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Between Boundaries: Scripts of the Land

Abstract

This paper examines the link between a person's narrative and ethical principles, which we can derive from understanding how an individual perceives both their own self and the surrounding world. Myths are often considered to be part of a larger — communal — belief and value system rather than expressing individual phenomenologies. However, in this paper, narratives of personal tragedies from various contexts of natural and humanitarian disasters and crises will be explored for their meanings about a world-view that shifts, fragments, and, ultimately, when the wound balances with a healing. This has implications for our ethical lens, for example, on the normative judgments that settle on coping-methods that are differentiated as aside from dominant discourses on trauma. Narratives, then, lend themselves to forming self-identity and re-framing world-views and in this sense have an ethical value. Finally, the paper concludes with the suggestion for a greater personalisation of ethics in response to situating ethics within a narration discourse.

1. Introduction

Traditional stories-known as myths are, typically, an embodiment of our land, and describe our histories in relation to natural or social phenomenon. Through our myths, we find our origins as well as shape our sense of being and understanding of the surrounding world. During turmoil and conflict, these stories gain even greater significance as they enable resilience and morality to prevail and continue. As illustrated by the below passage written by Arab poet, Mahmoud Dawish, during the Lebanon-Gaza conflict of 2006, such words create the shell of hu-

man fragility against the backdrop of our greatest certainties, namely those of the beginning, and then, the ending of life. Dawish writes:

A person can only be born in one place. However, he may die several times elsewhere: in the exiles and prisons, and in a homeland transformed by the occupation and oppression into a nightmare. Poetry is perhaps what teaches us to nurture the charming illusion: how to be reborn out of ourselves over and over again, and use words to construct a better world, a fictitious world that enables us to sign a pact for a permanent and comprehensive peace... with life.

Furthermore to our stories — whether they are poems or whispered secrets — structuring our time and place for our own selves, sharing narratives connects us to one another. We can find our normative prescriptions through the ways we perceive our world, or, rather, the worlds we create and continue to shape through our stories: from the teller to the listener.

2. Connecting cultures: healing and treatment [of others]

Contemporary medicine is wide-ranging, and touching areas of our lives that are usually subject to non-medical approaches. Our existential lives have always been intrinsically related to our physicality also, yet so far have not been so directly affected, influenced, and altered via physical means. Cultural practices are a significant response to our human condition and the demands and questions about ourselves that we receive through our experiences. Image, for example, has symbolic meanings for our status as individuals or representatives of a collective group within a society/s but traditionally this has been enhanced outside of the clinical setting as a cultural matter. Thus, it is safe to say that our human condition is now accustomed to being defined and underlined by non-traditional means, forming distinctions of ‘artificial-ness’ that are replacing previous culturally-developed methods. Subsequently, our expectations for our human discourse are being rewritten—but

what are the normative implications of the changing story of the body for the status of our morality, given that morality is rooted in our nature and narrated through our cultural identities?

3. Personhood and the human condition

The concept of personhood exists as part of our human condition. It is a modern-day way of investigating our age-old questions about human nature, or what is a human being? This is especially true in the biomedical context, which has, in recent decades, called into question categories, or conditions, of personhood. Challenges resulting from scientific technology developments in clinical settings have manipulated and blurred the boundaries of the beginning and ending of an individual human's life. Sometimes an individual is claimed to have 'lost' the status of personhood, or, in fact, is a human being such as during the embryonic stage of pregnancy but not yet possesses personhood.

In *Moral, Believing Animals: Human Personhood and Culture*, Christian Smith writes: «Despite the vast differences in humanity between cultures and across history, no matter how differently people narrate their lives and histories, there remains an underlying structure of human personhood that helps to order human culture, history, and narration»¹.

Personhood, then, is surplus to our reductionist tendencies of defining humans—and, correspondingly, a physicalist view of personhood is insufficient for capturing the potentialities of a person. We need ways to consider our identities to bring us closer to our existential inquiries about birth and death. Birth and death are states that are typically categorised using neutral and literal descriptions about the human body as greater technological advances, and control, over the boundaries of the beginning and endings of life have constructed the

¹ Christian Smith, *Moral, Believing Animals: Human Personhood and Culture*, Oxford University Press, Oxford, 2003, p. 4.

nature of the clinical setting. Yet, at the same time, the metaphysical underpinnings of birth and death — two major definitions of our existence — are brought into question when we are required think about the person of whom our decisions will affect. The meanings and symbolisations of birth and death, then, are significant in this interaction between medicine and society and a patient is synonymous with their story: their cultural origin and story.

4. Human condition and culture

Culture epitomizes two of the fundamental characteristics of our human condition; namely, tradition, and the perpetuation of change, or, respectively, human nature versus culture dichotomy. As put by Buchanan in '*Beyond Humanity*',

There is a vigorous, sophisticated contemporary debate about which widely shared characteristics are “cultural” and which as “biological”, or, more accurately, about the extent to which explanations of these characteristics require reference to cultural, as opposed to biological causes. This debate is not new of course, but for the first time it is scientifically informed, by work in comparative psychology, neuroscience, anthropology, evolutionary psychology, and genomics².

Our selves are inseparable from our biological and cultural identities. Health, for example, is referred to by the World Health Organisation (WHO), as a sense of physical, mental, and spiritual well-being. Participation of religious practices has been associated to positive health outcomes such as less anxiety, depression, and suicidal tendencies. Religion, in this sense, exemplifies a coping strategy that can have a direct impact on our physical integrity. The value of us as cultural beings is inherently interactive with the biological story of the human body, which is the embodiment of our human condition and culture.

² Allen E. Buchanan, *Beyond Humanity: The Ethics of Biomedical Enhancement*, Oxford University Press, Oxford, 2011, p. 7.

5. *Morality and existence*

Exploring our morality for treatment of ourselves and of others is synonymous with our existence. Our cultural history represents our diversity and ways our bodies are modified as well as the different discourses regarding morality. However prescribing the body to conform to certain normal in a biomedical context is another example of creating a moral order onto who we should be. Health and morality often have a common linkage, particularly surrounding concepts of health and illness with reference to causation and treatment. Our relationship to our culture forms our selfhood as well as perceptions of our surrounding world. Yet, the contemporary clinical gaze is enshrined in a positivist, literal description of the internal world of the body. The externalization of an individual's existence is surplus to examination. In parallel, there are shifting boundaries between life and death resulting from advancements in scientific technology, creating cultural spaces in the clinical encounter.

Our globalized world is encountering an unprecedented trend of «travelling cultures»³ whereby the doctor-patient relationship is signified by global processes; migration, heritage, and relation to belief-systems. Modern medicine, then, is an interface for humanistic discourses such as religion especially for the wounded body: the body as the site of trauma and trauma as a marker for the human condition in crisis.

6. *An event named 'disaster'*

³ Ayesha Ahmad, *Do Motives Matter in Male Circumcision? 'Conscientious Objection' Against the Circumcision of a Muslim Child with a Blood Disorder*, in "Bioethics", 28, 2, 2014, pp. 67-75.

Here, I consider the notion that the very essence of a trauma is definable as an event; a reference to a particular time and a particular space – and involving actions and a delineation of agency that is external to the victim’s own selfhood. An example of a trauma directly significant and affecting the land is a disaster. In the occurrence of a disaster, as Dylan Trigg writes, «the relation between event and place adopts an intimate, if disturbed connection. That is, insofar as the place where disaster occurred punctures the broader region that surrounds the event, a site of memory gathers the event that took place there»⁴.

Referring to the World Medical Association’s (WMA) definition (2006), a disaster is:

The sudden occurrence of a calamitous, usually violent, event resulting in substantial material damage, considerable displacement of people, a large number of victims and/or significant social disruption. This definition excludes situations arising from conflicts and wars, whether international or internal, which give rise to other problems in addition to those considered in this paper. From the medical standpoint, disaster situations are characterized by an acute and unforeseen imbalance between the capacity and resources of the medical profession and the needs of survivors who are injured, whose health is threatened, over a given period of time⁵.

The above Statement draws on certain shared features of disasters, irrespective of their causes. These include their sudden and unexpected occurrence, material or natural damage, and a context of insecurity and describe the entangled relationship between our-selves and the land around us. Disasters are traumatic because their very nature destroys the land around us.

⁴ Dylan Trigg, *The Place of Trauma: Memory, Hauntings, and the Temporality of Ruins*, in “Memory Studies”, 2, 1, 2009, pp. 87-101.

⁵ WMA: <http://www.wma.net/en/30publications/10policies/d7/>

Although disasters occur externally, we are their subjects; disasters are a form of rupturing our narratives, and are especially infused with meanings surrounding the origin of why they occur. Yet, this rupturing is also a form of an internal disaster; the difference between (in)ternal and (ex)ternal traumas is a description of the trauma of the body *being* in the land, and of the body of land *being* the trauma. Here, a predominant way of looking at the question about our relation to culture and belief-systems in the context of a disaster is currently through a negative lens. Framed a disaster/s as a trauma, equates it with pathology. In the experience of a trauma, our familiarity is taken away, and our familiarity is based on our cultural background.

Disasters impact on the world around us – they cause the material or natural damage that the WMA statement referred to. Recognized here is an integral dependence on our physical space— our bearing for our foundations. Whilst of course places have certain meanings for us especially for our livelihoods and identity, these meanings are also important for our personal and individual relations. Places have an importance for our past and play a role in the defining of our existential being including memory, and feelings of belonging⁶. A loss of our surroundings through the rupturing of place is therefore detrimental to our survival of self.

Think about our daily lives and the objects that shape our sense of situated-ness. Edmund Husserl, the founder of phenomenology, talked about our inter-subjectivity. According to Husserl, inter-subjective experience plays a fundamental role in our constitution of both us as objectively existing subjects, other experiencing subjects, and the objective spatio-temporal world. Inter-subjectivity refers to a condition or that meeting-place somewhere between subjectivity and objectivity, which describes a phenomenon that is both personally experienced and

⁶ Shuhana Shamsuddin and Norsidah Ujang, *Making Places: The Role of Attachment in Creating the Sense of Place for Traditional Streets in Malaysia*, in “Habitat International”, 32, 3, 2008, pp. 399-409.

collectively experienced. Think about such phenomena in our daily lives; the town clock chiming, the train pulling into the station, the children waking up into their playful excitement as they hurry to school. These are all objects, of which we experience and project into our own meaning and also the construct of societal meanings and they structure and frame our experience. They become our familiarity and define our situation.

This is what phenomenologist, Edmund Husserl, called our «life-world»⁷. When we look at an object, we only ever see part of it. For example, consider that there is a glass on the table. When we look at the glass, we see one view, but we know there are other sides to the glass that we cannot perceive totally in our vision. This is meaning; this is what we project onto objects to get a sense of the world around us. In the emergency setting, these objects are gone. Our familiarity is rearranged. We either do not have the meaning to enable us to perceive, or we do not have the objects that captured the meaning that we developed through our experience of them. Time is one object that is altered. The rupturing of our familiarity changes our structure of time; the objects of our past are deleted. The present is unknown and unfelt. The emergency denotes a sense of urgency, a hurriedness of time yet the cessation of every-day life, of our «life-world» belies this and creates nothingness. We conceive of the acuteness of time, of the race against the clock, but we do not experience it as such — the injured bodies, the unstable buildings, the impending darkness or monsoons or snows or unrelenting heat instead replace our known objects and construct an altered phenomenology of time.

Thus, as the person enters the medical setting for the care and attention of the medical team, there have been various manipulations of the way that the person usually experiences their life-world. These continue to develop when the person then becomes part of a new setting: a

⁷ David Bell, *Husserl*, Routledge, London, 1990.

new organization and structure of time. A person carries with them a life-history and in parallel, a new territory for their body is born — un-chartered and without a sense of situated-ness. Since such phenomenologies of time are essential for cultural definitions of the beginning and ending of a life, it is important to recognize that orientations and customs about birth and death may have structures that are fundamentally different from those that contemporary psychiatric medicine is premised on — in turn, affecting the nature of suffering. The greater the resistance against suffering in a cultural context, the more likely it is to form or emerge as a rupture of an individual's narrative: an experience that cannot be contained.

7. A tale of two sufferings

In the following two sections, I will illustrate narratives I have created from bearing witness to trauma that are embodied with stories of tradition. By embodied trauma, I am referring to the synonymous existence of a trauma/s and the terrain where an individual is being-in-the-world. Given that time is the referential that separates these places of an individuals' narrative, if we attempt to reconstruct our world-view of ourselves, and our experiences in light of our referential, space, we may find that the totality of whom we are as traumatized individuals, shifts. The shift occurs when our being-in-the-world navigates towards a greater alignment with its altered phenomenology — the trauma/s. To narrate this experience is a form of exploring the trauma terrain.

Being able to describe our surroundings offers a structure to enable the containment of paradoxes and contradictions that are the constant challenges for a traumatized individual. Our lands hold our ancestors as well as unknown footsteps and so we are able to see within the soils and stones and sand the engravings and etchings of our psyche's wounds. Even as witnesses to such suffering, we can bear the weight of traumatized individuals by extending their space into the lands below

and beyond them. The following narratives are illustrations of how I situate a person's space into their tragic traumas — and through recognition of space, there can be an ownership of the terrain, making both a sense of place and territory, respectively.

8. Seeing beyond the shadows: Sarajevo

My thoughts now turn to the country, Bosnia, that was my host as the sun and the moon turned towards the Islamic period of fasting, Ramadan. Every day I walked to the Mosque in Central Sarajevo whereby scenes of the most unimaginable departures of life occurred during the conflict years. Families had been divided and separated, tortured and slain within the Pillars that had sustained their spiritual lives and, now, their deaths.

The people in Bosnia, I found, had forgotten about the body. The body is now only an empty vessel, leaking its life-source through the scars and penetrations of the war's wounds. Yet, the Mosque still stands, swelling with the worshipping souls of those who visit and those who rest. There appears to be a paradox in this place though as there can be no relief, at least not whilst the ground is still wet with blood — there is still a generation alive with memories that are haunting. And it was in this sense that I felt like living ghosts surrounded me.

The veiled women concealed their story, but they walked through the echoes of their narratives every day and every night, passed the bullet-ravaged buildings, praying at the cemeteries containing whole villages and, then, returning to their homes. How can one envision a different land from a grave when people's homes still bear the damage from the mortars, the shells, and the bullets that were directed with intent to destroy such lives forever? Most of all, how can you repair a caved-in heart, collapsed and vacant, because of too many absences for one life-time, of the family — and country — they once were?

9. *Unorthodox sufferings: the face of the man*

I will remember the face of the man who I had not expected to see. In suburban Johannesburg, the soil begins to turn into a rich gold color. The soil summons an enticing depth to the earth, whereas Jean-Luc Nancy illustrated, we find existence as the cradle between our birth and our death⁸. From our footsteps, the ancestors rise and embody the agency of new life. There is life upon death, upon death.

And this life has a heart that is vivid; a pulsation that is energizing; a sound that is lulling. The suffering grows within each person as if the heart is enlarging so not to feign life: a suffering that bleeds the brightest red to signify the liveliest dance.

A person's environment is essen(ce)-tial — where the horizon is neutral, where can we see unto, to see beyond and before the narratives of the breaths of our birth; where the spirit is sterilized, where can pain (e)rupture; where the doctor is a strange(r), where is the safety to reveal our shadows; where the walls confine death, where may we be free?

At that time, I was the face of the Other. Yet, the face of the man carried an ascription that I could translate. I saw him as a ghost. I saw in his eyes where his story was carved. I saw his story as a skeleton. I saw the words fall from his shoulders, cloaking his body as it bent forwards, towards the ground, but remaining upright to carry his burdens.

I knew he had walked far. I knew the face of the man had seen the sun rise for the first time in a distant land: a land that in his fleeing, he no longer knew.

The face of the man did not see mine. We shared no moments. But he gave me the moments he had travelled with; the moments that he could not find a place to lose. These moments did not follow him; these moments did not haunt his dreams; these moments did not reflect

⁸ Jean-Luc Nancy, *The Birth to Presence*, Stanford University Press, Redwood City, 1993.

into him from new moments. Instead, these moments embodied him. They were the death that he had not yet fallen into.

The face of the man was trying to become a-part from his world. His face is the narrative that Rita Charon describes as the «thread of the situation»⁹, which we can reach through tracing the biological, familial, cultural, and existential stories of our struggles. If we do so, then we can engage with compassion; we can help to find our being-in-the-world once again.

10. An autobiographical narrative of trauma and the natural landscape

Wave by academic Sonali Deraniyagala is a memoir of her loss of her family during the tsunami in Sri Lanka on the 26th December 2004. Threaded throughout her grief, Deraniyagala weaves a memoir that is also a narrative of place. Sri Lanka is representative of Deraniyagala's native land: her origin and cradle of her family's ancestry. Yet, the definiteness of the land emerged as the grave of the family. She asks: «They are my world. How do I make them dead?»¹⁰. Here is the personification of the world into a place that can no longer be reached. Deraniyagala does not know how to walk within her own lands anymore from the loss of the world that she knew, and adored. She describes the first time she saw money again after the tsunami and the effect that this daily transition had on reminding her of the loss of her currency that sustained her. The last time, she says, she saw a hundred rupee note, «I had a world»¹¹. Her land translated from the life that gave birth to her and the life that she gave birth to. Both these lands are transcribed between time and place; the places from Sri Lanka to England where she lived with her family, and the time from the yester-

⁹ Rita Charon, *Narrative Medicine: Honouring the Stories of Illness*, Oxford University Press, Oxford, 2006.

¹⁰ Sonali Deraniyagala, *Wave*, Knopf Publishers, New York, 2013.

¹¹ *Ibid.*

day when she put pizzas in the freezer «for the boys because our flight got into Heathrow late»¹² and the tomorrow that on that first fateful night, she did not want to sleep during the hours of the night because «I will wake believing everything is fine. I will reach for Steve, I will wait for my boys. Then I will remember. And that will be too awful. That I must not risk»¹³.

As Deraniyagala begins to describe the tsunami, she shows the familiarity of the world she was compared to the world she would soon be immersed in, or, rather the world that she would no longer recognise to be her own. The transition between these worlds was subtle, and then stark. She writes: «I thought nothing of it at first. The ocean looked a little closer to our hotel than usual. That was all. A white foamy wave had climbed all the way up to the rim of sand where the beach fell abruptly down to the sea. You never saw water on that stretch of sand. Yet, soon, the sea came in and then there was more white froth. And more»¹⁴.

She continues on to say that:

The foam turned into waves. Waves leaping over the ridge where the beach ended. This was not normal. The sea never came this far in. Waves no receding or dissolving. Closer now. Brown and grey. Brown or grey. Waves rushing past the conifers and coming closer to our room. All these waves now, charging, churning. Suddenly furious. Suddenly menacing¹⁵.

11. Disaster, Trauma, and Time

Disasters, as a form of trauma, represent the meeting of the internal and the external experiences of our worlds. The occurrence of a disaster, as Trigg writes «the relation between event and place adopts an in-

¹² *Ibid.*

¹³ *Ibid.*

¹⁴ *Ibid.*

¹⁵ *Ibid.*

timate, if disturbed connection. That is, insofar as the place where disaster occurred punctures the broader region that surrounds the event, a site of memory gathers the event that took place there»¹⁶.

This passage critically explores the phenomenology of a disaster in the ways it is significant for understanding our relationship with the land. Building on Blanchot's text, the land within and beyond us, an event that penetrates the boundaries of our physical body and the body of the physical land. Reflecting on Francis Bacon's representation of *The Three Studies for Figures at the Base of a Crucifixion*, Jakub Zdebik speaks of our skin as a «filter» and as a «membrane»¹⁷. Skin is the surface through which an individual's surrounding world is filtered.

Using a psychiatric framework to diagnose trauma, including pathologies of trauma states such as Post-Traumatic Stress Disorder (PTSD), across cultural contexts is a normative intervention. Its usage serves to distinguish between pathological and expected suffering and normalizing potentially disabling psychological disorders caused by traumatic events¹⁸. Therefore, the development of an individual's etymology is vital for clinical effectiveness and narration offers us a way to view ourselves. How, though, should we build and structure our narratives when the foundation we are trying to re-find has been, by the virtue of our perception, fragmented, destroyed, or as Trigg puts it, in «ruins»¹⁹? To do this, we need deconstruct the way we build our own foundations. As Deraniyagala illustrated in her memoir, the land, at times, occupies the paradox of both cradle and grave. This relationship between us and our land, or, namely, our life and our death, needs to be searched and explored using tools such as iconographic narration to (re)find our landscape, that is, our place in the world. Yet, what place

¹⁶ Dylan Trigg, *The Place of Trauma* cit., pp. 87-101.

¹⁷ Jakub Zdebik, *Skin Aesthetics as Incarnation: Gilles Deleuze's Diagram of Francis Bacon*, in "English Studies in Canada", 34, 1, 2008, pp. 149-164.

¹⁸ Alexander McFarlane and Bassel Van de Kolk, *Trauma and its Challenge to Society*, Guilford Press, New York, 1996.

¹⁹ Dylan Trigg, *The Place of Trauma* cit., pp. 87-101.

can accommodate such a disaster — either in terms of a physical or psychological event? To answer this question, we must consider what is lost during the trauma.

Trigg suggests that from the place of trauma emerges a site where the trauma occurred, which «refuses to reinforce a continuity of presence»²⁰. For example, «where a site of memory absorbs the place that existed prior to that site existing, a reversal of presence to absence occurs»²¹. It is this that Trigg calls a «negative space»²². Thus, during and after trauma, space, as well as temporality, are altered and cease to exist.

Disasters represent, then, the idea of a «negative space» and are traumatic because their very nature destroys the land around us. Although disasters occur externally, we are their subjects. Disasters are a form of rupturing our narratives, and are especially infused with meanings surrounding the origin of why they occur. Yet, this rupturing is also a form of an internal disaster. The difference between (in)ternal and (ex)ternal traumas is a description of the trauma of the body *being* in the land, and of the body of land *being* the trauma. Here, a predominant way of looking at the question about our relation to culture and belief-systems in the context of a disaster is currently through a negative lens. Framed a disaster/s as a trauma, equates it with pathology. In the experience of a trauma, our familiarity is taken away, and our familiarity is based on our cultural background.

Trauma that affects our land, for example, a form of natural disaster, is significant because it ruptures both our internal and external worlds. Disasters impact the world around us. Recognized here is an integral dependence on our physical space, which is the bearing for our foundations. Whilst of course places have certain meanings for us especially for our livelihoods and identity, these meanings are also im-

²⁰ *Ivi.*

²¹ *Ivi.*

²² *Ivi.*

portant for our personal and individual relations. Places have an importance for our past and play a role in the defining of our existential being including memory, and feelings of belonging²³ . A loss of our surroundings through the rupturing of place is therefore detrimental to our survival of self and our morality.

12. Conclusion

Finding stories is a form of finding ourselves, yet at the same time, stories often find us from the point of our origins, our lands, our births, our ancestors, and ultimately, the finality of our deaths. Within our human condition, our narratives embody our surrounding space. Through our narratives, we navigate the landscapes of our morality and existence. Trauma challenges our world-views yet the phenomenology of our narratives as the reference for our morality enable us to gather bearings on the changing nature of the world around, and within, us and the survival of our selves. Medicine, as a site of trauma of worlds, is a place of upturned stories, where we find loss and chaos and wounds. Through the lens of a narrative, we can speak of our ethics, namely, the language of describing the way we frame our worlds. Thus, disasters can become victories, and sufferings can become healing

²³ Shuhana Shamsuddin and Norsidah Ujang, *Making Places* cit., pp. 399-409.

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