectations of how the world is in order to understand their own intentions and consciousness and when there is some kind of rupture in the anticipated direction of these lives, the narrative is created. If there were no rupture, there would be no story to tell. This story they then tell has the purpose of creating meaning of the event in order to cope with it and

eventually reconcile with the consequences of the rupture and then in the end finding an ending of the narrative or a solution of the event.

Gergen (2005) describes the reality and the experiences of the individual as an interaction between the individual and others. In this interaction stories are the media that makes others understand one's intentions. In order to make meaning of one's life the human creates stories from their experiences and their relations. Hereby humans make meaning by creating a narrative statement that makes it what it describes as well as a social act. The function of the narrative is so to speak to create meaning.

These two definitions of a narrative will be intertwined during the analysis of the interview.



METHODS

Methods can be understood as the techniques and the processes, which are being used in research. These methods and how they are being used are shaped by the methodology. In this chapter the methods of this research will be described. First, the focus will be put on the case study and in particular the single case study, since this method is the backbone of the entire design of the research in this thesis in order to understand choosing interview as one of the methods in the single case approach. As for the triangulation in the design with a single case method the analysis of the interview will be done by a narrative approach, which will be described as the last part.

Case study

The word case is derived from the Latin word ‘casus’, which means event. The study of a case then becomes the study of events. Bent Flyvbjerg (2001 / 2006) defines the study of a case as the study of the concrete science – a science that examines concrete phenomena with a distinct purpose to gain detailed knowledge about these phenomena. This definition is somewhat one of the best definitions even though it by the first glance looks rather vague and seems to lack the direction in which I need to understand and use it. There is another definition that explains this with an emphasis on the time and culture I, and my participant are living in:

The case study is a strategy for empirical research of a selected contemporary phenomenon in its natural coherence with the use of different sources of data that can be utilized in stating evidence (Robson, 2002). A combination of these two

definitions will in the following be the backbone of my description of my use of this method.

When one is enough

In the following I will describe the case study in general and implicitly in this descriptions I will illuminate the parts and directions in this method I have selected to be the platform in my research. Also I will put an emphasis on the special feature of my usage of the case study in this research – namely the *single-case-study*.

Before it is even possible to make a decision of specific features of a research method it is important to understand the diversity and range of the implementation of some characteristics and rejection of others. To be able to understand these differences there are some characteristic features with the case study that will be identified:

- An empirical investigation.
- A chosen phenomenon.
- A contemporary phenomenon in its natural settings and coherence.
- Different data-sources.
- A special research strategy.

Empirical research is where conclusions are defined on the basis of data. By using the word data means that the case study acknowledge to an understanding of “existence of the phenomena” outside of the humans and therefor these phenomena can be examined. It examines events that have actually happened and what these events entail. The study is though NOT objective and unaffected by the researcher, while he or she makes numerous conscious and unconscious choices and selections during research, which influences both the research process and the results (Ramian, 2012).

The experiences M had of having two C-sections are events that have really happened and they are in particular the basis of a certain development in the way she identifies herself. Therefor it becomes very visible what these events entailed. Also it

becomes very visible that my further interpretation of the data M provides me with is influenced by my choices and background.

The way Knud Ramien (2012) describes the case study as the study of phenomena he divides them into three different types: systems, courses and persons. In this study the emphasis will entirely be put on the latter. The study of persons can be a type of a phenomenon and in order to gain knowledge from a single person the case study is the obvious strategy of research. How the strategy of this research will proceed will be further explained later in this thesis.

Often the case study is the study of contemporary phenomena and executed at the place where it plays out. In this case the phenomena is contemporary but it is not studied at the physical location of the hospital. Instead the narrative, describing the place and context, becomes the link to the phenomenon in time and place.

When studying contemporary phenomena in their natural contexts the possible sources to gain data material will often be numerous. Relying on a single data source is also very uncertain and therefore the case study often uses different approaches in connection with each other. This could be observations, interviews/conversations and documents (Ramian, 2007 / 2012). The aim of this approach is to support identical conclusions with different sources of data. A special feature in the case study is the ability to provide data from both quantitative and qualitative studies in order to triangulate and strengthen the argumentation. In this particular study it is not possible to provide any quantitative data, since the research design is not put up to quantification while there is only one participant, and the phenomena is not directly studied in multiple cases as to provide text material, I could have used. Providing quantitative data would be too time-consuming for this thesis to be implemented. And more importantly the design with a quantitative incorporation would at no point gain anything to the interpretation of the data provided, since it would be very different experiences and feelings incorporated in scars other individuals would provide. If this study should be further developed it could have an approach as described in the “putting into perspective” chapter in this thesis.

Instead the research design is built upon an interview with incorporated observation of the participant during both speech and silence and collection of data material via theoretical approaches from other phenomena that have coherence with

the psychological and physical issues illuminated in the study of the two scars and their role in creating identity and making meaning.

The case study belongs to the group of ‘flexible designs’ where the research can develop during investigation and new questions as well as new data can be provided. In order to understand the creation of identity incorporated in the scars and feelings connected to the experiences, embodied through interventions on the skin, it became necessary to adjust the literary approach for me, since the complexity in understanding a psychological phenomenon as identity creation through a physical embodied memory in order to make meaning was not a “walk in the park” in order to find written work, explaining this issue. Instead I combine different theories like dialogicality (Hermans, 2001/2012) and the essence of life ruptures (Zittoun, 2007/2014) with the notion of narrative analysis combined with physiology. As a linkage between these very different directions I find my way through by using the first phrase of Dickens’ *A Tale of Two Cities* (2007) while this particular description shows in the phrases a duality where the opposite conceptions are described as equal and thus represents a reality where both must be present in order to be able to understand the world as meaningful. This becomes the backbone of the analysis and interpretation of the data collected in this research.

In order to provide evidence in a case study the approaches is much like police investigation. The search will be for documentation that shows or explains what actually is happening. Staying in this terminology it also shows necessary to use the logical argumentation in order to demonstrate evidence for one’s conclusions – like it happens in a courtroom (Ramian, 2012). One of the critiques of this research design is how to generalize from a single case. As in the courtroom it says something about the individual or the phenomenon being investigated, but it does not necessarily say anything about others. In the case study theoretical generalization is instead used in order to argument that the results support or impair certain assumptions theories about the phenomenon (ibid.).

This logic calls for a thoroughly considered research design that links research questions, phenomena, data collection, analysis and generalization together in a particular way. In this research the case study design is used for describing the unique phenomenon through interview and observation in order to get to the distinct data (Stake, 1995). One of the advantages in the case study design is the ability to advance the understanding of a phenomenon. This is also the goal for the present

thesis. Further on these hypotheses can then be examined using other research strategies and –designs (Robson, 2002). One particular approach in this kind of study could be the possibilities of the case study to compare several cases as a basis for new theory development (small-N-studies). These studies investigate a small amount of cases with a preparation for understanding the differences between them.

Misunderstandings of the single case method

Single case study has been neglected as a method in psychology. It has especially been criticized for the lack of ability to generalize, since there is not enough data collected in this special kind of research design. To overcome this and other critiques of the single case method (SCM) it shows to be emphasized that both synchronic (spatial) and diachronic (temporal) elements has to be incorporated into the design. Incorporating these elements on the other hand and approaching the research design with a single case in a way that shows multiple data points, even with a very limited timeframe, gives a solid (and perhaps in this case the only) research design that is especially useable for answering the research questions.

Especially in cultural psychology it is a well-documented approach since this direction of psychology is built upon developmental psychology. To be able to describe developments in a contextual setting, the unique and individual becomes the characteristic point of research models in cultural psychology.

Flyvbjerg (2001) has a very nuanced and well-worked-through description of five different misunderstandings of the SCM, which he very eloquently dismisses in his article where he also gives an explanation of how these elements become valuable tools in a cultural psychological research. There is though one aspect Flyvbjerg (2001 / 2006) misses to involve as an important issue for the SCM, which has also often been either neglected or even misunderstood, -misinterpreted. This aspect is the timeframe of the research. The reason for the importance of this issue, is that even though a timeframe can be very short it still has a linkage to the individual experience and understanding of one's world in order to make meaning and create identity (Krause-Kjær & Nedergaard, 2015). This is also in line with the description of time Ricoeur and Polkinghorne gives in the philosophy of hermeneutics.

When talking about the SCM and the critiques of it the understandings of the

terminology and contents of the research seems blurry. John Gerring (2006, p.17) puts it very neatly and precise when he describes the case study as: “*a definitional morass.... Evidently researchers have many different things in mind when they talk about case study research*”. When this morass becomes definitional for a whole method there is bound to be misunderstandings. With the help of Flyvbjerg (2001 / 2006) and Valsiner (2015) in particular the following will emphasize the five misunderstandings of SCM Flyvbjerg describes as well as an extension of the method by incorporating ideas of temporality. The five misunderstandings Flyvbjerg puts an emphasis on are:

1. *Theoretical knowledge is more valuable than practical knowledge.*
2. *One cannot generalize from a single case, therefore the single case study cannot contribute to scientific development.*
3. *The case study is most useful for generating hypotheses, while other methods are more suitable for hypotheses testing and theory building.*
4. *The case study contains a bias toward verification.*
5. *It is often difficult to summarize specific case studies.*

(Flyvbjerg, 2006)

The following dismissal of these misunderstandings will be as described in Krause-Kjær and Nedergaard's (2015) evaluation of the role of SCM in qualitative psychology, since this article directly builds on this present research design and is therefore linked to the subjects in this. The ideas of this thesis was a part of the making of the article and therefore it will be taken into account and further incorporated in the analysis of the interview with M in order to develop the cultural psychological approach of answering the research questions in this thesis.

As to misunderstanding 1, Flyvbjerg (2001) rejected the claim referring to case-studies inability to make predictions. However, social sciences suggest a predictive theory as less applicable. Same place, it is argued that the framework for human activity is more important than the human activity itself, to understand the phenomenon. But in the description of a concrete, context-specific knowledge the case study makes it possible to understand the limitations of predictions, to thereby, enable the researchers to propose circumstances under which a theory can be applied or not (Smaling , 1987). This indicates that the case study research involves a very

careful definition of the phenomenon. This binding of the case allows scientists to make predictions that are just adequate in scale of the problem (VanWynsberghe & Khan, 2007).

According to misunderstanding 2, case study research does not aim at a universal generalization in the positivistic sense (Donmoyer, 1990; Schofield, 1990). Lincoln and Guba (2002) believe it is far more convenient and epistemological valuable to abandon the idea of generalization. If generalizations are endorsed, they should be regarded indeterminate, relative and time- and context-aware. Like the predictions generalizations have been recognized as contextual. A number of alternative social scientific concepts for generalization were made. These concepts seem to suggest that a comparison of the case with prior knowledge, experience, other event or theories can provide the possibility of further generalization (Becker, 2000; Smaling, 1987; VanWynsberghe & Khan, 2007; Yin, 2009). As Yin (2009) describes it, it is through an analytical generalization possible to find similarities and differences among the phenomena of interest in the case studies. This allows the researcher to expand the scope of the theory that arises from the original case (VanWynsberghe & Khan, 2007). The case study does not generalize to larger populations – instead it generalizes to the theory that underlies the case study (Ramien, 2007). In cultural psychology, which builds on a developmental basis, generalization from a single case is the only way to generalize:

“Generalization is possible only on the basis of single instances. There is no other possibility. In the case of phenomena that exist within irreversible time, any generalization beyond any here-and-now context is possible only within a single case—the system that signifies every instance as it occurs. Recurrence of similar—never “the same”—events can be treated as single instance replication tests for the generalization created previously. Thus, instead of having an accumulated “sample” of N instances of “the same” kind of phenomena we have N-1 replication cases of the generalization that was abstracted from the very first established case. Both the “birthplace” of generalization and its “testing grounds” are in the single case, not in accumulation of cases. It is not via “sample” to “population” that psychology generalizes, but from a selfestablishing form to a generic Gestalt.” (Valsiner, 2015, p.240)

There have been two major themes to achieve this generalization. Firstly, it is a goal to achieve a psychology, in which human goals and ability to create a unique individual, is understood and embraced. Next, the aim is to affirm and promote psychology as a science on a par with science, form the basis of basic knowledge. It has proved difficult to reconcile these two directions as they have hitherto been regarded as direct opposites and therefore cannot co-exist.

But as Beckstead, Cabell and Valsiner (2009, pp.65f) put it, this is a misguided approach because it is precisely in the multiplicity of details of phenomenology in general that the generalized laws operate. *“We address and elaborate generalization through the concrete situation and the uniqueness of human living.”*

It is in this kind of generalization Valsiner (2014) describes the human process to create meaning. The socio-historical context is inextricably interwoven with man's ability to function, while the person and context must be understood as parts of the same integrated whole and is connected through reciprocal processes of internalization and externalization.

“The world exists in Particulars - and any generalization from those is based on single unique encounters with the world.” (Beckstead, Cabell and Valsiner, 2009, p. 78). So when a person in specific situations makes meaning of these through internalization and externalization it allows the possibility of creating a generalization based on humans' field of experience as a whole.

As for misunderstanding 3, small N qualitative research is often at the head of the theoretical development. As quintessential small N research can serve as a source of theory building and testing (Flyvbjerg , 2001). In addition a concept of the working hypotheses, has been proposed, to capture the idea that researchers can use experimental hypotheses under special conditions and circumstances, although there is no existence of "true" Generalization (Lincoln & Guba , 2002). Case studies are also useful to test the extent of hypotheses, since a single case has the possibility to reject a hypothesis. Hypotheses may thus be generated from both the single but also a number of cases. Discovery of similarities between case studies or the ability to translate between studies shows the extent to which the results of a case study can fit in other cases (Goetz & Lecompte , 1984).

Misunderstanding 4 is based on the contention that social scientists are liable to offer subjectively forced explanations. Flyvbjerg (2006) describes the opposite as he explains that case studies involves a careful description of the phenomena from which the evidence is collected, in order to show the likelihood that the researcher is biased against falsification instead of confirmation of prejudices about the case.

As an explanation of misunderstanding 5, it has been stated that case study researchers are often acknowledged for their ability to introduce nuances and complexities to the understanding of a given subject (Collier & Mahoney, 1996). This can also be seen as a criticism of the case study as precise details rarely are easy to adapt to the concept of journals and articles. Flyvbjerg (2006) suggests that through a detailed description, the researcher has further opportunity to identify, define or construct the unit of analysis among a number of potential candidates. When the unit is ready the case study reveals its central message (VanWynsberghe & Khan, 2007).

To summarize, it seems like much of the critique is associated with misunderstandings as well as a seemingly inability to grasp the particular elements in SCMs. Even though - it seems like a sixth misunderstanding needs to be added and elaborated in the discussion. This is the notion of time. Following different aspects of temporality is illuminated with respect to SCMs in relation to psychological research.

Time in a single case research

The concept of time has been described in research from two very different, though interrelated, approaches. First of all time is easily understood as the awareness of the unities of clock-time, as a non-lived objective time. In the classical single case research this kind of understanding of time is the most prominent. On the contrary of the objective time, the equally important, though slightly neglected, subjective time is introduced by Sato & Valsiner (2010). They describe this subjective time as the *living in time*, which includes the social coherence and the irreversibility in time.

For this thesis the idea of time as development and transformation in lived time is the basis of understanding M's process through time from the first c-section and till present day, when she is asked to talk about her experiences. This transformation she experiences is the exact notion that makes it possible to

understand life in lived, irreversible time. This understanding of time is the implication of changed forms that state the conditions of survival as well as prepares M for her future that she has to face with all the demands that this implicates.

Interview

The way humans in general understands themselves and other people in/and the world they live in is connected with the individuals' understanding and usage of the oral/verbal and moral resources they have access to in the culture they live in and are raised in. The way meaning is made is anchored in this culture and is related to the theory that human experience is contextualized via a narrative form (Crossley, 2000 / 2002).

A narrative interview is focused on revealing relations between the self, the lived life and narratives related to this. In the interview conducted in this research the approach will be a cultural psychological, which puts itself between the realistic and the constructivist one. This position puts an emphasis on the participant's standpoint and status both IN- and OUTSIDE the interview situation, with an expression of the psychological and social life lived. In this kind of interview the participant will create the narrative as a reflection of the story as it is represented in the person herself (McAdams, 1993 / 2012). The interview conducted in this thesis is based on McAdams' (1993 /2012) ideas of the aspects produced by a narrative is personal and already a part of the interviewed identity. Hereby it gives the interviewer (me) ideas of what kind of truth the narrative represents in the interviewed person's mind.

The reason for choosing a narrative interview in this thesis is the theoretical foundation of narrative psychology in psychological traumas. This direction emphasizes the human adaptation and response to traumatic experiences. The ontology of the narrative psychology is the story itself (Christensen, 2009). Thus this thesis builds upon one woman's narrative of two traumatic experiences during a timeframe of five years the approach of a narrative character will be a solid foundation of examining the subjective meaning these experiences have had for M and how they are internalized as to make meaning so to create identity as scarred.

In this thesis the basis will be put on the narrative analysis, which is centred round principles of Gadamer and Ricoeur as earlier described. Also principles from

McAdams and Polkinghorne are integrated in the analysis. With this specific approach it becomes possible to identify narratives and their function for M, plus their content of themes.

Ethics

Creating a qualitative research design demands a large amount of ethical considerations while it is the experienced, discursive, subjective and social constructed parts of reality that becomes the object of research (Brinkmann, 2010). For social constructions to arise it is necessary to understand justice, truthfulness and respect as present conditions. Even though qualitative research is mostly constructed, the ethics is NEITHER subjective or relative NOR social constructed (ibid.).

Understanding ethics in qualitative research can be divided into two aspects: *Micro-ethical* and *macro-ethical* considerations. The micro-ethical considerations help protect the participant by informed consent and creating confidentiality between the participant and the researcher. Hereby the foundation of cooperation between the two parts is created so to make sure the participant feels secure and is not in any way harmed by participating in the research. The macro-ethical considerations are focused on the environmental issues – under this the question of whether the research supports a greater interest in society or the world (ibid.).

As for this thesis the greater interest is founded in the further development of how identity is created via socio-cultural signs on the skin in order to build a new approach to e.g. doctor-patients communication at hospital-wards working with traumas, which are carried as signs on the skin (both visible and non-visible). Also it creates a solid foundation of further investigation of a new concept I call *Semiotic Skin*, as a theory of understanding embodied communication. This will be further explained in the chapter “Putting into perspective”.

Two scars one narrative

The most expedient approach of collecting qualitative narrative data in this research design is by a narrative and somewhat semi-structured interview. It is not a classical semi-structured interview since the interview-guide is very vaguely formulated. The

reason for this lack of technical preparation of the interview is the idea of letting the participant create her own narrative of the experiences. There are only very few concrete questions that I need to be answered, and since these questions are the very core of the choice of participant, it seems unprofitable to put in questions not needed in order to answer the research questions in this thesis. The main question to be answered was how M reflected upon the two traumas and the experiences in them. Whether she related her experiences to other people, to relatives or to the context in which they were understood or to the culture within her self, were only important if she would put the emphasis on these aspects her self. The analysis of her narrative starts with her own reflections and continued by me through a hermeneutic, phenomenological approach.

Since the feeling of security is extremely important in order to gain data as nuanced as possible, I had to find a participant with the ability to connect very closely to me and trust my skills as a researcher as well as a human with empathy and an ethic that provides the context in which she would be absolutely sure, she would be treated with respect.

Who to interview

The criterion for the participant in this thesis came as a surprise while examining another approach in understanding the skin as a canvas bearing memories as cultural signs creating identity. My first idea was to use more participants and distinguish them with different severities of their scars. This very early showed to be a confusing and messy approach of gaining data, since the opportunity to differentiate between the different experiences and the traumas connected to these would be impossible to compare.

By a coincidence I briefly spoke to M about my research project, and she told me about her two c-sections and agreed to be interviewed. She was the only one with one visible scar and two traumas with two contextualized identities incorporated in the memories in the scars. Sex, age socio-economical status or geographical placement was not important. The important part was the ability to relate to two traumas on one body.

M is a 35 year-old woman with a good theoretical education and a loving and caring family. They are all well educated and live their lives very autonomously. M is in particular used to make decisions in her life in order to direct it, the way she wants it. She acts in order to gain autonomy and control. She is married and lives with a solid economical security.

Asymmetrical communication

Usually research interviews are seen as asymmetrical in their communication since the participant is telling his or her story but the researcher does not tell his or her. In a narrative interview the participant is creating the story/narrative in details in a self-chosen chronology and with individual emphasis on the parts of the narrative that is most important. This narrative is provided by a detailed story from the participant without any intervention from the researcher (Murray, 2008). In this way the asymmetrical communication can be aligned in some ways since the participant uniquely decides what is important of the narrative and what is not.

One thing to be aware of is the possibility of the participant to feel objectified and hereby become restraint in the interview situation and therefor create answers that he or she THINKS the researcher wants. One way to avoid this aspect of an interview is to make sure the participant is physically in an environment that feels secure and that the relation between interviewer and interviewee is comfortable and respectful (Kvale & Brinkmann, 2009).

Transcription

Transcribing an interview means an interpretation that moves from a spoken narrative into a written narrative. This reduction from the original form creates a form of narrative where parts are lost in the process. These parts are the bodily linked communicational elements such as intonation, movements, miming etc.. Also the physical appearance is lost from the interview-situation and till the taped version of the communication. This in combination gives a reduced version of the interview to do the interpretation from (ibid.).

The transcription of the interview with M is made with a phenomenological approach – meaning the transcript is as close to the spoken language as possible. This gives the opportunity to analyse the structure of sentences and the meaning incorporated in them. On the other hand it gives a disadvantage in the flow of reading the transcript (Crossley, 2000; Langdrige, 2007). Even though the flow of reading is interrupted, I have chosen this form since it became clear that M’s construction of sentences showed disruption when she was in a severe search for the right words, when explaining episodes with deep feelings connected to. Another advantage would be the possibility to support the observations of body movement etc. by comparing with the way she constructs her sentences and her choice of words.

The names in the transcript will be fully erased in order to keep M anonymous. The characters referred to in this thesis from the transcript will **M** as the interviewee who holds and creates the narrative. **Ma** is her husband, **O** is the oldest child and **B** is the youngest.

Narrative analysis

In the phenomenological based approach toward a narrative analysis the subject has to speak freely and the flow of storytelling is desired and hereby encouraged during an interview. The aim for the free talk and storytelling is to create a context with no predetermined framework of meaning.

The proposition of a narrative analysis in cultural psychology (as well as in other psychologies) is described very beautifully by Dan P. McAdams (2012, p. 15).

“(1) people construct and internalize stories to make sense of their lives, (2) these autobiographical stories have enough psychological meaning and staying power to be told to others as narrative accounts, and (3) these narrative accounts, when told to psychological researchers, can be analyzed for content themes, structural properties, functional attributes, and other categories that speak to their psychological, social and cultural meaning.”

These three propositions are the very core of the narrative analysis of the interview with M. In the interview with M the aim was to create data from which the narrative

analysis could explore how the scars became personal-cultural signs holding memories that by creating identity becomes meaning making and hereby connecting the past in order to anticipate the future and create identity.

M was the narrator of her own story that shed light on how she understands her scars and the experiences incorporated in them and what aspects of this story she felt was most relevant. These aspects of focus I detected and then put them as the basis of the narrative analysis.

At the very beginning of the narrative analysis the data is approached in two phases. Before the actual analysis can proceed the taped interview is being transcribed. This transcription is then the basis of a very intense and thorough reading, which becomes the point of reference in the two first and broad phases of the analysis.

The first descriptive phase is to gain profound knowledge of the narrative in order to detect structure and content and highlight the parts of the narrative that especially shows key figures and find the phases that connect these key figures. When this first descriptive phase is ended the second interpretive phase connects the key figures and the connection between them with the theoretical literature in order to interpret the content of the narrative (Murray, 2000). This part of the analysis labels specific features of the key figures in certain contexts that give the opportunity to place them in relation to a theoretical content.

Working with this single interview is based on an idiographic focus with an emphasis on the phases describing the ruptures and the following transitions (Langdridge, 2007). The narrative is not constructed in a timely chronological direction but instead M is jumping from one experience to another and back again. In order to create a template from where it is possible to place the different experiences, the feelings connected to these experiences and persons with relevance for M the first part of the analysis of the interview/transcription was to create a chronological timeframe of the events in M's life that had been traumatic and represented the ruptures (Enclosure B). When working with the chronological timeframe the important acknowledgments in M's description was emphasized in order to recognize the parts to analyse and interpret in order to understand what parts would be meaning-making for M.



ANALYSIS

In the following chapter the first part of the analysis will describe the chronological process of M having her two C-sections. This part will have references to the transcription of the interview in order to easily find the passages from where they are placed.

The next part will be a mixed description of M's own thoughts and feelings about her experiences. Overall I will put an emphasis on M's own interpretations and her own positions in her narrative as well as I will interpret further according to the transcript, her vocalization and her body language during the interview.

Chronology, ruptures, structure, content and key-figures

During the analytical work I have focused on the transcript and the chronological presentation in order to detect where the ruptures are and how M structures her narrative in order to understand the content. When detecting these parts it becomes possible to find the key-figures and the connection between them. This data will then be further interpreted and developed in the chapter of 'discussion'.

Chronology and interpretation

The characters presented in the following will be M, who is the interviewee and the holder of the narrative in focus of this analysis. Ma is her husband, O is the oldest child and B is the youngest.

The beginning of the chronological review will be with the first description of the pregnancy with O. further on the birth of B will follow and in the end the present

will be noticed. During the description of how M relates to her memories incorporated in the scars, the interpretation will be referencing the transcript and not the chronological part.

Lines: 41-57

It is almost nine years ago M gave birth to her first child and she was anticipating the birth with joy. She compares herself with all other women since she describes this joy as a feeling ALL women have with the anticipation of the birth of their children (Transcript, l. 41-42)⁶. She also felt, she would be having a quiet and calm delivery of a healthy boy at her and her husband Ma's home.

During this beginning of the interview M is speaking with a soft and calm voice with a beautiful everyday language. She speaks of the anticipation of the birth with a calm expression. This anticipation of her future is put into perspective with her understanding of the collective voice of a mother giving birth to her child. This kind of mother, which is EVERY woman according to M's description, will look forward to giving birth to their children with a huge joy.

She describes the child's growth in the womb as a little thing germinating in the stomach and then comes out (Transcript, l. 42)⁷. This way of relating to her child as a very natural thing also shows in her thoughts about how she believed her childbirth would be. In this way of articulating her identity as a pregnant woman about to become a mother, she sees a mother as a woman who gives birth naturally and she believes she will become that kind of woman. During her pregnancy and the beginning of the birth she sees herself exactly as this kind of woman (l. 43-47).

Lines: 59-77

During M's time at home with contractions, her and her husband had gone to hospital for some hours to be examined in order to secure her and the child's wellbeing. She was assured that everything was okay with them both and she kept her anticipation of giving an uncomplicated birth at home.

At a later time at home the midwife estimates that it is not longer secure for M to stay at home and she talks to M about the opportunity to be offered analgesics when arriving at the hospital. M is under no circumstances interested in this offer.

⁶ ” *Og som alle kvinder, så er det jo en kæmpestor forventningens glæde*”

⁷ ” *når man går og det her lille spirer inde i maven kommer ud.*”

Instead she would like to be in a huge bathtub, as a pain reliever, when delivering her child.

When driving to the hospital M is having severe contractions and she describes this moment “...*just as everybody else.*” (Transcript, l, 72)⁸. Even though she is in a lot of pain M is identifying herself with every other woman in labour having their husbands to drive them to hospital. At this moment she still sees herself as that kind of woman she believes to be the right kind of woman to become a mother. The dream of giving birth at home was interrupted but the identity of a woman and a mother to be is still intact and she internalizes this transitive change without changing her anticipation of the future.

Lines: 79-97

After 3,5 hours in the bathtub, with a pleasant time and thoughts about all of these wonderful things about to happen, the midwife asks M to get up and they puncture the amnion. After this the contractions intensify and M can no longer stay in the bathtub, while she feels restless. The midwife suggests an epidural block, which M does NOT want since her sister had a terrible experience with this kind of analgesic. M is sure about the midwife had this kind of medication planned for her all the time.

M becomes a little bit more unstructured in her way of organizing and building up her sentences during this time of the telling and her voice becomes more pointed, even though it is still very controlled. She shows that she is not amused with the midwife’s plans about the epidural block but M also explains the midwife’s intentions with her wanting M to relax and manage to have better contractions: “*And that was what she wanted from the very beginning. Of course for me to relax but also for me to have contractions that really meant something.*” (Transcript, l. 95-96)⁹.

In this choice of words and emphasis on the situation, M shows that the idea of the epidural block was not what she wanted, and when the midwife explains the urge for this analgesic M loses her autonomy. When this autonomy is fainting, M chooses to explain the midwife’s intention as a concern for M instead as making decisions for her. In this way M keeps the feeling of control and she makes meaning

⁸ “... *ligesom alle andre.*”

⁹ “*Og det var jo det hun var ude efter i starten. Selvfølgelig for jeg kunne slappe af, men også for at jeg kunne få nogle veer, der battede.*”

of the situation as to understand herself in this context and that environment she was put in.

Lines: 99-104

M agrees to get the epidural block – but only because she has been in labour for 48 hours now. When M describes this part of the story, her voice talks like she is tired, in order to support her choice during labour. She was very tired then so it was okay to have that analgesic. She still makes meaning of the development and she is still the kind of woman she saw herself as in the beginning.

M does not accept the analgesic immediately, while she has internalized her sister's experience and therefore M is afraid of it. But eventually she accepts.

Lines: 110-133

When the doctor comes to perform the epidural block, M does very severely reject the doctor, while it was the exact same doctor who did it with M's sister. But there was no one else to do it, so M accepted, while her contractions had become worse.

When the doctor performs the analgesic M keeps saying something is wrong, but nobody listens to her and they continue as before. For M it feels like it starts becoming critical and her memory (she excuses herself with the timeframe of nine years) of the chronology and the events becomes blurry. She seeks her words more carefully and her sentences become unstructured and interrupted.

She becomes very frustrated about being chained to the bed, since she cannot use her legs, so she cannot get out of bed and walk around, which had felt comforting for her earlier in the progress. She loses her autonomy and the change of bodily ability creates an intransitive change for M that gives her the feeling of anxiety and thus feeling of insecurity, because it becomes more and more difficult for her to control her environment but especially herself. If she cannot control her body, and she does not feel, the professionals understand her or even listen to her, she feels a severe interruption of her meaning making of the situation and her role in it as well as this lack of meaning making becomes the foundation of insecurity as to her ability to predict the future and her identity in this future.

Lines: 148-152

During pushing contractions M keeps saying something is wrong, but nobody believes her: *“It feels wrong. Ooooh but – now you are pushing and now you do something.”* (Transcript, l. 151)¹⁰.

Lines: 135-146

During this time of the process, the professionals at the hospital puts an electrode on the head of the unborn child and the data from this electrode shows that the child is okay. This comforts M as well as the presence of the midwife. The midwife has been the same during all the time and M feels secure about having a well-known person beside her.

In this time of insecurity and intransitive changes, M makes meaning of the situation in order to stabilize her feeling of autonomy and hereby her identity.

Lines: 154-169

After two hours of pushing contractions there is called for doctors and the staff becomes insecure in their behaviour. It turns out the baby is not positioned in the pelvis as supposed, so it cannot come out. A German doctor takes over, and M's dialogue with her is interrupted and not meaningful for M. she does not feel secure in the hands of this doctor and she does hardly notice her.

Lines: 173-179

M loses her perception of who is around her and she escapes into her inner. But she registers Ma and notices that it becomes very difficult for him to be in the room. She tries to reach him by asking if he needs something to drink but after a while she does not even register him anymore.

At this point M cannot internalize the expectations of her from the environment and she then escapes to an inner universe where she can find some security, while the environment and the context she is placed in, does not provide her with the kind of certainty that becomes meaning making and thus creates the possibility to anticipate her future. She does not any longer have any part of the process and her identity is affected. What she tries to hold on to is her care for her

¹⁰ ” *Det føles forkert. Jaaarmen – nu presser du, og nu gør du noget*”

husband Ma since this feeling and identifying with a certain behaviour towards him makes meaning and thus creates security in an environment that is the opposite.

Lines: 183-221

The German doctor is confident that she can get the child out and she starts to examine M very roughly and the midwife is in panic at this point. The doctor and the midwife starts to argue and at the end of it the midwife leaves the room, crying. After a while a new midwife enters.

The German doctor still believes the child can be born, just with the help of a suction disc, but the new midwife and a student is not convinced and they question her decision.

M is confused and no one speaks to her or Ma. She notices that Ma becomes scared and she verbalizes his feelings with the fear of losing her and their child. At this point in the interview M does not talk about her own fear of losing her own life or the death of her child, instead she talks about her husband's. The dialogue inside of her is conflicting with the circumstances and the fear is difficult for her to internalize and explain as meaning making in order to create identity for her. In stead it is easier to externalize her own fear to her husband and then reflect on it from there.

In this sense she shows the self as not only being inside a person as James (1890) describes and the Mine is as important a part of an identity as the Me is. So in order to make meaning of the situation and create identity, M uses her husband's feelings as a promoter sign in order to inspire to a sense of direction in her identity.

Lines: 222-252

At this moment M shows her autonomy and will to decide what should happen to her body. She sits up in the bed and yells: "*Now YOU STOP.*" (Transcript, l. 222)¹¹.

M asks the staff to get hold of a doctor that she knows and is a good friend of M's mother. This doctor comes into the room and takes M's hand and speaks very softly to her about what will now happen, and that it is a good day for M, because today she will have her child and that particular day is the birthday of the doctors daughter as well.

¹¹ "*Nu STOPPER I*"

During M's storytelling about the process so far her voice has been hard and louder than earlier and she has been sitting uncomfortably on the chair and her gestures have been more elaborated than earlier.

Now when she speaks about her mothers friend M's voice becomes softer and her vocal pitch is lower. Her body relaxes and her shoulders are steady. When M continues her description of the process she shows confidence and security by being in the hands of a doctor she trusts and she has no concerns about accepting a C-section since she has been told by her mothers friend, that she was not able to give birth naturally while she was to exhausted.

This gives M the opportunity to make meaning of the C-section and this creates acceptance of this in order to identify with her role as a woman who could NOT give birth to her child naturally.

L: 153-269

In the operation room M is having a spinal block and she registers a lot of people around her head and Ma is asked to leave. The next thing she remembers is the cry from O, but she does not get to hold him at this point while she is shaking heavily and going into shock.

Lines: 272-312

In the next part of M's story she is very unstructured in her build up of her sentences and she interrupts her own sentences while speaking. Also her chronology about the events of surgery, waking up, hearing her child, O and seeing her husband Ma, is disturbed. She is very aware of her lack of memory and says that it is so many years ago, so she does not really recall.

The interesting part in this is, that her story up till now, except the first drive to the hospital from home and back again, is very much chronological and her voice and body reacts accordingly to the feelings she has incorporated in the memories of the event. So far she has not mentioned the scar, since it is not yet a part of her, but she is aware of the fact that she has been cut open in order to get her son out of her womb.

My interpretation of this lack of memory and chronological recall is based on the theories of memory as a constructive activity and it shows for M particularly to be declarative in order to make meaning. Even though she does not remember the

chronology, and she explicitly says that she is not sure whether it is a dream or not: “ – or then I dream it. I don’t know”¹² (Transcript, l. 273), she also explains that she is very sure of what happened at the hospital. It has become her reality, even though she just explained her knowledge of her lacking memory.

Lines: 312-326

M describes her feelings when being at the obstetric ward as both happy and scared. And she feels sad because the journey she had been on with the birth of her child was not what she anticipated and her obstacles did not end. When trying to breastfeed her child she said to the nurses that something was wrong, but they neglected her and they told her it was because she was exhausted and she had not done it before.

Then it turns out that O’s frenum was too short and then they had to go to a nearby hospital to get that fixed. When driving with a one-day old baby in a taxi M’s wound opened in the one side, and she had to have a few stiches afterwards (Transcript, l. 742-748).

Lines: 327-340

In the following part of the interview M tells about a visit of the German doctor trying to explain why she had done what she had done and wanted M to understand that as well. She wanted M to understand that she was convinced that M could have given birth to her child naturally and that was why she was as rough as she was. M explains that she was about to throw up, when the doctor was there and she had to ask her to leave. The doctor’s behaviour made her angry, while M was powerless and she felt that she had no ability to give birth naturally.

The German doctor very specifically represents the collective voice of a professional and a society that the best way to give birth is naturally, and the feeling inside M of not being able to do this is tricked by the doctors words. M has got to get her to go in order to withhold her identity as a mother, since it is too close to the rupture, and M has not yet internalized the feelings from the dialogues between her different I-positions. I-positions that are in conflict about what a real woman is and what a real mother is. Another conflict for her is how to relate to her body.

¹² ” – eller så drømmer jeg det. Det ved jeg ikke.

Lines: 341-352

The day after the visit from the German doctor, M's first midwife visit her and apologize for her leaving, but she was unable to bear what was going on with M at that moment. M felt let alone and the feeling of not having any participation in decision-making was terrible.

Lines: 376-387

Having this C-section, as a rupture, in mind M developed severe difficulties by being in a hospital and she recalled the smell as revolting and she did not want to go in there to have her clips from the surgery wound removed. Neither did she want anybody to touch her healing wound or her body. Instead her husband removed them while she was holding O in her arms.

Lines:

During M's convalescence and the time after with her scar from the C-section with O, she did not want anybody to see or touch her scar. She did not even want to see or touch it herself. The traumatic feelings from the surgery and all time and experiences she had up to that rupture, she incorporated as a memory in the scar.

The birth of B.

Lines: 401-506

When M becomes pregnant four years later she was told that she could have a C-section without further examination due to her experience with her first C-section. But during this pregnancy, M started to think about giving birth naturally. In this process she speaks with doctors and midwives who tell her how she can do this and what possibilities she has as well as the risks. She has a severe inner dialogue, since she describes a natural birth as the best for the child but on the other hand she is afraid that the experience will be the same as with O. she is also concerned about her husband's fear of a natural birth, because she describes him as afraid of losing her and the child.

M does still at this point not describe her own fear. She describes the choice of birth from her perspective and with the notion of her using her body to create and give birth to a child. She decides after conversations with two of each other independent doctors to have a C-section and she and Ma goes to the hospital the day

it is scheduled to be and they are very excited. The environment and the professionals around M and Ma are very pleasant and it becomes verbalized that this is a happy day while both a grandmother and they would be very happy.

She gets an epidural block and in the beginning she does not feel any pain at all. It takes nine minutes to get her child out and during this process M gets a feeling her body is on fire. She becomes extremely sensitive on the surface of her skin afterwards. This disables her to hold her child when she gets out of the operation room, since she feels extreme pain when something touches her. Afterwards the doctors acknowledge that she had had too little analgesics and they try to compensate for this later in the process.

It is difficult for the doctors to get the child out of M and it takes multiple attempts before they succeed and M can have her child B at her breast and M describes this particular moment, as everything is being fine. There is a discrepancy in M first describing her skin sensitivity as not being able to have her child near her and holding him to her breast just after delivery. This is not a lack of memory or confusion of chronology. Instead it is a description of a physical emotion that is played out on the skin. The cultural sign of being a mother, having her child at her breast is symbolized by her description of touching B just after birth, but later on rejecting this embodied feeling in order to create a comparison with her past with O in order to anticipate her future. M does not have the present security to anticipate a future with B different from the past with O. she is in the process of organizing the personal cultural signs hierarchically in order to create meaning under different circumstances. These signs will become auto-regulating meta-signs and then promote a feed forward function. This feed forward function gives M the ability to create meaning of her situation in advance of time when needed.

During M's description of this C-section she is rupturing her sentences as when she described the first C-section, but her voice is milder and her pitch is lower. It does not show an emotional connection as with the first C-section.

Lines: 526-530

The scar from the second C-section was made at the same place as the first, and since the first had had extra stiches from the taxi trip to the hospital, the first scar was not as nice as the second.

M did still not want to go to the hospital to have her clips from the wound removed, so she would let Ma do that again. Her past with the experience of having her husband removing the clips and not letting others touch her makes her react in her present and hereby anticipate the future. In this case M would associate the future with disgust and neglect as the first time. Her choice then gave her the feeling of autonomy and hereby the creation of an identity that was meaning making for her. That exact past makes her take the decisions she does in her present in order to be secure in her anticipation of her future.

Describing the past in present time anticipating the future

Lines: 538-550

M describes her self as having two scars and not only one and today she can both look at her scar and touch it. With the scar from O she felt it revolting and it kept reminding her of the woman anticipating her natural birth of her child and she was afraid of the pain in it: “ – *it was revolting and it was, one was scared for the pain in it.* ” (Transcript, l. 548-549)¹³. It kept reminding her of not being able to give birth naturally and that was very far from what kind of woman M identified herself with: “*So it was far away from who I was, I thought.*”(transcript, l. 552-553)¹⁴.

The scar becomes a personal cultural sign at this moment and operates as a memory device, connecting her past with her anticipated future. When the scar from O reminds her of the pain it is not only the physical pain but also the psychological pain of not being that kind of woman who gave birth naturally. The scar from B then becomes a personal cultural sign that dominates the anticipations incorporated in the memories in the first scar. The second scar then connects with the first scar and hereby become meaning making in order to create an identity as an autonomous mother with the knowledge and acceptance of being that kind of woman who gave birth to her children via C-sections. This woman is the woman who decided herself, that she would prefer C-sections.

Lines: 554-566

¹³ ” – *det var væmmeligt og det var, man var bange for smerten i det.* ”

¹⁴ ” *Så det var langt fra hvem jeg var, syntes jeg.* ”

M hides away the scar from the first C-section to avoid the confrontation with the feeling of not being that woman she identified herself with. Instead she projected all her energy to O and she would be compensating for the wrong start they had had. In this process she did not like anybody to touch O and the view of the scar became the evidence of the C-section as real and not just a nightmare.

Lines: 570-582

In the process of connecting the past with future, M starts to verbalize C-sections in general and explains that there is nothing wrong with having a C-section and every woman could have that. That does not mean that there is anything wrong with the child.

In this way of organizing her scar hierarchically she makes meaning of her past in order to anticipate a future where she can identify with the role of a woman that she sees her self as.

When describing the traumatic surgery from the birth of O, M uses the name of B. this confuses me and I have to clarify this in a question. M does not notice she has used the wrong name and keeps explaining about the possibility of the death of her and her child during birth. This shows that even though her memories are exclusively connected to each their scar the memories, and hereby the scars, are interrelated and communicate with each other in order to make meaning of the present from the memories of the past.

Lines: 585-600

From the time where M was pregnant with B she started to internalize the idea of having a C-section and that this particular way of giving birth is an acknowledged way of becoming a mother. In this process elaborating in present time, M is externalizing her feeling of motherhood into O and B by explaining for them that the scar represents the place they came out of her body. This is a part of her identity and thus it also becomes a part of their identity while they internalize the memories and feelings incorporated in the scar as a personal cultural memory device. Hereby, M positions her children as a part of Mine in her meaning making as well as she positions her self as a part of Mine in the children's.

An interesting observation is the communication between the two scars as mentioned above but in particular also the permeability of communication from the

memories M has incorporated in the scars and tell her children. The feelings and memories in M's scar(s) then become externalized to the children where these feelings are reflected on and then externalized back to M's scar(s). Hereby the holder of the scar (M) is not any longer the holder of the memories in the scar and thus this particular scar becomes meaning making for three persons who identify with the stories it holds as personal cultural signs. In this way one visible scar, representing two scars become identity holders of three persons.

Lines: 772-780

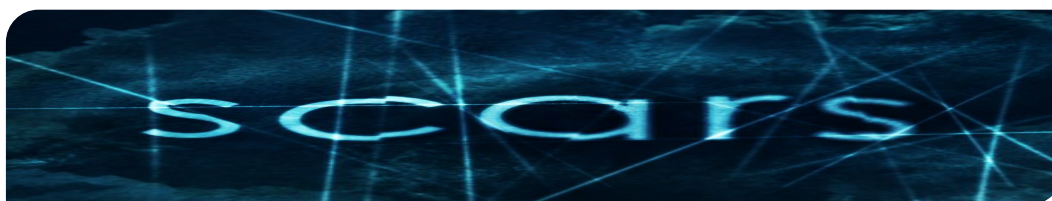
Today M identifies her self with the scar and she would not have it removed in order not to be confronted with the memories incorporated in it. She lets the one visible scar with the memories of two scars tell her the stories of giving birth to two beautiful and perfect children. In this elaboration during the interview M is using ruptured sentences and trying to find the right words to describe her feelings.

Eventually she describes her scars, as a part of her identity today and that she would never have them removed. And then she explains it as a part of her story as well as a part of O's and B's stories.

Lines: 1093-1102

M ends her interview with repeating her scar as a part of her that she would never remove and it represents the place her children came from. But she also explains that if she would ever want to have another child and she could be assured that she could give birth naturally – that would definitely be the choice of birth she would take.

M is verbalizing the C-section as a common thing every other woman could be forced to as well as she was. This does not make her less mother and the children less healthy children and therefor she can identify her self with this kind of woman. Still – she is affected by an inner I-position that understands a real woman as a woman who gives birth naturally. This I-position is in constant opposition with her other I-positions that sees her differently and thus gives her the security in life and hereby creates the platform from where she can make meaning and create identity in the anticipation of a understandable and predictable future.



DISCUSSION

Deep emotional dialogues on the skin

The materialized play-out is shown when M's deep feelings about the traumatic experience of the birth of O, is played out on the skin via the emotional explanation of her relation to her scar. She does not relate to it as just a physical scar but very explicit explains it as the feelings incorporated in it.

*"It is, that is when I look at the scar, then I don't look at the scar as physical. It is always the remembrance"*¹⁵

(Transcript, l. 617-618)

Through the scar she represents a dialogue between the I-position of becoming a mother for the first time, which is a positive feeling for her, and another I-position in which the traumatic feelings of fear of losing a child during delivery of O, her first child, as well of losing life herself.

*"...it is a huge deferred pleasure, when you go and, this little thing seeds inside the stomach and comes out."*¹⁶

(Transcript, l. 41-43)

¹⁵ *Det er, altså når jeg ser på arret, så tænker jeg ikke på arret som det fysiske, Det er altid erindringen.*

¹⁶ *"... det jo en kæmpestor forventningens glæde, når man går og, det her lille spirer inde i maven kommer ud."*

“Well I was afraid he didn’t get enough oxygen, because it took so long and all those things they proceeded.”¹⁷

(Transcript, l. 675-676)

“Well eh – it could have happened this, that some forces, that could have needed us somewhere else..... Yes – we could have died.”¹⁸

(Transcript, l. 580-583)

The single scars both represent good and bad feelings, so the inner dialogue is both represented in the scars them selves but also between the two scars.

I-positions represented through skin-related actions

When having the first scar, M would not touch it her self or let anybody else, but her husband, do that.

“...I couldn’t even touch myself. Touch the plaster and all those things”¹⁹

(Transcript, l. 722-723)

“But when my little clips should out, then I could simply not get my self to go to the hospital, in to get them out. They where taken out at home in the bed, by my husband. I just had it like nobody else should touch me.”²⁰

(Transcript, l. 381-383)

¹⁷ *“Altså jeg var bange for han ikke fik ilt nok, når det varede så længe og alle de ting de satte i værk.”*

¹⁸ *“Altså øh – der kunne godt ske, at der havde været nogle kræfter, der havde haft brug for os til et andet sted..... Ja –vi kunne være gået bort.”*

¹⁹ *“...jeg kunne slet ikke røre ved mig selv. Røre ved plaster og alle de der ting.”*

²⁰ *“ Men da mine små clips skulle tages, der kunne jeg simpelt hen ikke ta mig selv i at køre på sygehuset, ind at få dem taget. Så de blev taget ud, hjemme på sengen, af min mand. Jeg havde det sådan, at der var bare ikke andre, der skulle røre ved mig.”*

She explains that she did not want it to be a part of her. The way she puts it, she is “hiding it away”.

“Well eh – I hide it away.”²¹

(Transcript, l. 556)

Because it represented an I-position, for her, that made her reflect on herself in a way, she could not relate to

“...It was something I had thought would be the most natural for a woman, to give birth to her child. It can't be more natural.... I guess I hadn't thought it would happen to me as such... That eh, that – I should be one of those who couldn't give birth to her child naturally.... But I couldn't.... I needed in me as a woman, the delivery, when you have been pressuring for almost, three hours it was. And then not get the redemption when pressuring something out, that is alive and it is for sure you did it yourself..... It is a bit of an admission of failure.”²²

(Transcript, l. 624-641)

²¹ *Jamen det øh – det gemte jeg væk.*

²² *”....Det var noget som jeg havde tænkt, var det mest naturlige for en kvinde, det er at føde børn. Det kan ikke blive mere naturligt..... jeg havde nok ikke tænkt at, det ville ske for mig som sådan..... At øh, at – jeg skulle være en af dem som ikke kunne føde mit barn naturligt..... Men det kunne jeg ikke.....jeg manglede jo i mig som kvinde, den forløsning, når du har presset i næsten, tre timer blev det vel næsten sammenlagt. Og så ikke at få forløsningen af at du presser noget ud, der er levende og det er klart, og du gjorde det selv.....det er jo lidt en fallit erklæring....”*

“... now I should have that child, and give birth to it all naturally and those who knows me, they also know that eh – that it is all natural. I would have done it at home in the backyard, if I had been able to. So it was far from who I was, I thought. To have that scar down there.”²³

(Transcript, l. 550-553)

M is neither finding her identity in her experience with the first C-section, because she had an idea of giving birth naturally. Nor did she find that future she anticipated coming into reality. This opposition between her identity before her C-section and her anticipation of the future, and that reality she was confronted with after the experience, gives her difficulties by creating her identity through the dialogues, she is a part of. The new reality was not meaning making for her.

The second scar she would see and touch at the minute she was back on the ward with her husband and the child. And she could show the scar to visitors etc.

“With B, it was all different, then it healed so beautifully. As soon as I came up and eh – up to the recovery room I should say, or up to the ward again with B. Then I also asked to get the plaster off, and then should also see it. And all that stuff.”²⁴

(Transcript, l. 753-756)

She also lets her boys touch and see the scar to let them understand, that this experience is also a part of them.

²³ *“...nu skulle jeg have det der barn , og føde helt naturligt og dem som kender mig, de ved også at det øh – at det er helt naturligt. Jeg ville have gjort det hjemme i baghaven, hvis jeg havde kunnet det. Så det var langt fra hvem jeg var, syntes jeg. At skulle have det der ar dernede.”*

²⁴ *“Med B, var det helt anderledes, der helede det lige så fint op. Lige så snart jeg kom op og øh – op på opvågningen skulle jeg sige, eller op på stuen igen der, med B. Der bad jeg også om at få plastret af, og der skulle jeg også kunne se det. og alle de der ting.”*

” Ehm – and he (O) also wants to see and touch the scar, and we talk about those things, and I have no problems with that. So it’s ok.....”²⁵

(Transcript, l. 594-595)

By touching and seeing the second scar herself from the very beginning, and not hiding it away, M is giving herself the opportunity to relate to a new meaning of giving birth to her child and through this kind of meaning making letting her scar/skin be the media of dialogue.

The dialogue between the two scars shows the duality as in Dickens’ novel. As explained earlier the scars themselves hold the memories of both happiness and fear. But in the communication between the two scars the first one represents the bad feelings and the second represents the good feelings. Since M is making meaning of her traumas and working through her transition from the time of the ruptures, she lets the latter become the dominating voice when creating identity.

Letting the boys see and touch the scar also creates a new platform of meaning making and creating identity. It lets the skin function as a membrane through which the identity is extended both external and internal. This I will explain further in the following.

Mentally permeable boundary

When asked whether she would have her scar removed, M explains that she cannot separate the two scars. Because O is such a perfect and well-shaped boy, and B is not a plaster.

²⁵ *Øhm – og han vil også gerne se og røre arret, og vi snakker om de der ting, og det har jeg ingen problemer med. Så det er fint nok. Og B er jo stadig lidt lille til helt at forstå.*

“... And it is not because B has put a plaster on anything.... Ehm – I will never ever believe, that I would have it covered. It’s a part of who I am. It’s a part of my history. It’s a part of O too, and now also a part of B.”²⁶

(Transcript, l. 774-775)

M internalize the idea of her not being a real woman from the first C-section – to using the birth of B as the opportunity to use his birth as creating an I-position in which she can relate to her own identity as a real woman.

The first scar internalises the idea of not a real woman and the second externalises this identity (I-position) and let it reflect in the second experience (C-section). When reflected in the second C-section and through this come to term with the idea of being a real woman again, she then internalize this I-position which thereby becomes meaning making in her approach of constructing an identity, which is not in opposition with whom she sees herself as.

So through these two scars her approach of creating meaning of the two events, and hereby creating an identity, it shows an extremely mentally permeability. This permeability gives the opportunity to actually reflect on I-positions, which are in opposition with her understanding of herself, and through this creates a platform from where she can construct an identity that gives her a higher degree of content with herself.

Something in between

What is in between the two scars and how does it manifest, through generalization, the identity of being scarred? And how does the dialogue between these two positions give an idea of 'reaching out' from the inside (of the skin) to the outside world?

This shows how the dialogue is used to create an identity that reaches further than just the skin; because the scar is either NOT being touched (when there were only one scar) to actually being touched and used as a media to reach out to the

²⁶ *“.... Og det er ikke fordi at B har sat et plaster på noget.... Øhm – jeg tror aldrig nogensinde på, jeg kunne finde på at få det dækket. Det er en del af den jeg er. Det er en del af min historie. Det er en del af O også, og nu også en del af B.”*

second child and through this physical touch develop an extended version of a scarred identity. The second scar protects the fragile identity incorporated in the first scar. So the first scar becomes internal while the second is external.

The position in between the two scars is perhaps exactly where the true identity lies - but to be able to reach this position it is necessary to externalize the first scar meanwhile the second internalizes.

Her scars also belong to her children - and this she internalizes to find her own identity. Ma was afraid the first time and would not talk about the operation afterwards - does this fear, because of loyalty to him, becomes a reinforcement of her own feelings about the experience. Through the scar her identity becomes build upon not only her own thoughts and feelings but also others. So when she creates an identity through these two scars, she invites the external world into her body so they hereby becomes identity creators for her as well as her own thoughts.

Two cities and two scars

Returning to Charles Dickens and the quote:

“It was the best of times, it was the worst of times, it was the age of wisdom, it was the age of foolishness, it was the epoch of belief, it was the epoch of incredulity, it was the season of light, it was the season of darkness, it was the spring of hope, it was the winter of despair, we had everything before us, we had nothing before us, we were all going direct to Heaven, we were all going direct the other way”

(Dickens, 2007, p. 4)

It represents the duality in life as the two scars do for M. Her anticipation for her future when expecting to have her first child and giving birth, naturally, was representing the best of times for her. When experiencing the future with the trauma from the C-section it became the worst of times.

In M’s description of both C-sections today, she shows her identity with an understanding, and wisdom, of what the future showed her and now makes a present.

Before the first C-section she was foolish and believed in a future with no complications. A future with no oppositions of I-positions.

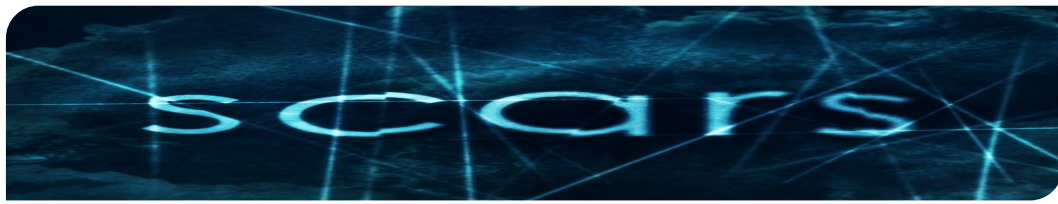
Waiting for the child to be born was the time of belief in a future of joy and belief in a natural birth. Belief in an identity, as a real woman. A woman who could give birth to her child. Belief in an identity created from an inner dialogue in solidarity and with a child that could support that identity through physical and mental contact. When this anticipated future did not become the present, M's identity was shaken and in the scar from the first C-section her trauma and feelings of losing meaning with her idea of herself, she felt the incredulity. She negotiated her identity in an inner dialogue and created a boundary through her skin. Her first child O was kept very close to her physically and through that contact she negotiated her identity via her child. On the other hand she kept everybody else away from her body. The scar became a representative of a trauma and an identity, that she had severe difficulties by internalizing and make meaning of. Hereby the skin became extremely permeable for the I-positions created by the contact to the child, and extremely rigid for the I-positions representing the identity of a woman who had had a C-section.

Light and darkness as well as spring of hope and winter of despair represents the diversity in her meaning making of her two C-sections. The first, and very traumatic, experience represents the darkness and despair, in which she cannot relate and therefore has to find alternative ways of coping with. She creates a barrier through her skin (represented by the scar) and she becomes very good at controlling what stimuli she lets pass through the mentally and physically semipermeable membrane. When having the second C-section she instead creates an understanding of herself as a woman who has two healthy children, but just happens to have had two C-sections. She makes meaning by her identification through and with her children. They become a part of her identity because, they gave her two scars, and hereby became incorporated in her body, physically. But she also extend her identity through her two scars and making her experiences and hereby her identity, become a foundation of meaning making for her children. By doing this she lets her own I-positions externalise and then internalise into the children by a physical contact with her scars/skin.

The future M was anticipating for herself and her husband when she was pregnant the first time, gave her a feeling of having all good things to come. When this future did not become reality she describes her way of making meaning of the

present and in this present creating an identity, which is in opposition with her idea of who she is. She had nothing good to come in the future.

Heaven and “the other way” is very nicely described by M. Heaven was a future in which she could be the woman and mother as she saw herself as. When describing the trauma from the first C-section, she new she could have died.



CONCLUSION

As for the first wonder about how the skin as a psychological boundary is related to identity and the question of whether the skin is even permeable – the answer seems to be that this psychological boundary is severely permeable. But it is definitely semi-permeable since the communication across the scar and the skin is regulated and interpreted by the holder of the skin and the scar.

As for this research the emphasis was put on the notion of scars as personal cultural signs and not just skin in general. It shows that these scars become very dominating signs positioning hierarchically so to create auto-regulating meta-signs in order to promote a feed forward function. This means that the scar gave the opportunity to constantly create meaning in advance of time – whenever needed.

When both the feelings of happiness and fear are withheld in a single scar the duality, as described in Dickens' first phrase of his novel, are equally represented in the memories as well as they are equally needed in order to understand the world as meaningful.

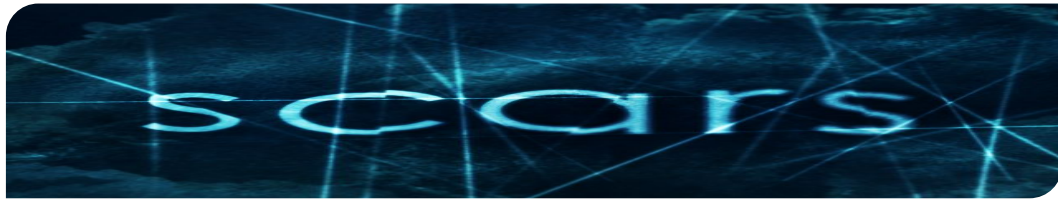
The two scars, as Dickens' two cities, are representing this duality in their certain way of communication and thus creating identity. When the communication between the two scars became the foundation from where identity is built, a major meaning differentiation occurred between the scar representing the good (the second) and a scar representing the bad (the first). These two scars with a visibility of only one scar, communicates these memories from having C-sections and hereby represents an identity of a woman and a motherhood in contrast with an anticipated future.

When relating the scars to healthy and lively children, new meaning of the scars and the traumas incorporated in the memories in the scars are created. This new meaning then becomes the promoter signs positioned in a higher level in order to promote inspirations in order to give a sense of direction in identity.

The deep invasions on the skin becomes personal-cultural signs that hold the memories of ruptures in a life-course trajectory and thus becomes memory devices that represent the transitions from the ruptures as accelerated or catalysed changes. In these changes the skin and scars, as boundaries cannot be extracted from the continuous and extended world. There would be no joy of having healthy children if the trauma of having them had not been experienced. In these scars the boundaries are representing the connection between wholes and parts. If not every scar and every trauma were to be understood singularly neither would the whole of the story and the creation of identity. The scars themselves become separate voices on the skin and thus become descriptions of the parts of the whole.

During this process of understanding the parts in order to understand the wholes an internalization and externalization between the individual and the environment becomes the foundation from where signs becomes internalized hierarchically and then used again in order to create meaning under different circumstances. These different circumstances give the opportunity for the signs to become auto-regulating meta-signs so they can promote a feed-forward function in order to constantly create meaning in advance of time when needed.

The personal-cultural memory is written on the skin and these signs created on the skin becomes permeable as a psychological “membrane” in their communication between inner and outer sides, as the biological membrane does. In this kind of communication and the act of communication is connecting the past with the present in order to anticipate the future. When anticipating this future the scar represents the whole of the memories and hereby becomes meaning making in time and space, thus creating identity.



PUTTING INTO PERSPECTIVE

To put this thesis into perspective it could be interesting to understand the findings in this and create a project where the aim is to figure out how the skin as a psychological, rigid boundary is related to the biological, physical and chemical understanding of the skin as semi-permeable. How it is possible to understand identity, communication and meaning making via the skin as embodied in an understanding of the skin as semipermeable. If it is semi-permeable in what way is the boundary then controlled and/or integrated as a tool of identity, communication and meaning making.

When skin is to be understood as a medium through which the world is understood, communicated with and has a role to play in creating identity - and the skin therefor becomes the focus in the individual meaning making - it seems necessary to introduce a new concept. "*Semiotic Skin*". The idea of the Semiotic Skin builds on the skin description in natural sciences, where it is a semi-permeable membrane instead of a rigid limit between "me" and "not-me". This physiological understanding of semi-permeability is then the basis for understanding semiotic skin as a "skin on the skin" that becomes the media of identity creating, communication and meaning making.

In centuries the skin has been described as the definite limit between human being and environment (e.g. Johansen, 1997). This is of course true in the physical notion of the body (since humans do not blend into other materials) versus everything else in the world. When the psychological, rigid limit in its definition of living as embodied in the world – and it is through this body humans define themselves and make meaning – it seems odd to understand the skin as a rigid limit, since the skin in particular is the medium that represents a semi-permeable boundary

through which the world is experienced, the self is understood and communication in any way is possible.

The skin surrounds the body and it is through this body humans experience the world around them. It is as embodied persons the world is experienced and through these experiences the self is constructed (Gillespie & Zittoun, 2013). The skin is both an expression of a culture and a means of communication – with others, social surroundings and ones inner self. Having the skin - representing both a separating and a unifying border - in mind and representing a canvas bearing memories (Sammut, Daanen & Moghaddam 2013; Wagoner, 2011), the focus will be put on visible scars from deep invasive wounds. These scars are results of traumas and represents turning points in the person's lives and by these turning points the skin will be the focus of a boundary between internal and external. This boundary is not only to be understood as biological or psychological (Farr, 1997). Instead it shows a connection between the two.

Biological membranes are semi-permeable. They give the opportunity to restrict the flow of ions or molecules and thereby give the opportunity to create an environment optimal for the cell. Also there is a constant communication between the internal and external substances of the cell (Geneser, 2011; Rhoades & Bell, 2009). This permeability is by James' (1890) words also an opportunity the human body is capable of. This can be seen to be the case not only in a physiological or biological way, but also in psychological ways. The skin representing this boundary located in the "inner" and "outer" domains, calls for a theoretical view where the "membrane" between them is the core for such relations.

In this sense the semiotic skin becomes a crucial concept in the understanding of the skin as a construction of a boundary that represents a physical, psychological and philosophical communicative medium. Not only is the boundary constructed by the owner of the semiotic skin, it is also preserved by the individual as to be able to create identity through meaning making in the communication through the semiotic skin.

A wound penetrating the skin and creating a scar during convalescence can become a physical memory that represents the boundary between external and internal. This boundary is highly mentally permeable and hereby originates a "platform" where the identity, as scarred, is created by internalizing external signs/components into internal, and vice versa. Hereby it shows a very specific,

individual picture of a means of communication. An emphasis on this kind of communication will especially be put on the dialogue between doctor and patient.

When establishing the contact between a doctor and a patient it encounters cooperatively a process in which they both mutually tries to make sense of the other. In this process both the doctor and the patient is establishing a relationship (temporarily though) that can be seen as a partnership in which they both find understanding of each other (Valsiner, Bibace & LaPushin, 2005). In the Partnership Model (Bibace Yong, Herrenkohl & Wiley, 1999) it is emphasized that the communication between doctor and patient is a process of mutually meaning making. In this meaning making the semiotic skin as a semi-permeable medium of communication is incorporated. The semiotic skin so to speak regulates the flux of information and signals – they be verbal, non-verbal, physical or even silent.

A problem in the dialogue is to decipher what is being meant by what is being said. If this riddle is being pursued with an approach based on the knowledge of plural meanings, it will be based on the notions of how states of *inter-subjectivity* and shared social reality can be achieved in the meeting between two different persons with two different worlds. Some of the knowledge is basic meaning and embedded in the everyday language but some of it may also be embedded in very abstract ways and will therefor not be perceived as meaning making in a common code in a persons known social world (Rommetveit, 1985).

Human dialogue can have the purpose of interaction between two or more people to hereby create a basis of human development. It can also be a symbol and through interpretation become meaning making. When this dialogue has made the basis of making meaning external it gives the ability to internalize the manifold aspects of the external world in the mind of a human (Valsiner, 2006/2014).

To connect scars and semiotic skin

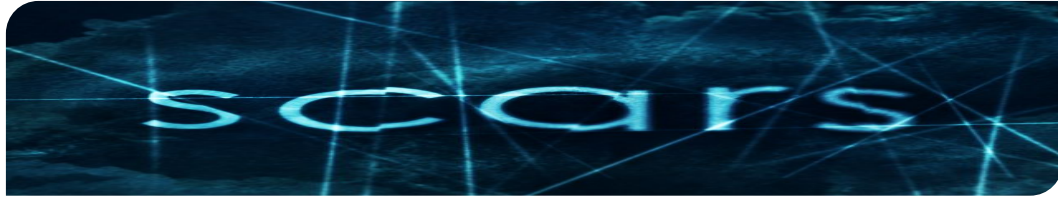
As for the description of scars as personal cultural signs that operate as memory devices, connecting the past with the present in order to anticipate the future, and this past to future becomes meaning making and hereby creates identity, there is a very severe connection to the understanding of semiotic skin. Semiotic skin is a skin on

the skin that becomes mediator of communication and controls the permeability in what to internalize and externalize.

In this sense this thesis with an emphasis on scars as a communicative media on the skin becomes the very foundation of an extended generalization of how the skin controls the communication even without scars. The work to be done is to figure out whether there is a connection or a discrepancy between the way M uses her scar as a communicator and as a boundary between her, others and the environment, and how the skin communicates without scars.

Another interesting thing to follow up from this thesis, which I have not yet emphasized, is the fear of fear. M relates to her fear through her description of her husband's fear, but how does this fear show in other contexts? In work that goes beyond this masters thesis I have made an interview with a police officer from a European country with fairly secure socio-economic structure and without severe outfalls against police officers. This man was shot and wounded during a terror action. His reflections of this experience and the way he rejects from verbalizing the scar as a holder of a memory of fear is interesting to display. What play-outs are represented on his skin, how does he internalize and externalize these and how permeable is his skin as a communicator in order to make meaning of the event and thus create identity.

We all *live in* our bodies, and create personal identities *through* our bodies.



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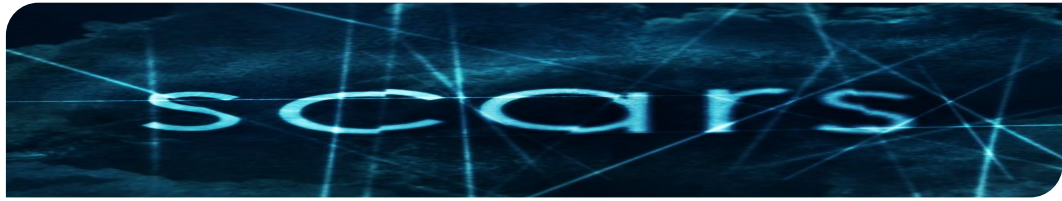
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ENCLOSURES

A: Consent form

B: Description of chronology with emphasis on ruptures

C: Transcript