

# The Self and the Body: Thinking Dialogically About Disability

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This paper presents the emergence and transformation of ‘body-voice’—a specific dialogical relation between different I-positions in a case study of a woman who becomes blind. An analysis of the case study shows that human perception and representation of one’s own body is based on a visual component and also shows how rapidly and radically previously constructed body images change in the case of total blindness. In our everyday life, individuals usually have a ‘body-voice’ that emerges in different situations, varying from being hungry to cutting one’s finger while cooking. Using the analogy of “voice” in verbal dialogues (utilized within the Dialogical Self framework) the Body Voice is a unique general feeling of one’s own body in a context of the self. I analyze the life story of a person that demonstrates radical and irreversible transformation of the self due to the accidental blindness and how the process of representation relies upon one’s image of the body.

## NOBODY IS AN INITIAL SPEAKER: A THEORY OF DIALOGICAL SELF

The personal trajectory of every human being is a result of permanent interrelations with the social world. The self may be conceptualized in terms of a dynamic multiplicity of relatively autonomous I-positions (Hermans, Kempen, & van Loon, 1992). The “I” has the capability of moving from one spatial position to another in accordance with changes within situations and within time (Hermans, 2003). Every form of human life or every process in human life may be described in terms of dialogical relations—every living (human) being lives through a continuous relationship with its surrounding environment (Salgado & Conçalves, 2007). Dialogical relations suggest that “differentiation emerges through a contrast that simultaneously unites and separates” (Salgado & Conçalves, 2007, p. 609). We turn to others in order to relate to ourselves. Holquist (1990) also noticed that language use occurs in ways that are always addressed to someone else—yet the need of the speaker is to maintain oneself.

For Bakhtin (1972) dialogue persists wherever consciousness emerges—“only clear *mechanical* relations are not dialogical relations” (pp. 72-73, italic by the author). As Bakhtin (1972, pp. 433-435) analyzed in Dostoevsky’s novel the hero is a subject of appeal: we cannot talk *about* him, we may only talk *to* him. If we were to transfer this thesis upon a real person we may assume that the self of the other should not be treated as an object, but rather as another subject. In Bakhtin’s terms, “heroes are subjects of their own *directly signified words* [in Russian – *neposredstvenno znachashchiye slova*] (Bakhtin, 1929/1994, p.

18). Thus, we may assume that other “voices” or other words in a dialogue are equally introduced in to our own inner dialogue and consciousness. This enables the ability to create a choice and respond using our voice. The term “equality” is a very general concept, but nevertheless, we understand equality as a *thinkable* equality. Even if human beings are physically or socially different from one another, they are, in the *mind*, “equal” in their ability to think about the same things. That is why we may think about concepts of physicality (i.e., small, giant, wide, narrow, etc.) as equal in terms of dialogical relations. Bakhtin assumed that the exceptionally critical or acute feeling of the other person as the “other” and one’s own self as “naked self”, which eliminates all kinds of social, family, and class distinctions. Bakhtin (1929/1994, p. 178) writes that, “the human being perceives himself in this world as a part of the whole without any intermediate links”.

### **The grotesque: in dialogue, and relating to the body**

Why do we need to consider consciousness and personality as dialogical? Bakhtin (1972) emphasized that every person who speaks, responds at the same time. This is because the person is not the first speaking person, but rather that, “every word is in the same time a ‘pre-found’ word” [in Russian “*prednaydennoye*”, which might be translated and explained as “apperceptive” word or “proto-uttered” word] (Bakhtin, 1986, p. 317). According to Bakhtin, human culture is itself dialogical because “every single text is in the same time the answer, discussion with any other previous text” (Radzikhovski, 1986, p. 61). In terms of speaking, “whenever something is said (or done), it is said (or done) to someone else, present or absent” (Salgado & Conçalves, 2007, p. 611). Thus, the self is a multi-voiced system wherein new voices emerge over time, which implies that a new I-position is comes into existence (Kullasepp, 2008, p. 124). Let us clarify what I-position is. As Hermans (2003) noted ‘different I-positions are embodied in voices and able to entertain dialogical relationships. (...) the I has the capability of moving from one spatial position to another in accordance with changes in situation and time (p. 101). Hence I-position is a specific ‘position’ of the self in a clear moment of time and space. Hermans (2003) postulates that dialogical self may be reconsidered in terms of multiplicity of I-positions.

Bibler (1991) determines dialogue as something that assumes the intercommunication of “I-You” as it happens between ontologically different personalities who potentially have different cultures—not only different meanings and conceptions. The basis for such communication is the *text* (see also Valsiner & Maslov, 2011).

Why is dialogue so important and what are the roots of such activity? Bakhtin (1972) refers to Socrates, who kept his philosophical discussion on the market-place, ignoring high style writings. The origin of ancient Greek polis (in the 8th century before Christ) spread the possibility to make decisions from priests to *demos*—

*[...] courtier poetry, which sounded only in palace rooms—now came out from its walls, spread amongst common people and got a status the poetry of*

*celebration, and thus became an important part of common culture” (Vernant, 1962/1988, p. 70).*

Such a turn from a high style of ‘fine art’ activity towards a market place activity (folk celebrations, carnivals etc) demanded paying attention to mundane activities and ordinary things (such as the human body or scenes from everyday life). Such a decline from the high status fine art to the mundane level, reflected where official became trivial and illustrated an attempt to reduce high-stylish fine art into tangible everyday discourse. Bakhtin (1965/1990) noticed that such *grotesque realism* (when “up” transfers to “down” and vice versa) has a very clear and strict topographical meaning--to dethrone something so as to put it into a layman level (a ground level). The ground is the parallel symbol of birth and death. We all have examples (from our life or from mass-culture) when “fallen people” became famous and successful. Of course, it may be a part of modern mythology, but the mechanism of such transformation (carnival transformation) is very old and as mentioned by Bakhtin (1929/1994, p. 331) has its roots even in primitive culture and primitive thinking. Grotesque realism or grotesque has its roots in folk laughing culture – in carnival culture. The nature of grotesque is mainly built up on the image of the body—

*“material-corporeal origin is universal here (...) it is an opposition to any isolation [obosobleniye] and shrinking into oneself (...) to every attempt to be independent from the ground and body” (Bakhtin, 1965/1990, pp. 25-26).*

Bakhtin (1965/1990) in his analysis of Rabelais’ novel gives a very clear description of such a body. Grotesque is full of motives of exaggeration of the body and its parts. The main cause of it is a “specific understanding about body on the whole and about boundaries of such whole” (p. 350). So—the shift of **visible** boundaries (in the contrast with naturalistic or realistic imagination) is one of the main peculiarities of grotesque. The shift of boundaries is also a shift in the shape or the size of the body and that is why in the context of the grotesque (and in the realm of *laughing culture* [in Russian—smekhovaya kul’tura] itself) the fully developed body is less important than its parts, which cross or are above or below such boundaries (e.g. the huge nose, giant hands etc). The “[...] grotesque body shows not only outer world, but also the inner image of the body [...]” (p. 353). Thus, such “non-completedness” is a pathway to unite outer and inner in one whole (or image). Body, in this sense, is a main, basic component of the image. The “grotesque body is cosmic and universal” (p. 353).

Bakhtin (1965/1990) accented that *fear* (fear against a huge and giant Universe) or disasters (such as drought) or even epidemics of sickness (e.g. plague) caused the shifting of boundaries and gave birth to the creation of images of the distorted body, which at the same time is an “infinitively growing body... the last and the best word of the Universe...[and] the leading cosmic power” (p. 377). In other words, it is something cruel, irreversible and dangerous (e.g. illness) that gives cause to create the image of something huge (out of the trivial, usual images), which at the same time is the death of the old and the birth of something new. The nature of the dialogue, where the next utterance is at the same

time the answer to the previous one, also exists in the nature of self-image or body transformation.

How often do we—on the common level—feel something “disgusting” about our own body, when we imagined the disasters with our own **body** (and with **ourselves**) in a time of suffering from diseases (e.g. flu or cutting finger by knife in the process of cooking)? When we cook or peel food using knife or other sharp devices, we may cut our finger or arm. This event immediately produces a set of different scenarios—we have to put antiseptic or plaster to cover our wound, or even to show it to doctor. This specific moment (“being wounded” by some device doing a very common activity) shows—of course as an example—that we start dealing with ourselves through dealing with our body. It also shows that understanding of our *self* is possible through understanding the modifications of our body. Even when we are hungry and want to drink we have the emergence of our body voice but it disappears when we are satiated. In this case the emergence of body voice is not radical and permanent. The physiological state of being hungry may have different expressions and influences, but such expressions are possible only within the framework of semiotic regulation of personal culture. Voloshinov (1930/2000) argued that this specific situation (being hungry) always needs a particular location of a person suffering from hunger, and crucial point here is: (1) who is hunger and (2) with whom (who are the others amongst whom / with whom the person is suffering from starvation). So, the social and cultural and also historical context are important.

*“Specific relations between participants of this events (actual or imaginable) produce an utterance [vyskazyvanie]” (Voloshinov, 1930/2000, p. 529-530).*

Such an utterance (response or rejoinder) might be considered or be heard as an appeal, a request or a cry depending on a specific socio-cultural context.

Another example of relevant phenomena is an attention towards one’s emerging baldness or unfortunate hair-style as a result of a visit to the hairdresser. If a man is growing bald he may develop fear about his appearance and attractiveness. Likewise, in a similar vein, people are often dissatisfied with their hair-style after an encounter with a hairdresser. Any unsuccessful cutting of hair or any hair modification or even destruction while colouring them are actions with temporary consequences. It takes several weeks before their hair grows back, or in extreme cases there is a need to visit a doctor to repair damaged hair. Yet this temporary change provokes the arising of the **body voice**—when people start to perceive themselves in general through the prism of a very small part of their body. Dissatisfaction with the hair-style entails a very rough dialogical tension—“I would rather visit another barber shop” or “Next time I have to describe precisely what hair-style I want” or “But maybe it is not so bad – I need only wait for some time to let my hair grow” etc.

Each culture has its own regulations of symbolic high and low. Maranda (2001) gave an interesting example about life in Lau Lagoon, Solomon Islands, where Lau have a very strict gender dichotomy and where the dichotomy “up-down or high-low” is a crucial in an organization of society. Such organization is predominantly goes through the regulation of body and its parts.

“High” is unsteady, fragile and belongs to men, on the contrary—“low” is solid and firm and belongs to women. Such descriptions very precisely regulate the body and its parts in sense of organization of everyday activities. For example:

*“While climbing uphill the man must walk ahead in order that his head remains higher than the woman’s pelvis, and inversely when they climb down”*  
(Maranda, 2001, p. 99).

In Maranda’s example we may see how important high and low are as symbols. “High” is fragile but may be giant—giant but unstable—and “low” is firm.

A similar evocation of the body voice can be seen in case of temporary injuries. Let me illustrate this theoretical assumption with several qualitative cases. I asked my students to describe accidents when they got hurt or were wounded while they were involved in their usual activities. They also were supposed to describe feelings at the moment of the accident and in the process of recovery.

**Case A.** (female, 19 years old)

*3 years ago I was walking and suddenly fell on the ground. But I got up and walked straight... I was limping... I was thinking all the time that I hurt something, but friends said that they experienced the same many times and I do not need to be worried of this. Later at night I woke up because of terrible pain and called the ambulance. They said that I broke my leg (...) I did not want to wear the cast, because it is very uncomfortable. I also thought that I will not be able to visit school for some time and will have more debts (...).*

**Case B.** (male, 20 years old)

*One time I was playing a water polo and got a neck dislocation. At that moment I did not want to believe that my trauma may be very serious, but I knew that neck dislocation may cause problems with the spinal column. That is why I imagined myself with immovable legs and did not overlook the possibly of moving only in a wheelchair. At that moment it seemed to me that I began be more polite and kind with people, I had a real wish to help all people around me. In the process of recovery I returned to the normal state and the wish to help others vanished (...).*

**Case C.** (male, 19 years old)

*One time I fell face first on to asphalt while participating in a bicycle competition. My skin was damaged in many places, but in that moment I was only thinking about being the first in competition because I was in the lead. (...)*

*After finishing the race-- in the ambulance car they just lubricated my wounds. I was worrying only about my face and doctors could not say something clear about it. (...)*

*If lubricant had not helped me I would be wearing a tall beard or would be forced to make a cosmetic operation (it seemed to me at that moment).*

*In a process of recovery I tried to keep my body safe and was proud of my scars on my face. I liked them in some sense. I was taking a very basic care of them.*

In all these cases we may see that arising from a whole set of different scenarios related to one's body after being wounded or getting hurt in very usual situations (ie., walking, sport activities). In Case A there is a nice example of how the body voice is regulated by social contacts—friends of a lady suggested her not be worried about the wound because they “had had the same things”. It is an example of how dealing with (in this case worrying about) the body may be eliminated by a very simple social re-direction. If we wanted to make this part of the example more general, we may assume that the regulation of a body-voice is a very important part of human culture as a whole. For example, there exist special standards for soldiers' hair-style, which usually means removing all hair.

Case B is an example of changes in a whole set of a person's ways of behaving and helping other people. Even an imaginable trouble, which is radical—but non-real in that case (“*imagined myself with immovable legs and did not overlook the possibly of moving only in a wheelchair*”)—provoked a change in a wish to be helpful. Such “being on the symbolic down” (in Bakhtin's terms), when a person imagines himself with immovable legs, triggers the body-voice when he arrives at “a real wish to help all people”.

In Case C a person started to like his wounds (scars) after being hurt. In this situation, when a person may be even proud of having such type of body-modification, it is very similar with the duels, in which person (after also being on the brink—between death and life, health or physical hurt) was forced to demonstrate his strength. Frevert (2007) showed that army duelling was useful for diminishing any socio-economic differences between soldiers and officers, and emphasized courage with which *honour* was defended which “pointed directly to the core of male self-images” (Frevert, 2007, p. 27). In Case C—participating in a sport competition, where everyone was equal, was in a comparable setting—everyone has to prove his or her strength). That is why arousing of body-voice in a specific sport situation caused a positive result even though there was a very dramatic consequence (scars). Here we may also see—that such being on a symbolic “down” (wounds, thoughts about a cosmetic surgery in Case C) caused a changing in self-representation (“I liked my scars”). This change from a negative event to a positive representation of it was possible also due to body voice and reversibility of the event—wounds may heal.

To summarize—we may assume that the body voice is in a common personal state where the role of a human body or its part play a significant and critical role in a defining of situation and person's place in that situation. Body voice is a socially and culturally regulated feature a person might not be aware of. Body voice it is a specific voice (in terms of dialogic theory) where materialistic and physical goes over the idealistic and imaginable—very concrete and common thing starts to regulate our inner dialogue (autodialogue) and dialogical relation with the outer world (heterodialogue) and becomes a part of our unique experience.

### **Heterodialogue and autodialogue in use**

In the context of disability—I-positions (“I am X” and “I am not-X”) are possible due to human uniqueness and the irreversible experience, when the actual condition (for example in a case of accident blindness) is the opposite to the inner voice (“*there may be hope for the medical intervention = I am not really blind*”). Each person operates with two dialogical processes—heterodialogue (with others) and autodialogue (with oneself)—thus, the person who tries to say or state something to a listener is simultaneously hearing his or her own message and even an episodic message from somebody, which may lead or cause an autodialogue (Valsiner, 2002, p. 252). Reading a book or watching a movie may have an influence for appearing a new I-position, which may open a new direction for one's trajectory (Kullasepp, 2008, pp. 124-125). Kullasepp (2008) gives an example in creating a professional identity of psychologist, when parents of 9<sup>th</sup> grade youngster may trigger him or her to start thinking about the future and enrolling to the university, thus—even an episodic message from somebody (others) may lead into an autodialogue that transcends the meaning of the overheard message (Valsiner, 2007, p. 148).

### **Blindness into dialogue: “I cannot see my body. Is it still my body?”**

Becoming blind according to an illness or an accident is a turning-point in human life. We may assume that events from the “previous” part of life have been designated as something having emotional significance to the blind person (or whatever person). Even a fact of illness or medical diagnosis (e.g. in case of accidentally blind) may have a role of “overheard messages” which will be incorporated into the inner dialogue of a blind person.

As mentioned by Zittoun (2010, p. 176) if some objects (or events or reminiscences) evoke some significant experience for the person that object became symbolic, the object now means something personal for that person, regardless of its socially shared meaning. There are also three conditions that events or remembrances are viewed as symbolic (Zittoun, 2007, p. 344):

- 1) A person must be using a cultural element or part of a symbolic system.

- 2) Use a symbol to feel or experience something new (e.g. we look favourite movies again and again not for simple looking but rather for feeling positive emotions when looking favourite moments or to remind (reconstruct in new conditions) an atmosphere when watched such movie with friends.
- 3) A symbolic resource refers only to cultural elements that require an “imaginary” experience (e.g. vicarious experience enabled by fiction, an “as-if” experience).

Symbolic resources can thus enable more or less distant positions towards one’s immediate and embodied experience (Zittoun, 2007, p. 347). The rules of the symbolic system are true for the congenitally blind and accidentally blind people.

According to this description, we may assume that symbolical meanings emerge within inner dialogues. As Valsiner (2007, p. 149) explains the message conveyed by these meanings “evokes some way of being in the other”. The person is the centre of the social—imaginative—construction of the possible positions of the ego (Valsiner, 2007).

What are these “others” in the context of the theory of dialogical self? The role of “the other” can be filled whether by a real person (e.g. one’s parents), a personal constructions of the real social others in intra-psychological structure, or a creation of the “voices” of “the others” (Valsiner, 2007, p. 149). Bakhtin argued that a “dialogue of the voices” is a universal mechanism in every person’s consciousness—it is an interrelation and cooperation of several consciousnesses. Such voices could not be reduced to one “basic” voice, and consequently, they speak only with each other and for one another (Radzikhovski, 1986, pp. 73-74). In the context of disability (blindness) different I-positions are possible. The process of constant meaning making (*Concretely*, “I am blind and disabled” or “I am blind and not disabled”; *Schematically*, I am X and Y; I am X, but not Y) may be dominate in one’s consciousness.

Radical transformation in one body part (here in the eyes) which leads to the inability to see (to perceive using primary organ for this process) causes the transformation in the whole body. In a context of grotesque (Bakhtin, 1965/1990) such a negative event (disaster, illness etc) causes the radical transformation or revision of existing conceptions—“[...] these events as each disaster itself usually provoke historical criticism and the attempt for liberal revision of all dogmatic conceptions and evaluations” (p. 376). Processes that Bakhtin described as cultural phenomena in the context of the history of thinking of the whole continent has its roots in psychological processes with clear psychological boundaries, and here is a crucial point for applying the dialogical concept to the realm of psychological phenomena. Kristeva (1967/2001) pointed out that speech (or word) is organically connected with the person who creates it—“[...] it is even better to say that human being and his activity—it is a speech” (Kristeva, 1967/2001, pp. 233-234).

Traditionally in psychology we assume that one person’s consciousness is very clearly separated from the consciousness of other people, that “outer circumstances function



through the inner conditions” (Radzikhovski, 1986, p. 61). However, we have to admit that the source of such inner structures (of consciousness) is “the *outer source*—the relation with other people, with culture” (p. 61, italics added). Outer and inner structures are dynamically related—dialogue is a base of a culture, but at the same time is the base for self-consciousness. As mentioned above (in this paper), human culture is dialogical, where each text is a response to the previous text. For example, in cultural psychology culture is treated as a part of a person’s psychological system. Culture belongs to “the individual psychological system and plays some functional role in it” (Valsiner, 2007, p. 27). Bakhtin (1972) argued that the human idea (*mysl*) is not a completed subjective psychological structure placed somewhere “in the human’ head” (p. 147). Instead, “the human idea is inter-subjective, and the sphere of its existence is not an individual *consciousness*, but rather a dialogical relation between consciousnesses... the human idea in this case is similar to the word... and as a word the human idea needs to be heard [*uslyshana*]” (p. 147). The “incompletedness” of human consciousness and the dialogical nature of culture (human culture and personal culture) could not be “resolved” or “completed” but rather “if the human idea stays isolated in only one human mind, it degenerates and dies” (Bakhtin, 1972, p. 146). The developed human consciousness incorporates (takes into oneself) new voices from other people (other consciousnesses) so that the “relation between the Self and outer world... changes, i.e. transferred into oneself, creates the basis for one’s consciousness” (Radzikhovski, 1986, p. 62).

Dialogical relation presupposes an understanding of a mind and consciousness as something dynamic—not static and immovable. Each utterance is a response to something uttered before. Such reference for the past needs to explain the relationship between the present, the past and the future in terms of time. Our subjective world is a process of permanent dynamical changes of subjective experiences. Bergson (1907/1944) named this flowing subjectivity duration (*durée*). Our duration is not a replacing of one moment by another—the present moment does not replace the past moment. Bergson (1907/1944, p. 7) argued that if such replacing occurred “there would never be anything about the present—no prolonging of the past into the actual, no evolution” (p. 7), and then:

*“duration is the continuous progress of the past which gnaws into the future and which swells as it advanced”* (Bergson, 1907/1944, p. 7).

*“La durée est le progrès continu du passé qui ronge l’avenir et qui gonfle en avançant”* (Bergson, 1908, p. 5)

Duration is a kind of moving forward where consciousness takes and incorporates something new to the previous experience:

*“Our personality, which is being built up each instant with its accumulated experience, changes without ceasing (...) our duration is irreversible. We could not live over again a single moment, for we should have to begin by effacing the memory of all that had followed”* (Bergson, 1907/1944, p. 8).

*“Notre personnalité, qui se bâtit à chaque instant avec de l’expérience accumulée, change sans cesse (...) notre durée est irréversible. Nous ne saurions en revivre une parcelle, car il faudrait commencer par effacer le souvenir de tout ce qui a suivi” (Bergson, 1908, p. 6).*

Thus, our personality (and our consciousness) grows up and changes continuously. We may assume on a very single level that we have experienced some events before, but actually these events only externally look similar or equal. In actuality they have changed, because our consciousness and personality has changed. That is why our future is unpredictable, because every event that we consider as future must consist of a moment that has not yet been experienced:

*“it [our state] is simple, and it cannot be already perceived, since it concentrates in its indivisibility all that has been perceived and what **the present is adding** to it besides” (Bergson, 1907/1944, p. 9, **italic added**).*

*“il est simple, et il ne peut pas avoir été déjà perçu, puisqu’il concentre dans son indivisibilité tout le perçu avec, en plus, ce que le présent y ajoute” (Bergson, 1908, p. 7).*

## **Transformations of body voice**

Human beings exist not only in psychological or cultural contexts but also in material context—in the context of our body and its parts. Having a disability means not only having some mental limitation (e.g. mental retardation) but also a limitation of the body. Being blind, being unable to move (in the context of wheelchair users), being deaf (when person cannot hear voices), etc--they all have their own peculiarities in the discourse of the body.

In a very extreme cases—when one of our organs or system of organs is damaged (e.g. blindness or deafness)—we may see radical changes in our representations of our **self** (Case 1):

**Case No. 1** [female, 48 years old, 7 years of totally blind due to been assaulted in 2003].

*Researcher: How did your relation with your own body change after became blind?*

*Participant: After became blind it seemed that something strange was going on with me... hands, legs—I felt they have no proportions, they feel as if they stick out from different sides—that all was somehow ridiculous...and it all very rapidly changed— I felt as if I am twisted and tied up from different sides... It seemed that my body does not listen to myself – that it moves differently, gets stuck at various things—it seemed to me that I was even walking wrongly, walk hunched myself up...as a hook... and the*

*impression about myself emerged—that I am myself in general some kind of a strange creature...*

*Every year I am visiting an art studio [Academy of Art]...they have some sessions there, where students have to draw—2 months each year...only in spring I reached the self-assurance that my body is my actually my body...when I decided to go there to exhibit myself [to be a model]...and I preferred to be naked there, because I did not want to be dressed... students and teachers took it with gratitude...when they draw me as they said so...*

*Researcher: Why you did not want to be dressed?*

*Participant: Because it seemed to me that if I was dressed—it would be drawn in some way... like I have hump or some folds and pleats...not a right thing... but it turned out that I really have a very good proportional body – hands, legs, torso and head—everything is on a right place...I did not feel it [before].*

*Since I hated my body—I did not feel any shyness and that is why they [students] were so excited, when I just simply sat down on the podium without any difficulties...I just covered myself by a sheet before entering—then came in [into the studio]...and they were so astonished... because some other models—they became wet, start to move or shake—but it did not influence me, because it seemed that no people were here—and I may sit as I want... that gave an assurance to me...*

*Researcher: How you feel yourself now?*

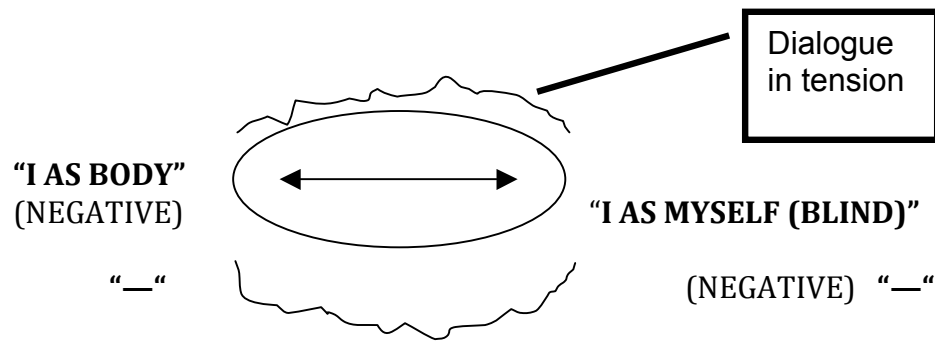
*Participant: Now I even do not think at all that I have some defects... may be only related to my age—there are some problems... but in that situation I felt like I am 100 years old, that I am breaking down, that my body is not a body—but a sponge.*

## **ANALYSIS AND GENERAL CONCLUSION**

First we must consider that becoming blind in this example is a position *rupture* or a *turning-point*. A disability of the body (through a rapid transformation) provokes a “carnivalization” (using Bakhtin’ terminology) in the image of a person’s body—“...something strange was going on with me... hands, legs—I felt they **have no proportions**, they feel as if they **stick out from different sides...**”

Here—“...It seemed that my body does not listen to myself – that it moves differently, gets stuck at various things..” an emerging of a new I-position may be depicted—“*I as body*”—which initially has a negative connotation. However, the person has another important position—“*I as myself (blind)*”—which is distanced from the previous one (Figure 1).

## Rupture I



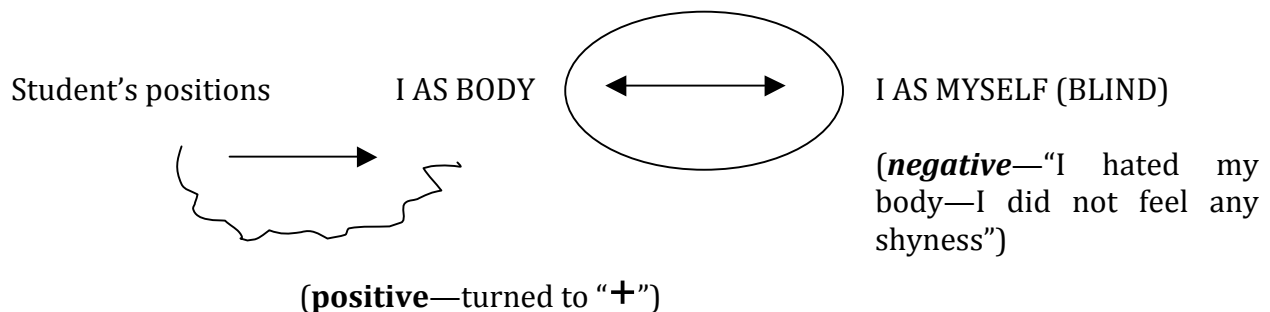
**Figure 1. Dialogical tension between two I-positions.**

Dialogue in tension (“I as body” becomes the dominant position and both positions have negative connotations).

The negative valuation of both positions is supported by several expressions: “...*I am myself in general some kind of a strange creature.....*” (I as myself—blind) and “*I am twisted and tied up from different sides.*” (I as body”). The **body voice** emerges due to the inability to have control over one’s own body after very rapid changes (becoming blind). The negative valuation of “I as body” tends to increase—produces a dialogical tensions between two different I-positions. Disability here “splits” into two different positions, both of which were in a negative dialogical relation.

As Hermans (2010, p. 10) noted tension is overcome by a conciliatory interaction with a third position. In this case it is the external dialogue with students in the Academy of Arts (“it turned out that I really have a very good proportional body – hands, legs, torso and head”)(Figure 2).

## Rupture II (body presentation)



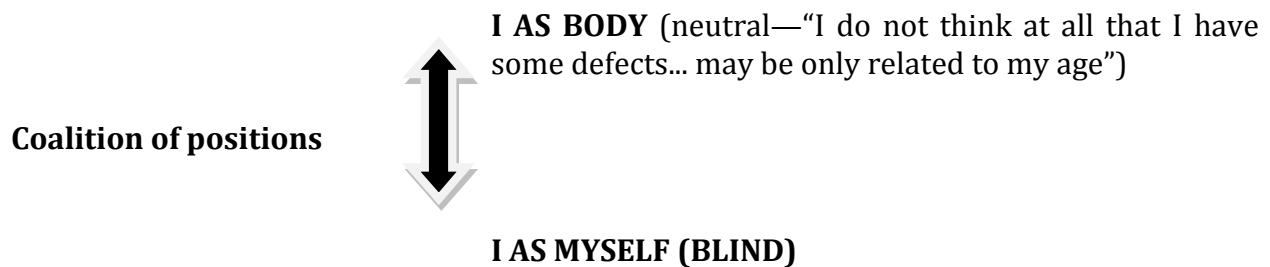
**Figure 2. Emerging of the external dialogue within the self.**

“I as body” turned from a negative valuation to a positive one—but still remained a dominant position, and due to difference in dialogical polarity (+/-) that I-position (body voice) shadowed “I as myself (BLIND)”, which had a negative connotation. Dialogue between meaningful internal and external positions makes “I as body” and “I as *myself*—blind” possible.

Why do “other positions” (students in the present case) aid in the construction of a new I-position? As Valsiner (2002) noted—a central need for the dialogical self is to maintain dynamic stability within itself. Different parts of the self (“voices”) may have different relations such as: mutual in-feeding, polyphonization or even de-coupling (see Valsiner, 2002). Radical transformation of the body (becoming blind in a very short period of time) produced an increasing escalation between voices (I-positions) within the self. But, as mentioned by Valsiner (2002), escalating does not produce structural change. Episodic messages from others (other voices) make it possible to re-transform the opposition, because “each X and Y [voices] may appear at first without its opposing part” (Valsiner, 2002, p. 259). In this situation the dialogical system within the mind becomes unstable and develops by incorporating a new voice.

A coalition of positions, can be observed when “I as body” (body voice) is neutralized and changed to “I as blind body” which is also neutral (i.e. normalized). The individual notes that she does not feel that she has some “defects”. Instead she feels as if she has only general problems (as any of us) related to age (in irreversible time) (Figure 3).

### III NOW-MOMENT

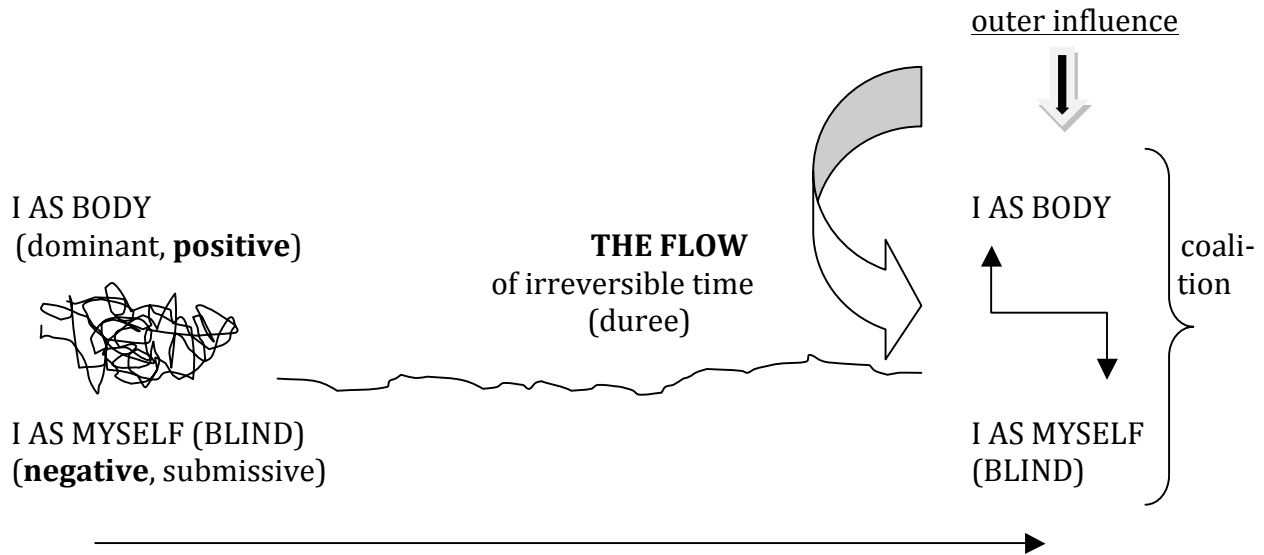


**Figure 3. A coalition of positions.**

The positive valuation and domination of the I as body I-position is expressed in the ability to have control over one’s body (in front of many people). Consider the quote, “**I may sit as I want**”, which illustrates that I may place (control) my body as I (as myself—blind) want. The new version of I-positioning emerged here (as shown in Figure 4) with the fusion of positions due to the positive domination of the body voice (I as body = good for “I as

myself”). The meaning of disability (blindness) transformed here—from an INABILITY to do or make something, to an ABILITY (positive) to represent herself as equal in the same situation. Blindness is more than just a loss of vision (functionally it remains the same—no eyes) but dialogically provides the ability to be able to do something because of being blind.

Now is a functioning of one I-position “I as blind body” (Figure 4).



**Figure 4. Transition from Rupture II to Now-moment**

The outer influence here is twofold: (1) On one hand, the transformative influence of the students positive connotation (“were astonished because of my body”) and (2) on the other hand the transformative influence of the modelling situation. In the latter, the other models (i.e. non-disabled persons who modelled), were not perceived as having a body as good as the blind models body. “...some other models—they became wet, start to move or shake”, from the disabled (blind) person’ point of view—they (=other models) were more disabled in this particular situation, which became very crucial for blind person.

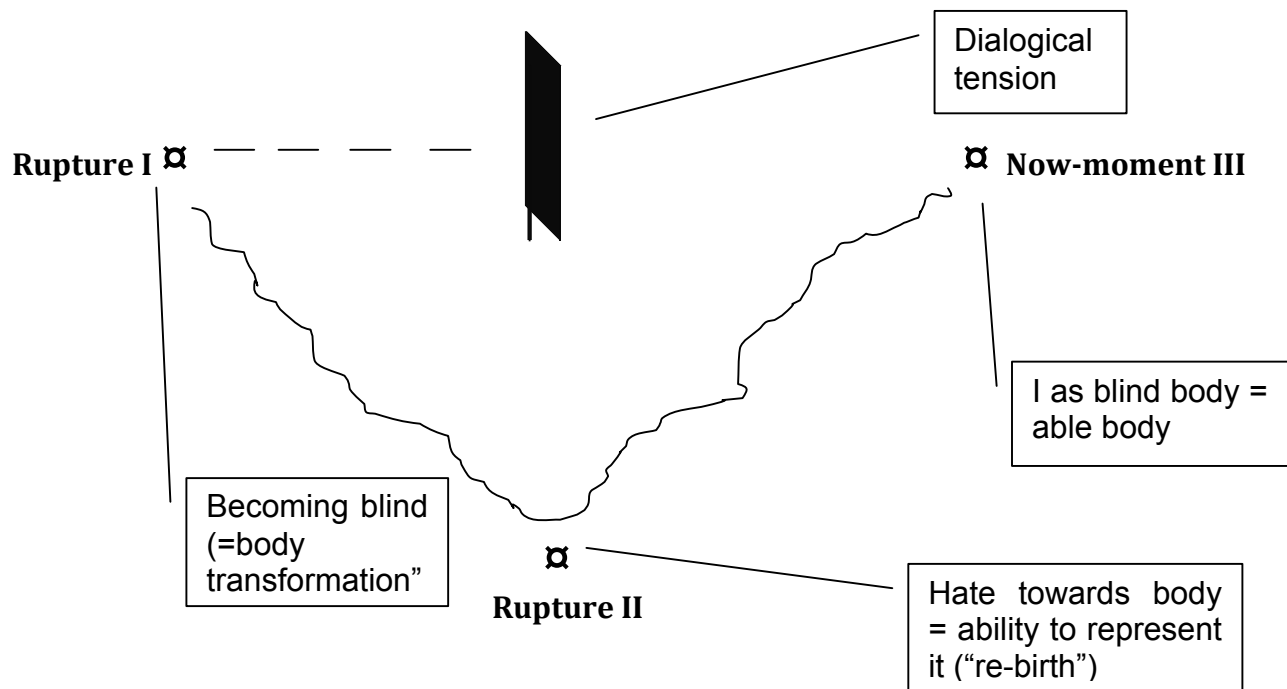
Becoming blind (a very rapid change from being sighted to being unable to see) produced a distancing position from the body (creating the emerging of the body voice as an independent commonality). The distanced position has been transformed through dialogical regulation to a positive acceptance of being blind as her self-identity.

The fusion of positions (with the initial dominance of body voice—in a positive direction) caused a normalization of self-concept construction and changed to “I as blind body” which

is positive—“...they [other models—*sighted* but *naked!*] became wet, start to move or shake—but it did not influence me, because it seemed that nobody was here—and I may sit as I want”. The fusion of positions made it possible to perceive her own blindness as something that may be useful (in comparison with the “other” models, who felt ashamed in the same situation) (Figure 5).

According to Bakhtin’s (1965/1990) view, the grotesque body is a birthing body—a body that gives birth and gives death in the same moment. Being undressed in an Art studio is a carnival transformation. In this sense, the person (blind lady) is forced to be naked (which had neither positive nor negative connotations—“*I did not feel any shyness*”) and that is why the “re-birth” of a body became possible. The I-position (“I as body”) dominated over “I as myself-blind”. Due to the transformation of a first position, the second transformation (***fusion of positions***) became possible. We have to add that *shyness* here may be explained by *fear* in Bakhtinian terminology. Feeling as if one is shy because of one’s body (or whatever object) is a feeling of fear—“[...] the fight against fear relied... upon material origin in the human itself” (Bakhtin 1965/1990, pp. 371-372). His fear (or shyness) in this case was the final step before the total re-birth of the person’s body [“fear against materially unbearable power” in Bakhtinian terms (p. 371)]. Grotesque body has a conception of boundaries between the inner and the outer—it is not only possibility for universal, material transformation (e.g. size of body—giants), but it is possible for a transformation in a temporal sense. Bakhtin (1965/1990, p. 353) proposed very exactly that grotesque body is a *double-bodied* body—in chain of permanent deaths and births, where a new body appears after the death of the old body. But in our case, the temporal boundaries were shifted from our (“common sense level”) domain into irrational (grotesque) form—a person marked that she “felt like I am 100 years old”. This transformation in time was based on feelings of her body. The author has to admit here that “switching off” one of senses (here – ability to observe) makes images based on other senses (hearing, smell feeling, vibration) exaggerated.

So, the psychological functioning or better, *disfunctioning*, is the base for carnival-type experience. The last utterance may be confirmed by Bakhtin (1965/1990, p. 15) – he claimed that carnival celebration is a temporal event (in opposition to more or less official events, even official celebrations as, for example, coronation) for the “deliberation from predominant truth, temporal annihilation of rules and hierarchy”. For example, a modus of psychological regulation to be free from inner conflicts, problems, etc. The author would like to accent here that the complexity of psychological phenomena is the basis for all types of social interaction, and it is complexity that makes such interaction possible.



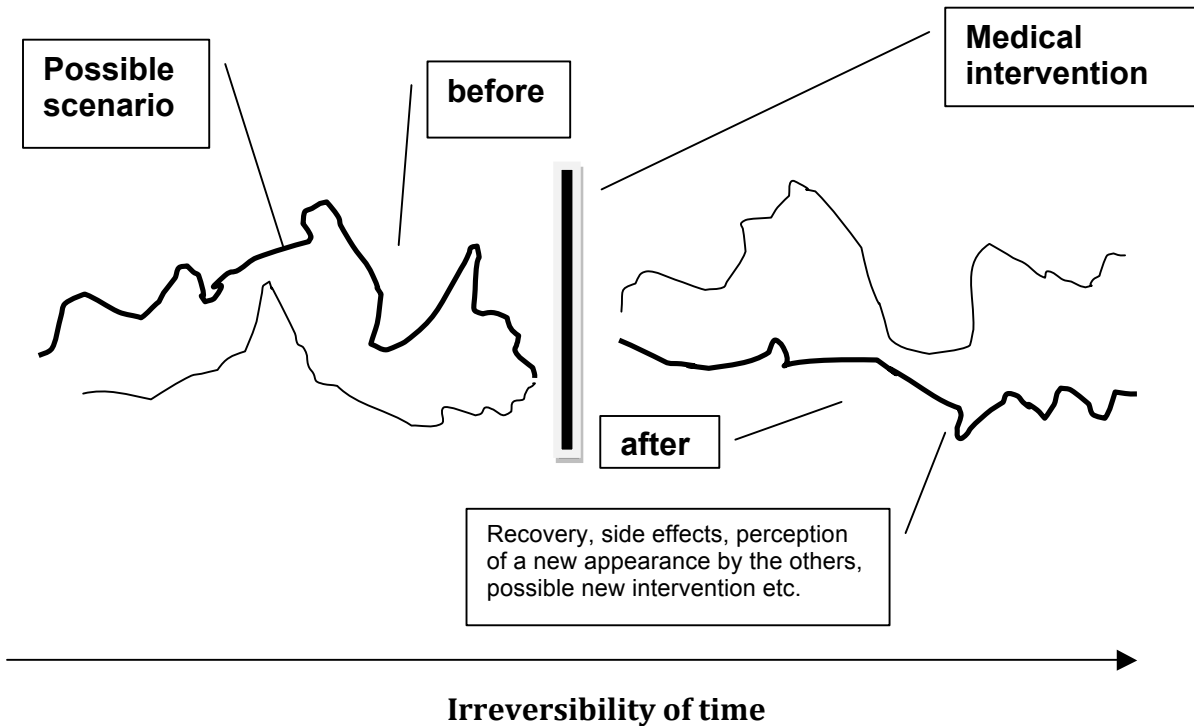
**Figure 5. General development of dialogical relations after becoming blind.**

Radical and rapid transformation (as accidental blindness) of a body (which actually is not as big of a physical transformation as amputation of some body part—because eye in percentage is less than arm or leg) transformed not only the perception of the outer world but also the self. The transformation of the self and neutralizing of extreme dialogical tension (which made it impossible for the dialogical transformation to exist as a stable system) was possible through the emergence and development of body voice, creating a new self-concept (“I as blind body”—which is positive), which came through the transformation of the body voice. This has more implications for people who are not blind. It shows how much people normally build their sense of self on the visual appearance of the body.

Examples of arousing body-voice may be taken not only from such radical event as becoming blind (due to being assaulted), which is completely irreversible, but also from more mundane cases. As it was described before, even a common activity (such as cooking) may cause the emergence of the body-voice and a person will start to deal with himself through the prism of his or her body. But this example is also one of the possibilities—and of course—it is unpredictable. But sometimes in our life we have a special goal to become more fit or to look better—sometimes people use even a special medical interventions to modify their bodies. In a case of planned medical modification (e.g. intention in some women to modify their breast though special silicone implants)—this event is volitional



and planned but also irreversible—and this fact makes it close with the case of accidental blindness (only in a context of irreversibility). Person before the medical intervention has a set of different “voices”, which may be schematically described as “to make the operation or not to make the operation” (Figure 6).



**Figure 6. An example of irreversible but planned action (e.g. cosmetic surgery operation).**

Around these positions we may find a very rough dialogical tension. For example, a person may think that she or he -- if it is some other cosmetic operation, such as nose modification—does not need it so much and may live without medical intervention. Yet from another side, he or she started to think before that “something is wrong”—and this permanently triggers her to think in an opposite way. Even a small medical intervention causes a set of voices joined with—recovery, hygiene, sanitary conditions, maybe even with food diet and possible side effects. It also provides to split human life (and existence) into dichotomy – “before and after”. But such voices that triggered or forced an intervention may not disappear after an operation—and a person is forced to make cosmetic operations more than one time. But in the case of several operations upon the same body part (e.g. a nose or lips) – the body may obtain a grotesque characteristic, when a person starts to look “artificial” with an “unnatural” face or lips. Gimlin (2010) mentioned that “‘unnaturalness’ is also linked to unwise or drastic changes, as in the case of overly large breast implants and overly plumped lips” (p. 64).

Returning to Bakhtin (1965/1990, p. 351-352) who mentioned that the grotesque body is an unfinished body—“it is permanently building up and creates a new body by itself”. The body is always in the process of modification—by growth and by actions upon it. Lips and nose constitute a boundary between inner and outer world that has changed. Such changing of borders triggers more and more other body parts, “old body” to the new reality. It would be interesting to research in order to know how different institutions regulate appearance of people who changed their face by cosmetic surgery.

The body voice is a specific regulative mechanism which provides a frame for auto- and heterodialogical relations through the human body or one of its parts. The critical point here is the question of reversibility of the event, which may be reason for a very tough dialogical tension between different voices (e.g. There is a hope for medical operation – I am not really blind / deaf / immovable etc). Body voice is very strictly socially and culturally guided by specific regulations related to appearance, hair-style or any other body-image features and may be observed in many dramatic or even tragic situation when there is a real (or sometimes just only imaginable) threat for the person. Such situations are the bases for the body voice to become felt.

The social importance of the carnival and of the grotesque body may be explained through the prism of body voice, through the mechanism of this psychological and dialogical regulation.

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